

Senior Post

Living well and gracefully through the golden years

**All about
hospice care**

APRIL 2023
A MONTHLY MAGAZINE BY

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Core Senior Center

98 Pedler Run Road, Core • 304-879-5452

Senior Monongalians

5000 Green Bag Road, Morgantown • 304-296-9812

Westside Senior Center

500 Dupont Road, Westover • 304-296-6583

Preston County

Newburg Senior Center

100 Wolfe St., Newburg • 304-892-4662

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Preston County Senior Citizens

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Rowlesburg Senior Center

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Terra Alta Senior Center

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Tunnelton Senior Citizens

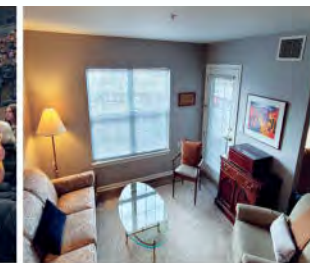
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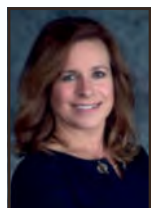


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Decisions to make for your power of attorney



BY DOREEN SEAMON
for The Dominion Post

A power of attorney is one of the most important estate planning documents you can have because it allows you to appoint a person (or entity) to act in your place for financial

or other purposes if you can't act on your own behalf. It can permit your agent to pay your bills, make investment decisions, take planning steps, and take care of your family when you cannot do so yourself.

A power of attorney may seem like a simple document, but it is not. Here are some of the important decisions that need to be made when creating one:

- Whom to appoint. You need to appoint someone you trust to have your best interests in mind. Your agent should be organized, respon-

sible, and have the time available to carry out the functions of paying bills, guiding investments, and handling any legal matters that may arise.

- How many agents to appoint. You may appoint one or more agents on your power of attorney. Having multiple agents allows them to share the responsibility, but it also requires them to get along and communicate. If you appoint more than one agent, make sure that the document clearly directs whether each agent may act on their own or if they are required to work jointly.

- Alternates. At least one alternate agent should be named in case your initial agent cannot serve. For example, you may name your spouse as your agent and your children as alternates. The document should be very clear about when the alternate takes over and what evidence they will need to present when using the power of attorney.

- Effective date. The idea behind a power of

attorney is that it will be used only when the person who creates it (the "principal") becomes incapacitated. A "springing" power of attorney only takes affect when the principal becomes incapacitated, but that means proof of the incapacity, such as a letter from a doctor, is required for the agent to use the document. Due to HIPAA laws, that letter may be difficult to obtain and may cause unnecessary delays. If you trust someone enough to name them as your agent, you probably also trust them not to use the document until the appropriate time.

- Gifting. While allowing your agent to make gifts may not always be in your best interest because it is usually better to have more money than less, it may well be what you would want to do if you were competent to act on your own. Gifting is often an important tool used to qualify for public benefits, reduce taxes, create trusts, or to help family members. Unless otherwise specified in the document, West Virginia law limits gifting under

powers of attorneys to the annual gift tax exclusion, which is currently, \$17,000 per individual per year.

- Trust powers. Similar to the power to make gifts, it can be important to authorize the agent to make, amend, and fund trusts on behalf of the principal. These powers can be extremely important in the context of long-term care planning, asset protection planning, or special needs planning for spouses, children, and grandchildren.

As you can see, executing a power of attorney is not as simple as it first seems. It is important to have a qualified elder law or estate planning attorney help you.

Doreen L. Seamon, J.D. is an attorney with Seamon Law Offices PLLC. Her experience includes elder care and estate planning. She writes a regular column for Senior Post. Contact her at columns@dominionpost.com.

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All about hospice care



Stock photo.

BY LISA ELLISON
The Dominion Post

Our 39th President Jimmy Carter has entered home hospice care, according to the Carter Center (www.cartercenter.org).

Carter has had a lifetime of great accomplishments in the political realm, and is widely known for his humanitarian efforts with Habitat for Humanity. A former naval officer who married his childhood friend, Rosalynn, and raised four children, is also the author of 32 books, as well as a former professor at Emory University. The 2002 Nobel Prize was also awarded to President Carter.

He once said, "My faith demands that I do whatever I can, wherever I am, whenever I can, for as long as I can with whatever I have to try and make a difference." This philosophy is well-aligned with the foundation of hospice care.

President Carter's care may raise questions for many Americans.

