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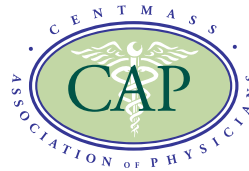


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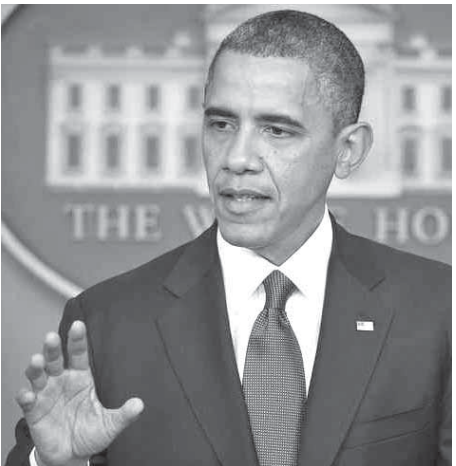
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Judy Cockerton, 2012 Purpose Prize winner, page 6. (copyright © civic ventures.)

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Bay State woman wins prize for enriching lives of foster kids

By Brian Goslow

Judy Cockerton was happily running her two “No Kidding!” toy stores in Brookline and Mattapoisett in 1998 when her husband showed her an unsettling newspaper report.

“It was the story of a five-month-old baby boy from Worcester who had been kidnapped from his crib in his foster home in the middle of the day,” she said. “His foster mother had left him alone in the house and gone down to pick up her (own) children at a junior high school in the neighborhood. When she came back, he was gone.”

The missing boy, Marlon Devine Santos, was never found and his case remains unresolved, according to the Worcester Police Department website.

When Cockerton finished reading the article, disturbed at what might have happened to the boy, she called her children and husband in for a family meeting. “We just talked about the fact that we are all responsible for children when they’re removed from their homes and placed in foster care,” she said.

“We felt it would be much better if many, many more people in their communities were stepping up to the plate and becoming resources to kids and since we had the resources, why didn’t we step up to the plate and help them do that.”

Soon after reading about the kidnapping, Cockerton called the Massachusetts Department of Children and Families to find out how her family could assist with children in state foster care. That phone call was the first step on Cockerton’s path to the \$100,000 Purpose Prize she received last month in San Francisco for her work to enrich the lives of foster children.

This is the seventh year Purpose Prizes have been awarded. Created by Encore.org in 2005 (when the company was known as Civic Ventures) to put the spotlight on the value of baby boomers’ life experiences and prove they have as much passion to create new programs to better society as younger citizens, it presents five \$100,000 awards annually to people over age 60 who are serving in encore careers dedicated to developing new ways to solve social problems. The John Templeton Foundation and The Atlantic Philanthropies fund the prize.

Cockerton, now 61, and her husband, Arthur, now 62, of Sharon, entered the world of child welfare knowing about as much as any typical American does: not much. “I entered (the world of foster par-

enting) with a five-month-old on one hip and a 17-month-old on another hip,” she said. “I just opened that door (to foster care) with two beautiful babies in my arms that I cared deeply for and saw the reality of the public foster care system. And what I saw missing, more than anything, were ordinary citizens like myself.”

Her own children were 12 and 18 at the time.

“They were delighted to be a part of it and delighted to welcome children into our home and delighted to go on to become adoptive siblings,” Cockerton said.

Bringing two foster children into her family’s life was only the beginning of Cockerton’s contribution. She sold her two stores and became a full-time advocate for foster children.



Purpose Prize winner Judy Cockerton with Anna Evans and Aliana Morales (from l to r).

“I wanted to create this new compelling menu of engagement options so Americans of all ages and backgrounds could become resources to children in foster care,” she said.

For the past 10 years, she has overseen the Easthampton, Mass.-based Treehouse Foundation; the foundation’s mission is to help move children out of the public foster care system into lifetime families and communities that invest in their lives every day of the week.

Among the programs the foundation supports are:

- The Suitcase Project, in which donated empty duffel bags and suitcases are given to social workers at the Department of Children and Families to distribute to foster kids in their system so they have a place to keep their clothing and possessions;

- The creation of Birdsong Farm, a new farm-based education center in southeastern Massachusetts, which will serve foster children from newborns to age 18; and

- The Re-envisioning Foster Care in America Initiative, launched in 2010, in which Treehouse partners and collaborates with stakeholders throughout the entire western region to harness creative ideas

and leverage people, dollars and ideas to better serve children and youth places in the public foster care system.

It is the last initiative that led to Cockerton being awarded a Purpose Prize. Cockerton’s honor was sponsored by AARP to honor Intergenerational Innovation.

“This is the second year AARP has sponsored a special Purpose Prize to recognize people who bring generations together to benefit society,” said Barb Quaintance, managing director of AARP Experience Corps. “Judy is an excellent example of public service because of her steadfast commitment and her ability to tackle a social issue

head on with passion, purpose and determination. Judy has used a lifetime’s worth of experience to make a difference in the lives of others — young and old.”

AARP CEO Barry Rand participated on the Purpose Prize for Intergenerational Innovation judging panel that selected Cockerton.

“We were extremely moved by Judy’s steadfast commitment to providing unique learning opportunities for children in foster care by connecting them with older mentors in their communities,” Quaintance said. “She embodies the very spirit of service that is part of AARP’s mission to lead positive, multigenerational social change.”

Quaintance said it’s extremely important to have people like Cockerton lead by example.

“Too often, we think, ‘Oh, the problem is too big. I’m just one person,’ but a story like Judy’s shines a light on the power of just one person — and the ripple effect is huge,” she said. “Judy and her fellow Purpose Prize winners inspire us all and



Cockerton

help us see that making the world a better place is a responsibility that belongs to all of us.”

Cockerton didn’t wait long to put her \$100,000 prize to good use.

“I have already invested it in the work that I’m currently doing,” said Cockerton, who said going from the world of business to the world of non-profits was an eye-opening experience. Instead of selling a product, she was selling an idea; she estimates she spends 90 percent of her time fundraising.

“In order to accomplish what the children need me to accomplish — and need all of us to accomplish for them — means that I have to stay really focused, so getting a \$100,000 Purpose Prize award is such a gift,” she said.

While she has more than a full plate, Cockerton remains enthusiastic about all of the Treehouse-related programs. “I love it,” she said. “It’s my passion. I feel great and have deep joy in doing this work. I love collaborating with stellar people to create solutions and receiving the Purpose Prize has just given me the opportunity to do more of that. For the past 10 years, I’ve collaborated and partnered and invested in innovation and there’s really nothing better for me.”

Internet photo goes viral, showing true love despite adversity

By Sondra L. Shapiro

Social media meets flashcards is what I thought while half-heartedly watching NBC news coverage of a photo that had gone viral on the Internet. Just one more photo or film clip plucked from YouTube or other Internet outlets by television news programs to be used in an effort to make news broadcasts hip and relevant to a younger audience.

Usually the subject matter is someone’s child or baby dancing, singing or reciting words beyond the child’s years. Or it’s a pet engaged in un-animal like behavior. Or it was last year’s film of the elderly couple playing around with the camera on their computer — a scenario

that perpetuated the stereotype of cute little old couples fumbling their way through technology.

So, when my peripheral vision caught the image of an elderly couple sitting at a table at a Starbucks with a set of flashcards spread out on the table, I was underwhelmed. “What’s the big deal?” I asked my husband.

But, then I caught the commentator’s words. “Eighty-two year-old John Allen patiently teaches his 70-year-old girlfriend Linda Alexander how to read again after her stroke,” reported NBC’s Kristen Dahlgren. At the time of the newscast, more than 2 million people had seen

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► Viral

Cont. from page 6

the snapshot, many offering comments such as: "Every time I need a bit more patience, I will think of this picture," or, "This is what true love is all about."

The snapshot transcended the trite photo-of-the-day category to become a real human-interest story that conveyed so much in and behind its composition. When news organizations picked up the story, we got to learn about the two people behind the picture.



Just My Opinion

The couple was dating when Alexander suffered a stroke five years ago that robbed her of most of her speech and ability to recognize letters.

Rather than abandoning the ailing Alexander, Allen made it his mission to help her become whole again.

Almost every day the couple goes to a Starbucks where Allen uses flashcards to help Alexander learn to read again. It was during one of those sessions that Matthew Ballestero, a 20-something, was sitting with two friends when he happened to notice the couple, pulled out

his smart phone and took the picture, then posted it on Facebook and Reddit, both social media sites.

The action is very typical of today's online culture that takes and shares photos, thoughts and experiences of just about every moment of their day. What is different is the motivation behind the action. "We could feel the love emanating off of them," said Ballestero. "My friends and I were overwhelmed by the love that these two had for each other and I knew I wanted to let them know how much of an inspiration and a perfect example of true love they were to me," Ballestero posted on his Facebook page.

"This is definitely a moment I will remember forever — John's unwavering love, patience and understanding for the woman he chose to give his life to. Linda's endless positive attitude, eagerness to (re)learn and mostly her uninhibited joy in expressing love to others. ... Thank you for your beautiful example, Linda and John!" wrote Ballestero.

It is heartening to hear of one so young exhibiting such sensitivity toward the elderly, to see beyond the stereotype to poignantly convey a portrait of love, devotion and selflessness. It is so rare for the young to apply such human characteristics to old people, let alone even notice them in a social setting.

Ballestero also inadvertently captured an image that portrays what is happening in millions of American homes — individuals providing care for sick loved ones. And, just as the caregiver and the

person who they are caring for had a life before, there was more behind that photo of Alexander and Allen who have now been dating for 11 years. When Ballestero first approached the couple, Alexander said, "You see, I've lost my memory and I'm trying to get it back."

Before her stroke, Alexander was a manager at Raytheon. Now, in addition to difficulty with reading, she is partially paralyzed on her right side. So, six days a week Allen shows up at her home to get her ready for the day. He greets her with "Good morning Sunshine." Three days a week, Allen takes Alexander to the gym where he works with her to restore function.

