

## QCDS World's Fair of Dentistry Gets Rave Reviews from Dental Professionals, Vendors

By Marc Katz

COVID did not stop large numbers of dental professionals from attending the Queens County Dental Society's largest annual event, the World's Fair of Dentistry, held at the Terrace on the Park high above Flushing Meadow Park. More than 500 dental professionals attended two days of presentations by recognized medical specialists, earning CE credits, meeting with vendors serving the dentistry field, and becoming reacquainted with colleagues they have not seen since the start of the pandemic.

QCDS President Dr. Hanette Gomez, who is simultaneously serving as president of the Dominican-American Dental Association, said she was very pleased with the way the World's Fair was held this year. "Vendors said they made a good number of sales and speakers were happy that their lectures were well attended. There was a great turnout, people were happy with the presentations they participated in and the vendors were very pleased with the meetings they had with attendees. That all adds up to a very successful conference."

The World's Fair, held annually on a Saturday and Sunday in mid-September, allows participants to earn up to 16 CE credits by hearing talks from acknowledged experts, as well as presenting an opportunity to meet with vendors and discuss their product offerings. Dr. Doron Kalman, who has been an organizer of the World's Fair since its inception, credited QCDS Executive Director Dr. Chad Gehani and Executive Secretary Lucy Chabria with much of the organizational success of the event.

"I liked it very much," said Dr. Christina Sosnowski, a den-



Dental professionals from throughout the metropolitan area took part in the many well-attended presentations at the World's Fair of Dentistry.



Congressman Adriano Espaillat presented a proclamation to ADA President Dr. Cesar Sabates as QCDS President Dr. Hanette Gomez and Executive Director Dr. Chad Gehani look on.

tist with a practice she has had for many years in Bay Ridge, Brooklyn, as she left the second day of the two-day event. It was the first time she attended the World's Fair, but came with four friends who have participated in the past. She said she was grateful to have the opportunity to meet with exhibitors

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## It's a Win for the Mets, NYSDA and QCDS

NYSDA teamed up with the New York Mets to fight oral cancer before the end of the season. More than 150 fans were screened by the 50 volunteer dentists from throughout the state who participated, including a contingent from the Queens County Dental Society led by Dr. Stuart Kesner and residents from Jamaica and Flushing Hospitals.

The dentists handed out information on oral cancer including floss cards with a QR code directing patients to the NYSDA website. They also distributed baseball caps and toothbrushes.

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More than 50 volunteer dentists and residents from NYSDA and QCDS screened for oral cancer at Citifield this summer.



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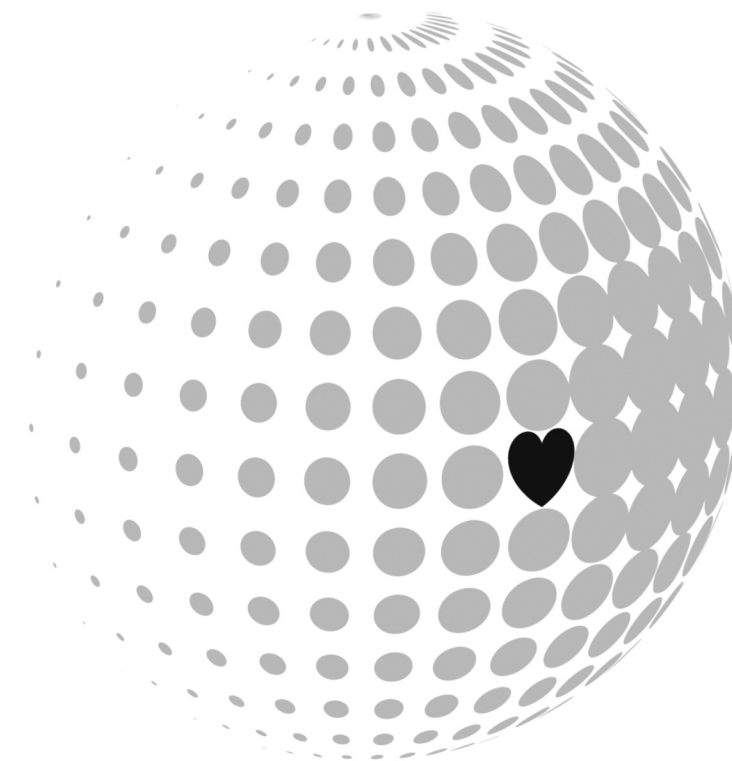
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# A Win for the Mets, NYSDA and QCDS

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Contrary to the playoffs, the Mets beat Atlanta 6-2 with the terrific pitching of Max Scherzer.

NYSDA Director of Health Affairs Betsy Bray added to the hard work of the many dental volunteers.



Samantha Calderone, a pediatric dental resident at Jamaica Hospital and QCDS member Dr. Stuart Kesner examine Mrs. Mets' teeth during the Citifield game. Photo by Dr. Alan Queen



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**From the President**  
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## Intelligently Using Artificial Intelligence

By Dr. Hanette Gomez

Imagine a world where dental image diagnostics, radiography, pathology, electronic record keeping, and many other routine parts of the average dental office are done by computers, commonly called artificial intelligence or AI for short.