What is hospice care? Why do people choose hospice or palliative care? Yvette Young-Epling is the Outreach and Education coordinator at WVU Medicine Hospice. She was pleased to "offer guidance in

hopes of dispelling myths and empowering patients and families to request hospice help, sooner rather than later," she said.

Both hospice and palliative care help people who are seriously ill and need symptom management to experience the best quality of life possible.

"Both are team-driven in nature so they address physical, emotional and sometimes spiritual aspects of the disease and subsequent side effects," Young-Epling said. "The goal of both is to aggressively manage symptoms so the patient/family is empowered to feel in control and to elevate the things that are most important to them in their life."

Palliative care can start at any time, as early as diagnosis and is combined with curative treatments, whereas hospice care is focused on "life expectancy of six months or less," said Young-Epling. When hospice care is in place, treatment is no longer viable or risks outweigh benefits.

How do people access these types of care?

Young-Epling explained, "Typically, a physician refers a patient to hospice or palliative care, but in some instances patients

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and their families ask for it when they think it is time. Advanced care planning is always helpful so patients and families discuss their end of life wishes before they are in crisis,” she said. Additionally, she described our culture as “death-denying in which people don’t become aware of the service or benefits until very late.”

According to the National Hospice and Palliative Care Organization (NHPCO), “only half of all Medicare-aged patients who are fully eligible for hospice receive the services,” Young-Epling explained.

She further explained that ideally hospice services continue for many months rather than days, as the Medicare benefit was intended.” As a result of the late receipt of services caused by lack of awareness or indecision, “28% of Medicare patients receive hospice for less than seven days and half of them receive it for less than 30 days. West Virginia ranks 42 out of 50 states in terms of both low utilization and late referrals to hospice,” she added.

The aim of hospice is to have increased quality of life in the time remaining rather than to prolong life or expedite death.

“Hospice accompanies the patient and family on the journey, constantly coaching and educating them toward success in the home to tackle anything that comes their way,” Young-Epling said. “Because the hospice team is led by a physician, quick medication adjustments can be made from the comforts of their living room and medicines/medical equipment can be set up in the home to help the patient avoid unnecessary doctor visits or ER/hospitalizations. Hospice patients essentially get a fast pass; they get to go to the front of the line on anything they need/want because the hospice nurse is their advocate for all things.”

Who are the members of a hospice care team?

Physicians involved in hospice care are licensed and board-certified, or have completed fellowships in palliative medicine. Mostly master's level bereavement coordinators and social workers for hospice are licensed in their states, and nurses include credentials from associates to nurse practitioners. Chaplains typically have a master's degree in divinity. Nurse's aides are typically certified in their state. Volunteers complete intense training and all pre-employment anyone would prior to seeing patients.

“This hospice team swiftly wraps their clinical arms around the patient and family unit to infuse them with hope,” said Young-Epling. Physicians sign the “certificate of terminal illness to indicate the life expectancy is six months, then the patient begins receiving hospice. The physician re-evaluates the life expectancy based on current status during 90-day periods, and then every 60 days.

“A patient could be on hospice care indefinitely, if they still meet criteria during every certification period,” she said.

She said hospice has expertise on pain manage-

ment, signs and symptoms of end-of-life and can create a specific in-home plan for the goals of each patient.

“Hospice is less about dying and more about living,” she said. Families can help by having an “open and honest discussion.”

Do people move between palliative and hospice? Can patients change their minds?

“Patients are always in complete control of what they choose and can change their mind at any time. In fact, occasionally patients may revoke their hospice benefit, after using services, if they decide to return to curative treatment or for any reason,” Young-Epling said. “However, the vast majority of hospice patients never choose to quit the many hospice benefits and the fact most patients begin rather late in their disease trajectory.

“Patients can also continue to receive care for reasons unrelated to their terminal diagnosis. For instance, a patient who receives hospice for Chronic Obstructive Pulmonary Disorder (COPD) might continue to receive dialysis for their kidney failure because they are unrelated. Additionally, a patient who is on hospice for any reason may develop bronchitis or pneumonia and the hospice will treat these with antibiotics to cure the infection. Hospice is not about giving up or withdrawing all treatments. It has evolved to be very patient-focused and allow patients/families to feel in control of their medical care and decisions.”

