The Caucus Corner

NCBA Monthly Newsletter

May 2026

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Older Americans Month

May 2026 marks the start of Older Americans Month (OAM) – a time to recognize older Americans' contributions, highlight aging trends, and reaffirm our commitment to supporting older adults in our communities.

This year's theme, Champion Your Health, emphasizes prevention, wellness, and personal responsibility as foundations of healthy aging. It encourages people to take an active role in managing their health, advocate for themselves, access preventive care, and make informed decisions that support independence. Join us this month as we highlight the value of evidence-based programs, healthy habits, and the important roles families, caregivers, and communities play in helping people live their healthiest lives.

Visit https://acl.gov/news-and-events/announcements/kicking-older-americans-month-0 for ways to participate and materials to help you celebrate, including this year's poster, social media content, sample article, and more.

Fun Facts About Older Americans Month

Each May, we take time to honor and appreciate the older adults who enrich our families, workplaces, and communities. Older Americans Month (OAM) has been a national celebration for more than half a century, honoring the contributions, resilience, and stories of older adults across the United States. Here are seven fun and fascinating facts about this important observance:

FUN FACTS: Celebrating Older Americans Month

1. It began in 1963. President John F. Kennedy first designated May as “Senior Citizens Month” to acknowledge the contributions of older adults and bring national attention to the issues they faced.

2. It was inspired by just 17 million Americans. In 1963, about 17 million people in the United States were age 65 or older. Today, that number has grown to more than 60 million. Then and now, recognizing their contributions—and advocating for their well-being—has remained important enough to inspire a national observance.

3. President Lyndon B. Johnson helped rename it. After signing the Older Americans Act (OAA) in 1965, President Johnson officially renamed the celebration “Older Americans Month” (OAM) and helped expand programs and services that support older adults nationwide, solidifying the observance as an annual tradition.

4. It launched the foundation for many key aging services. The Older Americans Act (OAA)—closely connected to the origin of Older Americans Month (OAM)—helped establish services like home-delivered meals, senior centers, caregiver support programs, and community engagement initiatives that are still widely used today.

5. Every year has a unique national theme. Themes vary each May—focusing on topics like aging in place, staying active, inclusion, connection, and contributions to society. The themes help communities plan events that highlight older adults in meaningful ways.

6. It celebrates strength and longevity. When OAM began, life expectancy was about 70 years. Today, older adults are the fastest growing age group in the country, and many remain active in work, volunteering, caregiving, and advocacy well into their 70s, 80s, and beyond.

7. Communities nationwide join the celebration. From state agencies to local senior centers, libraries, and workplaces, thousands of organizations use May as a chance to honor older adults through events, resource fairs, storytelling projects, and wellness activities. Older Americans Month is more than a celebration—it’s a reminder of the experience, strength, and wisdom that surrounds us. In celebrating Older Americans Month, we reaffirm our commitment to valuing the wisdom, contributions, and well-being of older adults in every community.

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For more information, visit: chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.nj.gov/treasury/administration/workforce-engagement/document/pdf/blog/OlderAmericansMonth2026.pdf


NCBA COMMUNITY DAY
HEALTH &
WELLNESS FAIR
Champion Your Health!
PREVENT.
WELLNESS.
EMPOWER.
Join us for a day of health, wellness, and connection designed to help you live your healthiest, happiest life!
120
80
72
HEALTH CHECKLIST
FREE
TO ATTEND!
THURSDAY
MAY 14, 2026
10:00 AM – 2:00 PM
CARL F. WEST NCBA ESTATES
1370 Harvard Street, NW
Washington, DC 20009
NO REGISTRATION REQUIRED
All are welcome!
SERVICES & RESOURCES INCLUDE:
Blood Pressure Checks
CPR Demonstrations
DC Medicare Patrol Guidance and Resources
DC Department of Aging and Community Living
Diabetes Education
Emotional Wellbeing Resources
Eyeglass Fittings
Fitness Assessments
Fire Safety Activities
First Aid Demonstrations
Hearing Screening
Mental Health Resources
Personal Safety Resources
Vision Screening
Wellness Education
In recognition of Older Americans Month 2026, the NCBA Community Day Health Fair encourages everyone to "Champion Your Health" by focusing on prevention, wellness, and taking an active role in managing your own health and making informed decisions that support independence.
NCBA
Living Longer – Aging Better

Vaccines Offer Our Best Protection Against Severe Illness From Respiratory Diseases

Vaccines help protect against more than 20 life-threatening diseases—including infectious respiratory diseases. For decades, vaccines have saved millions of lives and greatly reduced the spread of deadly diseases all over the world. Staying up to date with recommended vaccines is the best way to help protect yourself, those you love, and your community from infectious respiratory disease. Learn more about the vaccines available to protect against infectious respiratory disease.

COVID-19

Who needs to be protected?

FDA-approved 2025-2026 COVID-19 vaccines are recommended by the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices (ACIP) for those:

- 6 months to 64 years of age based on individual decision-making, also known as shared clinical decision-making.* Vaccination is most favorable for those at increased risk for severe COVID-19 disease.
- 65+ based on individual decision-making.

This recommendation does not require a prescription to receive a 2025-2026 COVID-19 vaccine, though encourages people to talk to a health care provider (e.g., doctor, nurse, pharmacist) to help them assess if the vaccine is right for them. COVID-19 vaccines should be available at your local pharmacy but call ahead to ensure availability.

COVID-19 vaccines are covered by both public (Medicaid and Medicare) and private insurance, including employer-sponsored insurance, without cost-sharing.

**In conversation with a healthcare provider, the decision to vaccinate is made based on individual characteristics, including risk factors, characteristics of the vaccine itself, and evidence of who may benefit from vaccination.*

What COVID-19 vaccines are available?

Three COVID-19 vaccines are available in the U.S., including two mRNA vaccine options (Moderna and Pfizer) and one protein-based vaccine option (Novavax).

Many pharmacies offer a range of vaccines. Visit vaccines.gov to find a pharmacy near you.

Influenza (Flu)

Who needs to be protected?

Everyone is vulnerable to the flu, and the best way to help prevent it is by getting vaccinated. CDC recommends that **everyone—with rare exceptions—6 months and older** receive an updated flu vaccine each year. According to CDC, flu vaccines reduce the risk of severe disease by about 50%.

What flu vaccines are available?

Several types of flu vaccines are available. Depending on age and other factors, you may be recommended to receive a particular type of flu vaccine. Approved options include inactivated injectable, recombinant injectable, live attenuated nasal spray, high-dose, and adjuvanted flu vaccines.

Some types of flu vaccines are not recommended for older adults, pregnant women, or individuals who have certain health conditions, so check with a healthcare provider to choose the right option for you.

Pertussis (Whooping Cough)

Who needs to be protected?

CDC recommends that **everyone — including infants, children, preteens, adults, and pregnant women** — stay up to date with their whooping cough vaccines.

Because whooping cough is particularly dangerous for babies, vaccines are important for anyone who is around babies, including parents, siblings, grandparents, caregivers, and friends of the family.

What whooping cough vaccines are available?

There are two types of combination vaccines available to protect individuals from whooping cough and the vaccine you receive depends on age. Children younger than 7 years of age receive DTaP, while older children and adults receive Tdap. DTaP and Tdap vaccines also protect against diphtheria ("d") and tetanus ("t").

Respiratory Syncytial Virus (RSV)

Who needs to be protected?

The best way to help prevent RSV is to get vaccinated. The Centers for Disease Control and Prevention (CDC) recommends protection against RSV for the following groups:

- Infants and young children
  - CDC recommends either maternal RSV vaccination or infant immunization to help prevent severe illness from RSV in infants and young children.
  - CDC recommends that pregnant women receive an RSV vaccine between 32–36 weeks of pregnancy during RSV season (typically September through January*) to protect their infants at birth.
  - If a child's mother does not receive an RSV vaccine during pregnancy, CDC recommends giving a preventive antibody to the newborn after birth.
- Adults ages 50 and older
  - A single dose of RSV vaccine is recommended for:
  - All adults age 75 and older
  - Adults ages 50-74 who are at increased risk of severe illness from RSV (such as those with chronic heart or lung illness or those who are residents of long-term care facilities)

*RSV season can vary around the country. If you live in Alaska, Florida, or outside the continental U.S., talk to a healthcare provider about when RSV season is expected where you live.

What vaccine options are available?

- For adults ages 50 and older:
  - Three RSV vaccines are available to help prevent RSV.
- For infants:
  - **Maternal vaccine:** One maternal RSV vaccine is available. When given during pregnancy, it helps prevent RSV in infants after birth.
  - **Preventive antibodies for infants:** Two options, nirsevimab or clesrovimab, are available for infants under 8 months born during or entering their first RSV season if their mother didn't receive the RSV vaccine during pregnancy, their mother's RSV vaccine status is unknown, or their mother received the RSV vaccine less than 14 days prior to birth.
  - **Preventive antibody for some young children:** Nirsevimab is also available for young children 8–19 months who are at increased risk for severe illness from RSV and are entering their second RSV season.

