

# Connecticut Care Planning Council



October 2012 Newsletter

Volume 4, Issue 10

## Featured Board Member: **Henry C Weatherby**

### CT Care Planning Council Advisory Board Members:



Weatherby & Associates, PC  
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Helping Families Preserve and Protect Assets and Values

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[If you answer "yes" to any of these questions, Weatherby & Associates, PC can help.](#)

The [Connecticut Care Planning Council](#) (CTCPC) lists companies and individual providers on our website who help families deal with the crisis and burden of long term care.

One purpose of the CTCPC is to educate the public on the need for care planning *before* a crisis occurs. A second purpose is to provide, in one place, all of the available government and private services for eldercare.



[Elaine Pavasaris](#)



[John Carmon](#)



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[Paul Tarasuk](#)



[Lynn McPhelimy](#)

### Event Calendar:

### SPECIAL EVENT!

### Estate Planning Seminar

Windsor, CT

October 24, 2012

6:30 - 8:00 PM

Finally, our ultimate mission is to offer a trusted listing service that the public will recognize and turn to for expert help in dealing with the challenges of long term care.

**Call us at 860-769-6938**

or click [here](#) to send an e-mail



## Aging and the Attitude of Health Care Providers

In many cultures in the world, elderly people are revered and their advice is sought and respected. In our culture, the wisdom, the knowledge and the social skills of the elderly are often overlooked and instead we focus on the mental and physical deficits of our older generation.

Because of this prevailing attitude, older people are generally regarded as less valuable than younger people. The younger person has responsibilities of raising a family, maintaining a career and supporting the economy. The older person generally has no responsibilities and in addition is a drag on the economy since a great part of the tax

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Your Seats!

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**Check out our NEW e-courses!  
Get help navigating the Elder Care  
Journey with our special series of  
reports:**

How can I get help paying for nursing home or long term care without losing it all? Learn more at

[www.learnmedicaid.com/weatherby](http://www.learnmedicaid.com/weatherby)

Veterans 65 or older may qualify for a benefit of \$24,239/annually to pay for in-home help, assisted living, or nursing home care. Simply visit

[www.wartimeveteran.com/weatherby](http://www.wartimeveteran.com/weatherby)  
to find out more

I have a loved one with Alzheimer's, and I need caregiving help. How do I make sure my loved one is well taken care of, and that they don't lose their home or life savings? Discover the secrets at

[www.ConnecticutMemoryLawyer.com](http://www.ConnecticutMemoryLawyer.com)

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base must go towards the support of older Americans.

It is inevitable that medical care providers will often have this same attitude towards their older patients. As a result, if an older person has a medical complaint and the cause is not readily apparent, a medical practitioner is more likely to accept the condition as a consequence of old age and treat the symptoms with medication as opposed to aggressively trying to identify the problem. In younger people, if the medical complaint is interfering with normal daily function, typically a more concerted effort will be made to identify and correct the problem.

Many in the health care profession consider old age to be a disease itself. Any medical problems are inappropriately attributed to old age as if it were a medical condition. And since there is no cure for old age, appropriate tests and treatment are never performed. Thus, medical problems that may not be related to age and may just as frequently occur in younger people are often not treated.

Consider the following real-life case as an example of this attitude.

A 71 year old woman has surgery on her shoulder for a bone spur that is causing her considerable pain. The surgery is successful and she goes through several months of physical therapy to help her recover. But she is not recovering as expected. She continues to experience pain that radiates through her entire back. Her physical therapist does not know how to help her and attributes her failure to

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recover to old age.

She visits her family care doctor at least twice over the next six months complaining of extreme tiredness and lack of energy. Her skin color is gray and she does not look healthy. Her doctor tells her that older people don't recover from surgery as quickly and what should she expect at her age.

Finally, in frustration, she visits her doctor and insists he check her for some problem since she is not recovering from the surgery and she feels awful.

After her insistence, he does a CBC blood lab and discovers she is severely anemic. He puts her in outpatient care and gives her four units of red blood cells and puts her on iron supplementation. Within two weeks the pain has disappeared and within a month she has recovered fully from the surgery. Numerous tests are done but there is no explanation for the anemia. Six months later she is healthy and active and her cheeks are ruddy.

When she asks her doctor why he did not suspect anemia, he tells her that she has never had anemia and based on her history he would never expect her to develop it. (He has no training in geriatric care.) He then tells her, in an obvious contradiction of his previous position, that older people sometimes fail to absorb iron. Ironically, she defends the action of her doctor and does not feel he acted inappropriately.