Though Alexander is very different from the woman he fell in love with 11 years ago, Allen is still devoted to her. He is extremely patient with her and she is so upbeat as she and Allen run through their difficult and strenuous routine. All the while she tells him, "I love you."

The fact that they also make sure that it isn't all work, managing to fit in romantic lunches, proves that even in a care giving/care receiving relationship, intimacy and love has a place. And, in fact, could keep that relationship from becoming one-dimensional where the caregiver views his or her charge as just someone needing care. The thought that true companionship can continue is inspirational to others in the same kind of relationship.

To NBC's

Dahlgren, Alexander said, "I really enjoy my life. I'm not sad, I'm not angry." Alexander looks ahead and wants to someday be able to drive again. This attitude is encouraging to anyone suffering from a debilitating condition and who sees no light at the end of the tunnel.

What does Allen get from this? He doesn't say it, but from his actions it is safe to conclude he has found a profound sense of purpose from caring for this woman who he clearly adores. This too, is an underreported bonus for individuals who provide care to a loved one.

This slice of life photo taken by a sensitive young man has had a rippling effect on so many levels. It also proves that I should be less cynical when it comes to the social media's infiltration of legitimate news organizations.

And, for the couple at the center of it all ...

"When I told them that the photo had gone viral they were overjoyed, confused and in shock — the good kind of shock," said Ballestero in an interview with *Mashable*, an online news source. "John and Linda have so much love, respect and compassion for each other and the people they meet, it's inspiring just to be in their presence."

Sondra Shapiro is the executive editor of the Fifty Plus Advocate. Email her at sshapiro.fiftyplusadvocate@verizon.net. And follow her online at www.facebook.com/fiftyplusadvocate, www.twitter.com/shapiro50plus or www.fiftyplusadvocate.com



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Home care waiting lists must end

By Michael E. Festa

This is not fiction: A 101-year-old Massachusetts senior with a serious heart condition has the ability to live independently in his home, with the help of his daughter, but may be forced into a nursing home because he cannot get the home care services he needs. He is currently on a waiting list — for home care.

Home care helps people stay independent in their own homes by providing a variety of services, including home-maker and chore services, transportation, protective services, respite care to relieve caregivers and information and referral.

Today, more than 1,000 Massachusetts seniors are not receiving the home care services for which they are eligible. Instead, they are put on waiting lists. Many are forced into premature nursing home care, which is more expensive for families and for the commonwealth.

Others rely exclusively on their family caregivers, giving these dedicated individuals no respite, at the cost of their own personal health and sometimes their jobs.

Still others die while waiting. This is unacceptable.

AARP believes: The time to end home care waiting lists is now — for our seniors, for their caregivers, for our commonwealth.

Time and time again, our research finds that the vast majority of seniors want to stay in their own homes and communities as they age. Yet, long-term care in the

commonwealth is weighted disproportionately toward institutional care, like nursing homes, leaving home care under-funded, seniors under-served and caregivers overstressed. This must change.

Today, 10 million seniors nationwide rely on others for assistance with daily care. This number will grow as boomers head into their 70s, 80s and beyond. And, long-term care is, indeed, an expensive proposition.

Medicare does not pay for most long-term care. And, most families have not yet planned for long-term care needs. Instead, they make difficult decisions during an unexpected crisis, without ample time to understand

options and have frank conversations with their loved ones; certainly not the ideal situation.

Long-term care insurance is available, but only a small percentage of adults in the U.S. purchase these plans, mainly due to the cost and complexity. In Massachusetts, AARP fought hard to get a law passed that will standardize long-term care insurance in the commonwealth — making it easier for consumers to understand and compare plans.

Not surprisingly, most Americans support the notion of helping out older family members in need. But, we also must provide support for family caregivers.

In Massachusetts, three major home care programs are available: a basic program, and two enhanced options that provide a higher level of service for those seniors who are medically eligible for a nursing home — including respite care to give caregivers a break.

— including respite care to give caregivers a break.

Home care programs served 64,000 Bay State residents last year. Some pay privately for these services or through long-term care insurance; others receive help from MassHealth, the commonwealth's Medicaid program.

Strengthening and rebalancing long-term care — that includes high quality, affordable skilled nursing facilities, assisted living facilities, adult day health services, senior housing and home and community based services — for today's seniors, and those who will need these services in the next decades, should be a priority for all of us. After all, by 2030, the 65-plus population will grow to more than 20 percent in Massachusetts or an estimated 1.5 million residents.

We must make available the long-term care services that our older residents need, in a way that is fiscally responsible for individuals, families and the commonwealth.

But, right now, we have an immediate priority. AARP is fighting to end home care waiting lists — and on other issues that matter to you and your family.

If, like me, you believe home care waiting lists must end, once and for all, join me in raising your voice. Call your state legislators today at 888-259-9789: Urge them to fully fund home care in the Fiscal Year 2014 state budget — and end home care waiting lists.

Michael E. Festa is the state director of AARP Massachusetts, which represents more than 800,000 members age 50 and older in the Bay State. Connect with AARP Massachusetts online at www.aarp.org/ma; www.facebook.com/AARPMA; and www.twitter.com/AARPMA.



AARP and You

Will the legislature end home care waiting lists?

By Al Norman

In September of 2012, a coalition of five elder advocacy groups sent a letter to Gov. Deval Patrick urging him to help end the home care waiting lists. Their letter was never answered. More than 100 activists went to the State House and presented the governor with a cell phone, hoping for "better reception" for their proposals.

As of Jan. 15 there were 1,224 people on a home care waiting list — and the numbers are rising. For a state that calls its elder-care policy "Community First," the idea of people waiting to get community care is an oxymoron. Ironically, we have a 12 percent vacancy rate for nursing homes beds.

We have proven that home care creates

a major cost-savings for taxpayers. Over the past 12 years, nursing home days paid for by MassHealth have fallen by roughly 32 percent. That's more than 4.5 million fewer nursing home days in 2012 compared to 2000. This has produced a savings to taxpayers of more than \$703 million a year in avoided institutional costs. We call this "the home care dividend."

In 2010, the state's Bureau of Health Care Safety and Quality projected that by 2015 we would have 10,772 surplus nursing home beds in Massachusetts. The private marketplace has been 'rebalancing,' but we still spend

two-thirds of our MassHealth long-term care dollars on institutions.

Since the governor took office six years ago the elder services line items have lost \$36.4 million in buying power. In June of 2006, then candidate Deval Patrick said the following:

"The long-term care system in Massachusetts favors institutional care over care in the community and at home. This neither respects the wishes of most older adults, nor follows the law of requiring care in the least restrictive environment, nor spends public dollars prudently ... A large portion of older and disabled adults see community care as the best choice. Massachusetts has made efforts and significant progress toward the rebalancing of the long term care system through support of community-based services ... However, there is far more that needs to be done to fundamentally rebalance the system."

Yet the governor's budget mostly flat-

lined home care programs. We have turned to the General Court to add nearly \$13 million to the governor's budget to help us keep the elderly living independently at home, where they so passionately want to be. That \$13 million is a small price to pay as a down payment on the home care dividend.

It's about time that the governor and the General Court recognize that home care programs have helped conquer one of the greatest "budget busters" facing this state: the cost of nursing home care. Expenditures on nursing homes in 2012 were \$290 million less than in 2005. That's a remarkable turnaround.

"Can you hear us now, governor?" the elder activists chanted in the State House. The governor clearly did not hear the message. His budget was flat. Now the \$13 million question is: "Can the legislature hear us now?"

Al Norman is the executive director of Mass Home Care. He can be reached at info@masshomecare.org, or at 978-502-3794.



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Soc. Sec. head says program fraying from neglect

By Stephen Ohlemacher

WASHINGTON —
Outgoing Social Security Commissioner Michael J. Astrue had some parting shots for Congress, the White House and advocates for seniors. They have all “really walked away from Social Security,” he said, leaving the program “fraying because of inattention to its problems.”
Instead of making the hard choices to fix Social Security’s financial problems, policymakers “use it as a tool of political rhetoric,” Astrue said.

Nothing is going to happen if you establish preconditions for the conversation.

Astrue, 56, has headed the federal government’s largest program since 2007 — he was nominated by former President George W. Bush.
The trustees who oversee Social Security say the program’s trust funds will run dry in 2033, leaving Social Security with only enough revenue to pay about 75 percent of benefits. Already the program is paying out more in benefits than it collects in payroll taxes.
As commissioner, Astrue served as a trustee. He regularly urged Congress to address Social Security’s long-term financial problems but refrained from publicly weighing in on various options to cut benefits or raise taxes — until now.
In an interview with The Associated

Press, Astrue said benefit cuts and tax increases are inevitable — despite fierce opposition to both. Yet he questions whether Congress is up to the task.
Q: The president and Republican leaders in Congress have both embraced changes to Social Security as part of negotiations to reduce government borrowing. Should Social Security be part of the deficit and debt discussions?
A: My general perspective is that Washington broadly, and I include the Congress, parties, the executive branch, the major interest groups, have really walked away from Social Security. ... I think that Social Security is a gem. I think it is the most successful domestic program in the history of the United States government and it is fraying because of inattention to its problems. And I think it’s a shame that Washington cannot get its act together to look at Social Security in detail in isolation and say, What do we need to do?
Q: There are some in Congress who say only benefit cuts should be considered — no tax increases. Others say benefit cuts should be off the table. Where do you come down?
A: Nothing is going to happen if you establish preconditions for the conversation. I do think that for the people who simply want to tax more, you need to be very mindful of the fact that that tax will fall disproportionately on the younger generation and that if you’re not careful,

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Brain image study: Fructose may spur overeating

By Marilyn Marchione
and Mike Stobbe

This is your brain on sugar — for real. Scientists have used imaging tests to show for the first time that fructose, a sugar that saturates the American diet, can trigger brain changes that may lead to overeating.