Can You Be a Caregiver and Work Full-Time? Your Complete Guide to Balancing Caregiving and Employment

Balancing a full-time job with caring for an elderly or disabled loved one is a reality for roughly 60 percent of American family caregivers, and it often comes with financial strain, emotional stress, and logistical challenges. In this guide, you will discover how working caregivers can secure paid caregiving resources through Medicaid waivers, VA benefits, long-term care insurance, caregiver contracts, and employer support programs.

We'll explore:

- The day-to-day reality and common hurdles of juggling employment and family caregiving
- Five major pathways to earning compensation for in-home care
- Eligibility rules for care recipients and caregivers, including state variations
- Step-by-step application processes that fit into a busy work schedule
- Practical work-life balance strategies and financial planning tips
- How Paid.care can simplify your journey toward compensation

By the end, you'll have actionable insights to transform unpaid caregiving into a sustainable, income-generating role while maintaining your career.

What Is the Reality of Being a Family Caregiver While Working Full-Time?

Family caregiving while holding a full-time position means dedicating substantial hours to medical appointments, personal care tasks, and emotional support—often without

pay—while still meeting job responsibilities. Understanding this dual role sheds light on why financial assistance and flexible support are essential for caregiver well-being and job retention.

How Many Family Caregivers Work Full-Time and What Are Their Challenges?

An estimated 53 million Americans provide unpaid family care, and about 60 percent combine caregiving with full- or part-time employment. Common challenges include:

- Time Conflicts: Scheduling medical visits during business hours
- Work Absences: Frequent leave requests under FMLA or sick days
- Employer Pressure: Risk of reduced hours or stalled career growth

These pressures often cascade into financial strain, prompting many caregivers to seek paid options next.

What Are the Financial Strains Faced By Working Caregivers?

Working caregivers face out-of-pocket expenses that average $7,000 annually for supplies, transportation, and home adaptations. Lost wages due to reduced hours or job changes can total over $300,000 across a caregiver's lifetime.

Key cost drivers include:

- Medical Supplies and Equipment
- Transportation to Appointments
- Home Modifications for Accessibility

These burdens underscore the need for compensation pathways like Medicaid waiver payments and insurance claims that directly offset caregiving costs and lost income.

Financial Strain on Working Caregivers

Working caregivers often face significant financial burdens, including out-of-pocket expenses for supplies, transportation, and home modifications, averaging around $7,000 annually. Additionally, lost wages due to reduced work hours or job changes can accumulate to over $300,000 throughout a caregiver's lifetime, highlighting the economic impact of caregiving responsibilities.

What Paid Caregiving Programs Can Support Working Family Caregivers?

Paid caregiving programs transform unpaid family support into compensated work by tapping into government and private funding sources. Five core avenues offer compensation, each with unique eligibility, benefits, and application requirements.

Caregiver compensation varies by program. Medicaid Waiver Programs are managed by state agencies and provide hourly pay based on HCBS waiver guidelines for individuals needing nursing-home level care. VA Caregiver Benefits offer stipends, training, and healthcare for caregivers of veterans with service-connected conditions. Long-term care insurance policies may reimburse caregivers or pay them directly, depending on the policy terms. Private caregiver contracts allow families to negotiate rates and responsibilities directly. Some private employers also offer caregiver support programs, including paid leave, flexible scheduling, or financial subsidies, depending on company policies and state laws.

Each option opens distinct pathways to compensate family caregivers, and many recipients combine two or more to maximize support.

How Do Medicaid Waiver Programs Provide Financial Compensation?

Medicaid waiver programs—often called Home and Community-Based Services (HCBS) waivers—allow states to pay family caregivers for in-home assistance instead of institutional care. Care recipients must qualify for Medicaid and require a nursing-home level of care, while caregivers need to be adults with legal work authorization. Rates vary by state but typically range from $12 to $25 per hour.

Medicaid Waiver Programs and Eligibility

Medicaid waiver programs, also known as Home and Community-Based Services (HCBS) waivers, enable states to provide financial assistance to family caregivers for in-home care, as an alternative to institutional care. These programs require care recipients to meet Medicaid eligibility criteria and a nursing-home level of care, while caregivers must meet specific requirements, which vary by state.

Centers for Medicare & Medicaid Services, Home and Community Based Services (HCBS) Waivers (2024)

This information supports the article's discussion of Medicaid waivers as a pathway for paid caregiving and the eligibility requirements.

This model frees up family budgets and validates caregiving as professional work, leading naturally into VA benefits available for veteran households.

What VA Benefits Are Available for Caregivers of Veterans?

The VA Caregiver Support Program offers monthly stipends, training resources, and health care coverage to eligible caregivers of veterans with service-connected disabilities. Primary caregivers must be designated by the VA, complete a caregiver orientation, and meet residence requirements. Stipend amounts depend on the veteran's level of disability and range from $400 to over $3,000 per month.

With VA support adding a stable income layer, many families combine it with Medicaid waivers or private insurance to cover comprehensive care costs.

How Can Long-Term Care Insurance Help Pay Family Caregivers?

Long-term care (LTC) insurance policies reimburse policyholders or directly pay caregivers for home care services outlined in the policy contract. Most policies cover a daily or monthly benefit up to a predetermined cap—commonly $100–$200 per day. Submission requirements include a physician's care assessment and proof of service.

By understanding individual policy terms, caregivers can secure timely payments and supplement government programs to reach full-time income equivalence.

Why Are Caregiver Contracts Important for Paid Family Caregiving?

A formal caregiver contract defines duties, hours, compensation rate, and termination terms between the care recipient (or legal representative) and the family caregiver. Clear agreements:

- Protect both parties legally
- Establish payment expectations
- Facilitate reimbursement from third-party payers

Drafting a robust contract strengthens the caregiver's professional standing and paves the way for combined coverage from Medicaid or LTC insurance.

What Employer Support Programs Exist for Working Caregivers?

Progressive employers increasingly offer paid family leave, flexible scheduling, telework options, and caregiving subsidies to retain valuable staff facing caregiving demands. Under the federal FMLA and many state paid-leave laws, eligible employees can take up to 12 weeks of unpaid or partially paid leave for family caregiving. Additional benefits may include:

- **Subsidized in-home respite care**
- **Flexible shift arrangements**
- **Employee assistance programs for stress management**

Employer Support Programs for Caregivers

Progressive employers are increasingly offering support to working caregivers through paid family leave, flexible scheduling, telework options, and caregiving subsidies. The Family and Medical Leave Act (FMLA) provides eligible employees with up to 12 weeks of unpaid or partially paid leave for family caregiving, and additional benefits may include subsidized respite care and employee assistance programs.

U.S. Department of Labor, Family and Medical Leave Act (FMLA) (2024)

This citation supports the article's discussion of employer support programs and the benefits available to working caregivers.

Leveraging workplace benefits alleviates short-term conflicts between job and caregiving roles and complements external compensation programs.

What Are the Eligibility Criteria for Paid Family Caregiving While Working Full-Time?

Eligibility for paid caregiving varies across programs and states, hinging on the care recipient's condition, caregiver's relationship, and legal status. Understanding these criteria helps families plan which avenues to pursue.

What Are Common Eligibility Requirements for Care Recipients?

Care recipients generally must:

- Be Medicaid-eligible or meet income limits for waiver programs
- Require nursing-home level care based on a physician's assessment
- Be a veteran with service-connected disability (for VA benefits)
- Hold a valid LTC insurance policy (for insurance claims)

Meeting recipient criteria triggers the possibility of enrolling caregivers as paid service providers and leads into caregiver requirements themselves.

What Are Eligibility Requirements for Family Caregivers?

Family caregivers typically must:

- Be at least 18 years old and legally allowed to work in the U.S.
- Have a documented relationship to the care recipient (parent, spouse, child, etc.)
- Complete any program-specific training or certification
- Live with the care recipient in certain VA and waiver programs

Caregiver eligibility ensures that paid programs maintain professional standards while preserving the personal bond between family members.

How Do Eligibility Criteria Vary By Program and State?

Eligibility shifts by state policy and program rules. For example, New York's CDPAP program allows self-directed care, while California's IHSS limits provider selection to registered individuals.

California's IHSS program supports Medicaid-eligible individuals aged 65 or older or those with disabilities, with caregivers required to register and pass a background check. New York's CDPAP serves individuals needing nursing-home level care, and allows caregivers without formal training, though fingerprinting may be required. In Texas, the STAR+PLUS program is available to individuals enrolled in both Medicare and Medicaid, and caregivers must be at least 18 years old and pass a criminal background check.