This is not a scene out of a science fiction movie. It is not necessary to imagine this scene because artificial intelligence in the dental office is here now. Robots are regularly carrying out functions formerly routinely handled by dental staff.

It is not a big leap to go from Siri or Alexa, commonly found in many homes today, to a form of artificial intelligence now beginning to be found in many dental offices. According to one recent report, "The mathematical formulae for medication dosage, diagnosis and prognosis, appointment scheduling, drug interactions, electronic health records, and imaging are the main arena of the virtual type."

The report, titled "Artificial Intelligence in Dentistry: Past, Present, and Future," published this past July, said: "Artificial intelligence (AI)...can mimic the intelligence of humans to undertake complex predictions and decision-making in the healthcare sector, particularly in endodontics. The models of AI... have shown a variety of applications in endodontics,

including studying the anatomy of the root canal system, forecasting the viability of stem cells of the dental pulp, measuring working lengths, pinpointing root fractures and periapical lesions and forecasting the success of retreatment procedures."

I recently attended a full-day seminar on artificial intelligence in dentistry. It made clear that our profession is changing, and we have to change with it if we are to more efficiently and effectively serve our patients.

But, there are risks and challenges to be dealt with in the use of artificial intelligence, too.

What is the answer? The place to turn which clearly sees the future of dentistry is the ADA, NYSDA—and QCDS. If you are a member, we should be your AI resource. If you aren't yet a member, now is the time to join us.

For direction on the road to take about artificial intelligence in the dental office, call QCDS Executive Director Dr. Chad Gehani at 718-454-1020. He will be glad to assist. To join the ADA now, simply go to: [https://ebusiness.ada.org/Membership/TripartiteApplication.aspx?\\_ga=2.240515523.1712452710.1659381285-1656858944.1614099334](https://ebusiness.ada.org/Membership/TripartiteApplication.aspx?_ga=2.240515523.1712452710.1659381285-1656858944.1614099334)

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# QCDS World's Fair Receives Rave Reviews

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for additional information about equipment she currently uses. "They gave me tips on how to speed up my work, which will be very helpful." In addition, she said she liked a number of the presentations, particularly one discussing dentures. "We heard about new techniques that are not commonly used. I will definitely plan to come back again next year," she said.

Drs. Monica Mehra of the Bronx and Uzma Khan of Brook-

lyn, both working at general practices, said they attend the World's Fair of Dentistry every year. The friends and colleagues said they first met at the conference several years ago and now look forward to greeting

each other at the World's Fair every year. "We don't like to take time off from work to attend," Dr. Mehra said, "but since the conference is held on a weekend it is very convenient and I definitely prefer attending in person. It allows me to keep up with the latest technology in the profession." Dr. Khan said she also enjoys the opportunity to meet with exhibitors. "They answer my questions directly, in a way that I would not have gotten online. They speak as if they are not trying to sell me something. They are honestly just sharing information about their products. It is much more effective when you have a chance to speak to vendors face-to-face."

Dr. Maria Claudia Torres of the Torres Dental Group in Jackson Heights said she attended most of the presentations during the conference. The long-time member of QCDS said she especially appreciated the talks on TMJ problems, the use of aligners, and cosmetic dentistry. "I always learn something new," she said. "It makes me aware of the latest technology in the field. I will definitely come back."

Another attendee, Dr. Biagio Lepre, a periodontist from East Northport, Long Island, who works in Queens Village, said he participated in several CE presentations "to find out how I can practice better, how I can make my job easier." He said he attended talks on infection control, periodontal disease, and new technology on doing scans, among others. "By hearing the discussions it helps me do my job better." He said he did not attend the World's Fair last year because of COVID, but "will absolutely attend again."



NYSDA Vice President Dr. Prabha Krishnan introduced Darius Somekhian of Cloud Dentistry, who gave a presentation on the uses of modern technology in today's dental office.



Hispanic Dental Association Executive Director Dr. Manuel Cordero conferred with Dr. Marion Bergman during the World's Fair of Dentistry.



Congressman Adriano Espaillat presented a proclamation to Henry Schein Vice President Steven Kess for his service to the dental community for more than 30 years as QCDS Executive Director Dr. Chad Gehani, right, looks on approvingly.

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## ADA Trustee Report

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# Wrapping Up My Term as Your Trustee

By Paul R. Leary, D.M.D., Second District ADA Trustee

It is with heartfelt thanks that I write my final report as your ADA Second District Trustee. Yes, I have made a total commitment to put all that I have into this campaign for president-elect and remain very confident that the trustee-elect, Dr. Brendan Dowd, will follow New York's tradition and represent you with maximum effectiveness. I wish to thank you for your unyielding support and know I will leave this position on solid ground as New York continues to be on an amazing course of leadership and direction in our profession.

An ADA Board meeting was held in Chicago in August. Many resolutions were considered on our consent calendar and removed for debate and refined by the Board. Many times, any problems with specific resolutions are debated and agreements reached before such a vote is taken. These debates are informed and sometimes difficult, as they should be. Second District's resolution on the parliamentary "tabling motion" was recommended to vote no. I defended it, but wanted you to be aware it was a demonstrative defeat.