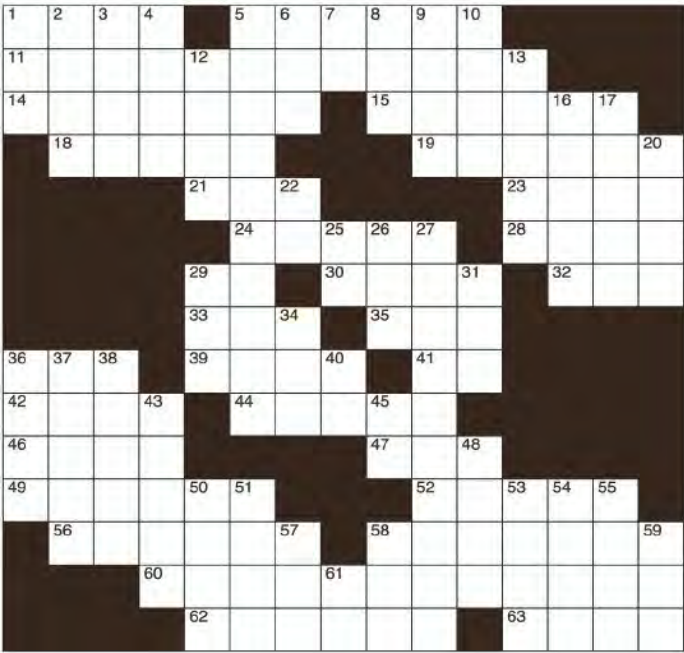
How are problems handled with hospice?

“Each patient is assigned a registered nurse case manager, who is their primary point of contact and fearless advocate,” Young-Epling said. “This nurse, backed by the team on the patient's behalf, sees the patient frequently enough to have rapport and to anticipate needs before they become problematic.”

Help is available 24 hours a day, and if the situation “is a caregiver breakdown, where the family is exhausted for instance, the hospice team can transition the patient into a facility (nursing home or hospital) temporarily to offer respite to the family who is tired. The hospice team will take care of needs from transportation to medications, and continue visiting the patient daily to ensure they feel safe/cared for in their respite stay,” said Young-Epling, adding, “90% of patients using hospice would recommend it to others, with patients often wishing they had known about it sooner.”

Medicare, Medicaid, or private insurance typically pay for hospice, which usually is zero cost and immense relief for the family. Hospice care teams “often participate in funerals as well as provide bereavement services to the family 13 months after the death,” she said.

For more information about WVU Medicine Hospice: <https://wvumedicine.org/home-health-hospice/hospice/>



CLUES ACROSS

- 1. Millisecond
- 5. Narcotic drug
- 11. Accident
- 14. Formal submissions
- 15. Popular 70s rock band
- 18. Discourage from doing
- 19. More socially elite
- 21. Arid
- 23. A way to look
- 24. Heroes
- 28. A surfer rides it
- 29. Potato state
- 30. Insect repellent
- 32. Cool!
- 33. Have already done

- 35. Collegiate women's fraternity
- 36. To the __ degree
- 39. Gasteyer and de Armas are two
- 41. Blood type
- 42. Looked over
- 44. Language of Cameroon and Chad
- 46. Species of armadillo
- 47. Touch softly
- 49. Part of your upper body
- 52. Large, stocky lizards
- 56. Lack of social or ethical standards
- 58. Congressman
- 60. Unofficial force
- 62. As a result of this utterance
- 63. A main branch of Islam

CLUES DOWN

- 1. Woman (French)
- 2. Province of Pakistan
- 3. This (Spanish)
- 4. Transportation device
- 5. Greater in importance or priority
- 6. The human foot
- 7. Within
- 8. Consumed
- 9. Respectful Malaysian term
- 10. Therefore
- 12. Ceased to exist
- 13. Type of macaroni
- 16. English composer
- 17. Wooded tract
- 20. Tall, slender-leaved plant
- 22. 36 inches
- 25. Take too much (abbr.)
- 26. Allow
- 27. Individually

- 29. Journalist Tarbell
- 31. Bar bill
- 34. Hong Kong food stall: __ pai dong
- 36. Not messy
- 37. Species that includes reedmace
- 38. Former MLB catcher Ed
- 40. Northern U.S. state
- 43. Wilt
- 45. Commercial
- 48. Bolivian river
- 50. Nursemaid
- 51. A car needs four
- 53. Guns (slang)
- 54. American state
- 55. Clusters of fern fronds
- 57. Body part
- 58. A person's brother or sister
- 59. Breed of sheep native to Sweden
- 61. Of I



When your spouse is diagnosed with Parkinson's – 5 ways to help



BY APRIL WINTERMOYER
for The Dominion Post

April is Parkinson's Awareness Month and April 11 is World Parkinson's Day. Many are not as familiar with Parkinson's disease (PD) as they are with other diseases such as heart disease. Worldwide, more than 8.5 million people have Parkinson's, including many of whom who may not yet know it.