After drinking a fructose beverage, the brain doesn't register the feeling of being full as it does when simple glucose is consumed, researchers found.

It's a small study and does not prove that fructose or its relative, high-fructose corn syrup, can cause obesity, but experts say it adds evidence they may play a role. These sugars often are added to processed foods and beverages, and consumption has risen dramatically since the 1970s along with obesity. A third of U.S. children and teens and more than two-thirds of adults are obese or overweight.

All sugars are not equal — even though they contain the same amount of calories — because they are metabolized differently in the body. Table sugar is sucrose, which is half fructose, half glucose. High-fructose corn syrup is 55 percent fructose and 45 percent glucose. Some nutrition experts say this sweetener may pose special risks, but others and the industry reject that claim. And doctors say we eat too much sugar in all forms.

For the study, scientists used magnetic resonance imaging, or MRI, scans to track blood flow in the brain in 20 young, normal-weight people before and after they had drinks containing glucose or fructose in two sessions several weeks apart.

Scans showed that drinking glucose "turns off or suppresses the activity of areas of the brain that are critical for reward and desire for food," said one study leader, Yale University endocrinologist Dr. Robert Sherwin. With fructose, "we don't see those changes," he said. "As a result, the desire to eat continues — it isn't turned off."

What's convincing, said Dr. Jonathan Purnell, an endocrinologist at Oregon Health & Science University, is that the imaging results mirrored how hungry the people said they felt, as well as what earlier studies found in animals.

"It implies that fructose, at least with regards to promoting food intake and weight gain, is a bad actor compared to glucose," said Purnell. He wrote a commentary that appears with the federally funded study in a recent

Journal of the American Medical Association.

Researchers now are testing obese people to see if they react the same way to fructose and glucose as the normal-weight people in this study did.

What to do? Cook more at home and limit processed foods containing fructose and high-fructose corn syrup, Purnell suggested. "Try to avoid the sugar-sweetened beverages. It doesn't mean you can't ever have them," but control their size and how often they are consumed, he said.

A second study in the journal suggests that only severe obesity carries a high death risk — and that a few extra pounds might even provide a survival advantage. However, independent experts say the methods are too flawed to make those claims.

The study comes from a federal researcher who drew controversy in 2005 with a report that found thin and normal-weight people had a slightly higher risk of death than those who were overweight. Many experts criticized that work, saying the researcher — Katherine Flegal of the Centers for Disease Control and

Prevention (CDC) — painted a misleading picture by including smokers and people with health problems ranging from cancer to heart disease. Those people tend to weigh less and therefore make pudgy people look healthy by comparison.

Flegal's new analysis bolsters her original one, by assessing nearly 100 other studies covering almost 2.9 million people around the world. She again concludes that very obese people had the highest risk of death but that overweight people had a 6 percent lower mortality rate than thinner people. She also concludes that mildly obese people had a death risk similar to that of normal-weight people.

Critics again have focused on her methods. This time, she included people too thin to fit what some consider to be normal weight, which could have taken in people emaciated by cancer or other diseases, as well as smokers with elevated risks of heart disease and cancer.

"Some portion of those thin people are actually sick, and sick people tend to die sooner," said Donald Berry, a biostatistician at the University of Texas MD Anderson Cancer Center in Houston.

The problems created by the study's inclusion of smokers and people with pre-existing illness "cannot be ignored," said Susan Gapstur, vice president of epidemiology for the American Cancer Society. — AP



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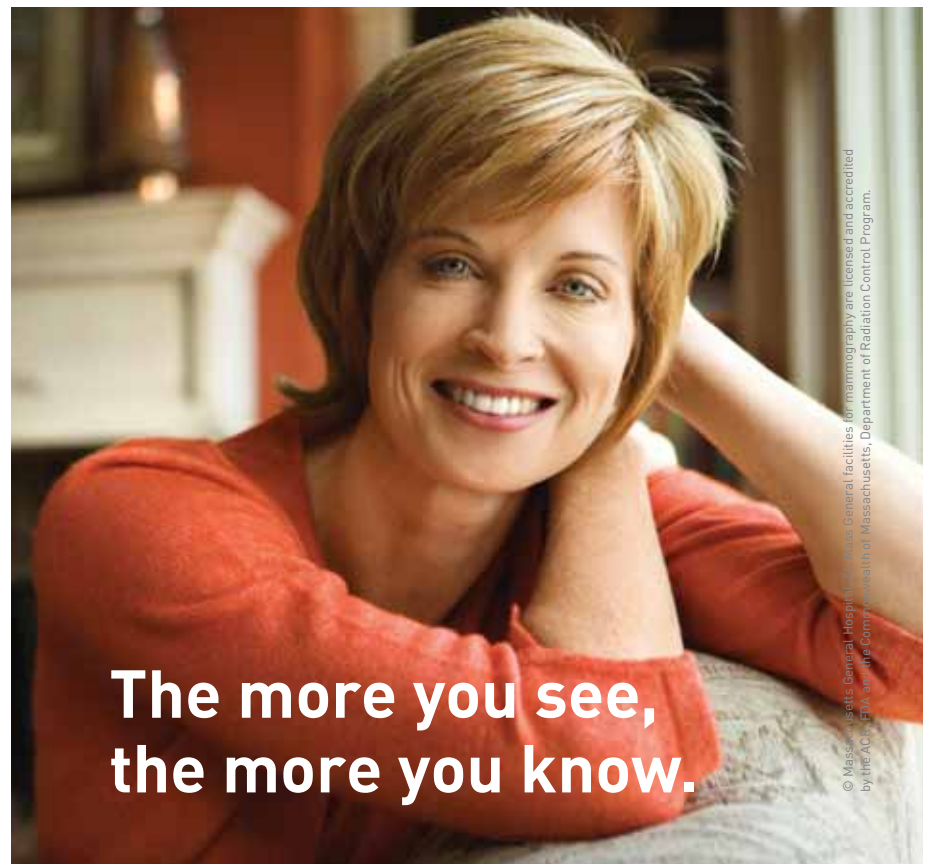


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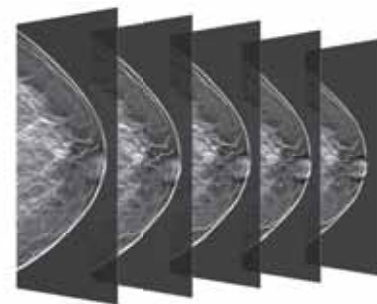
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Study says leafy greens top food poisoning source

NEW YORK —

A big government study has fingered leafy greens like lettuce and spinach as the leading source of food poisoning, a perhaps uncomfortable conclusion for health officials who want us to eat our vegetables.

"Most meals are safe," said Dr. Patricia Griffin, a government researcher and one of the study's authors who said the finding shouldn't discourage people from eating produce. Experts repeated often-heard advice: Be sure to wash those foods or cook them thoroughly.

While more people may have gotten sick from plants, more died from contaminated poultry, the study also found. The results were released by the Centers for Disease Control and Prevention (CDC).

Each year roughly 1 in 6 Americans — or 48 million people — gets sick from food poisoning. That includes 128,000 hospitalizations and 3,000 deaths, according to previous CDC estimates.

The new report is the most comprehensive CDC has produced on the sources of food poisoning, covering the years 1998 through 2008. It reflects the agency's growing sophistication at monitoring illnesses and finding their source.

What jumped out at the researchers was the role fruits and vegetables played in food poisonings, said Griffin, who heads the CDC office that handles foodborne infection surveillance and analysis.

About 1 in 5 illnesses were linked to leafy green vegetables — more than any

other type of food. And nearly half of all food poisonings were attributed to produce in general, when illnesses from other fruits and vegetables were added in.

It's already been kind of a tough year for vegetables. A controversy erupted when Taco Bell started airing a TV ad for its variety 12-pack of tacos, with a voiceover saying that bringing a vegetable tray to a football party is "like punting on fourth-and-1." It said that people secretly hate guests who bring vegetables to parties.



The fast-food chain pulled the commercial after receiving complaints that it discouraged people from eating vegetables.

Without actually saying so, the CDC report suggests that the Food and Drug Administration (FDA) should devote more staff time and other resources to inspection of fruits and vegetables, said Michael Doyle, director of the University of Georgia's Center for Food Safety.

Meanwhile, CDC officials emphasized that their report should not be seen as discouraging people from eating vegetables.

Many of the vegetable-related illnesses come from norovirus, which is often spread by cooks and food handlers. Contamination sometimes has more to do with the kitchen or restaurant it came from than the food itself, Griffin noted.

Also, while vegetable-related illnesses were more common, they were not the most dangerous. The largest proportion of foodborne illness deaths — about 1 in 5 — were due to poultry. That was partly because of three big outbreaks more than 10 years ago linked to turkey deli meat.

But it was close. CDC estimated 277 poultry-related deaths in 1998-2008, compared to 236 vegetable-related deaths.

Fruits and nuts were credited with 96 additional deaths, making 334 total deaths

for produce of all types. The CDC estimated 417 deaths from all kinds of meat and poultry, another 140 from dairy and 71

POISONING page 17

Laser cataract & refractive lens exchange surgery

By Dr. Jean Keamy

The FDA recently approved the use of the femtosecond laser for performing some steps in cataract surgery and refractive lens exchange (removal of a clear lens). It can also be used to make incisions on the cornea to reduce astigmatism.

The femtosecond laser provides many benefits during cataract surgery or refractive lens exchange. During traditional cataract surgery, the surgeon manually makes incisions into the cornea. The surgeon uses instrument to manually make a capsulotomy (a round incision in the anterior capsule of the lens), then removes the lens with ultrasound power with a phacoemulsification hand piece and places an artificial lens inside the eye.

