

URBAN AGING NEWS

Urban Aging L3C

FREE

Issue 32 | Spring 2023

Info, Insight, & Inspiration for Metro Detroit's Maturing Adults

SUPER AGERS

**Shining a Light on
Those Who Are
Aging With Style**



-INSIDE-

COVID-Expanded Medicaid Enrollment & Pause in Disenrollment Reviews to end. See page 4

Walking Club for the Over-80 Set. See page 10

Telehealth is Here to Stay, Post-Pandemic. See page 6

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ON MY MIND

By Patrica Ann Rencher

I recently witnessed what would be called the “good death” of a friend. I call it that because of the love and support her three best friends provided to her over the last several months of her life. They brought food, arranged medical appointments, researched hospice, and patiently held her only daughter’s hand (and heart) throughout the process of her transition. The daughter, who is in her 40s, had never seen death and was totally unprepared for and uneducated about its progression and process. The friends, however, lovingly ushered the daughter through her mother’s transition. So much so, that in the last months of my friend’s life, the daughter was empowered to play a major role in her mother’s care. Thankfully, due to the coaching and insights she received, she’ll have no regrets to live with.

This inevitability has caused me to assess the quality of my own friendships. I know my friend



nurtured these relationships that saw her through in the end and that will support her daughter after her passing. I ask myself if I am nurturing my friendships as well? Have I told those I love that I love them? Do they know that I’ll be there for them? Maybe it’s not necessary to make a proclamation, but it’s certainly necessary to treat these relationships like gold so that, if needed, we will each have the blessing of experiencing a “good death.”

I want to acknowledge another, less permanent transition as well. This issue of UAN concludes the grant that supported reporting by retired reporters and editors that was given to this publication by the Community Foundation for Southeast Michigan. It’s been a joy to work with these veteran journalists and I have appreciated the stories they’ve contributed. Alan Fisk’s story on how medical professionals often dismiss the concerns of older adults, and insight on how to combat it is vital information. (p.20). Pat Anstett sheds light on the plight of breast cancer patients who are burdened by the additional challenge of mounting medical bills, and information on the agencies that are here to help. (p.14)

And while there’s much, much more in these pages that you will enjoy knowing about, I must mention this issue’s Super Agers: Janet Jones (p.7) and the Rev. V. Lonnie Peek (p.8). Both have given so much to the metro Detroit community and we want to give them their flowers now.



Thanks for reading,

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Changes in Medicaid: COVID-era Expanded Eligibility Ends & Disenrollment Reviews Begin Again

By Sharon Williams



In 2020, the COVID-19 pandemic quickly overwhelmed U.S. and global health care systems. In response to this looming public health crisis, the federal government enacted Public Health Emergency regulations. Declaration of a national PHE means these regulations can override existing rules if they are deemed to restrict the ability to provide care. In addition, the government eases access to funding, resources and other services and supports, all to increase availability of critically needed care. Generally, PHE declarations are effective for 90 days, however, the critical and ongoing nature of the COVID-19 pandemic led to multiple extensions. A recent announcement from the Biden administration means the benefits provided under this declaration will

soon end – some in April and others the following month.

The federal government also enacted regulations to support individual states in facilitating COVID-19 care and treatment, such as the Families First Coronavirus Response Act. This legislation funded states so they could provide free vaccines and other COVID-19 emergency services. It also provided additional funding and required states accepting that funding to maintain continuous enrollment of Medicaid beneficiaries through the PHE.

Key provisions of the COVID-19 PHE waivers allowed states to also expand emergency Medicaid insurance and therefore provide

coverage to people who might not otherwise meet standard Medicaid eligibility rules. This meant that some 15,000,000 – 18,000,000 people qualified for Medicaid insurance under the PHE and FFCRA provisions, when they otherwise might not have been eligible, including many older adults and caregivers.

Under the FFCRA, states also deferred routine Medicaid eligibility redetermination reviews and suspended disenrollments, resulting in continuous enrollment for beneficiaries. But this pause on eligibility reviews and suspensions is now coming to an end. The Biden administration recently announced that starting April 1, states can resume Medicaid redeterminations and disenroll beneficiaries who do not qualify under pre-pandemic eligibility guidelines. States may take up to 14 months to complete this process.

Further, the COVID-19 PHE will end on May 11, halting federal emergency funding to states to support some COVID-19 expanded services and supports. A federal agency, the Centers for Medicare and Medicaid Services, is working with states to transition COVID-19 related healthcare and insurance services back to pre-pandemic levels. This may mean termination of Medicaid insurance for many of those who qualified under the PHE, an estimated 15,000,000 people, according to the US Department of Health and Human Services.

A recent Urban Institute survey reported that 64% of the adults on Medicaid are not aware of the potential impact of the end of the PHE on their insurance coverage, with the looming return to pre-pandemic Medicaid re-determination processes. States are required to provide an orderly eligibility review process and to assist those who may qualify for other coverage, perhaps via Affordable Care Act

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insurance options. The Michigan Department of Health and Human Services has posted beneficiary assistance information on its website at: <https://michigan.gov/mdhhs/end-phe>.

To ensure being alerted of any possible Medicaid benefit changes, beneficiaries should make sure their contact information, including mailing address, phone number and email address, is updated. Contact your local MDHHS office, visit www.Michigan.gov/MIbridges, or call the state health department at 855.789.5610.

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Pages 1 through 6 and the Medicaid Change Report (Attachment 3), for future use.

If you are completing this application/review for someone else, complete the Authorization of Representative page (Attachment 2), or attach legal documentation authorizing you to be that person's appointed guardian or durable power of attorney for finances. Information provided on this application should be about the applicant, not the representative.

SECTION I - APPLICANT INFORMATION In this section we need you to tell us about yourself.

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Do you have any names you have previously used such as a married or maiden name?		<input type="checkbox"/>
Date of birth	Where were you born (state)	In what country were you born?
Social Security Number	*Race or Ethnicity	Are you a member of a religious organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live in your home?		Are there any minor children living with you?

Those who are on Medicare should also take note of another emergency provision that will sunset. Under the PHE, the government covered eight free over-the-counter COVID-19 rapid test kits per month for Medicare beneficiaries. Medicare Advantage Plans may continue to offer some free or low-cost access to these OTC COVID-19 tests. Each plan can choose how to administer this benefit, enrollees should contact their plan's customer service line for more information. After May 11, access to free government sponsored OTC COVID-19 rapid test kits may no longer be available to beneficiaries who are not enrolled in a Medicare Advantage Plan.