Our meeting began with reports from ADA Executive Director Dr. Ray Cohlmiya and Chief Operating Officer Robert Quashie. They emphasized the need to move forward in a growth mode, engaging and encouraging input across all levels to develop a strong and agile comprehensive vision for a strategically forecasted plan, understanding that the three levels of the organization are standing shoulder to shoulder, instead of in a top down approach. The ADA is positioning itself for a restructured future on a national level and we are inviting state and local societies to join in and support this vision. Internal work continues at a rapid pace on the "My ADA Life" app, focusing on meeting the needs target groups. This app is scheduled to launch at SmileCon. Research and development on this app moves forward as well, striving to stay ahead of our "Customer Group" needs.

This first version is a Minimally Viable Product (MVP) and will feature a member-to-member messaging platform. It will also include a podcast by and for dentists, a personal document vault for saving professional documents and a personal content feed where members select topics they are most interested in to deliver content to match their preferences and avoid too many communications with irrelevant information for the entire member base. New app features will continue to develop as member analytics demand.

Second quarter performance and activities were outlined by COO Robert Quashie. Total membership is down 3,000 compared to last year, revenue was 1.9 percent negative to budget,

while expenses showed a 7.5 percent favorable variance. A great deal of finance and accounting work is being done by our amazing organizational professionals and the results are developing much needed data and accurate return on investment that has led to a great deal of consolidation and targeted accountability. Long standing programs are being carefully evaluated and those that are not performing or are below expectations are being reconsidered or removed.



...New York continues to be on an amaaing course of leadership and direction in our profession.



Our Board had an opportunity to meet with the immediate past president of the American Medical Association, Dr. Gerald Harmon, and Dr. Deepika Dhama, a multi-practice owner with Pacific Dental Services, whose practice model incorporates medical inter-professional interactions through a number of avenues. These include physician-dentist shared spaces, cross referrals and high-level patient education and diagnostic testing designed to support improvement in overall patient health. A number of forward-thinking ideas and actions were presented and discussed regarding how to best structure collaboration between both professions. This follows a meeting between Dr. Sabates, representing the ADA, and Dr. Harmon, who shared that this is an excellent opportunity to join our physician colleagues in the pursuit of complete patient care and our significant role in participating in that.

"The Culture of Safety in Dentistry" was introduced as a topic by Dr. Tom Gallagher, director of the University of Washington Medicine Center for Scholarship in Patient Care Quality and Safety. NYSDA's own Dr. Richard Herman fostered much of this discussion when he was chair of the ADA Council on Advocacy for Access Prevention. There are many parts to this discussion, much of which was as a direct result of House Resolution 55H-2018. This laid the groundwork moving forward for a culture of safety in dentistry.

Our ADA relationships with the American Student Dental Association and the American Dental Education Association both emphasize growth and collaboration. Dr. Cohlmiya, a past dean of the Oklahoma University College of Dentistry, has been visiting dental schools across the country to establish clear goals and opportunities. The ADA hopes this will inspire input from dentists in all stages of their careers.

I would like to thank each of you for trusting me to be a conduit over the last four years. If I have prepared my replacement to continue this work on your behalf, then the most significant part of my duty is finished. To follow those that have preceded me is both an honor and a privilege.

# A Financial Professional Discusses His Strategies: Five Steps to an Elder Law Estate Plan

By Michael Ettinger, President  
Ettinger Law Firm

Practicing elder law estate planning is one of the most enjoyable and professionally rewarding careers an attorney may choose. Imagine a practice area where your clients respect your knowledge and treat you with kindness and courtesy. They pay your fees in a timely fashion and tell their friends how much they have enjoyed working with you and your firm. At the same time, you are rarely facing the pressure of a deadline, much less an adversarial attorney on the other side of a matter trying to beat you. In most instances, you are acting in the capacity of a counselor-at-law (a trusted advisor) rather than an attorney-at-law (a professional representative).

We spend our days meeting with clients, discussing their lives and their families and addressing their fears and concerns. Through our knowledge, training, experience and imagination, we craft solutions—occasionally elegant ones—to the age-old problem of passing assets from one generation to another as quickly and painlessly as possible. At the same time, we also seek to protect those assets from being depleted by taxes, legal fees and long-term care costs to the extent the law allows.

The end result of this process is a client who feels safe and secure in the knowledge that, in the event of death or disability, they have all their bases covered. Having achieved peace of mind that their future is well planned and in good hands, they can get on with the business of enjoying their lives. For the attorney, a happy and satisfied client has been added to the practice and another potentially lifelong and mutually rewarding relationship has begun. Let's look at the strategies and techniques we use to achieve this enviable state of affairs.

## Major Issues Facing Senior Clients Today

One of the ways that we help clients is in setting up a comprehensive plan so they may avoid court proceedings upon death or in the event of disability. Trusts are used in place of wills for older persons, since they do not require court proceedings to settle the estate. Trusts also avoid the foreign probate proceeding required for property owned in another state, known as ancillary probate. This saves the family time in settling the estate as well as the high costs of legal proceedings. In addition, since revocable living trusts, unlike wills, take effect during the grantor's lifetime, the client may stipulate which persons take over in the event of their disability. Planning ahead helps maintain control in the family or with trusted advisors and avoids a situation that may not be in the client's best interest. For example, in the event of a disability where no plan has been put in place, an application to the court may be required in order to have a legal guardian appointed for the disabled person. This may not be the person the client would have chosen. In such a case, assets may not be transferred to protect them from being spent down for long-term care costs without court permission, which may or may not be granted.