The benefit of the laser is in how precise the cornea incisions can be placed. It also helps make a completely round 360-degree capsulotomy at a designated size. How round the capsulotomy is can affect the artificial lens position and refractive outcome. The rounder it is, the better and more predictable the outcome. Lastly, it can also help reduce astigmatism with precise arcuate incisions on the cornea. Additionally, the laser can pre-soften the lens. This enables the surgeon to use less ultrasound power during the removal of the lens. Using less energy during phacoemulsification is desirable to prevent cornea damage.



Vision Quest

There are a few disadvantages of laser cataract surgery. It does take longer than traditional cataract surgery. The first step is to have the laser make all its incisions and pre-soften the lens in one location. Then the patient is brought to the operating suite for the lens removal and intraocular lens implantation. There are also additional costs for using the laser and specific risks with using the laser that your surgeon will review prior to surgery.

It is an exciting time to have cataract or refractive lens exchange. Ophthalmology technology continues to advance to improve safety and improved outcomes.

Dr. Jean Keamy is a board certified ophthalmologist. She owns Keamy Eye & Laser Centre on 24 Lyman St. in Westborough and can be reached at 508-836-8733. Learn more at www.seemedrkeamy.com or www.facebook.com/Keamyeye. Visit fiftyplusadvocate.com to read additional articles by Dr. Keamy.

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By Jamie Stengle

PARKER, Texas — The white two-story home with stately pillars overlooking a green Texas pasture where longhorns roam is instantly recognizable: This is the power seat of television's famous Ewing family.

Tourists from around the world have been flocking to Southfork Ranch since the early years of the classic series *Dallas*, which ran from 1978 to 1991, and the ranch is only getting more popular. With the premiere last June of a new *Dallas* series, the number of visitors at Southfork has doubled from 150,000 annually to more than 300,000, according to Jim Gomes, general manager of the Southfork Ranch & Hotel and vice president of Forever Resorts, which owns the property.

"We are obviously thrilled the new fans love Southfork as much as the original fans of 'Dallas,'" said Gomes.

The new show just started its second season on the TNT cable channel. The recent death of Larry Hagman, who starred as conniving Texas oilman J.R. Ewing in both the original series and the new show, has also spurred fans to visit.

The 340-acre (138-hectare) ranch is located about 25 miles (40 kilometers) northeast of downtown Dallas in the suburb of Parker. Patrick Duffy, who has returned to the role of J.R.'s brother Bobby, said that the biggest changes since he first filmed on the ranch are new tourist-related buildings and event facilities for weddings and meetings, along with the buildup of the surrounding town, including housing additions and a high school.

But any time he's back at Southfork, it doesn't take long for the magic to take over. "You drive down that road and you look across this pasture and there's the front of Southfork and it looks like the opening credits of the show and I know why people love it so much," Duffy said.

Duffy remembers a time when fans watching them film consisted of small groups of 20 to 30 people. Those crowds grew to the hundreds as the "Who Shot J.R.?" mania built in 1980 when a cliffhanger left fans in suspense. The answer came on Nov. 21, 1980, when the shooter was revealed to be Kristin — J.R.'s vengeful mistress, who was also his sister-in-law — in an episode that was seen by

Southfork Ranch draws DALLAS fans old and new



Around the house, the pool and patio have provided spots for countless shots.

more people than any TV program in history up until that time.

When the series first began filming at Southfork, the family that built the house in 1970 still lived there. And while they hosted tourists as the show's popularity grew, it didn't become an official tourist attraction and event location until 1985 after they sold it. Forever Resorts bought Southfork in 1992.

Most of the shooting for the original series was done in Los Angeles, though some of it was filmed in Texas. But the new show is being filmed in the Dallas area — with locations ranging from the flagship Neiman Marcus downtown to the gleaming Cowboys Stadium.

Cynthia Cidre, executive producer of the reboot, said she knew when she started developing the new series that Southfork would again

be an integral part of the plot.

"The ranch had been in the previous show, it was almost a character in the story. I knew that I wanted to use that as something that the family was fighting over again," she said.

The struggle over ownership of the ranch became the central plot point in the first season of the new series, with J.R. telling his son, John Ross: "Southfork isn't just a piece of dirt. It's as much a part of me as my blood and my bones and I'd pay a hell of a price for it."

Visitors start their tour in a museum featuring everything from the gun that "shot" J.R. to scripts from the original series to the wedding dress of Lucy, the niece of J.R. and Bobby, who was played by Charlene Tilton. For those puzzled about the complicated relations of the Ewing family, there's a family tree to peruse.

As tour guides take visitors through the barns and pastures on their way to the house, they point out where scenes from both the old and new series were filmed — from the cottage where Elena Ramos, played by Jordana Brewster, lives, to the spot from the original series where the funeral was held for Bobby, who was later famously

revealed to still be alive. The story of his death turned out to be part of a prolonged dream sequence.

Around the house, the pool and patio have provided spots for countless shots. And while interior scenes for the home on the series were never shot inside the 5,900-square-foot (548-square-meter), four-bedroom house, visitors can still walk through and take in the rooms decorated in homage to the Ewings, with rooms reflecting the tastes of different characters.

Sally Peavy, tourism sales manager at Southfork, said scenes from reunion shows have been filmed in the house and that a scene in the second season of the new show was also filmed in one room, though details of the scene have not been revealed.

There's also a restaurant and two gift shops on the grounds. One sells items including hats and belts and has as its centerpiece family patriarch Jock Ewing's silver Lincoln Continental, which features "trunk sales."

Josh Henderson, who plays John Ross, was born in Dallas and spent much of his childhood here. Henderson said that when he got the part of J.R.'s son, his mother informed him that he'd already been to Southfork once, at age 3.

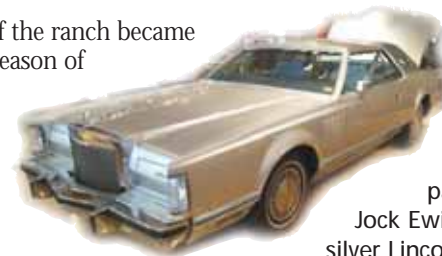
"I don't remember it but my mother definitely made sure I had that information," said Henderson.

Janice Johnstone of Vancouver visited Southfork in November while sightseeing in Dallas. An avid fan of the original series, she enjoyed hearing tidbits from the tour guides.

"I think just hearing the history of how people found out that that's where it was and they had all these people driving by constantly, I thought that was kind of interesting because those are things that you don't hear," she said. "I think it's definitely worthwhile going, anybody who has watched the show I think would really appreciate it."

When Larry White, who lives near Springfield, Mass., was in Dallas in November, a friend drove him by Southfork. Since he had a flight to catch, he didn't have time for the tour, but did make a quick stop in a gift shop and took a picture of the house complete with a longhorn.

"It's just clearly a piece of American history at this point," said White. — AP



Family patriarch Jock Ewing's silver Lincoln

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Help at hand when elderly relative's health fails

By Jim Fitzgerald

WHITE PLAINS, N.Y. —

Marnie Schwartz was in California, a lawyer raising two toddlers. She was in no position to move across the country to care for her mother, who was living alone in New York and whose health was beginning to decline.

Schwartz's dilemma was similar to that faced by more and more Americans as the population spreads out, people live longer and giving up a job is out of the question.

"I needed eyes and ears closer to my mother," said Schwartz, an only child living in Malibu. "I needed someone to handle the medical, the insurance, the financial, and stay on top of the daily caregiving, so the emotional strain wouldn't be overwhelming."

Those needs have fostered a niche that a variety of enterprises have been filling in recent years. Companies and individuals calling themselves advocates, care managers and advisers are willing to stand in for the family and deal with the maze of responsibilities that comes with the care of an elderly loved one.

With the aging of the baby boom generation, the 78 million Americans born between 1946 and 1964, calls for such businesses are expected to increase over the next 20 years.

Their service doesn't come cheap and it's generally not covered by insurance. But some customers have found it's worth the peace

of mind.

Schwartz found her "eyes and ears" when a childhood friend told her about A Dignified Life, a small White Plains, N.Y., company specializing in elder care.

"I don't know what I would have done without them," Schwartz said. "They knew where to go with all these questions I had that would have taken me 500 phone calls. They deciphered what the doctors were saying. They got a ramp built at the house. They dealt with the plumber. They remembered everything, and they did it in a really human, caring way."

"In about a year and a half, as my mother's situation got worse, they became part of our daily life," Schwartz said. And in October, as her mother's health failed, "they told me it was time to get on a plane." She was at her mother's deathbed, she said, because A Dignified Life knew when to call.

Barbara Newman Mannix, who runs the company, said "experience and empathy" are required to do the job well. She vets, hires and monitors in-home caregivers, attorneys, nursing homes and more, guides a family through the financial tangles and makes sure an elderly person's wishes are respected. She can help arrange the sale of a house and pre-plan a funeral.

For an initial \$625 four-hour consultation, her company will evaluate a family's needs and come up with an "action plan." The family can then hire the company to implement the plan on an hourly or retainer basis.

Mannix started the company after navigating the maze during her husband's fatal illness.

"You're suddenly in crisis and the normal reaction is, 'What do I do, where do I go, who do I call first?'" she said.

"People are lost. But we tell them there is a way to cope, there is crisis management, there are people that will help you who do what they do all day every day."

She said many people just don't have the personality for dealing with doctors and caregivers and insurance companies.

"It's time, it's energy, it's stress, it's consternation among members of the family," she said. "There's emotional baggage, and if you have children yourself you're being pulled in both directions."

Judy Rappaport, who runs Preferred Lifestyle Services in Jupiter, Fla., said most elderly people resist moving to a son or daughter's home.

"Everybody wants to stay home," Rappaport said. "Now we do what we can to make it possible for people to stay in their homes."

Most of her company's staffers are nurses.

"When we're hired, we go in and count the pills, check the food in the refrigerator, we talk to the doctors," she said. "We get a complete picture and we write up a report in lay language. The family knows what we'll do and what it will cost right up front."

Jullie Gray, president of the National Association of Geriatric Care Managers, said membership is now near 2,000, up from fewer than 1,600 a decade ago.