Sharon Williams is an enterprising leader in the health care and community-based services industries. She has led transformative initiatives with the Senior Resource Center, SE MI; Detroit Area Agency on Aging; and the NCOA-Aging Mastery Program. She is the CEO of Williams Jaxon Consulting, LLC and can be reached at: sharonr.williams@comcast.net.



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Beyond the Pandemic: Expanded Virtual Care Options Still Available

By Nancy Combs

Second in a Series



It's hard to imagine anything good coming from the pandemic, but in fact, COVID-19 sparked one giant leap forward in healthcare that continues to help patients – most often, from the comfort of their own homes.

That leap forward is telehealth, also known as telemedicine or virtual care. Telehealth “lets your healthcare provider care for you without an in-person office visit. Telehealth is done primarily online with internet access on your computer, tablet, or smartphone,” reports the U.S. Department of Health & Human Services website at www.telehealth.hhs.gov.

DHHS lists three main categories of telehealth:

- Talking to your healthcare provider live over the phone or by video chat.
- Sending and receiving messages from your provider using secure messaging, email, and/or secure file exchange.
- Using remote monitoring such as a blood glucose meter or blood pressure monitor that uploads information to your healthcare provider.

Although the pandemic-driven public health emergency regulations are set to end on May 11, Congress has extended this broadened Medicare telehealth coverage through 2024.

“The pandemic had a huge impact on telehealth,” said Stacey M. Ruff,

DO, a Detroit-area board-certified geriatrician and staff physician at Corewell Health (the new name for Beaumont). “Before COVID, we had phone interactions, but very little virtual care,” Ruff said. “Virtual care has been especially helpful for those with mobility and transportation barriers.”

Prior to the pandemic, telehealth use by traditional Medicare enrollees was quite low, with just 0.3 percent of Part B enrollees using telehealth services in 2016, according to a study by the Kaiser Family Foundation. Between 2019 and 2020, that number increased 63-fold with more than 28 million Medicare beneficiaries accessing telehealth during COVID's first year. That's nearly half of Medicare

Advantage members and almost four in 10 enrollees in traditional Medicare.

But as the pandemic has receded, the number of virtual care visits has also declined, Ruff said. “We were 90 percent virtual care during the pandemic, and now we are down to around 10 percent virtual visits.” Ruff's practice is primary care, however, and this ratio varies broadly among specialties.

Telehealth remains a great option for certain kinds of services, said Ruff, who works mostly with older adults. But it is not for a first-time visit to the doctor, she cautions. “The best use of virtual care is for a follow-up visit to check on a stable chronic condition, to recheck on an acute or sick-care visit, or for medication management.”

With house calls uncommon today, “a virtual or video visit gives us a bit more of a window into a patient's life,” she said. “We can go through a list of a person's medications, and perhaps get an idea if there is a safety issue.”

Ruff said virtual visits also provide insight into the patient's homelife, considering the social isolation many seniors face. “I'll be happy to see a kitty peeking over my patient's shoulder.”

To learn options for virtual care, patients are advised to contact their doctor's office, Medicare, or their Medicare Advantage plan.

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It's also important to set up an online patient portal, such as MyChart.

See the Winter 2022 issue of *Urban Aging News* at urbanagingnews.com on how to connect with your patient portal.

The jury is still out on whether virtual care can significantly reduce health disparities by neutralizing barriers to care including transportation and other access issues. Looking ahead, the final story in this series will examine challenges such as broadband access, equity in coverage, and health literacy across populations.

Super-Ager Janet Webster Jones: A Literary Legend

By Ashley Harris

The founder and owner of Source Booksellers in midtown Detroit, Janet Webster Jones has made her mark in literary circles, including having been distinguished by the National Book Foundation which named her to the panel judging the National Book Award in nonfiction.

The 85-year-old, who opened her bookstore in 2013, said she never planned to open a store, but it all changed when she was invited to sell the books that she'd highlighted during a presentation on her trip to Africa.

"I had the opportunity to work with some people at a church, after I had gone on the ancient Egyptian study tour, and they wanted to know more about the books that I was talking about," she said. "That just started me off on the path."

Jones sold books at her home and then in 2002, a decade before opening her store, Jones began selling literature in the nearby Spiral Collective boutique alongside three other Black woman-owned businesses that occupied the space.

Now in her own space, Jones said Source Booksellers has served the community by offering readers the mix of books and book events that they seek as well as options for remote purchasing, necessitated by the pandemic.

"We are a unique niche of nonfiction books — we curate carefully the books that we bring into the store," she said. "We have been able to pivot to online sales as a result of the shuttering of the doors that happened."

A family friend, attorney Leslie Graves, said Jones always provides customers with important information about interesting books and authors, beginning back when she sold books from her home.

"She had books of African American interests, special interests, books for women, books about health," Graves said. "And not only was she selling books, she was giving you information."

The two women share the distinction of being alumnae of Atlanta's prestigious Spelman College and Graves said that Jones's achievements throughout the years have made her an admirable community leader and representative of the renowned Black women's educational institution.

"I was so proud of her because, I mean, she's a Detroit, she's a Spelman grad, she was an educator, she's had this desire to keep local people informed with her book choices and now she's a National Book Award panelist," Graves

said.

The panelists select the "books of the year" in several categories, beginning the process in March 2022, and finishing in late September of that year.

Jones said age has never been a determining factor for her in setting or reaching her goals.

"I live the life I have as best I can," she said, adding that while she's aware of her age, "it never has guided me."



Janet Webster Jones receives Damon J. Keith Award at the annual Soul Food Luncheon with Attorney Melvin "Butch" Hollowell and Michigan Secretary of State Jocelyn Benson

The Rev. V. Lonnie Peek Jr.: A Venerable Community Activist

By Ashley Harris



The CEO of eBusiness Strategies, V. Lonnie Peek Jr. has been a community leader in Detroit for more than 55 years and is now set to launch another program to give back to the city. Known as an activist, advisor and leader, Peek's work has been centered on empowering Detroiters, specifically Wayne State University students and older adults.

In his more than 30 years in the Detroit media, including hosting

various radio programs, he has been a political analyst on Channel 7 WXYZ and Fox 2, and has written a column for the Michigan Chronicle.

Peek, an assistant pastor at Greater Christ Baptist Church in Detroit, serves on the Executive Committee of the Council of Baptist Pastors of Detroit and Vicinity. He also serves on the Board of Directors of New Detroit, Inc., the Detroit Economic Growth Corporation, and the Board of Visitors for the School of Social Work at Wayne State University and is a Board Member of the Detroit RiverFront Conservancy.

Peek said his motivation for his engagement has been the influence that his work has on others and the benefits they have received.