These variations mean families must match local rules with their caregiving arrangements, which we'll explore in the state-specific section.

Which States Offer Unique Paid Caregiving Programs?
States like Ohio, Colorado, and Washington have pioneered additional pilot programs that expand hours or increase hourly rates.

Visiting individual state hubs helps identify special opportunities beyond standard HCBS waivers.

How Do You Apply for Paid Caregiving Programs While Maintaining Full-Time Employment?

Applying to paid caregiving programs requires clear steps that fit into a working schedule. Advance planning and document gathering streamline approvals and minimize work disruptions.

What Are the Step-By-Step Application Processes for Medicaid Waivers?

1. **Contact State Medicaid Office** to request HCBS waiver information.
2. **Complete an Eligibility Assessment** by a state-appointed nurse or social worker.
3. **Gather Required Documentation**, including income statements, medical records, and proof of residence.
4. **Submit Provider Enrollment Forms** listing caregiver details and contract terms.
5. **Await Approval and Rate Assignment**, then begin billing for hours worked.

Following this sequence helps you secure a waiver slot without sacrificing work priorities, and Paid.care can assist with each step.

How to Apply for A Caregiver Benefits?

1. **Register in the VA Caregiver Support Program** via VA.gov.
2. **Complete the VA's Comprehensive Assistance for Family Caregivers (PCAFC) application**, including veteran medical records.
3. **Attend VA-led caregiver training** and orientation sessions.
4. **Submit caregiver documentation**, such as proof of relationship and residence.
5. **Receive stipend approval notice** and enroll in ongoing support services.

This process aligns veteran household needs with caregiver compensation and training options.

What Documentation is Needed for Long-term Care Insurance Claims?

- A **Letter of Medical Necessity** from the physician
- The **Original Insurance Policy** and endorsements
- A **Caregiver Contract** or service logs detailing hours and duties
- Invoices or receipts showing services rendered

Having these documents ready ahead of time accelerates reimbursements and prevents claim denials.

How Can Paid.Care Assist with the Application Process?

Paid.care offers end-to-end guidance—reviewing eligibility, preparing documentation, liaising with agencies, and drafting caregiver contracts. By consolidating expertise under one roof, Paid.care reduces application errors and accelerates approval so working caregivers can focus on care and employment simultaneously.

How Can Working Caregivers Balance Full-Time Jobs and Caregiving Responsibilities?

Maintaining work performance while providing high-quality care demands strategic planning and support networks. Three key approaches help caregivers thrive in both arenas.

What Time Management Techniques Help Working Caregivers?

Effective caregivers use:

- **Priority Matrices** to allocate tasks by urgency and importance
- **Shared Calendars** synced with employers and family members
- **Time-Blocking** for uninterrupted work and care windows

Implementing these methods fosters a predictable routine that eases transitions between work and caregiving duties, paving the way for respite care solutions.

How Can Respite Care Support Caregivers Who Work Full-Time?

Respite care services deliver short-term breaks through in-home aides or adult day programs. Typical offerings include:

1. **Hourly In-Home Relief** for evening or weekend support
2. **Day-Program Enrollment** providing social engagement for care recipients
3. **Residential Respite Stays** when extended relief is necessary

Incorporating respite care sustains caregiver energy and workplace productivity, reducing burnout risks discussed next.

What Are Effective Strategies to Prevent Caregiver Burnout?

- **Regular Self-Care Routines** such as exercise and meditation
- **Peer Support Groups** for emotional sharing and resource exchange
- **Professional Counseling** to manage chronic stress

Proactively addressing mental health ensures that compensated caregiving remains rewarding rather than draining.

What Are the Financial and Tax Implications of Being a Paid Family Caregiver While Working Full-Time?

Turning caregiving into paid work alters household finances and introduces tax considerations. Understanding payment ranges, taxable status, and planning strategies is crucial for long-term stability.

How Much Can Family Caregivers Expect to be Paid?

Compensation varies by program and state:

- **Medicaid Waivers**: $12–$25 per hour
- **VA Stipends**: $400–$3,000 per month
- **LTC Insurance**: Up to $200 per day
- **Caregiver Contracts**: Market rates of $15–$35 per hour

These ranges help families project earnings and compare options side by side in the table below.

Caregiver pay varies widely by program type. Medicaid waiver programs typically offer $12 to $25 per hour, with payments issued weekly or monthly. VA caregiver stipends range from $400 to $3,000 per month and are paid monthly. Long-term care insurance claims can reimburse up to $200 per day, depending on the policy. Private caregiver contracts generally offer $15 to $35 per hour, with payment schedules determined by mutual agreement.

Comparing income potential across programs informs decisions about combining multiple sources and planning for tax responsibilities.

Are Caregiver Payments Taxable Income?

Most caregiver payments are taxable unless structured as reimbursements for out-of-pocket expenses. Key rules include:

- **Medicaid Waiver Payments**: Taxable wages reported on W-2 forms
- **VA Stipends**: Non-taxable for PCAFC but some programs may differ
- **LTC Insurance Reimbursements**: Generally tax-free if policy holder paid premiums with after-tax dollars

Consulting a tax professional ensures that caregiver earnings are properly reported and optimized.

What Financial Planning Should Working Caregivers Consider?

- **Budget Forecasting** based on anticipated program rates
- **Retirement Contribution Plans** to offset years without traditional employment benefits
- **Coordination with Social Security or Disability Benefits** for care recipients

Integrating caregiving income into a holistic financial plan safeguards both present obligations and future security.

How Can You Find State-Specific Paid Caregiving Programs That Support Working Caregivers?

Because program rules differ by state, locating local resources ensures you tap every available benefit. Three research steps streamline this process.

Which States Have Medicaid Waiver Programs for Paid Family Caregivers?

All 50 states administer some form of HCBS waiver, but details vary. To explore your state's offerings, visit Medicaid waiver program eligibility and application. States like New York (CDPAP) and California (IHSS) lead in caregiver flexibility.

How Do Paid Family Leave Laws Vary by State?

Paid leave statutes differ in duration, compensation rate, and eligible conditions. For a side-by-side comparison, check our state-paid family leave benefits table. States such as Washington, Massachusetts, and New Jersey provide 12 weeks of partially paid leave for family caregiving.

Where Can You Access Local Resources for Working Caregivers?

Local support comes from:

- **Area Agencies on Aging** and state health departments
- **Nonprofit Caregiver Coalitions** offering training and respite directories
- **Community Health Centers** that connect families to funding streams

These touchpoints bridge you to specialized programs and professional guidance in your region. Caring for a loved one while sustaining a career is demanding but achievable when you leverage paid caregiving programs, master eligibility rules, and apply proven work-life balance strategies.

By exploring Medicaid waivers, VA benefits, LTC insurance claims, caregiver contracts, and employer supports—and with expert assistance from **Paid.care**—you can secure fair compensation for your essential role. Start your application journey today and transform your caregiving commitment into a sustainable livelihood with confidence and support.

For more information, visit: https://paid.care/guides/can-you-be-a-caregiver-and-work-full-time

Keep Your Eyes Healthy

There's a lot you can do to keep your eyes healthy and protect your vision.

Get a comprehensive dilated eye exam

Getting a dilated eye exam is simple and painless — and it's the single best thing you can do for your eye health!

Even if your eyes feel healthy, you could have a problem and not know it. That's because many eye diseases don't have any symptoms or warning signs.

A dilated eye exam is the only way to check for many eye diseases early on, when they're easier to treat.

What is a dilated eye exam?

A dilated eye exam is the best thing you can do for your eye health! It's the only way to check for eye diseases early on, when they're easier to treat — and before they cause vision loss.

The exam is simple and painless. Your eye doctor will check for vision problems that make it hard to see clearly, like being nearsighted or farsighted. Then your doctor will give you some eye drops to dilate (widen) your pupil and check for eye diseases.

Since many eye diseases have no symptoms or warning signs, you could have a problem and not know it. Even if you think your eyes are healthy, getting a dilated eye exam is the only way to know for sure.

How often do I need to get a dilated eye exam?

How often you need a dilated eye exam depends on your risk for eye disease. Talk to your doctor about what's right for you.

Get a dilated eye exam every 1 to 2 years if you:

- Are over age 60
- Are African American and over age 40
- Have a family history of glaucoma

If you have diabetes or high blood pressure, ask your doctor how often you need an exam. Most people with diabetes or high blood pressure need to get a dilated eye exam at least once a year.

What happens during a dilated eye exam?