If a Parkinson's disease diagnosis has been received, you may experience a range of emotions, including shock, sadness and anxiety about the future. Remember that you are not alone. There are resources and strategies you can use to help you and your spouse navigate this new challenge.

The World Health Organization says that disability and death due to PD are increasing faster than for any other neurological disorder. The prevalence of PD has doubled in the past 25 years. In the U.S., PD is the second-most common neurodegenerative disease after Alzheimer's disease.

Parkinson's disease typically strikes at age 60 or older but can affect younger people. Perhaps the most visible public advocate is Canadian actor Michael J. Fox, star of the "Back to the Future" movies. His Parkinson's was diagnosed at age

29, and he has spent the years since raising awareness through The Michael J. Fox Foundation for Parkinson's Research (www.michaeljfox.org). At age 61, he has now lived longer with PD than he did prior to his diagnosis.

What is Parkinson's?

Parkinson's is a progressive neurological disorder that affects movement. It is caused by the loss of cells in the brain that produce a chemical called dopamine, which is responsible for sending signals between brain cells that control movement.

According to the U.S. National Library of Medicine, symptoms begin slowly, often on one side of the body. Later, they affect both sides. Symptoms include:

- Trembling of hands, arms, legs, jaw and face
- Stiffness of the arms, legs and trunk
- Slowness of movement
- Poor balance and coordination

As symptoms worsen, people with PD may have trouble walking, talking, or doing simple tasks. They may experience depression; sleep problems; or trouble chewing, swallowing, or speaking.

There is no cure for PD. The severity of symptoms can vary greatly from person to person. Treatment options include medications to help manage symptoms and improve mobility, as well as physical therapy, occupational therapy and speech therapy. Some may also

benefit from deep brain stimulation, a surgical procedure that involves the implantation of a device that sends electrical signals to specific areas of the brain to help control symptoms.

How to help your loved one

As a caregiver for your spouse with Parkinson's, there are several things you can do to help them manage the condition and maintain their quality of life. Here are five suggestions for helping them:

1. Educate yourself about the disease and stay up to date on the latest treatment options and resources. This will help you better understand your spouse's condition and be able to support them in their treatment decisions. An internet search for "Parkinson's disease" will yield many reliable sources of news and information.

2. Be patient and understanding. Parkinson's can be a challenging and frustrating condition. There will have good days and bad days. Simply being there for them and offering support and encouragement will help.

3. Help them maintain a healthy lifestyle. This includes encouraging them to eat a healthy, balanced diet; exercise regularly; and get enough sleep. Exercise can be especially beneficial for people with PD, as it can help them improve mobility, balance and coordination. Find activities that your spouse enjoys and that

are appropriate for their level of mobility.

4. Create a safe and accessible home environment. Simple modifications such as installing handrails in the bathroom or removing tripping hazards can make a huge difference. Have a plan in place in case of emergencies, such as a list of emergency contacts and a way to communicate with them if your spouse is unable to speak.

5. Finally, remember to take care of yourself as a caregiver. Caring for someone with a chronic illness can be physically and emotionally draining. Make time for yourself. Take breaks when you need them. Reach out for support from friends, family, and community resources, such as support groups for caregivers.

It may be difficult at this time to feel hopeful or grateful, but you may find some comfort in these words from Michael J. Fox:

"Gratitude makes optimism sustainable. If you're grateful for the opportunities you have, for what you've been given to do work-wise, for the opportunities that exist, you're optimistic. If you can just find those moments, I always feel that if you flip the coin 100 times, you're going to come up heads 51."

April Wintermoyer is owner of Right at Home In Home Care & Assistance in Morgantown. Contact her at columns@dominionpost.com.

Assisted living and residential communities

Monongalia County

Evergreen Assisted Living
3705 Collins Ferry Road, Morgantown
304-598-8401

**Morgantown Health and Rehab
(formerly Golden Living Center)**
1379 Van Voorhis Road, Morgantown
304-599-9480

Madison Center
161 Bakers Ridge Road, Morgantown
304-285-0692

Mapleshire Nursing and Rehab Center
30 Mon General Drive, Morgantown
304-285-2720

Sundale
800 J.D. Anderson Drive, Morgantown
304-599-0497

The Suites at Heritage Point
1 Heritage Point, Morgantown
304-285-5575

Harmony at Morgantown
50 Harmony Drive, Morgantown
304-503-4349

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**PineRidge
(formerly Heartland)**
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PUZZLE SOLUTION

M	S	E	C		O	P	I	A	T	E									
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Senior Monongalians - Events and activities

SENIOR PANTRY PROGRAM

What do you do when you need to pick up groceries? We jump in our cars and go to the grocery or corner store. Although for our home-bound clients getting grocery, household, or personal care necessities at the drop of a hat is usually impossible. Wanting to reach out a helping hand to these seniors? Senior Monongalians has opened the Senior Pantry Program.