"I've reached the conclusion many years ago that I have some gifts, and that the Lord has given me these gifts to develop programs through relationships and create activities, if you will, that impact the lives of others," he said. "And so what I try to do now is continue to fulfill the road

that the Lord has wanted me to go down."

Peek's most recent influence on college youth has been his 2022 decision to serve as an advisor for WSU's Black Student Union.

A student at WSU in 1967, Peek founded the school's Association of Black Students. Now, some 56 years later, Peek says he wants current Black WSU students to expand their focus to include the progression of the Detroit community.

"My recommendation was that, you know, Black students identify some things they want to work on, relative to community improvement, community advancement."

Peek's wife and the COO of eBusiness Strategies, Eunice Peek, said her husband has always had an interest in connecting with the community.

"He loves people, he loves youth and I have to pull him away sometimes — that's how he is, that's how he was

raised," she said. "And I think that's what drew me to him because [of] his love of people and how he really wants to help people."

Lonnie Peek is also working to launch his adult education program, "It's Never Too Late to Go to College," a project aimed at helping the older generation take college courses.

Set to launch in March, in partnership with several senior centers, Peek said the program provides an opportunity for older adults to have mental stimulation and continue to grow intellectually.

Featured as an Urban Aging News Super Ager, Lonnie Peek said he's grateful for all that he's been able to accomplish in his lifetime.

"As an 81-year-old Black man in America, I've seen a lot, been through a lot, and the Lord has blessed me with good health," he said. "So people ask me, 'When am I going to retire?' And I say 'Retire and do what?' So I enjoy what I'm doing."

The New 60



Have you or a loved one noticed changes in your memory and thinking?

Diverse VCID is a research study using advanced brain imaging and blood-based techniques to better understand how vascular changes cause brain injury and cognitive decline, especially in racially diverse communities.

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or email at **daviscd@med.umich.edu**

or visit us at **diversevcid.ucdavis.edu**



Those Over 80 Have A Walking Club of Their Own

Rosa L. Hunter is 94 years old and can walk for a full hour. She and her daughter, 68-year-old fitness and Yoga instructor Rosa E. Hunter, were recently featured in the pages of Urban Aging News as a dynamic duo. They've now started the Young at ❤️ Senior Walking Club and they're inviting others ages 80 and up to join.

"I came up with the idea as a way for seniors to socialize and to keep them moving," says Rosa E.

Once weather permits, the walkers will meet twice weekly. The one-hour sessions will begin with a 5-10 minute warm up and once they "take off," the walkers will be free to move at their own pace.

Caregivers and family members should accompany loved ones who may need assistance. To learn more, contact Rosa E. Hunter at 313.330.6890.



Rosa E. Hunter & Rosa L. Hunter enjoy a stroll.

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Lori's Hands - Pairing Seniors with College Companions



Eastern Michigan University student Antonia meets regularly with Janet, to provide the older adult with companionship and help with household chores, as part of the intergenerational service learning program operated by Lori's Hands.

Lori's Hands utilizes an intergenerational service learning model that benefits both college students and older adults. Antonia, a student at Eastern Michigan University, meets weekly with Janet to provide companionship and help with household chores. Both women value the time they spend together and have developed a strong bond. As Antonia puts it, "Janet has become family to me."

The program builds mutually beneficial partnerships between older adults with chronic illness and college students, fostering empathy, connection, and resilience. Students provide practical assistance to support the older adults' independence, and the seniors in turn share their life experiences to support the students' learning. Those interested in learning more or getting involved can call 734.896.5674 or visit the organization on Facebook at www.facebook.com/LorisHands/

Lori's Hands

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Universal Dementia Caregivers: Value-added Interaction

"I am not traditionally a group joiner but the Universal Dementia in-person workshops bless my inner soul. I have not made any personal friendships but the collective fellowship with other caregivers and teaching has helped to anchor me. I would recommend the service of this group," says Barbara Ann Gooch, daughter and caregiver to her 95-year-old mother, Rosebud Gooch.

A physical therapist for 42 years, Barbara has been her mom's primary caregiver since 2022, and performed the same tasks as needed for the four years before that. "I am not a cook and two friends have made meals for us happily. Spiritually, I am learning that God's grace is sufficient for all journeys."

Barbara says that, even so, the loving act of caregiving takes its toll. She says she didn't realize the challenges, including, "That caregiving could feel lonely and feel like a sacrifice. That your weaknesses become glaring, such as procrastination, time management inefficiencies, and computer illiteracy for completion of legal paperwork. That your thoughts of aging could be less positive as a result of caregiving."

But Barbara does acknowledge that the experience has brought her growth as well. "For me, it is believing that every engagement is an opportunity for learning, understanding something better. I

understand, if I don't always appreciate, the behaviors of my siblings. I am learning how to be a receiver versus the giver, which has dominated my life. I am learning how to offer myself kindness and tenderness. And I am learning how big small acts of kindness can be."

Barbara says her mother was not demonstrative in showing affection, she instead viewed love as an action verb. That trait was passed on and Barbara says that she, too, mirrored that behavior for most of her life. "But after one challenging experience, assisting her with toileting, I said, 'I love you, mom,' while patting her on the back. She responded, 'I love you, too,' and we hugged. I thought saying the words would cost her a lot emotionally, but the incident just seemed to bless us both."

By connecting with Universal Dementia Caregivers, Barbara says she has learned about resources to assist and has now requested referrals to a geriatrician, dentist, and home modifications. She also educates herself by avidly reading about her mother's medical condition, as well as about funding for respite care.

"Sometimes I think I would benefit from that 'hang in there' phone call from a supporter who had walked the path. If it's a good day, one would be inspired. If it's a not-so-good day, one would be encouraged."



WE SEE YOU! UNIVERSAL DEMENTIA CAREGIVERS RECOGNIZES BARBARA ANN GOOCH

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Easing the Financial Burden of Cancer Care

By Patricia Anstett



Devastated, tired and still in some pain after a mastectomy and radiation last fall, Jacqueline Abdelmeguid lives her life wondering how long it will take to regain her health. Hopefully it will be soon.

But she says she fears it will take her years to pay the medical bills that keep coming, maybe even the rest of her life, as she receives the medical treatment that she hopes will keep the cancer from returning.

Abdelmeguid holds up her phone and scrolls through her Corewell Health medical chart to show a note in cursive handwriting telling her: You owe \$4,122.89.