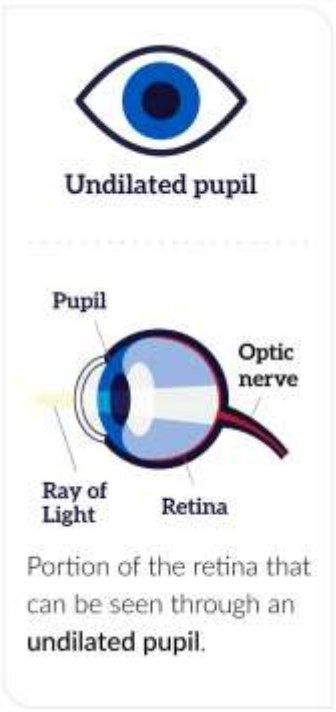
The exam includes:

- A **visual acuity test** to check how clearly you see. Your doctor will ask you to read letters that are up close and far away.
- A **visual field test** to check your peripheral (side) vision. Your doctor will test how well you can see objects off to the sides of your vision without moving your eyes.
- An **eye muscle function test** to check for problems with the muscles around your eyeballs. Your doctor will move an object around and ask you to follow it with your eyes.
- A **pupil response test** to check how light enters your eyes. Your doctor will shine a small flashlight into your eyes and check how your pupils react to the light.
- A **tonometry test** to measure the pressure in your eyes. Your doctor will use a machine to blow a quick puff of air onto your eye, or gently touch your eye with a special tool. Don't worry — it doesn't hurt!
- **Dilation** to check for problems with the inner parts of your eye. Your doctor will give you some eye drops to dilate (widen) your pupil. This helps the doctor see inside your eye.

Depending on your needs, your doctor may include other tests too. Ask your doctor if you have questions.

How does dilation work?

Dilating your pupil lets more light into your eye — just like opening a door lets light into a dark room. Dilation helps your eye doctor check for many common eye problems, including diabetic retinopathy, glaucoma, and age-related macular degeneration (AMD).



What happens after a dilated eye exam?

For a few hours after a dilated eye exam, your vision may be blurry and you may be sensitive to light. Ask a friend or family member to drive you home from your appointment.

If your eye doctor finds refractive errors in your vision, you may get a prescription for eyeglasses or contact lenses to help you see more clearly.

BRING YOUR SUNGLASSES!

Your eyes may be sensitive to light for a few hours after your exam. Sunglasses can help, so bring them if you have them! Your eye doctor may also have disposable sunglasses they can give you.

For more information, visit: https://www.nei.nih.gov/eye-health-information/healthy-vision/finding-eye-doctor/get-dilated-eye-exam

Caffeine Pros and Cons

When is your daily cup of coffee helping you, and when isn't it? And what about energy drinks?

I am on a long-awaited beach vacation, a welcome reprieve from endless chores and the cacophony of screeching fire engines that invade our bedroom at all hours of the day and night.

It is hot and humid and delightful, especially compared to the weather we've been getting at home. As we approach the lounge chairs waiting for us, I turn to my husband and say, "I'll be right back. I'm going to get coffee."

Numerous research studies in the past two decades have found that moderate intake of coffee has been correlated with positive effects on cardiovascular health. "Honey," he says, "It's almost ninety degrees already. You really want coffee?" He knows I won't get a cold beverage, unlike most "normal" people who think beach days go best with a frosty piña colada or perhaps an iced latte. No, whatever the temperature might be, I am a "give me a cup of hot coffee, with a little milk and no sugar, please" kind of gal.

If we could choose our middle names, I think mine would be "caffeine."

What Is Caffeine?

Caffeine is a flavorless substance found naturally in the leaves, seeds and fruits of more than sixty plants, including tea leaves, kola nuts, coffee beans, cacao beans, guarana berries and yerba mate leaves. It is also found in many processed foods like chocolate, colas, candies and gum, and is often added to over-the-counter medications such as pain relievers and cold medicines.

Caffeine is a central nervous stimulant often used to promote wakefulness or to enhance cognitive performance.

Caffeine is a central nervous stimulant often used to promote wakefulness or to enhance cognitive performance. Along with caffeine, coffee contains polyphenols, which are chemicals with both antioxidant and anti-inflammatory properties. Caffeine is also a diuretic which helps to rid your body of fluids. It's rapidly absorbed, with its effects generally felt within 45 or 50 minutes and peaking at about two hours.

In a January 2024 American Medical Association podcast, "What doctors wish patients knew about the impact of caffeine," Shannon Kilgore, MD, a neurologist at the Veterans Affairs Health Care System in Palo Alto, California and Stanford University School of Medicine, explains that "the half-life of the drug can range from as quickly as an hour and a half to as long as nine hours, depending on an individual's genetic factors, to coadministration with other medications, such as oral contraceptives, and to smoking status."

The type of CYP1A2 gene that you possess (fast or slow version) affects whether you're a fast or slow metabolizer. Fast caffeine metabolizers, who clear caffeine from their system about four times more quickly than those who metabolize it more slowly, can have a cup of strong coffee at bedtime and still be snoring within minutes.

The Many Benefits of Caffeine

According to the Food and Drug Administration, a healthy intake of caffeine can be up to 400 mg. per day, with an average 8-ounce cup of coffee containing 80-100 mg. Anyone who is pregnant, has underlying heart disease or hypertension, digestive issues such as GERD (gastric reflux) or other medical conditions should consult their health care provider for recommendations.

Caffeine stimulates the release of dopamine, a neurotransmitter associated with pleasure, motivation, and

learning, as well as norepinephrine, which increases alertness, arousal and attention. It increases the circulation of chemicals such as cortisol and adrenaline in the body and promotes wakefulness by blocking adenosine receptors in the brain

Caffeine intake is also linked with a decreased risk of developing Type 2 diabetes because of its effect on regulating glucose and insulin levels.

Adenosine, a sleep-inducing substance, normally accumulates during the day, with your afternoon yawns signifying the need for a cup of java to counteract its effects.

For many years, there have been heated discussions as to whether caffeine is good for you, and if so, in what amount. While there are still some mixed results concerning certain findings, the latest results may send you running to your kitchen cabinet to joyfully retrieve your extra-large coffee mug.

A longitudinal study, reported in the Journal of the American Medical Directors Association that followed 12,585 coffee drinkers over 20 years as they went from a median age of 53 years to 73, found that those who drank four or more cups of coffee daily were twice as likely to avoid becoming physically frail or to have seriously diminished strength or endurance as they aged into their seventies. This is pretty amazing.

Numerous research studies in the past two decades have found that moderate intake of coffee has been correlated with positive effects on cardiovascular health including a reduced risk of stroke, hypertension, atrial fibrillation, metabolic syndrome and heart failure. Significantly, caffeine consumption has been correlated with a substantial decrease in all-cause and cardiovascular-related mortality.

Caffeine intake is also linked with a decreased risk of developing Type 2 diabetes because of its effect on regulating glucose and insulin levels.

Coffee drinkers have been found to be less likely to be depressed, which may be related to its antioxidant effects or its anti-inflammatory properties.

With compounds known to protect against cellular damage, caffeine has been shown to reduce the risks of certain types of cancer, particularly liver and endometrial cancer, but also including colon, breast cancer, bladder, and some types of skin cancers. Caffeine intake has been associated with reduced liver stiffness, decreased scar tissue, and reducing the severity of non-alcoholic fatty liver disease among overweight people with type 2 diabetes.

It also increases your basal metabolic rate, jumpstarting the process of converting fat stores into energy. Kilgore says that coffee improves endurance and speed as well as decreasing your perception of fatigue, helping people to exercise more vigorously and for longer periods of time. A new study shows that people who drink coffee take, on average, 1,000 extra steps per day compared to non-users.

Coffee drinkers have been found to be less likely to be depressed, which may be related to its antioxidant effects or its anti-inflammatory properties (and taking a break in my day to have a cup of java in a local café certainly acts as an antidepressant for me!)

Caffeine has been found to reduce the risk of cognitive decline, Alzheimer's disease and other types of dementia, possibly by preventing the build-up of beta-amyloid plaque. Studies have suggested that caffeine can protect against the loss of dopamine neurons in the brain and can measurably lower the risk of developing Parkinson's disease.

Many people aren't aware that decaffeinated coffee still contains caffeine, about 2 to 15 milligrams per cup. Decaf coffee has only slightly lower levels of health-inducing substances, which is why its intake seems to also be associated with improved longevity. An eight-ounce cup of black tea contains 47 mg. of caffeine and has many, although not all, of the health enhancement effects of coffee.

Energy drinks, especially those containing mega-amounts of caffeine and consumed multiple times throughout the day or evening, have landed some users in emergency rooms with palpitations, panic attacks, tremors or even delirium.

One study showed that coffee drinkers between the ages of 65 to 70 took 33% longer to metabolize caffeine than did younger participants, meaning that we may experience amplified effects as we get older.