How does the pantry work? When a home-bound client has a need for a non-perishable item, hygiene, or even pet care items, they can fill out a request form and give it to their HDM driver. Once the item is obtained, it will be delivered to the client by their meal delivery driver. The goal is to be able to fill the request within a couple days. This is an on-going program.

We need your help gathering pantry items. Those who would like to help can purchase needed items. Monetary donations are also greatly appreciated. Please specify that monetary donations are for the Senior Pantry Program. Feel free to call the office at 304-296-9812 for a list of most needed items. Among the most asked for items are brooms, mops, bucket, bathtub grab bars, wash cloths, towels, and pet care items.

INDOOR DINING - LUNCH

Seniors are invited to join us for a hot, delicious lunch in our lunchroom. Lunch is served from 11:30 a.m. to 12:30 p.m., Monday through Friday. Adults aged 60 or older are eligible to eat on a donation basis. A suggested donation is \$2. Lunch is available on a first come, first serve basis.

Menus are available on our Facebook page, our website: www.seniormons.org, and at Senior Monongalians' office. All menus are subject to change without notice. If you are interested in our nutrition program, please call us in advance of your first visit. 304-296-9812

GRAB & GO LUNCH

Grab & Go lunches are available for those who do not feel comfortable eating in an indoor setting. To reserve your lunch, call 304-296-9812 by 10 a.m. Pull up to our front door between 11:30 a.m. - 12:30 p.m. An employee will bring your lunch out to you. Older adults aged 60 or older eat at a donation basis. A suggested donation is \$2. Menus can be found on our website, Facebook page, or at our agency. All menus are subject to change without notice.

If you are interested in this program, please call us in advance to register prior to your first meal.

HOME DELIVERED MEALS PROGRAM

The goal of our Home Delivered Meals Program is to provide a nutritious meal to seniors who are homebound. Drivers also perform a "well check" as they speak to meal recipients. Deliveries will take place on Mondays, Tuesdays, and Thursdays. Clients will receive a hot meal on each of these days. A cold meal will be included on Tuesdays and Thursdays to be used for the following day. This will ensure that clients will have a meal during the work week.

Who is eligible to receive meals? Monongalia County residents at least 60 years of age or older and meet other requirements. This service can be used on a long-term or a temporary basis. The HDM program is a donation-based service. Currently, the HDM program is on a waitlist. As clients discontinue meal delivery, those on the waitlist will be contacted. If you are interested in the home delivered program, call 304-296-9812.

FREE TAX ASSISTANCE

Each year AARP offers free tax assistance to older adults. Trained and certified volunteers electronically file tax returns, fill out senior tax credit, and answer questions people may have. For more information call 304-645-3109.

DAILY ACTIVITIES SCHEDULE - Subject to change without notice

POOL TABLES - Monday, Wednesday, Thursday 8 - 11 a.m., 12:30 - 3:45 p.m. • Tuesday and Friday 12:30 - 3:45 p.m.

COMPUTER LAB - Monday through Friday 8 a.m. - 3:45 p.m. • Must sign consent form.

DOMINOES - Tuesday and Thursday Noon - 3 p.m. • Nutrition Room

MAHJONG - Monday and Wednesday 12:30 - 3:45 p.m. • Nutrition Room

SPONSORED BINGO - Every Friday 10 - 11 a.m.

EXERCISE ROOM - UNLESS RESERVED - Must sign a release form • Monday, Wednesday 8 - 11 a.m.; Tuesday 1 - 3:45 p.m.; Thursday 2:30 - 3:45 p.m.; Friday 8 a.m. - 3:45 p.m. Room reserved on the fourth Friday until 1 p.m.

VITAL SIGNS CLINIC - Wednesday 10 - 11 a.m. • Nutrition Room

One of our registered nurses will be available to check your blood pressure, pulse and weight. These levels are recorded for your convenience to share with your doctor or for your personal monitoring.

GROUP EXERCISE CLASS - Tuesday and Thursday 10 - 11 a.m.