There is a chance the Corewell system will write off some of the bill when she submits an application for the assistance. Still, she says she knows that with a \$3,000 deductible for her Blue Cross Blue Shield of Michigan plan, she faces more out-of-pocket costs in the months ahead - in addition to the \$378 monthly insurance premium she pays for herself, her husband and a grandson.

"I skip over it real quickly because it makes me sad," said Abdelmeguid, 65, who is on unpaid medical leave from her 30-year postal service job. She owes two months rent on the Oak Park home where she lives with

her husband, a recent immigrant from Egypt, two daughters and her 15-year-old grandson.

Abdelmeguid set up a \$45 a month payment plan with Corewell and says she is grateful for help from their social worker who assisted her with applications for financial aid. She also points to the non-profit organizations that have helped her during this trying time, particularly the New Day Foundation in Rochester Hills, Michigan.

Older women, like Abdelmeguid, who are struggling with the financial burdens that too often accompany breast cancer treatment are a much

less known and publicized segment of a serious and growing American healthcare problem. Soaring medical bills are straining and even bankrupting people, including the nation's oldest adults, many surprised to find their Medicare plans do not fully cover all of the cost of their care.

"People think Medicare is a get-out-of-jail-free card but it's not," said Molly MacDonald, a breast cancer survivor who founded The Pink Fund, a Southfield, Michigan based non-profit that asks, "Chemo or Car Payment?" in its social media fundraising campaign. The fund, which distributed more than \$1 million in grants last year, pays as much as \$3,000 for the non-medical bills of women and men in breast cancer treatment who meet eligibility guidelines, including showing a loss of income during cancer treatment.

Cancer patients are particularly vulnerable, according to a Feb. 8 editorial on the website of the Journal of the American Medical Association. "Compared with other chronic conditions, patients with cancer are at risk for higher out-of-pocket expenses," the editorial reported. "Breast cancer care in particular may be associated with high financial toxicity given the need for screening and diagnosis, multidisciplinary care and longitudinal follow-up. Notably gender affects financial security."

A five-month investigation by Urban Aging News found a very strained patient assistance network among

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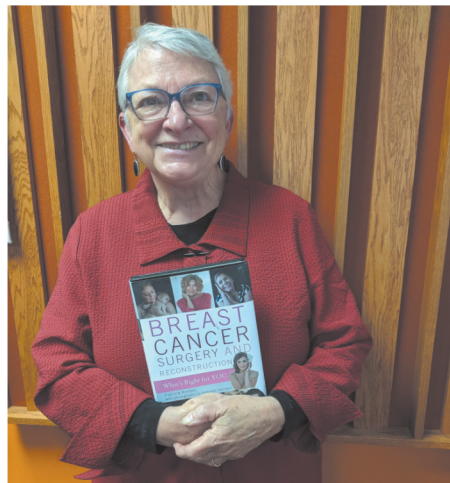
hospital systems, non-profits, the pharmaceutical industry and others, particularly as costs for new chemotherapy drugs rise and insurance plans charge higher premiums and require more out-of-pocket expenses from policyholders.

Financial toxicity has been described and more widely recognized among people under 64, who may be uninsured, lose jobs and homes or face bankruptcy because of their medical bills.

But an unknown number of Americans who are 65 or older - nearly all of whom have some Medicare benefits - also faces growing financial challenges. These medical expenses mean that at least one in four older adults fails to fill a needed prescription or gives up necessities in order to pay for medicine, studies show. Many are never asked if they can afford the care their doctors prescribe. This year, hospital systems face pressure

from a regulatory agency and federal guidelines to do more to identify who needs help and to provide that assistance to them.

The Urban Aging News project aims to identify gaps in Medicare coverage for cancer patients; provide sources of help for patients; and include suggestions and policy statements from Medicare experts and national organizations to close loopholes. The findings from the investigation will be published in an upcoming issue. The project is funded through a journalism fellowship from The Gerontological Society of America, The Journalists Network on Generations and The National Institute for Health Care Management Foundation.



Patricia Anstett is an author of a book on breast cancer surgery and former medical writer for the Detroit Free Press.

Resources for bill assistance and other helpful information:

The Pink Fund: www.pinkfund.org

New Day Foundation: www.FoundationforFamilies.org

Triage Cancer: www.triagecancer.org, or 424.258.4628

A comprehensive list of financial resources for patients:

https://media.cancer.org/publications/original/178-2022_Helping_Hands.pdf



- regularly looks out for another person's well-being
- periodically checks on a neighbor, friend, or relative
- regularly visits their mom, dad, grandmother, or other relative in their home or at a health care/assisted living facility
- takes a family member, friend, or neighbor to their doctor appointments or grocery shopping
- shops for a parent, friend, neighbor, or other relative
- handles a family member, friend, or neighbor's affairs and inquiries
- acts as an Agent through a Power of Attorney
- acts as a Patient Advocate
- regularly provides care to their grandchild(ren)

Elder Law & Advocacy Center provides legal aid for caregivers of older adults and/or individuals 60+ years living in Wayne County. We assist with Wills, Power of Attorneys, Medicare/Medicaid, Guardianship, Grandparents Raising Grandchildren and more.

ELAC is funded by the Michigan Aging & Adult Services Agency, Detroit Area Agency on Aging 1-A, Area Agency on Aging 1-B, The Senior Alliance-Area Agency on Aging 1-C, and with support from the Older American's Act, the Older Michiganians' Act, and in compliance with Title VI of the Civil Rights Act of 1964 and EEOC Social Rehabilitation Act, Section 504.

Elder Law & Advocacy Center
12121 Hemingway
Redford, Michigan 48239
(313) 937-8291



How Important is it For You to Have a Will?

By Norman “Gene” Richards, J.D.



Do you really need a will? The simple answer to that question is, wait for it: It depends. Most people own assets of some kind when they die. The assets will all transfer to someone after the owner dies. The question, then, is who gets which assets and how do they get them?

The assets might include real estate, like a home, land, or a timeshare. They can be financial accounts, like a bank, investment or retirement account. Other assets include life insurance, savings bonds, autos, boats, and personal effects or “stuff,” to include things like clothes, furniture, jewelry or tools.

Some of these assets may transfer to a surviving joint owner or owners and

some may transfer to named beneficiaries. Those transfers will happen automatically, with the appropriate paperwork. Some assets, however, may not have a surviving joint owner or beneficiary. The assets in this category will not transfer automatically and must go through the probate process to determine who receives them. This is where a will comes into play. This is when having a will can save the day.

What Happens When There is a Will?

A will is a personal instruction manual for the probate process. Its primary function is to direct who gets which assets passing through probate.