Another area to assist a client is in saving estate taxes, both state and federal for married couples, by using the

two-trust technique. Assets are divided as evenly as practicable between each of the spouse's trusts. While the surviving spouse has the use and enjoyment of the deceased spouse's trust, the assets of that trust bypass the estate of the surviving spouse and go directly to the named beneficiaries when the second spouse dies. The two trusts are known as "disclaimer trusts." Tens to hundreds of thousands of dollars, or more, in potential estate taxes may be saved, depending on the size of the estate. Furthermore, the revocable living trust avoids the two probates that would occur were the clients to use wills, as the couple's estate must be settled after the death of each spouse in order to save estate taxes.

We also help to protect assets from being depleted due to long-term care costs. A Medicaid Asset Protection Trusts (MAPT) may be established, subject to a five-year look-back period for facility care for a new two-and-a-half year look-back for home care, to protect the client's home and other assets from having to be spent down due to the high cost of long-term care. Elder law attorneys use Medicaid asset and transfer rules to protect assets in the event a client requires long-term care but has done no pre-planning. Through the use of Medicaid annuities, the "gift and loan" strategy and caregiver agreements, significant assets may be protected despite the look-back periods, even when the client may be on the nursing home doorstep.

## Understanding the Family Dynamics

The first step in an elder law trusts and estates matter is to gain an understanding of the client's family dynamics. If there are children, which is usually the case, it is necessary to determine whether or not they are married. Is it a first or second marriage? Do they have any children from a previous marriage or do their spouses? What kind of work do they do, and where do they live? Do they get along with each other and with the parent clients? We are looking to determine which family members do not get along with others and what the reasons may be.

This goes a long way toward helping decide who should make medical decisions and who should handle legal and financial affairs. Should it be one of them, or more than one? How should the estate be divided? Should they be able to act separately or only together? Is the client himself in a second marriage? Which children, if any, are his, hers or theirs? Sometimes all three instances may occur in the same couple. Here, further exploration of the family functioning will be needed as the potential for hurt feelings, conflicts of interest and misunderstandings multiply. In addition, great care must be taken to develop a plan for management, control and distribution of the estate that will not only be fair to the children from a previous marriage, but will be seen to be fair as well. At times, the assistance of the professional advisor in acting as trustee may be invaluable in helping to keep the peace between family members. This step will also flesh out whether there are any dependents with special needs and which family members and assets might be best suited to provide for any children.

## Reviewing Existing Estate Planning Documents

The second step in an elder law trusts and estates matter is to review any prior estate planning documents the client may have, such as a will, trust, power of attorney, health care proxy and living will, to determine whether they are legally sufficient and reflect the client's current wishes or whether they are outdated. Some basic elder law estate planning questions are also addressed at this time:

- Is the client a US citizen? This may impinge on the client's ability to save estate taxes.
- Is the client expecting to receive an inheritance? This knowledge helps in preparing a plan that will address not only the assets that the client has now but what they may have in the future.
- Does the client have long-term care insurance? If so, the attorney will want to review the policy and determine whether it provides an adequate benefit considering the client's other assets and income, whether it takes inflation into account, and whether it is upgradable. This will allow the practitioner to decide whether other asset protection strategies may be needed now or later.
- Does the client need financial planning? Many clients that come into the attorney's office have never had professional financial advice or are dissatisfied with their current advisors. They may need help understanding the assets

they have or with organizing and consolidating them for ease of administration. They may also be concerned with not having enough income to last for the rest of their lives. The elder law estate planning attorney will typically know a number of capable financial planners who are experienced with the needs and wishes of the senior client, including secure investments with protection of principal and assets that tend to maximize income.

## Reviewing the Client's Assets

The third step is to obtain a complete list of the client's assets, including how they are titled, their value, whether they are qualified investments, such as an IRA and 401(k) and, if they have beneficiary designations, who those beneficiaries are. Armed with this information, the counsellor is in a position to determine whether the estate will be subject to estate taxes, both state and federal, and may begin to formulate a strategy to reduce or eliminate those taxes to the extent the law allows. This will often lead to shifting assets between spouses and their trusts, changing beneficiary designations, and, with discretion, sometimes trying to determine which spouse might pass away first so as to effect the greatest possible tax savings. Ideally, the attorney should have the client fill out a confidential financial questionnaire prior to the initial consultation.

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# The Five Steps to an Elder Law Estate Plan

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## Developing the Elder Law Estate Plan

The fourth step is to determine, with input from the client, who should make medical decisions for the client if they are unable to and who should be appointed to handle legal and financial affairs through the power of attorney in the event of the client's incapacity. Next, to consider is what type of trust, if any, should be used, whether a simple will would suffice, who should be the trustees (for a trust) or executors (for a will), and what the plan of distribution should be. In order to avoid a conflict, the trustees who are chosen in lieu of the grantor should be the same persons named on the power of attorney. At this point, great care should also be taken to ensure that the feelings of the heirs will not be hurt. Good estate planning looks at the client's estate from the heirs' point of view as well as the client's. For example, if there are three children, it may be preferable that one be named as trustee or executor, as three are usually too cumbersome and if the client chooses only two, then they are leaving one out. If there are four or five children, it is preferable to see two trustees or executors. This way, the pressure will be reduced on just the one having to answer to all of the others. More importantly, the others will feel more secure with two siblings jointly looking after their interests.

