

## **SOUTHERN MAINE LONG TERM CARE GROUP MEETING**

### **MINUTES**

**March 26, 2008**

**2:00 PM – 4:00 PM**

**Introductions:** Katlyn Blackstone, SMAA; Kathy Adams, Occupational Therapist; Paddy Clark, SMAA; Kate Dulac, SMAA, Ann O’Sullivan, SMAA; Susan Germano, Home Instead Maine; Jane Daniels, Casco Bay Homecare; Lu Hutchinson, Maine Medical Center; Bill Jenks, Home Instead Senior Care, Maine; Sandi Kelly, HomeHealth Visiting Nurses of Southern Maine; Debbie McGinley, Huntington Common; Mary McGreehan, SMAA; Kerry Peabody, Clark Insurance; Susan Rosenbaum, Home Health Visiting Nurses of Southern Maine; Thomas Wright, Independent Insurance Broker; Mary Keef, Huntington Common; Tanya Taylor;

### **UPDATES:**

Ann O’Sullivan, Family Caregiver Specialist, SMAA told group about upcoming Best Friends Trainings, the first being April 30, which is full as of now and June 4, 2008 which still has vacancies. The trainings are free but people need to pre-register. The Windham Support Group will be discontinued because of lack of attendance.

Kate Dulac, Family Caregiver Advocate, SMAA, will be co-sponsoring a presentation on May 21, 2008 with Dan Halleron, Office of Elder Services. This presentation will be about Caregiver depression and End of Life care and will run from 1-4pm. Evidence has shown that there are funds needed for all family caregivers and needs the support.

Mary Keefe, Huntington Common will be hosting an Elder Abuse conference on April 9, 2008 from 10pm -2pm which includes lunch. The speakers will be Steven Rowe and Ricker Hamilton and there will be a panel discussion. Capacity for this conference is 60 – 45 have registered already.

### **PRESENTATION**

Debbie introduced Bill Jenks and Howard Schultz, Home Instead Homecare.

Howard talked about Home Instead Homecare which is the largest provider of home health care – non medical services.

Question was asked how many contacts are made?

Contacts come from family members, providers and healthcare facilities; 20% come from clients. There is a significant increase in adult children asking for help and information. A common theme that has emerged is that of adult children who often do not have open communication with their parents. If an adult child is over 40 and the parents are 70+ beginning a conversation about future concerns can be difficult for families who have historically avoided this type of communication. In the US alone, 7 out of 10 baby boomers have at least one parent living.

Home Instead Senior Care conducted an in-depth research throughout North America administering detailed phone surveys to 1,500 adult children of aging parents. 1,000 of these respondents lived in the U.S. and 500 lived in Canada. Baby boomers feel strongly about having conversations with their parent/parents. 50% would like to know more about their parent's cognitive abilities and 49% would like to know if their parents are taking their medications properly. 42% of baby boomers found the conversation about leaving their home very difficult and 30% said that talking to parents about giving up driving was very hard. In one case the family appealed to the doctor to fill out a form saying that parent was not capable of driving anymore and the license should be taken away. One out of three children feels they are still trapped in the parent-child role instead of being able to talk as mature adults with their parents. The lines of communication become closed often because it is difficult for adult children to help parents' access necessary resources and make informed decisions.

Research shows that only 41% of children said they would very likely be able to talk to parents needing help around the house. Lack of communication can lead to serious problems for seniors' misuse of medications, self neglect and accidents. The goal is to provide practical ways for adult children to talk with their parents now. No one wants to hear from the neighbor that their parent crashed the car.

Solutions might include some of the following:

- Involve siblings (if you have them) and approach your parents together
- Incorporate fun and a sense of humor into the conversations and seek assistance from outside experts.

Good communication between family members and getting help from the outside for additional resources is very important. There is a website [4070talk](http://4070talk.com) where you can do the following:

- Take an assessment to rate your intergenerational skills
- Download the 40-70 guide and
- Find other resources that can help you talk more effectively with your parents

Discussion

Debbie thanked Bill Jenks and Howard Schultz for their presentation.

Debbie introduced Kerry Peabody, CLTC, Long Term Care Insurance Specialist.

Kerry talked about long term care, how it works and why today's policies are better.

Long Term Care Insurance provides a financial safety net for a client needing qualified long term care services. It covers skilled and custodial care services required because of ADL's and severe cognitive impairment. The insurance often covers home modifications, durable medical equipment and can cover care at home, adult day care, hospice care, assisted living facilities and nursing homes.

Long Term Care Insurance is not a medical insurance and it is not for everyone. The person must be in good health and must have stable income and some assets.

There are four key parts to the Long Term Care policy which are benefit amount, benefit period, elimination period and inflation rider – these four key parts are called “Pool of Money.” The Pool of Money is \$100 daily benefit x 365 days x 3 years which equals \$109,500 – pool of money. Your benefits can last longer than your benefit period.

To collect benefits a plan of care must be in place and you must satisfy your elimination period by receiving qualified services as follows and must be a chronic illness or disability:

- Stand by or hands-on assistance with at least 2 of 6 ADLs, or
- Substantial supervision because of a cognitive impairment

You do not need to be sick to collect Long Term Care insurance benefits.

In the past many policies required the 3 night hospital stay just like Medicare, and many policies combined bathing and dressing into one ADL. Now they are separate. Policies can also had very vague wording and definitions. The tax-qualified policy now offers more liberal, standardized benefit triggers, much clearer policy wording, rate stabilization and realistic pricing.

The cost of long term care insurance varies. It is a good idea to buy while a person is young and healthy; putting it off until you are older will not save money. It is important to use an agent who specializes in long term care insurance representing several quality carriers that are experienced in the following ways:

- Are rated A or better by AM Best, Moody's and Standard & Poor's
- Are financially sound
- Are committed to the product line

It is very important the agent show their company's rate increase history, financial ratings, explain why a company is the best fit for person's specific situation and answer any questions a buyer has.

Discussion

Debbie thanked Kerry Peabody for his presentation.

The next meeting will be Wednesday, April 23, 2008 – 2:00pm - 4:00pm – Southern Maine Agency on Aging.

Meeting adjourned.

Respectfully submitted  
Vivien Eisenhart