Rappaport said the average fee for her clients is between \$1,500 and \$2,500 a month, not including the in-home caretakers' pay.

David Cutner, an elder law attorney in Manhattan, worries about elderly people exhausting their assets, but said, "People who have a substantial net worth and are not thinking about government benefit programs might well want to hire this type of service."

A much less comprehensive and less costly alternative is offered by CareFamily, which prescreens in-home caregivers and matches them to customers over the Internet. The company recently announced a variety of online tools through which a family can remotely monitor a caregiver's attendance, provide reminders about medications and appointments and exchange care plans and notes via email, texting or phone.

The service would be included in the average \$15 an hour fee paid for the caregiver, said

HELP page 17

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Sandy highlights nursing home evacuation troubles

NEW YORK —

Health experts and regulators are warning that thousands of nursing homes nationwide are still ill prepared for a natural disaster after Superstorm Sandy.

The late October storm was the latest disaster to reveal gaps in emergency planning despite an industry-wide effort to improve preparedness in the years since Hurricane Katrina.

In New York City, seaside nursing homes

and assisted living centers struggled to evacuate more than 6,000 residents from their flooded or powerless buildings.

Some changes could be in the works. The federal Centers for Medicare and Medicaid Services said it expects to issue new disaster planning requirements for nursing homes this year.

The aim is to avoiding the types of problems seen in Sandy. — AP

Poisoning

Cont. from page 12

from eggs.

Red meat was once seen as one of the leading sources of food poisoning, partly

because of a deadly outbreak of E. coli associated with hamburger. But Griffin and Doyle said there have been significant safety improvements in beef handling. In the study, beef was the source of fewer than 4 percent of food-related deaths and fewer than 7 percent of illnesses. — AP

Help

Cont. from page 16

CareFamily CEO Tom Knox. He said it can "cut costs while ensuring that the elderly can be well taken care of — without the need to uproot seniors and disrupt families."

Yale Hauptman, an elder law attorney in Livingston, N.J., said many different services are available. His office is often called in by advocates who discover that an elderly person needs a will or power of attorney or a trust.

"We work with people who just do health insurance, cut through red tape, deal with Medicaid," he said. "We work with daily money managers, who make sure the bills get paid. We work with geriatric care managers on the medical side."

"The type of work these people do is absolutely essential. It's a combination of families living farther apart and the fact we're living longer."

Leslie Riley of Cornwall-on-Hudson, N.Y., said that when her sister-in-law began having mental and physical problems, relatives hired A Dignified Life, even though some lived nearby.

"We had no idea where to start," she said. "Barbara came in and helped us focus on what needed to be done. How to work with the doctors in the hospital. We needed to get power of attorney, we needed to provide health care proxies, we needed to figure out how to approach the financial situation."

"She had a checklist for everything," Riley said. "I would call her lovingly efficient." — AP



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Cont. from page 9

that could be a huge economic drag.

Q: One of the few issues that the president and Republicans in Congress agree on is changing the way the government measures inflation. As you know, this would reduce the annual cost-of-living adjustment, or COLA, for Social Security recipients. Advocates for seniors hate the idea. They want bigger COLAs, not smaller ones. What do you think?

A: As a general matter I do think that the president and the Congress are right that before you start talking about increases in the retirement age and things like that, it's appropriate to try to have a conversation about what we might be able to do in terms of COLA adjustments.

Q: The age when retirees can receive full benefits is gradually increasing from 66 to 67. There are proposals to increase it gradually even more, perhaps as high as 70. What do you think of those proposals?

A: I think there's some historical inevitability that we will move in that direction. How far, I don't think is historically inevitable. Part of this we need to remember is not that the system is flawed or that there are evil people around here. I mean, we should celebrate a little bit of good news. Most of the pressure on the system comes from the fact that we've had great medical advances and people are living a lot longer than before.

Q: Social Security payroll taxes only apply to the first \$113,700 of a worker's

wages. There have been proposals to increase this threshold or even eliminate it, applying the tax to all wages. What do you think of those ideas?

A: I think there's some historic inevitability on at least some lifting of the (payroll tax) cap. I think that most politicians and I think most economists I've talked to generally think that that would have less of a negative impact on the economy than raising the rate itself.

Q: Applications for disability benefits increased dramatically when the economy went bad. Why did that happen?

A: I think a lot of people applied out of economic desperation. Very few of those people actually ended up getting benefits. If you look at the numbers, it's one of the reasons why our approval rates have dropped dramatically in the last few years.

Q: Aren't most disability claims initially denied?

A: Yes.

Q: Why?

A: Because the statutory standard is so stringent. In terms of the percentage who get on, both in the beginning and at the end of the process, it's somewhere usually in most years in the 35 to 40 percent range. Sometimes people talk like nobody gets approved initially, and that's not true. Some people say, Oh, everybody gets on,



Astrue

and that's not true, either. But the statutory standard is you have to be unable to do work that exists in the national economy for 12 months or more.

Q: If your claim is denied, you can appeal to an administrative law judge, but the process can take a year or more. Tell me about your efforts to reduce these

backlogs.

A: We've done, I think, some yeoman's work in reducing the backlogs. ... If you look at time to a hearing, what we call average processing time, it peaked very shortly after I started at 542 days and it got down to about 340 (days) and then

drifted up a little bit with all the budget cuts in the last couple of years. But it's still about a year on average, and that's a big improvement.

Q: Are you getting enough resources from Congress to address these backlogs?

A: No.

Q: The Association of Administrative Law Judges says that in order to reduce backlogs some judges are deciding more than 500 cases a year. Is that too many cases to do a thorough job on each one?

A: No, not at all. We set, for the first time, productivity standards in 2007. It was actually done by the chief judge, and it was done looking at best demonstrated practices of existing judges. At that point in time about 40 percent of the judges were doing 500 to 700 cases a year. And so that's what we set as our goal, and that's what it is, it's a goal to shoot for. ... Now, about 80 percent of the judges hit that goal. — AP

Savings seen on diabetes supplies, other equipment

WASHINGTON —

Medicare is announcing a price cut.

Diabetes testing supplies now average about \$16 a month for beneficiaries. That's going down to around \$4.50.

Savings are also coming for many patients who rent home oxygen gear, hospital beds, wheelchairs and other equipment.

Medicare deputy administrator Jonathan Blum said it's due to competitive bidding making inroads against wasteful spending.

Starting July 1, diabetes patients will get blood sugar testing supplies through a new national mail order program.

Competitive bidding for home medical equipment, now being piloted in nine cities, will expand to 100 metro areas, including New York, Los Angeles and Chicago.

Some seniors may have to switch suppliers, but taxpayers will save nearly \$26 billion over 10 years.

Outside experts say Medicare should make even greater use of competitive bidding. — AP

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What is a Rest Home? Part 1

By Micha Shalev

Most rest homes serve individuals 60 and older, though many rest homes still serve younger adults suffering from mental disability.

Rest homes generally provide room, board, housekeeping, 24 hours day supervision and personal care assistance with activities of daily living (ADL), such as personal hygiene, dressing, eating and walking. Rest homes that have a nursing staff also provide basic nursing services. In addition, rest homes store and distribute medications to their residents in the same manner as nursing homes do.

This type of facility is referred to as a rest home (nursing home level IV, residential care facility, etc.); but, just as in many other states, Massachusetts is following a trend to also use the term residential care facility for the elderly (RCFE).

On many levels, rest homes are held to a much higher standard than assisted-living facilities and are regulated in the same manner as nursing homes. This level of care and supervision are designed to accommodate individuals who are unable to live comfortably and safely by themselves but who do not need 24-hour skilled-nursing care.

However, these individuals often need more care and supervision than traditional large assisted-living facilities can provide.

How does a rest home for the elderly differ from an assisted living facility?

From a licensing standpoint, there is a big difference. Rest homes are regulated, licensed and inspected by the Massachusetts Department of Public Health (DPH) and classified as Nursing Home Level IV. Most of the rules and regulations that apply to nursing homes Level I and Level II (regular nursing homes) apply to rest homes as well. The Massachusetts Executive Office of Elder Affairs licenses assisted living facilities.

In Massachusetts, most rest homes for the elderly have between 12 and 64 beds and are locally owned, home-like facilities with shared and/or private rooms. Assisted living facilities

usually offer private apartments in larger, corporately owned facilities with different fee options depending on the level of care needed.

Assisted living facilities have more restrictions on administration of medications.

Rest homes must meet care and safety standards set by the Commonwealth and are licensed and inspected by the DPH. For details, refer to 105CMR 150.000-159.000 at www.sec.state.ma.us/spr/sprcat/agencies/105.htm.

Prior to making a placement decision, ask to review the most recent state survey and talk with the facility-licensing agency. In most states, it is a public record. Be aware of facilities with a long list of violations. A deficiency free facility is always a

better choice.

A rest home for the elderly may accept or house an individual with medical-care needs depending on the type and severity of the individual's medical condition and whether the facility can obtain permission from the licensing agency to care for the individual. State licensing does not permit rest homes to accept residents with some prohibited health conditions, such as the need for tube feeding, IV treatment or treatment of open bedsores that are classified as stage III or above. Rest homes can greatly benefit individuals who need help with incontinence and activities of daily living.

A rest home can only care for individuals suffering from dementia if it has the appropriate setting and staff training to provide such care. A consumer should review the facility's plan of operation to understand its approach to dementia care, special dementia services, staff training and community resources, as well as the qualifications of the medical and advisory team members.

When beginning a search for a rest home — especially for an individual diagnosed with memory impairment and/or Alzheimer's disease — it is important to assess the opportunities for personal growth and choice for the individual as well as the care that is provided regardless of their physical or cognitive limitations.

When considering a facility, ask for references. Also, ask to speak with current residents and/or their responsible parties to get the real picture of a life at the community. Contact the ombudsman office in

charge of the facility. Most ombudsman program representatives visit these facilities on a regular basis.