If the distribution is to be unequal, it may need to be discussed with the affected children ahead of time to forestall any ill will or even litigation after the parents have died. By considering the relative ages of the children, where they live and their relationships amongst each other and with their parents, the advisor will generally find a way to craft a plan that accommodates the needs and desires of all parties concerned. Some of the useful techniques in this context are to offer a delayed distribution, such as 20 percent upon the death of the grantor, one-half of the remaining balance after five years and the remainder after ten years. These same percentages may also be used at stated ages, such as 30, 35 and 40. Also, when leaving percentages of the estate, unless it is simply to the children in equal shares, it is often useful to determine the monetary value of those percentages in the client's current estate. This will allow the client to see whether the amount is truly what they wish to bequeath. Percentage bequests to charities should be avoided so that the family may avoid the possibility of having to account to the charity for the expenses of administering the estate.

In terms of the type of trust, several options are generally looked at for most clients. It is important to determine whether there should be one trust or two. In order to avoid or reduce estate taxes, there should be two trusts for spouses whose estates exceed or may at a later date exceed the state and/or federal estate tax threshold. Should the trust be revocable or irrevocable? The latter is important for protecting as-

sets from nursing home expenses subject to the five-year look-back period for facility care and the new two-and-a-half-year look-back for home care. Primary features of the irrevocable Medicaid Asset Protection Trust (MAPT) are that neither the grantor nor the grantor's spouse may be the trustee and that these trusts are income-only trusts. Most people choose one or more of their adult children to act as trustees of the MAPT. Since principal is not available to the grantor, the client will not want to put all of their assets into such a trust. Assets that should be left out are IRA's, 401(k)s, 403(b)s, etc. The principal of these qualified assets is generally exempt from Medicaid and should not be placed into a trust, as this would create a taxable event requiring income taxes to be paid on all of the IRA. If the institutionalized client has a spouse in the community, up to about \$130,000 may also be exempted. Notwithstanding that the home, at least up to about \$900,000 in equity, is exempt if the community spouse is living there, it is generally a good idea to protect the home now rather than to wait until the first spouse has passed, due to the look-back periods. It should be noted that the look-back means that from the time assets are transferred to the MAPT, it takes five years before they are exempt, or protected from being required to be spent down on the ill person's care in a nursing facility before they qualify for Medicaid benefits. What if the client does not make the five years? Imagine that the client must go into the nursing home four years after the trust has been established. In such a case, by privately paying the nursing facility for the one year remaining, the family will be eligible for Medicaid after just the remaining year of the five-year penalty period has expired.

Although the MAPT is termed irrevocable, the home may still be sold or other trust assets traded. The trust itself, through the actions of the trustees, may sell the house and purchase a condominium in the name of the trust so that the asset is still protected. The trust may sell one stock and buy another. For those clients who may wish to continue trading on their own, the adult child trustee may sign a third-party authorization with the brokerage firm authorizing the parent to continue trading on the account. Sometimes this is simply done online with the parent using the PIN on the account. The trust continues to pay all income (interest and dividends) to the parent grantor. As such, the irrevocable trust payments should not affect the client's lifestyle when added to any pensions, social security and IRA distributions the client continues receiving from outside the trust. Homeowners insurance should be modified to add the trustees, who are now on the deed, as additional insureds.

If there is a special needs child, consideration will be given to creating a Special Needs Trust, which will pay over and above what the child may be receiving in government benefits, especially Social security income and Medicaid, so that

—Continued on page 14

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# Who Is That Knocking on Your Office Door?

By Amy Kulb and Jill Kulb

Nothing can be more intimidating than an unexpected visit to your dental office by a Federal, State or local regulatory authority or by a managed care or insurance network representative.

The Office of Professional Discipline may appear at your door in response to a complaint alleging unsanitary or unsafe conditions at the office. The Office of the Medicaid Inspector General may present unannounced for a “credential verification review” when, in fact, they are investigating a specific issue. Authorities with jurisdiction over safety and environmental issues such as OSHA regulations, medical waste management, x-ray units, nitrous oxide/oxygen units, emergency kits and equipment and amalgam separator apparatus may present to inspect and check compliance. The U.S. Department of Health and Human Services or the New York State Division of Human Rights may request records or ask for an interview in investigating a patient complaint that disability was not accommodated or that there was discriminatory conduct by you or your staff, or an employee may allege that there has been sexual harassment or a failure to provide accommodation for a disability or pregnancy related condition.

Preventative and defensive strategies are both essential to protecting yourself against the potential of the imposition of financial penalties or an OPD penalty or referral for other regulatory proceedings. In the rare instances of an egregious violation of a law, such as not having a sharps container or medical waste removal contract and intermixing these items with general trash, there can be referral for criminal investigation and prosecution. As another dramatic example, if Medicaid finds that your autoclave is not functioning properly, the OMIG can seek repayment of all claims paid for dental services for up to six years or until the last date you can prove that you had a functioning autoclave, such as by spore testing. Failure to have all required protective gear for staff and patients or to have and maintain emergency equipment and supplies can be a basis for fines as well.