This class focuses on range of motion, flexibility, and balance exercises that can be done standing up or sitting in a chair. Space is limited to 11 people. Reserve your spot by calling the center, the day before the class, calls must be received by 2 p.m. Please bring your own weights, ball and stretch strap.

WOMEN'S BIBLE STUDY AND FELLOWSHIP - Thursday 1 - 2:30 p.m., Exercise Room • Nondenominational

Continued on to page 10.



Senior Monongalians Events and activities (continued)

UPCOMING EVENTS & SPEAKERS

THURSDAY, APRIL 6 at 10:30 a.m. to 12:30 p.m. - EASTER CELEBRATION

We invite you to join us for our annual Easter Celebration. Enjoy entertainment and fun, then sit down to a delicious Easter meal. Let us know that you are coming for lunch by preregistering at 304-296-9812.

FRIDAY, APRIL 7 - CLOSED for Good Friday

TUESDAY, APRIL 11 at 10:30 a.m. - MEDICARE HOT TOPICS

A representative from the Social Security Administration will talk about 2023 changes to Medicare and the "hot topics."

FRIDAY, APRIL 14 at 10 a.m. - BINGO WITH HIGHMARK

Tiffany from Highmark Blue Cross Blue Shield will lead a few games of bingo and will award prizes to the winners. Bring a friend to add to the fun.

FRIDAY, APRIL 21 at 10 a.m. - BINGO WITH EVERGREEN

Roberta from Evergreen Assisted Living will lead a few games of bingo and will award prizes to the winners.

TUESDAY, APRIL 25 at 10:15 a.m. - ACTIVE SHOOTER TRAINING

Mon County Sheriff's Department will lead a presentation on what to do in the event of an active shooter situation. This program will give you tools to use to be aware of surroundings and things you can do to protect yourself and others.

FRIDAY, APRIL 28 from 9 a.m. to 1 p.m. - FREE BASELINE HEARING TESTS

Jodi from Beltone Hearing Aid Co. will offer free baseline hearing tests. She can also answer questions regarding good hearing. Appointments are required. Make your appointment by calling 304-366-2241.

FRIDAY, APRIL 28 at 10 a.m. - BINGO WITH BELTONE

Leslie with Beltone Hearing Aid Co. will lead a few games of bingo and will award prizes to the winners. Bring a friend to add to the fun.

*****Keep watching the Senior News section of The Dominion Post and our Facebook page for additional events and information.*****

WAYS TO CONTACT OR FOLLOW SENIOR MONONGALIANS

WEBSITE: www.seniormons.org

FACEBOOK: Senior Monongalians

PHONE: 304-296-9812

MAILING ADDRESS: P.O. Box 653, Morgantown, WV 26507

LOCATION: Mountaineer Mall

EMAIL QUESTIONS TO: gmullens@seniormons.org

COVID-19 Vaccine Hotline: 833-734-0965 West Virginia-based individuals will provide information about COVID-19 vaccine schedules. Seniors without a computer should use this number to register for the COVID-19 vaccine. The hotline is available Monday through Friday 8 a.m. - 6 p.m. and Saturday 9 a.m. - 5 p.m. Hotline is not available on Sunday.

WV Emotional Support Hotline: 844-435-7498 West Virginia-based counselors are available 24/7 to provide immediate help for West Virginians of any age who are struggling with stress, fears, anxiety, and/or an addiction.

WV United Way-sponsored information and support hotline: 2-1-1 (a three-digit phone number)

Dial 2-1-1 to speak with West Virginia-based individuals who are trained to provide information and support in the areas of COVID-19, finances, health, housing, food, disabilities and domestic concerns.



BY LISA ELLISON

The Dominion Post

According to a Feb. 17 bloomberg.com article by John Tozzi, Biden's Health Secretary accuses insurers of disinformation about rates. The insurance industry wants a more favorable payment schedule in a consumer's final policy. The proposed change creates a conflict between Medicare Advantage and companies that get more than \$300 billion annually as part of the program.

Health and Human Services Secretary Xavier Becerra addressed proposed rate changes that would increase average payments to Medicare Advantage plans next year by 1%. Ads on television portend this as a cut to the program for seniors choosing private plans. Becerra argued that Biden's administration is not cutting Medicare.

"Leave it to deep-pocketed insurance companies and industry front groups to characterize this year's increase in Medicare Advantage payments as a cut," he said.