A recent study in BMC's Cell and Bioscience journal found that, due to the presence of polyphenolic compounds such as chlorogenic acid (CGA), one to two cups of coffee per day may help to reduce the risk of severe COVID. Just one more reason to enjoy that afternoon pick-me-up!

Unfiltered coffee made with a French press or Turkish style and, to a lesser extent, espresso, are associated with a small but significant increase in LDL cholesterol (the "bad" cholesterol) and triglycerides. This is because filtering coffee removes much of the cafestol, a compound in coffee that raises blood cholesterol levels.

When Caffeine Isn't Good for You

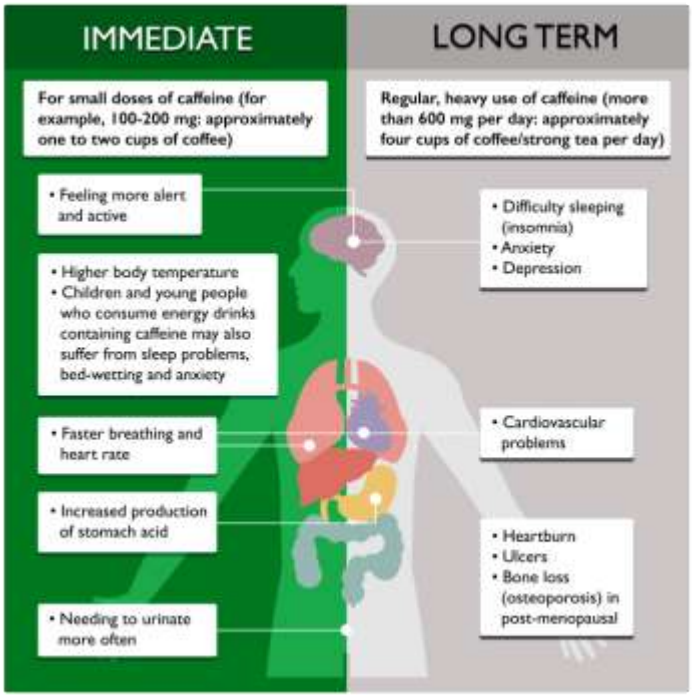
Too much coffee can lead to a variety of unpleasant, and sometimes even dangerous, side effects. These include anxiety, insomnia, palpitations, racing pulse, jitteriness, elevated blood pressure and nausea or diarrhea.

Age may contribute to a growing caffeine sensitivity. One study showed that coffee drinkers between the ages of 65 to 70 took 33% longer to metabolize caffeine than did younger participants, meaning that we may experience amplified effects as we get older.

Some people get headaches if they consume too much caffeine, although the vasoconstriction it causes actually helps some headaches, such as migraines.

I must admit that beach vacations and coffee are two of my favorite things in the entire world. I'm so glad they're both good for me.

Contributing Author: Barbra Williams Cosentino RN, LCSW, is a psychotherapist in Queens, N.Y., and a freelance writer whose essays and articles on health, parenting and mental health have appeared in the New York Times, Medscape, BabyCenter and many other national and online publications.



Delivering Home Modifications that Meet Older Adults' Needs

- **Older adults have a range of needs when it comes to home modifications—from contributing to aging in place, preventing falls, to supporting needs after a hospital stay.**
- **Home modification is a multidisciplinary field that should involve a range of professionals working together.**
- **Learn more about the model designed to help professionals build a transdisciplinary team to adequately address the home modification needs of older adults.**

Home modifications that increase safety and support daily activities can help older adults stay independent in their homes. Yet assessing a person's needs—and providing home modifications that properly address them—can require a range of providers from rehabilitation specialists to contractors.

All too often, especially in emergency situations, older adults' home modification needs are not fully met.

To increase the likelihood that consumers receive the right services at the right time from the right professionals, the National Home Safety and Home Modification Work Group, led by the National Council on Aging and the University of Southern California Leonard Davis School of Gerontology, developed The Home Modification Service-Delivery Model: A Transdisciplinary Team Approach.

The goal of this model is to expand access to optimal home modification interventions for older adults and people with disabilities. Designed for a broad professional audience, it aims to improve knowledge of the complexity of the problem and the needs, and awareness of the types of providers that can and should be involved in the home modification process.

The model:

Outlines the types of professional groups typically involved in home modification service delivery.

These include:

- Occupational therapists
- Physical therapists
- Nonprofits
- Architects
- Contractors
- Care managers
- Primary care providers
- Handypersons

- Delineates the ideal approach to the Home Modification Service Delivery Process based on evidence and expert perspectives. While this process will differ depending on individual need, preferences, funding available, and access to team members, comprehensive team approaches are the goal.
- Describes the typical role of each professional group in the different phases of the home modification process.
- Provides links for more information on home modification resources, trainings, funding sources, programs, and providers.

Whether you are a health care provider or community-based organization, you have the potential to impact this process for consumers by leveraging this model. Download The Home Modification Service Delivery Model: A Transdisciplinary Team Approach: These materials were developed by the National Home Safety and Home Modification Work Group, a collaboration of the National Falls Prevention Resource Center at the National Council on Aging and the Fall Prevention Center of Excellence at the University of Southern California Leonard Davis School of Gerontology.

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The National Home Safety and Home Modification Work Group is an interprofessional body that engages key stakeholders to advance home safety, home modification, and universal design policy, education, service delivery, and research. Visit them and the Home Modification Information Network to find home modification funding sources.

This project was supported, in part by grant number 90FP0023 from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201.

GrandFamilies

Family and Kinship

What is Kinship Care?

Kinship care is when a child lives with relatives when their parent(s) cannot care for them. Within the context of foster care, kinship care often occurs when a child is in an unsafe environment and goes to live with other family members. Sometimes the child has experienced neglect or abuse. Other times, families may arrange kinship care to give the parent time to get back on their feet. Every situation is different.

Types of Kinship Care

There are many ways in which a child may begin to live with relatives. Depending on the family and situation, a child welfare agency may or may not be involved. Some kinship care arrangements are made between family members without involving the child welfare system. In these cases, the biological parents retain custody of their child, and the child is technically not in foster care. Sometimes families make these arrangements to give the biological parent time to get back on their feet. This is called **informal kinship care**.

With informal kinship care, it can be challenging for the kinship caregiver to do necessary things for the child, such as get them medical attention or enroll them in school. For this reason, some kinship caregivers receive **temporary guardianship**. The biological parent must grant temporary guardianship in order for a kinship caregiver to have it.
In some situations, a child welfare agency becomes involved in a case, but the State does not have custody of the child. A child welfare worker may recommend that parents voluntarily place their child with relatives to avoid going to court. This is called **voluntary kinship care** and varies greatly between states and by case.

The final type of kinship care is **formal kinship care**. This can also be called **kinship foster care**. In these cases, the child is a legal ward of the State and technically is in foster care. While the relatives have physical custody of the child, the child welfare agency remains involved in decisions about the child's wellbeing. Depending on the state, the kinship caregivers may need to be certified in similar ways as foster parents.

The Difference Between Foster Care and Kinship Care

Children in foster care are legally in the custody of the State. If a child is in **formal kinship care**, they are in foster care because they are a ward of the State. There are several scenarios, though, in which a child lives with a relative but is not in the custody of the State. When this occurs, the child is in kinship care but is not technically in foster care. They may be in informal or voluntary kinship care, or their relative may have temporary guardianship.

When a child is in kinship care, they live with relatives ("kin" or "kin-like") rather than a foster family. Kinship caregivers are most often relatives, such as grandparents, aunts, uncles, or other relatives. However, it is also possible for family friends to provide kinship care for a child whom they have a familial relationship with. These caregivers are sometimes called **kin-like**, **fictive kin**, or **nonrelative extended family members**.

Some examples of kin-like caregivers include neighbors, family friends, teachers, pastors, or others who are part of the child's team. Children will often adjust more easily in a kinship or kin-like environment than in an unfamiliar foster home. Another difference between foster care and kinship care is that kinship caregivers do not always become licensed like a foster family. This, of course, depends on the circumstance and the type of care a child is in.

An Example of Kinship Care

Jordan Walker* and his wife were kinship caregivers to their niece for almost six months. When Jordan's sister-in-law needed a place for her daughter, Nicole*, to go, Jordan and his wife stepped up. For them, they were filling a gap while Nicole's mother tried to get back on her feet. Jordan and his wife gained temporary guardianship for the time that their niece lived with them. The child welfare agency was not involved in the arrangement. For Jordan and his family, welcoming Nicole into their home was a "no-brainer." Their family viewed stepping into kinship care as an "extension of God's love." They wanted God to use them to make a difference.

Conflicting Emotions

When you are involved in kinship care, "there are lots of conflicting emotions," Jordan explains. It was hard for them to watch Nicole's mother make poor decisions that negatively impacted her daughter. Even after Nicole moved in with Jordan's family, her mother rarely initiated communication. Jordan found it challenging to watch Nicole's mother live as though she had no daughter.