The best defense is compliance and preparation by utilizing the wealth of available resources to keep up-to-date with all requirements for dental offices. A simple Google search can direct you to government websites and consultant resources, such as an OSHA compliance checklist. There is a wide array of CE courses, for example courses on infection control and OSHA, that count towards your CE requirements. You or a consultant can establish an office policies and procedure pro-

cedure, train staff and designate a compliance officer. For example, your office manager can maintain a binder with all licenses/registrations/ inspections/ certifications /required equipment, Medicaid and insurance enrollments, employee rights and safety notifications required to be posted, documentation of all staff training and a monthly, quarterly and annual checklist so that any or all of these items can be available at any time.

Both knowing and exercising your rights is equally important. Staff should be trained to ask any “visitor” for ID, but under no circumstances to give them access to the office facilities or answer any questions and to immediately alert you. Law enforcement agencies, such as the U.S. attorney, district attorney, attorney general, or Medicaid Fraud Control Unit, can only inspect and review or take records, pursuant to the scope of a subpoena or search warrant issued by a court.

The Office of Professional Discipline should be politely told by you and your attorney to put whatever they are requesting in writing and it will be promptly responded to. You should always contact counsel to get advice on the scope of authority of the “visitor,” whether there is or is not authority to inspect or produce records and for it to be arranged and responded to through your counsel. Never should you answer questions, regardless of the authority of the agency to inspect and/or review or copy records. Any responses given can be used against you in a law enforcement matter because incrimination warnings are not required unless it's a custodial interrogation.

Any admissions made to a regulatory authority investigator, such as OPD or the OMIG, who have no obligation to “read you your rights,” can be sufficient to sustain their burden of proof which is a mere preponderance of the evidence. Never sign a statement without counsel nor ever voluntarily surrender a privilege such as your DEA registration, without consulting with counsel.

Keep in mind, as well, when choosing a professional liability carrier that many now provide you with coverage for counsel in an OPD matter or an audit. As members of NYSDA and your component, you always have access to consulting with experienced counsel on the legal panel and should do so in any instance in which OPD or any other agency comes to your office or sends you correspondence.

Amy Kulb started her legal career at the Offices of Professional Discipline in 1980. From 1986 to the present, Amy has been in private practice defending dentists in OPD matters and all regulatory and law enforcement matters and audits. Jill Kulb joined the firm following her graduation from Tulane University, where she earned her B.A. and J.D. Jill also represents dentists in the purchase and sale of dental practices, employment and partnership agreements and DSO contracts.

“  
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# Retirement Savings and Personal Finance Strategies for Dentists to Safeguard a Stress Free Future

By David B. Rosenstock, CFP® and Director, 7 Wharton Wealth Planning

One of the ironies of being a doctor is that too often caring for others takes away from the time we need to care for ourselves. Frequently this deficit in self-care hours can cut into our quality of life and reduce our financial well-being.

An important strategy to make the best of your limited free time is to seriously consider retirement planning. Regardless of your age, this is a crucial path to safeguarding your future and assuring a lower level of future stress.

Whether you are a pre-retiree or retiree, there are several major areas you should think about to successfully plan for retirement. Retirement planning can reduce anxiety and increase happiness, security and peace of mind. If you take the time to plan wisely, retirement can be a richer and more rewarding time of life.

First, develop an income plan. This component involves listing all your guaranteed sources of retirement income—pension, investment portfolio returns and income retirement savings and investment accounts, such as a traditional IRA, 401(k), Roth IRA or Roth 401(k), Social Security, annuity income (if you have one), and any other sources of income.

Working past the traditional retirement age, either part or full time, is a great way to stretch and supplement retirement income. Delaying retirement can have a significant impact on retirement finances by giving your existing retirement savings more time to grow and shortening the period of retirement you will need to pay for. Financial planners often refer to the four percent rule, a guideline stating that you should take out only about four percent of your retirement savings annually. Each person's situation is unique, but having some guidelines can help you prepare.

Choosing the right investment strategy is involved in this component of your plan. There are many investment strategies available, from aggressive to conservative. Generally, those who are younger are advised to invest more aggressively, tapering to more secure investments as they grow older. Safety comes at the price of reduced growth potential and the risk of erosion of value due to inflation. Safety at the expense of growth can be a critical mistake for those trying to build an adequate retirement funding strategy. On the other hand, if you invest too heavily in growth investments, your risk is heightened. The other day I took my two kids out for ice cream and by the time they added their toppings and self-served themselves to extra portions the bill came to \$20. It's easy to expect costs to remain what they used to be. We make assumptions, but those may not be accurate and become outdated.

Forecasting your expenses is a second key financial building block for retirement. How much you want to spend in retirement is one of the biggest factors driving how much you need for a secure retirement.

Most of your money in retirement is spent on three major categories, including housing, transportation and medical expenses. According to a Bureau of Labor Statistics Survey, for adults age 65 and older housing represents 34 percent, transportation is 16 percent and health care represents 13 percent of spending.