**The Financial Health of**

## Aging Seniors

With our current economic challenges, those of us looking forward to retirement need to be well-informed about our financial needs in coming years. And not only pre-retirees, but individuals already in retirement need to be wise to the changing economic environment. The good news is there are trained professionals who keep abreast of changes in the current economy, changes in laws and changes in government programs for the elderly. Professionals in this field are equipped to handle everything from help with retirement savings accounts, investment advice, guidance on government programs, estate planning or even new funding options such as reverse mortgages. A little planning prior to retirement will allow you to maintain your current lifestyle; whereas, a lack of planning may require you to live on an extremely tight budget. For those already retired, taking time right now to deal with financial problems instead of waiting for a crisis to happen is well advised.

A large number of retired individuals feel that they have planned well for the future only to find that rising medical costs, damage done to investment portfolios (by the current economy) and many other factors have caused them to go into debt. According to an article in "USA Today" seniors are racking up debt like never before. Elderly individuals who are in debt live with a constant burden over their heads. Most of these people are on fixed incomes

and have no way of paying off credit cards and home equity loans that continue to mount to cover household budget deficits. In order to meet ongoing payments, seniors often forego purchasing medications and skimp on food budgets. They live like hermits -- never going out and pinching every penny -- in order to pay their obligations.

Most of these people worked hard their entire lives and managed their debt. They never anticipated the rising costs of prescriptions, expensive medical care or depletion of savings by living too long. The good news is there is help for these individuals. Here are just a few examples of some relief options that could be available. There are many more besides these.

**Reverse mortgages** - A Home Equity Conversion Mortgages (HECMs), also known as a reverse mortgage, is a risk-free way of tapping into home equity without creating monthly payments and without requiring the money to be paid back during a person's lifetime. Instead of making payments the cash flow is reversed and the senior receives payments from the bank. Thus the title "reverse mortgage". For those seniors who are less fortunate financially but own a home, a reverse mortgage can allow them to remain in the home by creating extra income.

**Life settlements** -- A life settlement enables older individuals, businesses and other organizations to sell life insurance policies they currently own -- but no longer want or need -- for an amount greater than the cash surrender value. In some cases the value can be

2-3 times the cash surrender value. Even some term life insurance policies with a conversion option to permanent coverage can qualify for a life settlement.

**Government Programs** -- Some government programs such as food stamps provide temporary financial help for food. Other programs provide subsidized housing, help with medical expenses and provide tax credits. For veterans there is free health care, inexpensive prescriptions and disability income. Area agencies on aging offer individual counseling, legal help and advice with Medicare costs.

**Medicaid Planning** -- A person facing the prospect of long-term care with moderate income and assets may eventually have to rely on Medicaid to pay part or all of the cost of care

For some, living on a fixed income and dealing with debt can be an overwhelming burden. There are knowledgeable professionals and debt relief strategies that can assist in easing this burden. The National Care Planning Council keeps a list of financial advisers and attorneys who specialize in this area of planning at [www.longtermcarelink.net](http://www.longtermcarelink.net).

**If you answer "yes" to any of these questions, Weatherby & Associates, PC can help**

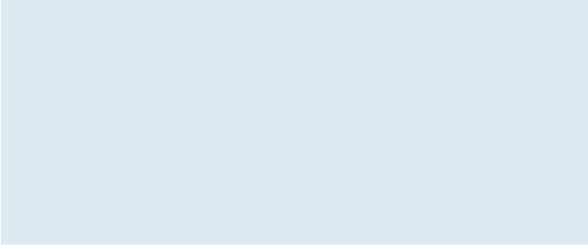
- Has the elder been diagnosed with a mentally or physically

debilitating disorder such as Alzheimer's, Parkinson's, ALS, stroke or a decline in functional capacity?

- Is the elder isolated due to the recent death of a spouse, or have family that either lives too far away or is too busy to provide adequate care?
- Is the elder to be discharged into a care facility or currently receiving in-home care?
- Does the elder have a variety of healthcare providers and need coordination and advocacy for quality care?
- Does the elder have a variety of healthcare providers and need coordination and advocacy for quality care?
- Does the elder have a spouse whose financial needs must be considered in light of the elder's medical condition?

## **Wisdom from the Web**

**"You are as young as your faith,  
as old as your doubt; as young**



**as your self-confidence, as old  
as your fear; as young as your  
hope, as old as your despair."  
~Douglas MacArthur**