Another major challenge Jordan faced while providing kinship care to Nicole was not knowing how long he would serve as her temporary father figure. As she struggled with the trauma she had experienced, Nicole exhibited challenging behaviors. It broke Jordan's heart to see his niece in such pain. But he also recognized the opportunity to show her how loved and valued she is.

The Importance of Being Trauma-Informed

As a kinship caregiver, Jordan was grateful that he was trauma-informed. He had first encountered trauma-informed care through his wife, who had experienced trauma in her childhood. Jordan walked alongside his wife as she worked as an adult to recover from years of abuse. Secondly, Jordan was planning to be a teacher. During his training, he took courses that taught him strategies for coming alongside children who have experienced harm. In summarizing what things best equipped him to become a trauma-informed kinship caregiver, Jordan says, "education and experience."

Finding Support

While the Walker family provided care to Nicole, they received support from various places. "Our church was very supportive," Jordan recalls. One of the elders at their church, who was a counselor, checked in regularly on their family. Jordan's parents also lived nearby and offered support as often as they could. Jordan was also grateful for the school counselor who offered support to Nicole.

A Reunification Experience

After nearly six months of living with the Walker family, Nicole reunited with her mother. "It was emotionally really hard for me," Jordan recalls. He viewed Nicole as his daughter; she was part of all the same routines as his biological children. He also wrestled with wondering what would be best for Nicole. He wanted to be confident that she would be safe.

When reunification day came, Nicole was excited to be back with her mother. Jordan was grateful to see his sister-in-law get back on her feet, but he was sad to see Nicole go. Thankfully, he had consistently taken advantage of the opportunity to show Nicole her value and worth. He knew he had planted important seeds in her life.

Looking back, Jordan describes their kinship care season as a "wild whirlwind." He says, "It was incredibly hard but also incredibly rewarding and beautiful."

KINSHIP
Keeping Families Together

What's Your Role?

Kinship care can sometimes be a good option for a child whose parent cannot care for them. Depending on the arrangement, a child welfare agency may or may not be involved. It is important to know that kinship caregivers need support just like foster parents.

Providing meals, running errands, and offering an encouraging word can help kinship caregivers feel supported. Above all else, pray for kinship caregivers. Kinship care often indicates that a family member has fallen on challenging times. Be a light to a kinship caregiver by letting them know you are praying for them and their entire family.

For more information about how to show support for foster families and kinship caregivers, visit WaitNoMore.org.

generations united

Because we're stronger together®

Grandfamilies & Kinship University (GKU) is a new, national leadership and community-impact program launched by Generations United. **Designed for kinship caregivers, including grandaparents, close family friends, and other relatives raising children**, GKU helps participants build skills, connect with others, and create change in their communities.

Through leadership training, peer learning, and community-based projects, kinship caregivers will build the skills, tools, and relationships to turn their lived experience into action, support their own families, and create change for others like them.

You do not need a formal title or prior leadership to apply. What matters most is

your lived experience and your desire to make a difference.

Applications are open through June 8, 2026. A limited number of participants will be selected for this inaugural cohort.

If you are a kinship caregiver, we encourage you to apply. If you support kinship families or know someone who may be interested, please share this opportunity with them.

Learn more & Apply now

Share This Email

Share This Email

Share This Email

CONNECT WITH US

NCBA Supportive Services

Founded in 1970, NCBA is a national 501 (c) (3) nonprofit organization. Headquartered in Washington, DC, NCBA is the only national aging organization who meets and addresses the social and economic challenges of low-income African American and Black older adults, their families, and caregivers.

NCBA Supportive Services include:

Job Training & Employment Programs

The Senior Community Service Employment Program (SCSEP)

SCSEP is a part-time community service and work-based job training program that offers older adults the opportunity to return or remain active in the workforce through on the job training in community-based organizations in identified growth industries.

Priority is given to Veterans and their qualified spouses, then to individuals who: are over age 65; have a disability; have low literacy skills or limited English proficiency; reside in a rural area; may be homeless or at risk for homelessness; have low employment prospects; failed to find employment after using services through the American Job Center system.

Annually, NCBA and CVS partner to host job fairs to orient SCSEP participants about the benefits of working at CVS as a mature worker.

To learn more about the Senior Community Service Employment Program (SCSEP), visit: https://ncba-aging.org/employment-program-resources

The Senior Environmental Employment Program

NCBA administers the Senior Environmental Employment (SEE) Program with funding from the U.S. Environmental Protection Agency.

Agency (EPA) to older adults, age 55+ with professional backgrounds in engineering, public information, chemistry, writing and administration the opportunity to remain active in the workforce while sharing their talents with the U.S. Environmental Protection Agency (EPA) in Washington, DC, and at EPA Regional Offices and Environmental Laboratories in NC, OK, FL, and GA.

To learn more about the Senior Employment Environment Program (SEE), visit: https://ncbainc.org/see/

Health

The NCBA Health and Wellness Program offers continual education, resources, and technical assistance either in-person, online, or through self-paced learning opportunities. The program offers a wide variety of social and economic services and support including, the delivery and coordination of national health education and promotion activities, and the dissemination of and referral to resources.

To learn more visit: https://ncbainc.org/the-ncba-health-and-wellness-program/

Housing

Established in 1977, the NCBA Housing Management Corporation (NCBA-HMC) is the organization's largest program and service to seniors. NCBA-HMC provides senior housing for over 500 low-income seniors with operations in Washington, DC, Jackson, MS, Hernando, MS, Marks, MS, Mayersville, MS and Reidsville, NC.

To learn more about NCBA Housing Program, visit: https://ncbainc.org/affordable-housing/

Samuel J. Simmons NCBA Estates located in Washington, DC

Carl F. West Senior Estates --Now Open

Carl F. West Senior Estates and Grandfamily Apartments are now OPEN!

NCBA is proud to announce the opening of the Carl F. West Senior Estates and Grandfamily Apartments, a 179-unit community in D.C.'s Columbia Heights. Thirty-six units are reserved for "grandfamilies"—older adults raising grandchildren or young adults. Carl F. West Senior Estates includes a fitness center, library computer lab, and playgrounds for children. Our 36 grand family units are thoughtfully designed to offer comfort, stability, and built-in support—creating a safe, nurturing environment where both generations thrive.

For more information, call 202-289-1700 or visit: info@ncbacfw.com.

Social Media

To learn more about NCBA programs, services, and upcoming events, follow us on Facebook, Twitter, and Instagram!

Facebook @NCBA1970
Twitter@NCBA1970
Instagram@NCBA_1970

You're also welcome to learn more about NCBA by visiting our website at www.ncbainc.org. We look forward to hearing from you!

Grandfamilies Housing Opportunity

A Supportive Community For Grandparents Raising Grandchildren

Comfort & Convenience in Your New Home

Thoughtfully designed apartments created for family living.

- Modern, newly built three-bedroom apartments
- Spacious kitchens and living areas
- Bright, open floor plans
- In-unit bathrooms and modern finishes
- Safe and comfortable spaces

More Than Housing

- **Supportive Services Onsite**
  - Family support & referrals
  - Resource navigation
  - Community connections

Secure and Family-Friendly

- **24-hour security on-site**
- Controlled building access
- Secure residential parking spaces

NCBA

Carl F. West Senior Estates

Have questions about availability, eligibility, or the application Process? Our team is happy to guide you

Phone: (202) 289-1700 **Email:** info@ncbacfw.com **Address:** 1370 Harvard Street, NW, Washington, DC 20009

Office Hours Monday- Friday 8:00 AM- 5:00 PM, Saturday, 8:00AM to 2:00 PM (Closed on federal holidays)

Eligibility for Grandfamilies

☑ Who is Eligible?

- Grandparents aged 55+ who are the primary caregivers of grandchildren
- Income- qualified to meet affordable housing guidelines
- Bright, open floor plans
- At Least one child aged 26 or younger in the household

☑ Convenient Location

- Metro station is just a few blocks away
- Close to schools, grocery stores, and local shops
- Nearby playground and outdoor courtyard for children to play

How to Apply

For more information, please contact:

Call (202)289-1700

Visit: ncbacfw.com

1370 Harvard Street, NW,
Washington, DC 20009

NCBA
Carl F. West Senior Estates

Office Hours Monday- Friday 8:00 AM- 5:00 PM, Saturday, 8:00AM to 2:00 PM (Closed on federal holidays)


IMPORTANT
INFORMATION

Important: 7 Changes Coming to Medicare in 2026

Lower prices on 10 drugs, new features in plan finder, no reenrollment in prescription payment plan? Check, check and check……

Key takeaways

- ✓ You'll see lower prices on 10 popular high-cost prescriptions.
- ✓ Misled by plan finder? You'll have a chance to change MA plans.
- ✓ Drug spending cap rises. Payment plan reenrollment is put on auto.
- ✓ Original Medicare begins prior-authorization pilot program.
- ✓ Advantage plan pilot shut down; limits added to second program.