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It is important to understand that a will only applies to the assets passing through probate. It does not control any assets passing by joint ownership or by beneficiary designation. For example, if a will directs all life insurance to be given to a charity, but the life insurance form has a cousin named as beneficiary – the cousin gets the insurance proceeds.

A will also appoints a trusted person to be the personal representative. The PR manages the probate process, which includes collecting assets, handling the deceased person's debts and taxes, and distributing the probate assets to the people or charities named in the will.

The will may disinherit individuals who would naturally inherit from the deceased person, such as a child, parent, or sibling. Alternatively, it may include individuals or charities who would not naturally inherit. A will may also protect vulnerable devisees, such as minor or disabled children, by naming guardians and conservators for the children.

What Happens When There is Not a Will?

If there is no will, there is no personal instruction manual. This means that Michigan law, not the deceased person, determines who will receive the probate assets and the person who is eligible to be PR. There will be no distribution to favorite charities, no excluding of undesirable relatives, or including of individuals who are unrelated. The default laws sometimes trigger family feuds because the process and results are not as well defined as with a will.

With That in Mind, Do You Need a Will?

Again, it depends on your circumstances. If all of your assets will go to a surviving joint owner or to a named beneficiary, then none of the assets you leave behind will go through probate. That means a will is not needed.

Also, if you want your probate assets to go to your spouse and children; or if you do not have a spouse or children, then to your parents; or if you do not have a spouse, children or parents, then to a sibling - and you do not care who is in charge - then a will is not necessary.

On the other hand, a will is crucial if:

- You want certain assets to go to certain people;
 - You want to include a charity;
 - You do not want to treat your children equally;
 - You care who is in charge of the probate process;
- or
- You want to protect a vulnerable loved one.



Norman E. "Gene" Richards is a partner at the law firm of Cummings, McCloy, Davis & Acho, P.L.C. where he focuses his practice on estate planning and elder law. He assists clients with the development of customized estate plans to address their specific needs, including family-owned businesses, senior adults concerned about long term care needs, and special needs trusts for children with special needs. He may be reached at (734) 261-2400 or nrichards@cmda-law.com.

Aging In Place

By Joel P. Ambrose, President of HandyPro International, LLC, Farmington, Michigan



As homeowners begin preparing for their golden years, it can become more difficult to carry out daily activities due to physical limitations. The world wants people to believe that 60 is the new 40, but sometimes limitations brought on by decreasing mobility say differently. Aging in Place home modifications are an effective way to improve the quality of life and make homes more comfortable and accessible. Here are three key benefits of Aging in Place home modifications:

1. Increased Safety. Safety should be a primary concern for those who want to remain independent and continue living in their own homes. With age, mobility and balance can become an issue, making falls more likely. Falls are a leading cause of injury and hospitalization for older adults. Home modifications prevent

falls by making the home safer and easier to navigate.

Inexpensive modifications like installing grab bars and handrails in the bathroom, near the toilet, and in the shower can help maintain balance and prevent falls. Work with a Certified Aging-in-Place Specialist to ensure that these modifications are Aging In Place compliant. Adding non-slip flooring in the bathroom and kitchen can also reduce the risk of falls. Removing clutter on the floors and installing smooth transitions between rooms can also help. LED lighting can also be installed to increase visibility and reduce the risk of tripping.

2. Improved Accessibility. Mobility limitations can make it

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New to Medicare? A To-Do List for Making that Move

By Kim Parker



How confident are you in your understanding of Medicare eligibility and enrollment?

- Do you know when eligibility begins, where to enroll, and how?
- Do you know the effect Medicare will have on other coverage you may have?
- Do you know the costs and penalties associated with Medicare?

These are a few questions to consider when nearing age 65 and/or Medicare eligibility.

Here are important periods to remember when you become eligible for Medicare:

Initial Enrollment Period - The IEP is three months before, the month of, and three months after your 65th birthday. If your birthday is on the first day of the month, your coverage can start the first day of the prior month.

Special Enrollment Period - The SEP is any time after your IEP where you may still have a chance to sign up for Medicare. Usually, you

won't have to pay a late enrollment penalty if you sign up during a SEP, and this period doesn't apply if you're eligible for Medicare based on End-Stage Renal Disease.

General Enrollment Period - The GEP is January 1 – March 31 each year. If you don't sign up during your IEP, and you don't qualify for a SEP, you can always sign up during this period. Higher Part A and/or Part B premiums may apply for late enrollment.

It's not recommended to navigate Medicare enrollment alone. Penalties are incurred when enrollment isn't completed timely, and claims may be billed improperly if other coverage is involved.

Not only do you need to adhere to enrollment periods, but you must also assess whether your Medicare enrollment will disrupt coverage you already have. In some instances, you can keep the coverage you have along with Medicare. In other instances, it may be beneficial to change your coverage altogether. Medicare is not "one size fits all," it is unique to everyone's situation.

The smoothest and recommended approach to transitioning to Medicare:

1. Visit your local Social Security Administration during the **three months before the month of your 65th birthday**, the start of your IEP. You will want to:
 - i. Enroll in Medicare Parts A and/or B if you aren't automatically enrolled due to receiving Social Security or Railroad Retirement benefits; being under age 65 and disabled; or having ALS, known as Lou Gehrig's disease.
 - ii. Determine your qualification for Extra Help with Part D costs or other state assistance programs based on income and resource limits. You can apply for Extra Help and Medicare Savings Programs at the same time.
2. Talk with your employer or union HR/benefits administrator, Medicaid case manager, or VA representative, to find out how current coverage will work with Medicare once you become eligible.

Additional situations that may affect your transition to Medicare:

- **If you have employer or union coverage**, it might be to your advantage to delay Part B enrollment while you still have health coverage based on your or your spouse's current employment.
- **If you have TRICARE**, you generally must sign up for Part A and Part B when you're first eligible, in order to keep it. However, active-duty service or family members don't have to sign up for Part B to keep TRICARE coverage.
- **If you have CHAMPVA**, enrollment in both Part A and Part B is required to keep CHAMPVA coverage.
- **If you have Medicaid and don't have Medicare Part B**, Medicaid may help you sign up for it. Medicare will pay first, and Medicaid will pay second.
- **If you have Health Savings Account-qualified coverage**, you aren't eligible to contribute to an HSA after you have Medicare. To avoid a tax penalty, you should make your last HSA contribution the month before your Part A coverage begins.
- **If you have Marketplace coverage**, you should sign up for Medicare when you're first eligible to avoid the risk of delayed Medicare coverage and the possibility of a Medicare late enrollment penalty.
 - Additional Marketplace matters to consider:
 - End your Marketplace coverage in a timely manner when you become eligible for Medicare to avoid an overlap in coverage.
 - Once eligible for Part A, or already enrolled, you won't qualify for help paying your Marketplace plan premiums or other medical costs. If you continue to get help paying Marketplace plan premiums after you have Medicare, you may have to pay back some or all of the help you got when you file your federal taxes.