How long you live and how much you need to spend on out-of-pocket healthcare expenses and long-term care are big factors for figuring out how much you will need. Healthcare costs pose one of the most serious risks to retirement security, so it's important to understand how to plan for this major expense and navigate the system. A study conducted by the Employee Benefit Research Institute estimated that a couple with drug costs at the 90th percentile throughout retirement would need savings of about \$325,000 by age 65 to have a chance of covering their health care expenses during retirement. Even for those on Medicare, health care costs can still erode spending power. Out-of-pocket expenses for people in retirement have risen over 50 percent since 2002. Long-term care costs can be even less predictable than out-of-pocket costs. About half of people 65 and over won't incur any long-term care expenses, and an additional quarter will pay less than \$100,000. However, 15 percent will pay \$250,000 or more.

Probably the best way to accumulate funds for retirement is to take advantage of IRAs and employer retirement plans. The reason these plans are so important is that they combine the power of compounding with the benefit of tax deferred (and in some cases, tax free) growth. For most people, it makes sense to maximize contributions to these plans whether it's on a pre-tax or after-tax (Roth) basis. A key part of a tax planning strategy is to reduce the taxes from withdrawn funds from tax-deferred accounts, such as 401(k)s or IRAs.

Medical professionals can be employed or self-employed. Depending on the type of employment, you can invest in different retirement plans. For employed doctors there are 401(k) plans, 403(b) plans, government-sponsored 457(b) plans, and non-government organization 457(b) plans. There are some typical options that may be available. For the self-employed, a SEP-IRA or Solo 401(k) plan are two popular options.

When possible you should be maxing out your 401k/403b/457b each year, then your Backdoor Roth IRA and then your individual/joint taxable account. If you have an IRA, you will not be able to complete Backdoor Roth IRAs each year (technically you can, but there are significant logistical complications due to the tax code).

High income medical professionals do not qualify to make Roth contributions, so make non-deductible traditional IRA contributions and then convert them to a Roth IRA. Beware though, as a SEP IRA removes your option for Backdoor Roth IRAs. This is why, for someone who are self-employed a Solo 401k may be a better option than a SEP IRA. Unfortunately, the IRS code often makes retirement planning as complicated as possible and failure to understand the complex rules can have devastating long-term consequences.

It is also important to match the correct investment strategies with the respective type of account (taxable, non-taxable) to avoid tax consequences. Taxable brokerage accounts are also a great way to build up taxable investments. Because your risk of job loss is lower than that of other professionals, you can take more investment risk. But it must be smart, calculated risk. That usually means being broadly diversified. Most medical professionals have a high tax bracket. Investments need to be tax sensitive. Two strategies: keep turnover

low and keep tax-inefficient investments in retirement accounts (not in taxable accounts).

One effective strategy that many overlook is converting tax-deferred funds to a Roth IRA or Roth 401(k). While the conversion amount is taxable in the year it is converted, the upside is these Roth accounts let your retirement savings grow tax free and are not taxable when withdrawn (as long as you're 59½ or older and have owned a Roth for at least five years). It's important not to let the upfront tax bill prevent you from moving your retirement funds from accounts that are taxed no matter when you move them to accounts that are tax-free. The point is to not be shortsighted at the expense of being hit with large tax payments in retirement.

Using Health Savings Accounts and Flexible Savings Accounts for medical expenses are also strategies that should be explored and utilized.

Maximizing your Social Security income is another building block for retirement. United Income, a financial-planning advisory service, released an important study in 2019 called "The Retirement Solution Hiding in Plain Sight." Using government data and proprietary software, it calculates how much money retirees have lost, and are losing, by making mistakes about when to start claiming Social Security benefits. This study found that 96 percent of retirees are leaving up to \$111,000 per household behind by claiming Social Security at the sub-optimal time. The majority of retirees choose to begin receiving Social Security payouts within a few months after turning age 62 or immediately after they stop working, even though it is generally beneficial to delay the benefits.

Because everyone has a different situation and there are many claiming strategies available, you should determine what's best for you based on your age, life expectancy, income needs and other retirement assets. A few small mistakes can take a big hit on your golden years.

The earliest you can sign up for Social Security is age 62, but if you file before full retirement age (as defined by the IRS), you'll be looking at a reduced benefit of approximately 75 percent of the amount. Full retirement age depends on your year of birth. You can also delay your filing past full retirement age. For each year you delay your benefit, up until age 70, your benefit will grow by eight percent enabling you to receive a maximum of up to approximately 132 percent of your regular benefit amount. Delaying your filing will clearly leave you with more money on a monthly basis, but you need to consider whether it will mean getting the most money on a lifetime basis. If you don't expect to live very long because of health issues or your personal family history, then it could make more financial sense for you to claim benefits at full retirement age or even sooner to receive the highest lifetime payout.

To maximize Social Security benefits for you and your spouse, you need to know which of the separate claiming

strategies for married couples is right for you. Maximizing Social Security benefits isn't easy, as there are hundreds of rules governing payments alone.

Planning your estate is the final area everyone needs to think about for successful retirement planning. Estate planning will ensure that your physical assets, investments, cash, etc. are transferred to your beneficiaries with minimal legal and tax complications. To ensure that your estate does not go through probate, you need to create a will and consider the option of using a trust. You could look to establish a few trusts as part of your estate plan: Disclaimer Trusts (protects parents), Dynasty Trusts (protects kids), and IRA Trusts (protects kids). Estate planning is also essential to protect your estate from creditors and unnecessary family feuds.