Currently, about 50% of all people eligible for Medicare enroll in private Medicare Advantage plans. This represents growing profits for large insurers such as Humana Inc., CVS Health Corp. and others. The debate between reimbursement and the larger federal spending and Medicare program has intensified. The industry lobby has noted President Biden's promise not to cut Medicare in an effort to get more appealing rates in the proposal's final version. The 2024 rate proposed was smaller than rates in recent years. Expected impact of certain medical coding aside, the proposal represents a 2.27% cut. This is partially due to the lower performance of some plans in quality measurements by the government. This, in turn, affects payments. April is set to bring about the final rate.

The Better Medicare Alliance industry group indicated these proposed changes could mean a \$540 reduction in benefits per enrollee in 2024. Seniors with Medicare Advantage plans could be charged higher prices or be offered less benefits. For instance, dental or vision care could be removed from their plans. Insurers are allowed to change their bids for Medicare Advantage contracts, which creates an even more precarious financial position for seniors on this plan.

Questions about the Medicare Advantage plan costs are being addressed to insurers. Some insurers find themselves accused by the Department of Justice of fraudulent activities such as "boosting payments," (www.bloomberg.com). These accusations

have been disputed. The Medicare Payment Advisory Commission, as Congress counsel, has insisted on changes for years. In 2022, this counsel said that a major overhaul was "urgently needed."

Majorities in both houses of Congress have signed lobbyist's letters of support and defended the program. Although this has so far prevented an overwhelming political conflict, Becerra seems to suggest that more tensions are building.

What are area seniors to make of these numbers? Mike Cilella can help seniors navigate these murky scenarios.

Michael Cilella, benefit specialist, contributed some information for seniors to consider. The Inflation Reduction Act of 2022, insulin caps, changes to Medicare Part D through 2024, expected changes by 2026 regarding medication price negotiation and assistance for some beneficiaries in poverty were suggested by Cilella as things for seniors to consider. The Inflation Reduction Act signed into law in 2022 was intended to improve federal Medicare by 2024. Insulin is to be capped at \$35 on select plans. Additionally, there are changes to Medicare Part D. For instance, Part D will not pay out-of-pocket for vaccines recommended by the Advisory Committee on immunization practices, including the shingles vaccine. By 2024, Part D beneficiaries who have met catastrophic coverage requirements are to have no co-pay for their covered medication through the remainder of that particular calendar year. In 2026, Medicare is to have the ability to directly negotiate with drug manufacturers on certain high-cost brand-name Part B and Part D medications that don't have any competition. Medicare is to identify 10 Part D medications this year on which to negotiate prices. By 2026, that list is to grow to 20 for Part B and Part D drugs for 2029 and beyond, Cilella explained.

Will there be further help for seniors? Cilella said that by 2024, certain beneficiaries with limited resources who make less than 150% of the federal poverty level will receive full "extra help status." This accommodation is to provide assistance toward Part D premiums up to regional benchmarks, Part D deductibles and Part D prescription co-pays and coinsurances.

As a benefit specialist, Cilella can help answer questions. He can also respond to concerns you have about the right coverage for seniors. Reach him at 304-988-5552 or mcilella@BOSTbenefits.





Spring brings the labor and special joys of gardening



BY IRENE MARINELLI
for The Dominion Post

"The kiss of the rain for pardon, the song of the birds for mirth; One is nearer God's heart in a garden, Than anywhere else on earth."

~ Dorothy Gurney

It's almost that time again when the mailbox will become overfilled with gardening catalogs. Those gorgeous, close-up pictures of fruits, vegetables and beautiful flowers always jump from the pages of the catalogs right into our fantasy gardens ... those lovely, straight-rowed, weed-free gardens that can never actually reach reality. But no matter. The gardens we actually create are good enough. They nourish the body and the soul.

Gardening certainly brings a sense of

gratification when we can go outside and pick vegetables and flowers from a garden in our own back yard. Being outside in the fresh air and gentle sunshine is good for both physical and mental health. Sunlight has been found to lower blood pressure and increase vitamin D levels. Even weeding can be therapeutic. It's an unhurried process that allows the mind to slow down and ruminate upon other things.

In the last decade or so there has been some interesting research regarding the benefits of gardening, aside from the fact that it's fun. The results of one study (2006) that tracked 2,800 people over the age of 60 for 16 years concluded gardening could reduce the risk of dementia by 36%.

Gardening can be a real work-out, as Dr. Robert Hutchins points out when he writes, "There are physical benefits from doing the manual labor of gardening". Gardeners perform lunges, squats, twists, bends and turns.