Continued on Page 21



Are you a star?

Would you like to be?

MiGen is seeking handsome and beautiful seniors of all body types, races, backgrounds, genders, and personal styles to promote vaccinations among LGBTQ+ elders.

If you've been looking for an opportunity to show the world your glamorous side, submit pictures of you being your most fabulous and shiny self to programs@migenconnect.org, subject line **Call for Models** by April 21, 2023.

MiGen
Michigan LGBTQ+ Elders Network

info@migenconnect.org | 248-242-7521 | migenconnect.org

Medical Gaslighting: A Real Life Horror Movie if Left Unchecked

By Alan Fisk



The term gaslighting comes from the 1944 film “Gaslight,” in which a man isolates his wife in a creepy Victorian home and tricks her into believing she’s close to mental collapse, including by flickering the home’s gaslights. Medical gaslighting is when a medical professional is dismissing or downplaying a patient’s symptoms or attributing them to something else, such as a mental condition.

When 63-year-old Josephine Messelmani, who is a nurse, told the doctor who was treating her that he was hurting her leg, he informed her that she was not, in fact, feeling any pain. She says the physician told her that her perception was “impossible. It’s all in your mind.”

The health care professional assists seniors, so she says she’s concerned about the need for advocates to combat this problem.

“Doctors don’t listen, the doctor was arrogant,” says Messelmani, who indeed developed complications and bruising from the doctor’s treatment of her circulatory problem.

Older adults, women, and people of color commonly face medical gaslighting, according to studies including a 2022 Global Genes report on disease equity, diversity and inclusion. In this case, Messelmani complained to both the doctor and his staff.

“I was thinking, through all this, who’s going to protect senior citizens? Seniors are more vulnerable.”

Good RX warns that medical gaslighting can lead to dangerous outcomes including missed diagnoses, improper treatment, and even medical trauma. Messelmani puts it starkly:

“Gaslighting can result in a lot of different things, up to and including death.”

Dr. Peter Lichtenberg, who heads the Wayne State University Institute of Gerontology, calls gaslighting “a failure” by the medical system “to recognize different diseases and their effect on aging.”

An October 2022 survey on medical gaslighting by the SHE Media Collective, which focuses on women’s issues, found:

- 72 percent of those surveyed said they had experienced gaslighting.
- 71 percent said doctors told them their symptoms were made up.

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- 73 percent of patients came to doubt their own memories.
- 75 percent switched practitioners.

Paige L. Sweet, a sociology professor at the University of Michigan, studies and writes extensively about gaslighting, with a focus on interpersonal relationships.

“It’s often true that expertise is used to dismiss or deny patient complaints,” she says, based on people she has interviewed. “They felt either their pain or discomfort was minimized or they were told they were imagining their symptoms. They weren’t taken seriously by doctors.”

She adds “there is research showing Black women have a higher mortality rate” when it comes to medical care. “Black people’s pain is not taken as seriously. There is literally a belief among doctors that Blacks don’t experience as much pain as whites.”

And Sweet confirms, “age is a factor. Older people may be dismissed or ignored in medical settings” because they aren’t seen as capable of explaining their pain or illness.

Stephanie Donaldson, 74, of Detroit, a consultant for Cass Community Social Services and a caregiver for her 83-year-old friend, has her own gaslighting story.

In December 2022 she was feeling tired and had trouble sleeping. She had a checkup by a doctor who wasn’t her regular physician. She says the doctor told her she was just “worn out” and gave her a prescription “that would make me feel better.”

Three days later, fearing she might have COVID, Donaldson went to an urgent care, where a chest X-ray revealed fluid in her lungs. She was advised to go to a hospital emergency room and was immediately admitted. The diagnosis: “I had Stage 4 lung cancer.”

“I was in shock. I was a healthy 74-year-old before,” Donaldson adds. “I didn’t get cancer in three days. Part of the problem may be I’m a Black woman from Detroit.”

Today, she says, she is still trying to find out how she was misdiagnosed.

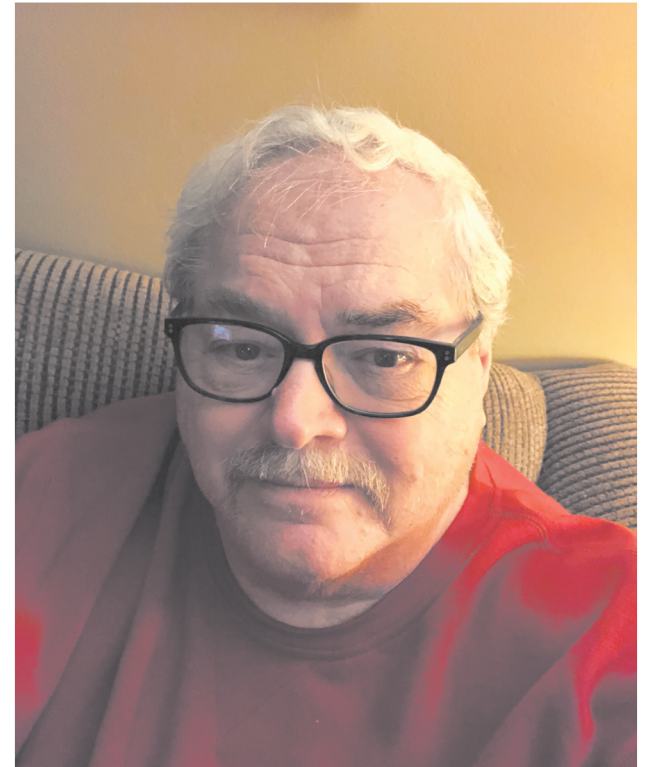
How to Avoid Medical Gaslighting

- Keep detailed notes and records on symptoms, tests, drugs and family medical history.
- Prepare a list of questions ahead of appointments and don’t be afraid to ask more questions.
- Bring a trusted friend or family member to medical appointments or treatments.

Veteran journalist Alan Fisk has been reporting on aging under a grant from the Community Foundation for Southeast Michigan.

- Focus on your most pressing issue. The average primary care doctor exam lasts only 18 minutes.
- Clarify next treatment steps and goals.

–From The New York Times: “Feeling Dismissed? How to Spot ‘Medical Gaslighting’ and What to Do About It.”