Always think about the end game. Many seniors are moving into assisted living and when money runs out, they are asked to leave the community. Make sure that the facility has a plan in place to ensure that a loved one will be able to stay. This is very important for individuals diagnosed with dementia/Alzheimer's disease. A move to another facility for such sufferers can create a transfer trauma.

Most rest home communities don't charge a care fee; instead they provide an "all inclusive" pricing model. At a community with all-inclusive pricing, a family can better plan a loved one's financial exposure prior to qualifying for state assistance.

Next installment: How to decide when a loved-one needs rest home care.

Micha Shalev, MHA, is the owner of Dodge Park Rest Home and The Adult Day Club at Dodge Park located at 101 Randolph Road in Worcester. Its programs specialize in providing care for individuals with dementia and Alzheimer's disease. The facility is holding a free monthly support group meeting on the second Tuesday of each month for spouses and children of individuals with dementia and/or Alzheimer's disease. He can be reached at 508-853-8180 or by e-mail at m.shalev@dodgepark.com or view more information online at www.dodgepark.com. Archives of articles from previous issues can be read at www.fiftyplusadvocate.com.

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Changing family dynamic may lead to tax relief

By Carole Feldman

WASHINGTON —

Members of the sandwich generation — caught between supporting elderly parents whose assets are nearly exhausted and adult children without jobs — might find some relief come tax time.

The bottom line is, who's a dependent? Your kindergarten-age son, your adult daughter, her grandparents or maybe an elderly uncle or aunt?

"There's a changing family dynamic because of the economy," said Bob Meighan, vice president of TurboTax, an online tax preparation service.

More people are living longer. According to the U.S. Census Bureau, the number of older Americans increased by 9.7 percent from 2000 to 2010, when there were about 40 million people age 65 or older. A longer lifespan puts added strain on retirement accounts, which have already taken a hit in the roller-coaster economy.

As a result, many baby boomers find themselves supporting their elderly parents, in some cases footing the bill for assisted living or nursing home care.

Meanwhile, the unemployment rate for adults age 20 to 24 was 13.7 percent in December, considerably higher than the overall rate of 7.8 percent.

Unable to find work, many young adults are returning home — or never leaving, relying on Mom and Dad for food, lodging and more.

What does this mean for taxes?

"A lot of filers are going to have to pay particular attention," Meighan said. More people may rely on tax software to help get them through the dependency issue.

Depending on individual circumstances, taxpayers may be able to claim both their parents and their children as

dependents.

"The rules are very pro-taxpayer," said Mark Steber, chief tax officer at Jackson-Hewitt Tax Services. If you are taking care of someone and the IRS defines that clearly — age, income, residency tests and support — you should be able to claim the exemption, he said.

It comes down to the definition of dependent.

The Internal Revenue Service makes a distinction between a qualifying child and a qualifying relative.

To be a qualifying child, the person would have to be a child, stepchild, foster child or sibling, and under the age of 19, or 24 if in college, who has lived with you for at least half the year. The taxpayer would have to provide at least half the support.

A qualifying relative can be a child who doesn't meet the qualifying child requirement, a parent or stepparent, grandparent, niece or nephew, aunt or uncle or in-laws, according to the IRS. They do not necessarily have to live with you, but you do have to provide at least half the support for that person. And that person's income cannot exceed the personal exemption — \$3,800 in 2012.

"Unlike a qualifying child, a qualifying relative can be any age," the IRS says in its Publication 17.

Taxpayers can take an exemption of \$3,800 for each qualified child or relative who is a dependent.

Here are some examples from the IRS:

"Your mother received \$2,400 in Social Security benefits and \$300 in interest. She paid \$2,000 for lodging and \$400 for recreation." If you spend more than \$2,400



to support her, supplementing what she spends, and her annual income is less than \$3,800, you can claim her as a dependent and take the full value of the exemption.

"Your brother's daughter takes out a student loan of \$2,500 and uses it to pay her college tuition. She is personally responsible for the loan. You provide \$2,000 toward her total support. You can-

not claim an exemption for her because you provide less than half of her support."

Usually the items that go into determining support are the cost of housing, food, clothing and medical costs, including doctor bills and medicine.

But it's not just the personal exemption that could help taxpayers. Individual taxpayers might qualify and get the "extra benefit" of filing as head of households if they legally can claim children, parents or relatives as a dependent, said Jackie Perlman, principal tax research analyst for H&R Block.

For example, the 15 percent tax bracket applies to taxable income up to \$47,350 for heads of households and \$35,350 for individual returns. At the 25 percent tax bracket, it's \$133,300 for heads of households and \$85,650 for single filers.

Steber said taxpayers have to understand that it's not just nuclear family members who might qualify. Think beyond children and parents. If you're providing half the support for an aunt or uncle, niece or nephew whose income for the year was under \$3,800, you may be able to claim them as dependents. — AP

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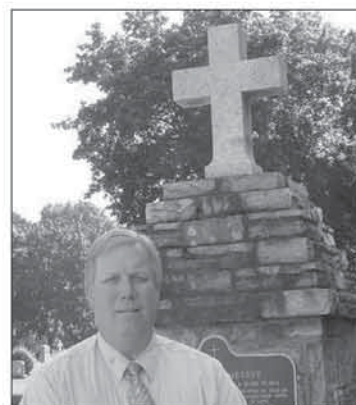


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Reports: Medicare paid \$120M in illegal care

The taxpayer-funded Medicare program paid more than \$120 million from 2009 to 2011 for medical services for inmates and illegal immigrants, in violation of federal law, according to two reports issued last month by federal health officials.

Under federal law, Medicare generally does not pay for services for either group of patients. But the program was billed for more than \$33 million in inmate care and more than \$91 million for illegal immigrant care over that period, according to the reports from the Department of Health and Human Services inspector general.

In 2011, Medicare expenditures were \$549 billion, making the figures a fraction of the program's annual budget. But the reports come as the Obama administration and Congress look for savings in a lean budget year. Putting a dent in Medicare fraud, estimated at \$60 billion a year, has the potential for major savings.

The reports recommend that federal health officials establish a better system to automatically flag charges for inmates and illegal immigrants to stop illegal payments before they are made.

The Centers for Medicare and Medicaid

Services already had a system in place to do so, but the reports found that the system didn't catch improper bills until they had already been paid. The reports also noted that the agency didn't instruct its contractors to try to recoup the lost funds.

The agency agreed in the report that the system needs to be improved, and in April, Medicare is launching a process to help detect and recoup lost money.

"For cases where Medicare is informed of patients' unlawful presence after claims have been paid, we are working to implement a process for quickly and completely recouping these improper payments," the agency said in a statement.

The Centers for Medicare and Medicaid Services has already been using a new, highly touted \$77 million technology system since 2011 designed to stop fraudulent payments before they are paid.

But lawmakers have been skeptical about the effectiveness of the system, and federal health officials have said they are still working out kinks. Still, initial reports in December showed that the system has saved about \$115 million and spurred more than 500 investigations. — AP

Money fears vs. benefits in Medicaid choice

WASHINGTON —

President Barack Obama thinks his health care law makes states an offer they can't refuse.

Whether to expand Medicaid, the federal-state program for the poor and disabled, could be the most important decision facing governors and legislatures this year.

The repercussions go beyond their budgets, directly affecting the wellbeing of residents and the finances of critical hospitals.

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FEARS page 24

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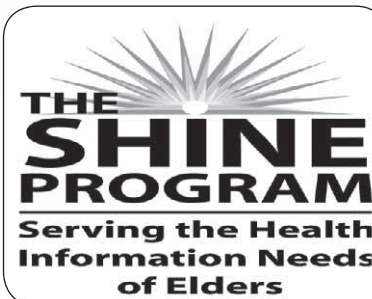
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Aid & attendance for veterans: changes on the horizon

By Linda T. Cammuso

Aid and Attendance is a program of the Veterans Administration (VA) that provides benefits for veterans and surviving spouses who require regular help from a caretaker to assist with eating, bathing, dressing and undressing, medications and personal care. Blind individuals, patients who are in a nursing home because of mental or physical incapacities or those who need care in assisted living facilities are also included.



Legal Briefs

It is a fact that many veterans qualify for, but never take advantage of, this little known benefit offered by the VA. The Aid and Attendance benefit is part of an Improved Pension benefit program that offers benefits to veterans and to their widows. Veterans who qualify are eligible for up to \$1,732 per month, while a surviving spouse is eligible for up to \$1,113 per month. Veterans with a living spouse are eligible to receive up to \$2,054 per month. The Improved Pension benefit program is not a new program. Actually, it has been available for over 60 years — sitting idle — while millions of veterans and their survivors have missed out.

Veterans need not be disabled from a service-related injury to receive benefits. However, the road to qualifying for Aid and Attendance benefits is very complex

and VA rules sometimes change based on the availability of resources. Some reasons why veterans should use the services of a qualified professional to help them through the application process include:

- The rules for VA benefits and Medicaid/MassHealth eligibility often conflict — it is critical to ensure that qualifying for Aids and Attendance does not jeopardize your future eligibility for Medicaid/MassHealth.

- VA rules continue to be revised — most importantly a three-year look back period on gifting/transfers of assets for veterans and their spouses who apply for the benefit has been proposed and could be passed in the

near future. The look back proposal covers any asset transfers, including transfers to an annuity or trust. The Medicaid rules have enforced a similar look back rule for several decades — currently it is a five-year period.

Undoubtedly the benefits received from the Aid and Attendance program can provide significant financial help to meet long-term care costs and improve the quality of care for veterans and spouses. However, applicants should approach the application process cautiously.

While many veterans' services organizations assist veterans in filling out applications for VA benefits, they are not able to

provide legal advice. Because of the legal and financial complexities involved in qualifying for veterans benefits, veterans should consult an attorney who is skilled in estate planning, elder law and Medicaid planning.