We use large muscle groups when we carry bags of mulch and compost. We exercise muscles when we rake and hoe. All these burn calories, reduces stress and strengthens the heart. I have always found the first week or so of garden work leaves me with aching muscles, but if I keep up the gardening schedule, the work begins to increase my flexibility and strengthen my stamina.

Some years ago, an acquaintance asked Rob why he bothers with all that garden work. "You can buy zucchini and tomatoes at the grocery store," he said. It's almost impossible to explain the joys of gardening to someone who has never had a garden. Tomatoes and zucchini aside, the benefits and gratifications are many.

Garden fantasies and dreams are part of these early spring days when March is ready to depart and give way to April and to spring. Before the busy, physical labor, before the actual weeding and planting, we can envision the perfect gardens. I picture my tall Greenstock, it's many deep, wide soil-filled pockets

overflowing with every variety of herb that can grow in our climate; herbs for the succulent pork roasts, juicy grilled burgers and delicate fish with a lemon-herb sauce. In my mind I see us picking and eating strawberries as we walk among the masses of plants in the big raised bed. The garden will yield tomatoes, big as baseballs for salads and that all-time southern family favorite, fried green tomatoes. Flowers from the flower beds will fill vases in every room in the house, adding their beauty and special perfume to our days. That's the fantasy and every year I try to come as close to it as possible in reality.

Such fantasies and dreams are also part of gardening. The reality is, of course, quite different once the digging, raking planting and weeding begin in earnest. As the work goes on, we let go of that impossible fantasy garden. The real soil-and-compost garden is enough of a joy. It will satisfy us all summer and into fall.

Irene Marinelli writes a regular column for Senior Post. Contact her at columns@dominionpost.com.

Senior emergency assistance

If you are a senior and find yourself in need of emergency assistance, the following is a list of locations where heating, food, pet food, and other emergency help can be obtained.

Catholic Charities

827 Fairmont Road, Suite 203
Westover | 304-292-6597

Christian Help, Inc.

219 Walnut St., Morgantown
304-291-0221

DHHR

Monongalia County

114 S. High St., Morgantown
304-285-3175

Preston County

18351 Veterans Memorial Hwy.
Kingwood | 304-329-4340

North Central West Virginia Community Action

Marion County

215 Scott Place, Fairmont
304-363-4367

Preston County

428 Morgantown St., Kingwood
304-363-2170

Salvation Army

Monongalia County

1264 University Ave., Morgantown
304-296-3525

Preston County

124 Morgan St., Kingwood
304-329-1245

Catholic Community Charities

Preston County

304-329-3644

The Raymond Wolfe Center is the only food pantry in Preston County that has specialized diet foods (diabetic, salt free, etc.). It also has some pet food available. Call to check availability.

The Connecting Link

235 High St., Morgantown

304-296-3300

The following locations are for Preston County residents only.

Wesley United Methodist Church

304-329-0707

St. Vincent DePaul Helpline

304-329-6229

Heat for Preston

(January - March only)

304-329-2316

Terra Alta Council of Churches

(Terra Alta residents only)

304-789-2509

Every Month Medicare Explained



Congratulations, this week's winner is Bill P. from Morgantown!

Q: Working with an independent Medicare agent can be overwhelming. What questions should I ask?

A: Ask how many years experience the agent has. Also ask what companies they represent and services they provide. I have 18 years experience assisting and serving clients in WV. No cost or obligation. Please call.

Call Allen now to get YOUR question answered.
If your question gets featured next month, you may win a **FREE gift card.**

Ask Allen: 304-974-7131

www.LetsAskAllen.com

NPN: 8764288

Discover Medicare Powered by:
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Since 1980



Neither Insurance Services, LLC or its agents are affiliated with or endorsed by the U.S. Government or Federal Medicare program.



“If caught early, colorectal cancer is treatable, if not curable.”

Kevin Train, MD
Colorectal Surgeon • WVU Cancer Institute

For those with a family history of colorectal cancer, the American Academy of Physicians recommends a screening colonoscopy at age 40 or 10 years prior to the youngest diagnosis in your family. Talk with your provider about your risk and what screening schedule is best for you.

2 Colorectal cancer is the second-leading cause of cancer-related deaths among men and women combined in the US.

45 If you are aged 45 or older, you should be screened regularly for colorectal cancer. There are screening options.



Learn more about the WVU Cancer Institute:
Cancer.WVUMedicine.org/ColonAndRectal
Schedule your screening
855-WVU-CARE