Medicare continued from Page 18

Set an appointment with a trusted adviser or agent for Medicare education. Whether it’s an in-home visit, lunch date, recorded phone discussion, or virtual meeting, unbiased resources are necessary for appropriate coverage decisions that will serve you best in the long run.

Kim Parker is an independent insurance adviser focused on helping individuals, families, and employers make informed decisions on insurance coverage and benefits. Contact Kim at 810.350.4117 or kim@47benefits.com.



Aging In Place continued from Page 17

difficult to move around your home, especially if there are stairs or narrow doorways. Increased accessibility can be achieved by widening doorways, installing ramps or stairlifts, and adding handrails.

These modifications allow you to move around your home easier, maintain your independence and reduce the need for and reliance on costly caregivers. Home modifications can also improve one's social connections making it easier for friends and family to visit rather than you having to go out to meet them.

3. Enhanced Comfort. As people age, they often find it more difficult to carry out daily activities, such as cooking, cleaning, and laundry. Home modifications can make these tasks easier as well, also extending the amount of time a senior can remain in their home.

These types of modifications may include installing pull-out shelves or Lazy Susans in kitchen cabinets, lowering counters and sinks, and installing appliances at a more accessible height. There are also

benefits to relocating the laundry room to the first floor and adding a front-loading washer and dryer which can be installed at a height that is easier to reach and more comfortable to manage.

Investing in home modifications is a proactive and practical way to support and ensure the desire to age in place.



Joel P. Ambrose is the president of HandyPro International, LLC, a licensed contractor specializing in Home Modifications and Professional Handyman Services. Located in Farmington, Michigan, his colleague Keith Paul is a licensed Aging In Place specialist with over 25 years' experience. To contact Joel, call 734-254-9160, email jambrose@handypro.com, or visit: www.handypro.com



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CAREGIVING

Caregiver Coaching is a free program of the **Area Agency on Aging 1B** that aims to smooth the way for caregivers by matching them with professionally trained volunteer coaches. These coaches help caregivers identify needs and address obstacles. The program is available to family caregivers who reside in the AAA-1B service region or who care for a family member who resides in the region. There is no cost or specific time commitment to participate. Caregivers may contact coaches by phone or Zoom for resources, challenges, or just to talk. To become a coach or be matched with one, call 800.852.7795 or visit www.aaa1b.org/caregiver-resources/caregiver-coaching/.

The **Detroit Veterans Administration** hosts its Annual Caregiver and Family Resource Fair on Tuesday, April 25, from 9 a.m. - 3 p.m., in the John D. Dingell Detroit VA Medical Center, 4646 John R., Detroit, Michigan 48202. The fair connects veterans and families to VA programs, government agencies and community organizations that offer resource information. Interactive activities highlight whole health practices and caregiver empowerment opportunities. Call 313. 576.1069 for more information or visit www.caregiver.va.gov for additional resources and information on the Veterans Affairs Caregiver Support Program.



Want to more confidently care for your loved one at home? Try **Trualta's Caregiver Portal**. In partnership with the Detroit Area Agency on Aging, the free online platform helps families build skills to manage at-home care for aging loved ones. In addition to articles and tips on reducing stress and preventing burnout, the program offers options for dealing with challenging behaviors and ways to connect to loved ones. Once registered, caregivers have unlimited access. To sign up, register at daaa1a.truala.com or call DAAA's Caregiver Support staff at 313.446.4444.

The **Southeast Michigan Senior Regional Collaborative** is launching "Changing the Care Conversation," a regional coalition **representing family caregivers** to:

- Address caregiver issues.
- Identify needs, barriers and challenges.
- Increase access to social supports and community-based resources.
- Highlight the impact of cultural diversity on the sphere of caregiving.
- Engage and educate the public about family caregiving.

For more information, visit: www.semisrc.org/caregiving-coalition.html, call 888.341.8593, or message info@miseniors.org.

COMMUNITY ENGAGEMENT

Block clubs, churches and community groups are registering for the **17th Annual ARISE Detroit! Neighborhoods Day** to be held on **Saturday, August 5**. It is a day for the city to be filled with coordinated community improvement projects, more than 100 events of all kinds including volunteer clean-up projects, art and music festivals, resource fairs, school supply giveaways, and much more.

Groups can register for Neighborhoods Day for \$50 at www.arisedetroit.org. Registered groups will receive custom made banners with the name of their organization, t-shirts, cleanup bags for beautification and blight removal projects, volunteer recruitment assistance, marketing support, and other incentives. The registration deadline is July 15. As in past years, groups also can register to host events throughout August and still receive Neighborhoods Day incentives.



FITNESS

Looking for a **free indoor walking track near Midtown**? The Lexus Velodrome track, located at 601 Mack and I-75, hosts a free Senior Walking program for those 65+ years, Monday through Friday, from 10 a.m. to noon. Parking is available in the lot adjacent to the building.

The **36th Annual Detroit Senior Olympics**, June 12-14, is open to adults age 50 and above. Registration is now open and it runs through the day of the event. More than 400 participants from Detroit and neighboring cities will compete in events that range from athletics to craft-based contests. For fees, athletes, spectators, volunteers and vendors may visit <https://bit.ly/3IP9m5J>, or for more information, contact, Lisa Cunningham at 313.480.7208, or CunninghamL@detroitmi.gov.

LIFELONG LEARNING

Wayne County residents 60 years of age or older may enroll in academic classes at Wayne County Community College District tuition-free. Senior Citizen Tuition Waivers are granted on a seat-availability basis in regularly scheduled academic classes. Continuing Education classes or classes leading to Continuing Education Certificates are not included in this tuition waiver. Although student activity fees shall be waived for senior citizens, they are responsible for all other fees such as the cost of books and class supplies. Students are expected to adhere to the same academic standards, rules and regulations that are in place for other students. Proof of age and residency is required at the time of registration. Visit www.WCCCD.edu or call 313.496.2600 for more information.

PROGRAMS & SERVICES



Formerly known as SAGE Metro Detroit, **MiGEN** works for all seniors to have the right to Age Out Loud. The array of programs and services offered is intended for members of the **LGBTQ+ community** who are over 45 years of age to live safer, more connected, more vibrant and more fun lives. To get connected with any of the programs and services, call 248.242.7521, email programdirector@migenconnect.org, or visit: facebook.com/migenconnect/events. (see page 19 Seeking models)

ELDER FRAUD

The National Elder Fraud Hotline, 833.372.8311, is for those who want to report a scam or who have questions about a potential scam.

