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Subject: News from the Connecticut Care Planning Council

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December 2010 Newsletter

Volume 2, Issue 12

Featured Board Member: [Henry C Weatherby](#)

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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.

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

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Choices for End-of Life Caregiving

There are many decisions to be made when imminent death is approaching for a loved one. Questions regarding what type of care, medical assistance and even physical location for their last days confront us.

If care at home has been given, should loved ones be moved to a facility or remain at home? If in a care facility, should they be moved home for their last days? Will 24-hour care become necessary and more medical assistance be required?

If you are asking these questions, a Hospice service might be a good solution. Hospice can be provided to a person who has a life-limiting illness wherever that person lives. A nursing facility or long-term care facility can receive visits from hospice personnel in addition to the other care and services provided by the facility.

Hospice care is a special way of caring for a patient who is in the last stages of life. Hospice provides a team of professionals who aid the patient and family caregivers. This could include nurses, social workers, physicians, clergy and aides who all work together to plan and coordinate care, 24 hours a day or as needed.

The Hospice Foundation of America outlines the following services of hospice:

- Hospice is a special concept of care designed to provide comfort and support to patients and their families when a life-limiting illness no longer responds to cure-oriented treatments.
- Hospice care neither prolongs life nor hastens death. Hospice staff and volunteers offer a



Doug and Ken Henricksen

Event Calendar:

2011 TBA

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specialized knowledge of medical care, including pain management.

- The goal of hospice care is to improve the quality of a patient's last days by offering comfort and dignity.
- Hospice care is provided by a team-oriented group of specially trained professionals, volunteers and family members.
- Hospice addresses all symptoms of a disease, with a special emphasis on controlling a patient's pain and discomfort.
- Hospice deals with the emotional, social and spiritual impact of the disease on the patient and the patient's family and friends.
- Hospice offers a variety of bereavement and counseling services to families before and after a patient's death.

To be eligible for hospice a physician must certify the patient to be terminally ill with a life expectancy of six months or less and treatment for a cure is no longer provided.

The focus for the patient has changed to supportive care and quality of remaining life.

Hospice is paid for by private insurance, Medicare or Medicaid Hospice Benefit or personal funds.

Here are the conditions that apply for Medicare Hospice Benefits:

- You are eligible for Medicare Part A (Hospital Insurance)
- Your doctor and the hospice medical director certify that you're terminally ill and have 6 months or less to live if your illness runs its normal course.
- You sign a statement choosing hospice care instead of other Medicare-covered benefits to treat your terminal illness.
- You get care from a Medicare-approved hospice program
- You understand that Medicare will still pay for covered benefits for any health problems that aren't related to your terminal illness.
Medicare.gov

Special benefit periods apply to Medicare hospice care and some services do not apply.

Be sure to understand the rules and requirements of Medicare payment before you commit.

Hospice is available to anyone, regardless of age or illness. If Medicare or private insurance is not available, hospice services may be available for low income individuals through grants or charitable donations. Many hospices are non-profit and will provide services to anyone in need.

"Many families or their loved ones' doctors often wait too long to order hospice. Hospice is a very valuable service and should be ordered at an earlier stage of illness. Many do not consider hospice for Alzheimer's, degenerative old age or other debilitating illnesses where a person is going downhill fast. They should.

It is unfortunate that many people who died in a hospital emergency room or who received heroic treatments to prolong life in a hospital may have had the alternative of dying at home in familiar surroundings, with family or other loved ones at their side. When someone is in crisis or appears to be going downhill fast but there really is no hope for recovery, family often call 911 and start a process which can result in great stress and great emotional discomfort. The loved one who is dying ends up in a hospital and may die there or be transferred to a nursing home where death eventually occurs.

When there is no longer hope for prolonging life, especially when this decision is made months in advance, hospice is usually a better alternative to other medical intervention". [National Care Planning Council](#)

The days leading up to the moment of death of a loved one can be rich with meaning and expressions of love. Family and caregivers should allow others to help with the care and daily responsibilities. They need to free themselves from the details of caregiving and instead need to use hospice to allow more time to reminisce, give thanks for a life shared and say goodbye.



The Importance of Dementia Diagnoses

There are at least 65 types of dementia. Many researchers posit that the number is even larger. When an individual or family receives a diagnosis of "dementia," it's critical that they ask the doctor the *type* of dementia because in certain dementias, the exhibited behavior and progression are very different from others.

The following link describes what's known as "Boomer Dementia." Its official name is "frontotemporal lobar degeneration," (FTD) also referred to as "Picks disease." This particular type of dementia tends to strike people between the ages of 40 and 65, but can also occur in individuals in their 20s....

[Continued](#)

Wisdom from the Web

Since it's almost 2011, I thought I'd have some fun and share with you one of my favorite end-of year sites. It never fails to make me laugh! *Denise Talbot*

[Lake Superior State University 2010 List of Banished Words](#)

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