The new year will bring a new round of Medicare coverage, cost and policychanges that will affect each beneficiary differently, depending on their medical needs, income and other factors. To help you stay in the know, AARP lists some of the most significant changes that will shape your 2026 coverage.

1. Medicare-negotiated lower drug prices start

Ten prescription drugs (**https://www.aarp.org/medicare/first-medicare-negotiated-drug-prices-debut/**) with high costs for Medicare will be available at lower prices in 2026.

The first round of these Medicare-negotiated prices, made possible under a prescription drug law (**https://www.aarp.org/advocacy/inflation-reduction-act-questions-answers-2022/**) passed in 2022 that AARP supported, will help make medications more accessible and affordable. The lower prices for these 10 medications (**https://www.aarp.org/advocacy/medicare-drug-price-list-2024/**)— which include arthritis, blood clot, cancer and diabetes drugs — are expected to improve quality of life for millions of beneficiaries.

The negotiated prices, which become effective Jan. 1, must be made available to eligible Medicare beneficiaries, and the 10 drugs must be included among the covered drugs for all Medicare Advantage prescription drug plans and stand-alone Part D drug plans that beneficiaries in original Medicare can buy.

The savings are expected to lower recipients' out-of-pocket spending by an estimated $1.5 billion in 2026, and the savings will continue every year. If lower prices had been in effect in 2023, Medicare itself would have saved about $6 billion, the Centers for Medicare & Medicaid Services (CMS) says.

Drug name	Negotiated price	List price in 2023	Percent discount
Januvia	$113	$527	79%
NovoLog/Fiasp, several pens	$119	$495	76%
Farxiga	$178	$556	68%
Enbrel	$2,355	$7,106	67%
Jardiance	$197	$573	66%
Stelara	$4,695	$13,836	66%
Xarelto	$197	$517	62%
Eliquis	$231	$521	56%
Entresto	$295	$628	53%
Imbruvica	$9,319	$14,934	38%

Source: Centers for Medicare & Medicaid Services • Embed

2. <u>Some enrollees may get another chance to switch plans</u>

If you've looked at the 2026 Medicare Plan Finder **(https://www.medicare.gov/plan-compare/#/?year=2026&lang=en)**, readied for Medicare open enrollment Oct. 15 to Dec. 7, CMS has included information about which doctors and other health care providers are included in a Medicare Advantage plan's network **(https://www.aarp.org/medicare/medicare-plan-finder-provider-listings/).**

Now many consumers interested in a Medicare Advantage plan won't have to leave the plan finder to see if their doctors, hospitals and other health care providers are included in an insurer's provider network. Previously, potential enrollees had to get that information by visiting each plan's website, calling each company or enlisting an insurance broker to assist them. Be advised: The provider-directory information is not listed for all plans; new information will be added and updated as CMS receives it.

Enrollees who choose original Medicare can see any physician who accepts Medicare, which is about 98 percent of all doctors who aren't pediatricians, according to KFF (**https://www.kff.org/medicare/how-many-physicians-have-opted-out-of-the-medicare-program/**), a nonpartisan health policy nonprofit headquartered in San Francisco with a presence in Washington, D.C.

About half of Medicare beneficiaries have Medicare Advantage plans, the privately run alternative to original Medicare. These plans limit participants to their lists of providers and charge more or require full payment for out-of-network services.

If Medicare Advantage enrollees who used plan finder during their first three months on a new plan discover that its information was wrong and their doctors are not in-network, they'll be eligible to switch to a plan that has their providers or go to original Medicare during an only-in-2026 special enrollment period. So as soon as coverage begins, you should determine whether the providers you want really do take your insurance.

3. Deductibles and spending caps for Part D plans go up

The $2,000 limit on out-of-pocket expenses for prescription drug plans, which includes stand-alone plans that go with original Medicare and drug coverage provided through Medicare Advantage plans, is rising in 2026 to $2,100. The cap was introduced in 2025. This $100 increase, a 5 percent climb, reflects the annual percentage increase in average spending for covered Part D drugs that occurred in 2024.

Also increasing is the maximum Part D deductible, adjusted each year. It will be $615, up from $590 in 2025. Some Part D plans will have lower deductibles or none at all.

4. No reenrolling in Medicare drug payment plan needed

In 2025, original Medicare enrollees in Part D prescription plans and Medicare Advantage plans with prescription coverage had the option to pay out-of-pocket costs in monthly installments rather than all at once at a pharmacy. Paired with the $2,000 cap on out-of-pocket prescription costs, that might have meant that a $2,000 bill in January became a $167-a-month payment through the Medicare Prescription Payment Plan.

To make enrollment in the program easier in 2026, those who participated in 2025 will be reenrolled automatically unless they opt out or change to a new Part D or Medicare Advantage plan. If you do change plans and want to continue on a payment plan, just contact your new drug plan. “Automatic renewal eases burden for both participants and plan sponsors,” CMS said. For participants who decide not to stay, Part D plans must process their opt-out request within three days.

5. Original Medicare begins prior authorization test

In a six-year experiment that begins Jan. 1, millions of original Medicare beneficiaries in six states could be required to get advance approval, called prior authorization (**https://www.aarp.org/medicare/faq/what-is-medicare-prior-authorization**)/, before certain medical services, procedures or devices are covered.

If successful, the pilot project could lead to wider use of prior authorization in original Medicare, possibly using artificial intelligence (AI). The practice is already widely used in Medicare Advantage (**https://www.aarp.org/pri/topics/health/coverage-access/prior-authorization-federal-rules-protecting-people-medicare-adv/**), with some plans using AI and algorithmic software to help make coverage decisions. The experiment runs through December 2031 and could involve up to 6.4 million original Medicare beneficiaries in parts of Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington, according to estimates from McDermott+, a health care consulting firm in Washington, D.C. It’s designed to speed up coverage decisions and cut wasteful spending on at least 16 devices, procedures and services that are “particularly vulnerable to fraud, waste and abuse or inappropriate use,” according to CMS. Technology companies that participate will be paid based on savings from denied medical claims, which has drawn the ire of the American Medical Association and consumer organizations.

The pilot project comes amid concerns from lawmakers, government watchdogs (**https://oig.hhs.gov/reports/all/2022/some-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care/?url=https%25253A%25252F%25252Foig.hhs.gov%25252Freports%25252Fall%25252F2022%25252Fsome-medicare-advantage-organization-denials-of-prior-authorization-requests-raise-concerns-about-beneficiary-access-to-medically-necessary-care%25252F&data=05%25257C02%25257Capugh%252540aarp.org%25257Cfb748b2785aa43b3bab808ddf706fc91%25257Ca395e38b4b754e4493499a37de460a33%25257C0%25257C0%25257C638938331558182711%25257CUnknown%25257CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWU**

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7. Medicare Advantage plans limit nonmedical benefits

The Bipartisan Budget Act of 2018 expanded the types of supplemental benefits that Medicare Advantage plans could offer to chronically ill enrollees. In 2026, CMS is limiting the types of allowable coverage.
This help, called Special Supplemental Benefits for the Chronically Ill, doesn't have to relate to health but must have a reasonable expectation of improving or maintaining the health or function of someone who has a persistent medical condition, according to CMS.

Among the benefits and treatments that **WONT** be allowed in 2026:

- Alcohol, cannabis and tobacco products
- Certain cosmetic surgeries and procedures, such as facelifts, treatment for facial lines and remedies for atrophy of collagen and fat
- Funeral planning and expenses (**https://www.aarp.org/money/personal-finance/ways-to-lower-funeral-costs/)**
- Life insurance and hospital indemnity insurance (**https://www.aarp.org/money/personal-finance/keep-life-insurance-or-cash-out/)**
- Unhealthy foods (**https://www.aarp.org/health/healthy-living/foods-to-avoid-after-50/)**

"We believe that codifying a non-exhaustive list of examples of items or services that do not meet these standards will provide transparency and greater certainty for MA organizations and enrollees about the rules that govern these benefits," CMS says in the rule.

For more information, visit: https://www.aarp.org/medicare/whats-new-in-medicare-2026/

Contributing Author: Tony Pugh is an award-winning writer and editor covering Medicare for AARP. He has also covered Medicare for Bloomberg Law and as a national correspondent for Knight Ridder/McClatchy Newspapers.

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Medicare 101 Bone Health Heart Health Glossary About

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A Woman's Guide to Understanding Medicare

Learn what to know, how to prepare, and when to act

The Medicare enrollment process is an essential part of turning 65. But it can be complicated and overwhelming.