Most of us understand why minor children and young adults shouldn't inherit property outright. Someone with more maturity and experience needs to manage the assets and make spending decisions. That's why for minors and young adults, inheritances routinely are left in trusts at least until the minors are older. Too often, however, people overlook the benefits of leaving assets in trust for adult children instead of having them inherit the property outright.

There are risks to leaving wealth outright even to grown children and there are benefits of using inheritance trusts to hold bequests for them. Reaching a particular age doesn't mean someone is financially sophisticated. It is important to make an assessment of the ability of each of your children to manage the property, and then decide whether to leave the bequest outright or in trust.

Estate planning also allows you to make decisions that your loved ones carry out while following legal directives in your estate plan. An advance healthcare directive, also known as a living will, is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. In a power of attorney (POA), the principal (you) names one or more agents (often an adult child) to act on your behalf. You need a POA, because someone needs to manage your assets, pay bills and make decisions if you become incapacitated. The alternative is for your loved ones to ask a court to declare you incompetent and appoint someone to act on your behalf, known as guardianship in most states. One of the primary goals of estate planning (in addition to minimizing estate taxes) is giving the surviving family members and beneficiaries less stress and some privacy.

Retirement can be a time of freedom, enjoyment and security without significant stress and distractions, but in order to achieve these things retirement needs to be planned for. Those who follow a specific financial plan can expect to have better average returns and long-term success in retirement than those who do not.

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## Elder Law Estate Plan

*Continued from Page 10*

the inheritance will not disqualify them from those benefits.

With the size of estates having grown today to where middle-class families are leaving substantial bequests to their children (depending, of course, on how many children they have), the trend is toward establishing trusts for the children to keep the inheritance in the bloodline. Various terms Inheritance Protection Trusts, heritage trusts or dynasty trusts, these trusts may contain additional features, such as protecting the inheritance from a child's divorce, lawsuits and creditors during their lifetimes, and estate taxes when they die. The primary feature of all of these trusts for the heirs, however, is to provide that when the child dies, in most cases many years after the parent, the hard-earned assets of the family will not pass to an in-law who may get remarried and eventually share those assets with a stranger, but rather to the grantor's grandchildren. On the other hand, if the client wishes to favor the son-in-law or daughter-in-law, they may choose to provide that the trust, or a portion of it, continue as an "income only" trust for their adult child's surviving spouse for their lifetime, and only thereafter to the grantor's grandchildren.

Other key areas for discussion in developing the elder law estate plan, are second marriage planning, planning for singles and couples without children, protecting assets for spendthrift children, and planning for same sex couples.

### Executing and Maintaining the Plan

At the meeting to execute the elder law estate plan, the documents are reviewed with the client, explanations are given and questions are answered. Many practitioners favor sending the documents ahead of time for their clients' review. While there are advantages to this practice, clients are often overwhelmed by the legal documents and prefer to limit the practice to those instances where it is specifically requested.

After execution, including signing new deeds transferring real property into the trust, the client is advised how to transfer title of their investments and bank accounts to the trust. Similarly, beneficiary designations on annuities, life insurance policies and sometimes on IRAs are often changed to the client's trust or to the children's Inheritance Protection Trusts. In the event there is more than one trust being executed, which assets are left to which trust, and why, are explained to the client as part of the process of funding the trusts.

Finally, the elder law estate plan is reviewed every three years for changes in the law, as well as changes in the lives of the clients and their families. Inherent in the plan is the ability of the "hybrid" elder law estate planning firm to address Medicaid asset protection issues, either by planning ahead due to advancing years or, in the event of an "immediate need," when a crisis arises and the family has failed to take action in advance.

*Michael Ettinger is president of the Ettinger Law Firm, with 14 offices in New York State. For further information about estate planning and the firm can be found by calling 866-369-7065 or at <https://www.trustlaw.com/the-five-steps-to-an-elder-law-estate-plan.html>.*

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**T**he IRS shut down their electronic filing for personal income tax returns and corporate income tax returns on November 20, 2021. It will not open again until about February 1, 2022. This means if you are filing a personal return or corporate return in the interim, you must file on paper and mail the returns in.

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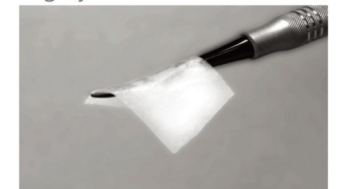
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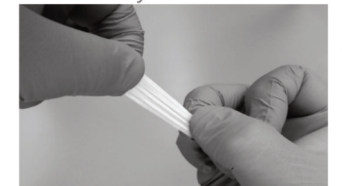
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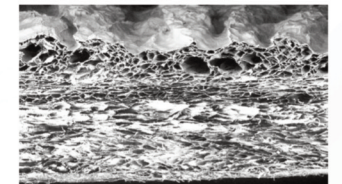
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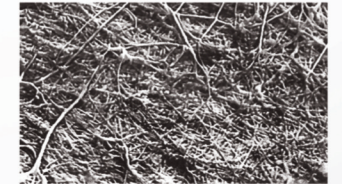
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