Linda T. Cammuso, a founding partner at Estate Preservation Law Offices and an estate planning professional, has extensive experience in estate planning, elder law and long-term care planning. She may be reached at www.estatepreservationlaw.com or by calling 508-751-5010. Archives of articles from previous issues may be read at www.fiftyplusadvocate.com.

AARP Tax-Aide program offers free tax preparation help

BOSTON —

AARP Foundation Tax-Aide — the nation's largest, volunteer-run, free tax preparation program — is available to help taxpayers with basic federal and state income tax returns until April 16.

Available to middle- and low-income taxpayers, with special attention given to those 60 and older, AARP Foundation Tax-Aide provides face-to-face assistance at nearly 250 sites across Massachusetts.

The volunteers are well versed in federal and state tax rules, and focused on helping taxpayers identify all the tax credits and deductions for which they may qualify, including:

- Circuit Breaker tax credit, which is available for Massachusetts property owners and renters who are age 65 and older and meet certain criteria.

- Energy Efficiency credits, which may be available to qualifying Bay State residential property owners.

- Schedule HC, proof of health insurance coverage, which is required of all Massachusetts residents.

This year, more than 600 AARP Foundation Tax-Aide volunteers have been trained in conjunction with the Internal Revenue Service and the Massachusetts Department of Revenue.

What to bring: If married, both spouses should be present during an income tax counseling session. Taxpayers must have available all information and documents that apply to their 2011 income taxes,



Hampton residents (from l to r) Janet Brehaut with Rita Vail, a local volunteer

including:

- Proof of identity (picture or other documentation).

- All income statements that apply to the taxpayers.

- Social Security number (Social Security card or Benefit Statement-Form SSA-1099) for taxpayer and all dependents.

- Copy of last year's federal and state tax returns.

- Personal check if direct depositing tax refund, with

bank checking account and routing numbers.

To find an AARP Foundation Tax-Aide site in a local community, call 888-227-7669 or go online to www.aarp.org/ma.

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New health care markets on the way

By Ricardo Alonso-Zaldivar

WASHINGTON —

Buying your own health insurance will never be the same.

This fall, new insurance markets called exchanges will open in each state, marking the long-awaited and much-debated debut of President Barack Obama's health care overhaul.

The goal is quality coverage for millions of uninsured people in the United States. What the reality will look like is anybody's guess — from bureaucracy, confusion and indifference to seamless service and satisfied customers.

Most people will go online to pick a plan when open enrollment starts Oct. 1. Counselors will be available at call centers and in local communities, too.

Exchanges will offer individuals and their families a choice of private health plans resembling what workers at major companies already get. The government will help many middle-class households pay their premiums, while low-income people will be referred to safety-net programs they might qualify for.

Most people will go online to pick a plan when open enrollment starts Oct. 1. Counselors will be available at call centers and in local communities, too. Some areas will get a storefront operation or kiosks at the mall.

When you pick a plan, you'll no longer have to worry about getting turned down or charged more because of a medical problem. If you're a woman, you can't be charged a higher premium because of gender. Middle-aged people and those nearing retirement will get a price break: They can't be charged more than three times what younger customers pay, compared with six times or seven times today.

If all this sounds too good to be true, remember that nothing in life is free and change isn't easy.

Starting Jan. 1, 2014, when coverage takes effect in the exchanges, virtually everyone in the country will be required by law to have health insurance or face fines. The mandate is meant to get everybody paying into the insurance pool.

Obama's law is called the Affordable Care Act, but some people in the new markets might experience sticker shock over their premiums. Smokers will face a financial penalty.

Many people, even if they get government help, will find that health insurance still doesn't come cheaply. Monthly premiums will be less than the mortgage or rent, but maybe more than a car loan. The coverage, however, will be more robust than most individual plans currently sold.

Consider a hypothetical family of four making \$60,000 and headed by a 40-year-old. They'll be eligible for a government tax credit of \$7,193 toward their annual premium of \$12,130. But they'd still have

to pay \$4,937, about 8 percent of their income, or about \$410 a month.

A lower-income family would get a better deal from the government's sliding-scale subsidies.

But while the government assistance is called a tax credit and computed through the income tax system, the money doesn't come to you in a refund. It goes directly to insurers.

Obama's law is the biggest thing that's happened to health care since Medicare and Medicaid in the 1960s. But with open enrollment for exchange plans less than 10 months away, there's a dearth of consumer information. It's as if the consumer angle got drowned out by the political world's dispute over "Obamacare," the dismissive label coined by Republican foes.

Yet exchanges are coming to every state. More than 20 states are objecting to the exchanges that will be operated by the federal government. Health and Human Services Secretary Kathleen Sebelius has pledged that every citizen will have access to an exchange come next Jan. 1, and few doubt her word.

But what's starting to dawn on Obama administration officials, activists and important players in the health care industry is that the lack of consumer involvement, unless reversed, could turn the big health care launch into a dud. What if Obama cut the ribbon and nobody cared?

"The people who stand to benefit the most are the least aware of the changes that are coming," said Rachel Klein, executive director of Enroll America, a nonprofit that's trying to generate consumer enthusiasm.

Even the term "exchange" could be a stumbling block. It was invented by policy nerds. Although the law calls them "American Health Benefit Exchanges," Sebelius is starting to use the term "marketplaces" instead.

Polls underscore the concerns. A national survey last October found that only 37 percent of the uninsured said they would personally be better off because of the health care law. Twenty-three percent said they would be worse off in the Kaiser poll, while 31 percent said it would make no difference to them.

Insurers, hospitals, drug companies and other businesses that stand to benefit from the hundreds of billions of dollars the government will pump in to subsidize coverage aren't waiting for Washington to educate the public.

Only one state, Massachusetts, now has an exchange resembling what the administration wants to see around the country. With six years in business, the Health Connector enrolls about 240,000 Massachusetts residents. It was created under the health overhaul plan passed by former Republican Gov. Mitt Romney and has gotten generally positive reviews.

The Connector's executive director, Glen Shor, said Massachusetts has proven the concept works and he's confident other states can succeed on their own terms.

"There is no backing away from all the challenges associated with expanding coverage," Shor said. "We are proud in Massachusetts that we overcame what had been years of policy paralysis." — AP

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► Fears

Cont. from page 21

left out, the federal government will pick up the full cost for the first three years and 90 percent over the long haul.

About 21 million uninsured people, most of them adults, eventually would gain health coverage if all the states agree.

Adding up the Medicaid costs under the law, less than \$100 billion in state spending could trigger nearly \$1 trillion in federal dollars over a decade, according to the non-partisan Urban Institute.

"It's the biggest expansion of Medicaid in a long time, and the biggest ever in terms of adults covered," said Mark McClellan, who ran Medicare and Medicaid when George W. Bush was president.

"Although the federal government is on the hook for most of the cost, Medicaid on the whole is one of the biggest items in state budgets and the fastest growing. So there are some understandable concerns about the financial implications and how implementation would work," McClellan said.

A major worry for states is that deficit-burdened Washington sooner or later will renege on the 90-percent deal. The regular Medicaid match rate averages closer to 50 percent. That would represent a significant cost shift to the states.

Many Republicans also are unwilling to keep expanding government programs, particularly one as complicated as Medicaid, which has a reputation for being inefficient and unwieldy.

As Obama's law was originally written, low-income people would not have had to

worry or wait. Roughly half the uninsured people gaining coverage under the law were expected to go into Medicaid. The middle-class uninsured would get taxpayer-subsidized private coverage in new insurance markets called exchanges.

But last year, the Supreme Court gave states the right to opt out of the Medicaid expansion. The court upheld the rest of the law, including insurance exchanges and a mandate that virtually everyone in the United States have health coverage, or face a fine.

The health care law will go into full effect next Jan. 1, and states are scrambling to crunch the numbers and understand the Medicaid trade-offs.

States can refuse the expansion outright or indefinitely postpone a decision. But if states think they'll ultimately end up taking the deal, there's a big incentive to act now: The three years of full federal funding for newly eligible enrollees are only available from 2014 through 2016.

So far, 17 states and the District of Columbia have said they'll take it. That group includes three Republican-led states, Arizona, Nevada and New Mexico. Arizona Gov. Jan Brewer was prominent among GOP leaders who had tried get the law overturned.

An additional 11 states, all led by Republicans, say they want no part of it. Perry says it tramples states' rights.

The remaining states are considering options.

In some cases, GOP governors are trying to persuade balky legislatures led by

Republicans. Hospitals treating the uninsured are pressing for the expansion, as are advocates for the poor and some chambers of commerce, which see an economic multiplier from the infusion of federal dollars. Conservative foes of "Obamacare," defeated at the national level, want to hold the line.

The entire debate is overshadowed by some big misconceptions, including that the poor already have Medicaid.

Many of them do, but not all. Medicaid generally covers low-income disabled people, children, pregnant women and some parents. Childless adults

are left out in most states.

The other misconception is that Medicaid is so skimpy that people are better off being uninsured.

Two recent studies debunked that.

One found a 6 percent drop in the adult death rate in states that already have expanded Medicaid along the lines of the federal health care law. A second looked at Oregonians who won a lottery for Medicaid and compared them with ones who weren't picked and remained uninsured. The Medicaid group had greater access to health care, less likelihood of being saddled with medical bills, and felt better about their overall health.

Skeptics remain unconvinced.

Louisiana's health secretary, Bruce D. Greenstein, is concerned that the Medicaid expansion could replace private insurance for many low-wage workers in his state, dragging down quality throughout the health care system because the program

pays doctors and hospitals far less than private insurance. He says the Obama administration and Congress missed a chance to overhaul Medicaid and give states a bigger say in running the program.

"Decisions are made by fiat," he said. "There is not any sense of a federal-state partnership, what this program was founded on. I don't feel in any way that I am a partner." The Obama administration says it is doing its best to meet state demands for flexibility.