AARP Fraud Watch Network Helpline, 877.908.3360, is for staying up-to-date on information about current scams targeting older adults. The free resource is available Monday through Friday, 8 a.m. - 8 p.m. to AARP members and nonmembers. Trained fraud specialists and volunteers provide free support and guidance on what to do next if you've been scammed.

Scam Map: For a list of current scams in your zip code, go to www.aarp.org.

Safe Online Shopping - Tips Before You Enter Your Credit Card:

- Verify the website by looking carefully at the URL address bar or domain name to ensure you are visiting the correct domain and not a fake.
- Look for secure, encrypted URLs. These websites begin with <https://> or there may be an icon next to the address bar to let you know the data you enter there is encrypted. Google Chrome, for example, will show a little padlock. While an encrypted site does not guarantee safety – beware of buying from sites with no encryption.
- Research the seller and products independently, check reviews for possible scam notices, and compare prices with other websites. Make sure they have a refund policy, information on privacy terms and conditions, and ways you can contact them.
- Use caution if asked to pay using untraceable means such as a wire, money transfer or gift card. If you do use these methods, you may not receive your purchase or the return of your money.

NEWS BRIEFS

LEARN & EARN

Outlier Media's **Documenters** program trains and pays Detroiters \$18 an hour to **take notes at local public meetings**. Most meetings are accessible virtually via Zoom. Notes are then edited and published online at Documenters.org, and shared with local media partners. This helps to build a public record and hold government officials accountable. Sign up at www.detroit.documenters.org to become a Documenter, or email documenters@outliermedia.org. An orientation is scheduled for Wednesday, May 10 from 6 - 8 p.m. at TechTown.

The Swartz and Ferriter College Scholarship and Financial Need Grant Program benefits those who have received a **kidney transplant and those who are on dialysis**. The National Kidney Foundation Michigan is working to identify eligible applicants. For requirements and information, visit www.nkfm.org/scholarship or call 800.482.1455.

SOCIAL ACTIVITIES

The annual St. Patrick Senior Center Irish Festival returns on Sunday, May 21 from 1 - 8 p.m. The Center will be filled with Irish music, food, fun and friendship - a tribute to the Detroit Irish community that has supported the Center since its beginning. All proceeds raised will support programming at this, Detroit's largest health, wellness and activities center for people over age 55, including daily meals, wellness and transportation programs, dance, exercise, computer training, and benefits assistance.

This year St. Pat celebrates 50 years since its founding when Sr. Mary Watson started serving meals to seniors in the Cass Corridor. There's lots more planned over the next few months to celebrate, including a major event in the fall. St. Pat is located at 58 Parsons, behind Orchestra Hall. For more info on the festival and the center, visit www.stpatsrctr.org, or call 313.833.0082.

VOLUNTEER & ADVOCACY OPPORTUNITIES

As the **Detroit Grand Prix** returns to the streets of downtown Detroit, volunteers are needed to serve in a variety of roles. Volunteering is a great way to meet new friends, enjoy social events, discounts, and more. To volunteer go to www.detroitgp.com/ and click on the Volunteer tab, or call 313.748.1801.

The **World Medical Relief Local Prescriptions Program** is launching the "Refer a Friend" vouchers for its affordable prescription \$8.25 prescription program. For each successful referral a person makes, they get a \$10 voucher and the referred friend gets a \$10 voucher. Friends must mention "Refer a Friend" and their friend's name in the "How did you hear about" section in the application. Vouchers received upon application approval can be used for one prescription at the World Medical Relief Pharmacy. Applications are available at www.worldmedicalrelief.org/local-programs. For more information, call 313.866.5333, or email info@worldmedicalrelief.org



Real People Senior Models - In an upcoming issue, Urban Aging News wants to feature metro Detroiters who have taken care of themselves and who defy the stereotypical definition of physical aging. This opportunity is open to those who are fit and fabulous in their 60s, 70s, 80s, and especially in their 90s! Send nominations to www.urbanagingnews.com.

Older Michiganians Day is a free and open statewide advocacy day for seniors, caregivers and their advocates to let their voices be heard by Michigan legislators. Older Michiganians Day is the Area Agencies on Aging Association of Michigan annual Advocacy Day at the Capitol on May 17 during Senior Action Week! Contact your local Area Agency on Agency for details. Special Livestream Event on Wednesday May 17, from 11:00 am - 12:15 pm at: <https://bit.ly/3ZfESHw>



The Michigan Chapter of the Alzheimer's Association's annual State Advocacy Day in Lansing, meeting with legislators and state agencies, is Tuesday, April 25 from 9:30 a.m. - 3 p.m. Call 800.272.3900 for more information. The purpose is to:

- Raise awareness among legislators and state agencies about Alzheimer's and related dementias.
- Speak with these leaders about the needs of families and those living with Alzheimer's disease or a related dementia.
- Share the journeys of families caring for a loved one with Alzheimer's or a related dementia and ask for their support.

Meeting with lawmakers and sharing Alzheimer's stories makes a real difference in influencing policy. Organizers will provide families with training and everything needed for successful contact with elected leaders. All families need is a passion to make an impact and a willingness to share their stories. Contact Matt Phelan at mephelan@alz.org to learn more, or to register, visit www.Actnow.io/xguese



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- On-site tests and screening
- Door-to-doctor transportation

For more information call your local center.

Some services are not covered under all plans. Check your plan documents for details and service availability at each individual center. Due to space and time limitations, some services are not available at all centers. Limitations, copayments and restrictions may apply.

6 Convenient Locations

Detroit East

13210 East Jefferson Ave. Detroit, MI 48215
(313) 335-3444

Detroit North

20001 West 7 Mile Rd. Detroit, MI 48219
(313) 794-5111

Eastpointe

21811 Kelly Rd. Eastpointe, MI 48021
(586) 649-3388

Southfield

21816 W. 11 Mile Rd. Southfield, MI 48076
(248) 375-4040

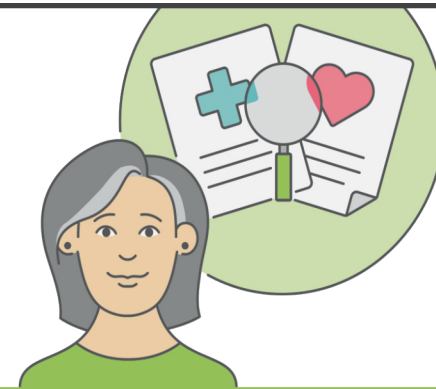
Warren

1921 East 8 Mile Rd. Warren, MI 48091
(586) 840-1333

East English Village

6150 Cadieux Rd. Detroit, MI 48224
(313) 398-2800

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