HealthyWomen and the Society for Women's Health Research wanted to simplify this process for women. So, we worked together to create this helpful guide, which equips women with the knowledge they need to understand and navigate Medicare enrollment.

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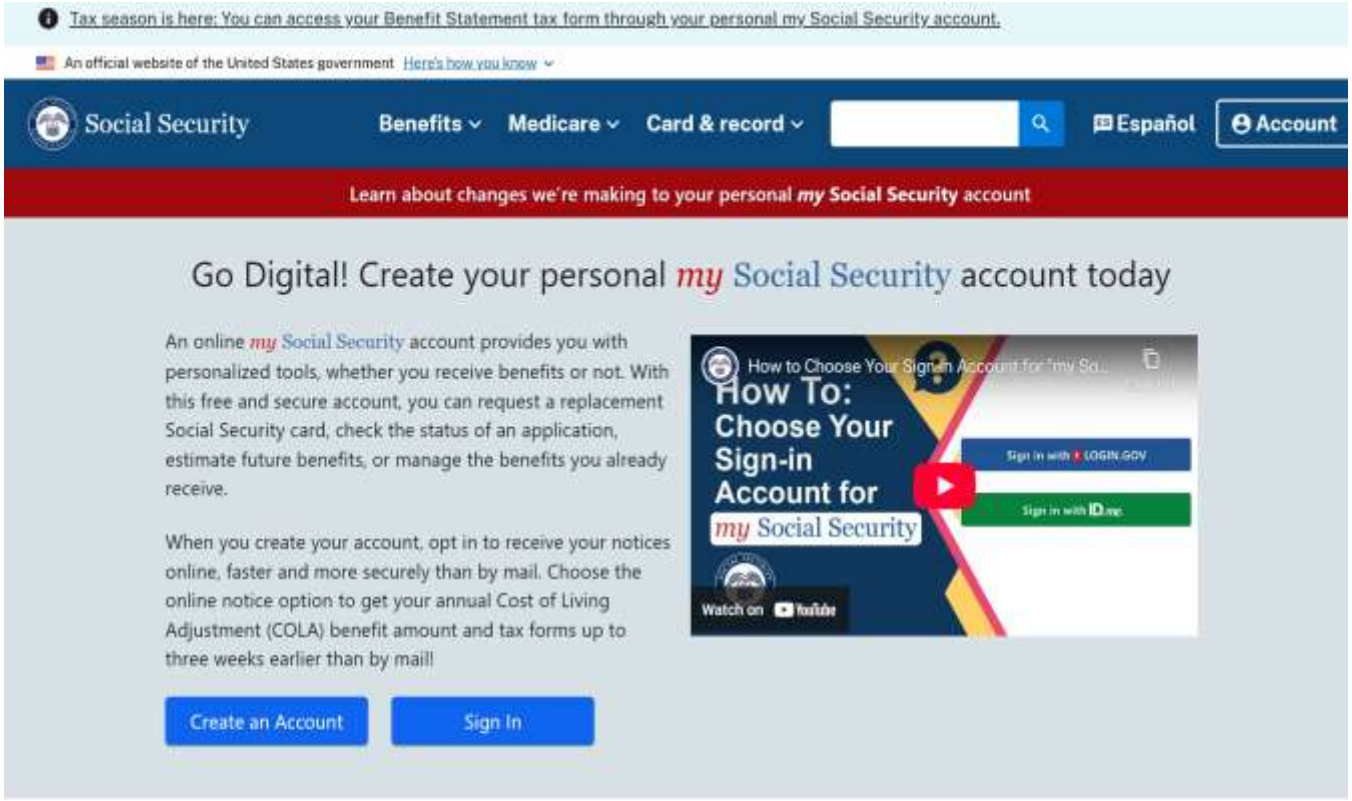

To create a personal my Social Security account, first you'll need to decide whether to create a Login.gov or an ID.me account. There is no wrong choice, it's just a matter of which account is the best fit for you. Watch the How to Choose Your Sign-in Account for my Social Security video for more information.

For step-by-step instructions for creating each account type, watch:

- How to Create Your Login.gov Account with SSA
- How to Create Your ID.me Account with SSA

If you need additional assistance in creating your account, call **1-800-772-1213** and say "Help Desk" for priority service between 8:00 a.m. – 7:00 p.m. local time, Monday through Friday.


UPCOMING
EVENTS

Healthy Lives, Healthy Eyes: Simple Actions to Protect Your Vision

Date & Time

May 12, 2026 12:00 PM in Eastern Time (US and Canada)

Description

Healthy Vision Month is the perfect time to focus on protecting your sight. Join this free, one-hour webinar to learn how everyday habits can help prevent vision problems and support lifelong eye health. This interactive panel brings together experts in vision research, clinical care, public health, and patient advocacy to translate science into practical, doable actions for daily life. During the session, participants will: - Learn how lifestyle habits like nutrition, physical activity, and chronic disease management affect eye health - Understand why routine eye exams matter—even when you don't have symptoms - Hear real-world perspectives on overcoming common barriers to healthy habits - Discover free, trusted eye health resources from NEI, NEHEP, and partners - Commit to one small action you can start today to protect your vision Designed for the general public, caregivers, educators, and community leaders, this webinar emphasizes prevention, access, and empowerment, helping everyone take simple steps toward healthy eyes and healthy lives.

Free Webinar: Healthy Lives, Healthy Eyes: Simple Actions to Protect Your Vision
May 12, 2026 | 12:00 PM ET
Register Here

Your voice goes a long way in helping us reach the communities who can benefit most from this conversation. You can find the registration link and sample language here: https://forsmarshgroup.zoom.us/webinar/register/4717778977654/WN_FPa04duYS7yTS4bP-K6AyQ

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Housing for Grandfamilies: A Rising Need

June 10, 2026 from 2:00-3:30 PM ET

Register

The scarcity of safe, quality, affordable housing is a national dilemma that poses an additional challenge for older caregivers who are raising their grandchildren or other young relatives. Many housing units for older Americans do not allow minor-age tenants, forcing caregivers to find an all-too-rare alternative, often on short notice.

As social service agencies and policy makers grapple with increasing demands for grandfamily and kinship housing, this webinar features two organizations that are providing much-needed housing for grandfamilies.

Learn from their experiences about how they navigated the complex regulations, funding challenges, and program designs to bring a good idea to fruition and how others might follow suit in addressing a dire and growing need.

Presenters:

- **Karyne Jones**, President & Chief Executive Officer, NCBA and NCBA Housing Management Corporation (Washington, DC)
- **Paul Freitag**, Executive Director, West Side Federation for Senior and Supportive Housing, Inc. (Bronx, NY)
- **Jamari Clark**, Assistant Director, National Center on Grandfamilies at Generations United (moderator)

Register: https://us02web.zoom.us/webinar/register/WN_EvFe0jyeS4aULRJEj91S7Q#/registration

WORLD ELDER ABUSE AWARENESS DAY IS JUNE 15TH

SHARE WEAAD WITH YOUR NETWORKS:

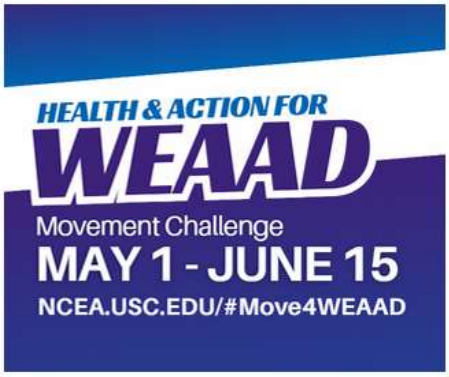
- Learn about the signs of elder abuse and community response resources
- Include a message about WEAAD in your newsletter, updates, or email signature
- Use a WEAAD background in virtual meetings
- Access ready-to-use sample posts and graphics to spread the word and include #WEAAD
- Find, share, or start a WEAAD event
- Wear purple on June 15

ENGAGE FAITH COMMUNITIES:

- The National Weekend of Prayer & Action for Elder Justice (June 12 - 14), held annually the weekend before WEAAD, is an opportunity to engage and encourage faith leaders and communities to promote elder abuse prevention and elder justice

MOVE FOR HEALTH, ACTION & ELDER JUSTICE:

- Participate in the Health & Action for the WEAAD Movement Challenge from May 1 to June 15 (Sign-up code: **WEAAD-2026**)
- Create or join a team with colleagues, friends, or family
- Log exercise minutes to stay healthy, stay connected, and raise awareness of elder abuse



ncea.usc.edu/WEAAD

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WORLD ELDER ABUSE AWARENESS DAY
Building Strong Support for Elders

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For more information about NCBA programs and services, visit: www.ncba-inc.org