But one thing the administration has been unwilling to do is allow states to partly expand their Medicaid programs and still get the generous matching funds provided by the health care law.

That could have huge political implications for states refusing the expansion.

These numbers explain why:

Under the new law, people making up to 138 percent of the federal poverty line, about \$15,400 for an individual, are eligible to be covered by Medicaid.

But for most people below the poverty line, about \$11,200 for an individual, Medicaid would be the only option. They cannot get subsidized private coverage through the new health insurance exchanges.

So if a state turns down the Medicaid expansion, some of its low-income people still can qualify for government-subsidized health insurance through the exchanges. But the poorest cannot.

Federal officials say their hands are tied, that Congress intended the generous federal matching rate solely for states undertaking the full expansion. States doing a partial expansion would have to shell out more of their own money. — AP



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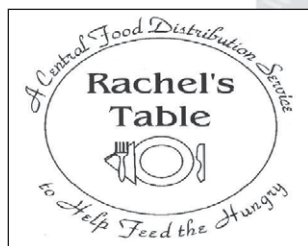
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Putting the 'kitsch' back in your kitchen

By Sarah Wolfe

Kitchens have become so serious. All that granite, dark wood and stainless steel. The heart of the home these days is more like a sleek and severe shrine to haute cuisine.

But kitchens don't have to be as stressful as an episode of *Top Chef*. Designers are increasingly turning to retro, whimsical touches like coffee cup wallpaper, bright vintage dishware patterns, and colorful appliances and electronics to bring the fun back into this increasingly streamlined room.

"I think we're reaching back to simpler times, when America was kind of on track and things were looking up. ... It's something that hits an emotional chord," said Rosanna Bowles, founder and owner of the Seattle-based Rosanna Inc. tableware line.

Here are some fun and simple ways to put the "kitsch" back into your kitchen.

Wallpaper and wallcoverings

Ditch the staid neutrals in favor of a fun wallpaper, said Gina Shaw, a designer with Pennsylvania-based York Wallcoverings.

The company's new Bistro 750 collection features a savory mix of fanciful fruit, cutlery, kitchen utensils and coffee cups in cheery colors like teal, salmon and lime.

"We really wanted to create wallpapers



that would work in today's kitchens, where families gather, eat, drink and socialize — a fun, bistro atmosphere," Shaw said.

Anthony Carrino and John Colaneri, hosts of HGTV's *Kitchen Cousins*, introduced a retro feel in one of their recent kitchen makeovers by attaching paneling from Inhabit Living in a basket-weave pattern to the walls.

"After you install the panels, you can caulk the seams, sand them down a bit, put some primer on and add a big pop of color," Carrino said.

Appliances

Also big in kitchens right now are retro appliances that look like they belong in grandma's 1950s kitchen but run like their modern-day cousins.

Carrino and Colaneri brought some quirk to a country kitchen by installing a retro range and hood set from Colorado-based Big Chill, which offers fridges, stoves and even dishwashers in any color but stainless steel, accented by chrome trim.

"It looks like a classic car. ... It's like having a Bosch or Frigidaire with that kind of dependability but you've got that cool, retro feel to the whole thing," Carrino said.

Kitchenaid and some small manufacturers also now make blenders, mixers and other appliances in funky colors like pistachio and tangerine to add panache to countertops.

Countertops

Speaking of counters, don't think you're relegated to granite, solid surface or laminate choices.

Try something fresh and unique like the Motivo embossed collection by California-based CaesarStone, which is primarily advertised as a wall treatment but which Carrino used as a surface for kitchen countertops.

"We saw it and bought it on the spot," he said. "We designed it into the first kitchen we could find. It is absolutely gorgeous."

The collection comes in lace and crocodile patterns, and adds texture to a space by combining matte and glossy finishes in an unusual way, Carrino said.

Dishware

Carry the kitschy feel to your cupboards and display shelves with dishes bedecked in whimsical floral or bird patterns, and glassware in Depression-era hobnail or Mid-century Modern lines, said Bowles.

Even a quirky red polka-dotted cookie tray or serving piece can dress up an otherwise traditional all-white table.

Those looking to save money can look to family heirlooms, Bowles said. "Shop either your mother's closet or your grandmother's closet and you'll find amazing things."

Accents

Atlanta-based artist Jordan Sandlin and her husband, Jeff, have embraced the kitchen in their mid-century, split-level home by doing away with its old "buyer-friendly" neutral color scheme in favor of robin's-egg-blue cabinets, red Formica countertops, vintage light fixtures, and plenty of thrift store and estate sale finds.

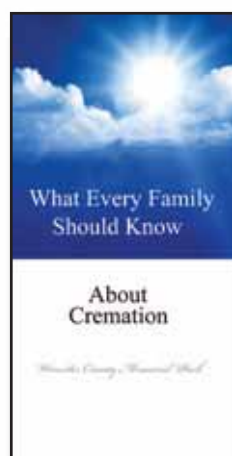
A collection of screen-printed serving trays dating to the 1950s line the wall above the kitchen cabinets, while a recent find — an original, signed Charlie Harper print of two white eagles set against a light gray background — dresses up a barren wall.

A red-and-white, 1950s formica table, vinyl chairs, old bourbon bottles and vintage plates further separate their kitchen from today's pack of "granite-covered kitchen monstrosities," the couple said. — AP

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Do-it-yourselfers give new life to old dinnerware

By Hillary Speed

Vintage dishware doesn't have to gather dust in the china cabinet.

Outdated table settings, such as a stack of your grandmother's old plates or a bundle of used mugs you scooped up at Salvation Army, can find fresh life with a little TLC. All it takes is a marker or a drill and a basic plan.

"I always find it a bit sad when things so loved by previous generations are thrown on the scrap heap," said lifestyle blogger Anna Nicholson, based in Yorkshire, England.

"I'm always looking for ways things can be reused, upcycled and overhauled to fit in with our 21st century style."

Here are some ways to spruce up old china and dollar-store dishes:

The popular craft-swapping website Pinterest is full of plate-decorating projects that tap into the "magic" of magic markers.

Nicholson, whose blog is *angel in the north* (www.angelinthenorth.com), uses Sharpies to personalize vintage floral plates. In one set, she adorned each plate with a letter in the word "EAT," to display in the kitchen. In another, she used four plates to spell out the word "HOME."

She prints her own letter cutouts, using the font Bodoni MT, onto thick paper or cardstock. She traces around the letters onto the old plates with a pen, then goes over the outline with a Sharpie and fills it in.

"This is an easy project, but you do need a steady hand," she said.

Others take the Sharpie idea to another level and — if the dishes are ovenproof — bake the marker on to make it permanent. Many crafting blogs call for drawing with a Sharpie and baking the ovenproof dish at 350 degrees for 30 minutes.

Christine Dinsmore, based in Portland, Ore., has used the Sharpie method for free-handing original drawings. On her blog, *The Plumed Nest* (www.theplumednest.com), she shows how she drew original monster pictures onto plates for her children.

That's when she got inspired to draw her own kid-friendly characters.

Dinsmore advises using non-toxic Sharpie paint pens, found at most craft stores and online. Also, she recommends cleaning plates gently, never with an abrasive sponge or dishwasher.

Other bloggers suggest ceramic or glass paint if the dish will have frequent contact with food.

Danielle Warner of the blog *The Yarn to Tell* (theyarntotell.wordpress.com) recommends Delta PermEnamel paint for a more painted — rather than drawn — look. It's also available at craft stores or online.

Sometimes, old china is no longer in one piece. But that shouldn't stop you from turning it into something special.



Anna Nicholson uses Sharpies to personalize vintage floral plates.

Do-it-yourselfer Ashley Hackshaw, editor of the blog *Lil Blue Boo* (www.lilblueboo.com), was inspired to find a use for chunks of a broken Tiffany vase that she had received as a wedding gift.

"I couldn't bear to throw away the beautiful pieces, so I decided to start making them into useful items," said Hackshaw, of Palm Desert, Calif.

Her answer: key chains.

Once you find a piece you like, the main job is to drill a hole and smooth the edges. You can use a household drill, using a carbide drill bit to make the hole, and sandpaper and steel wool for the edges.

Make sure to wear protective eyewear and dip the piece in water to keep it cool, Hackshaw said.

Or you can use a rotary tool and attach-

ment set, she said.

Then, just thread a key ring through the hole, and you have a meaningful and practical new use for an old chunk of china.

If you have beautiful old pieces of china that you rarely use, why not turn them into something else?

Marceli Botticelli of Franklin, Mass., runs an Etsy store called Tea Times Creations (www.etsy.com/shop/TeaTimesCreations). It offers tiered stands, made out of old china that can be used as serving platters or "tidbit" trays for anything from jewelry to loose change or keys. She also sells jewelry and nightlights made out

of repurposed table settings and teacups.

For the DIYer, Botticelli sells kits that come with drill bits, fittings and instructions. And if you're too sheepish to drill your own holes into your precious antique plates, she offers to do it for you.

One of the biggest challenges in repurposing old china for any project, she said, is finding the right piece.

"I am inspired by many different things," she said. "It can be the color, the pattern, a theme."

One client brought her a plate with an extremely rare pattern; the client had been collecting china since she was 8, and had never found another plate like this one.

"I said a prayer, took a deep breath and I drilled into the plate," Botticelli said. — AP

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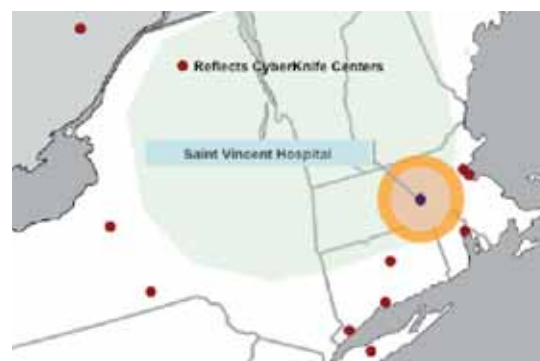


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