



Specialists in Long Term Care

LTC News

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What Are The Odds I Will Need Long Term Care?

It will probably surprise you to know that the odds of needing some type of long-term care are greater than 50%! That's one out of two, and for most of us, it will not be nursing home care; most people who need LTC will never use a nursing home. However, home health care can cost just as much or more than nursing home care, depending on how many hours of care you received per day.

The number one misconception is that it won't happen to me. What if you looked out your bedroom window and saw one out of two houses on fire? Or if you drove to work today and saw one out of two cars involved in accidents around you? None of us could sleep with out homeowners insurance, and yet we know the odds of losing our home or automobile are not anywhere near 1 out of 2! Most of us wouldn't think of canceling our homeowners policy after our mortgage is

paid off and the bank no longer requires us to have it. Yet we're talking about an event that has a much greater chance of happening to us than a house fire, and will probably cost much more than replacing the entire home.

With the information about Long Term Care you know now, can you think of any reason why you wouldn't want to protect your family from something that is very expensive, very likely to happen and it is not paid by anything else until you have exhausted most of your resources?

The odds of needing long-term care are greater than 50%, that's one out of two.



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Keeping Your Options Open

In shopping for coverage, its best to keep your options open. No one knows what the future holds, while you may anticipate being cared for at home, the nature of an illness or injury may require a nursing home stay or stay in another facility, for either a short or long duration. For this reason, it's best to have a policy that provides coverage for both alternatives. Fortunately, most of today's policies do.

As with home care, look for the broadest nursing home definition available. While some contracts limit coverage to stays in state-licensed facilities, others allow more flexibility and cover personal care facilities such as rest homes, adult day care centers, and assisted living centers.

The broader your coverage, the more options you have. For example, assisted living centers are growing in popularity for those who can no longer live alone. You have your own apartment, and receive help with a meal preparation and other activities such as dressing and bathing. There are social activities, and on-site skilled nursing services are often available on an as needed basis. Many people find these centers a good alternative to being cared for at home.

In determining the amount of coverage you will need for facility-based care, use the same formula as for home health care. Insurance should pay for three quarters of your nursing home bill for as long as five years. The inflation rider should apply as well.

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Long Term Care Quiz

HOW MUCH DO YOU REALLY KNOW ABOUT LONG-TERM CARE ? THIS QUIZ WILL TEST YOUR KNOWLEDGE AND OPEN YOUR EYES.

1. The average cost of a one year stay in a nursing home is less than \$30,000. TorF
2. Only old people need long-term care. TorF
3. Medicare is a primary financier for long-term care. TorF
4. Medicare supplements cover long-term care services not financed by Medicare. TorF
5. Individuals must spend down their assets before qualifying for Medicaid. TorF
6. My health insurance covers long-term care expenses. TorF
7. If I need long-term care, the government, my church, the VA or charity will pay. TorF
8. Most long-term care services are provided in a nursing home. TorF
9. Even if I need long-term care, it will only be when I am old and only for a short time. TorF
10. Long-term care insurance is tax-deductible. TorF

Look for the answers in the next Ohio Long Term Care News .

Losing Personality

A complex network of individual routines, habits and foibles form the basis of our sense that our lives are as we expect them to be— that they are exactly the same when we wake up in the morning as we left them the night before.

The day is filled with hundreds of these personal indicators and we pay little attention to them, because they are not so much the content of our lives as the frame work we live with in.

Here are a few examples drawn from my own life: Upon waking up I put on my glasses, get out of bed, put on a robe and walk towards the bathroom. Passing through the kitchen, I set my glasses on the table before entering the bathroom. This is so I won't steam up my glasses while I shower, which I do immediately after brushing my teeth. After showering I shave (using a hand towel near the sink to wipe clear a circle in the center of the mirror), I floss my teeth before I put on some aftershave. I'm not sure when the flossing ended up not being directly adjacent to the pre-shower teeth brushing, but that is where it's been for some time. I floss first because of two experiences of tasting the aftershave which had been on my hands and then transferred into my mouth. Of course I could have just rinsed my hands, but being as this was me solving my own problem, I just moved the flossing up one place in the parade of events.

That's just one list of small actions that create the outline of structure in my day, allowing real events the greater importance and attention they deserve. The list and the manner in which the tasks are dispatched areas unique to me as my fingerprints. Everything in a morning ritual occurs within the span of about twenty minutes. I could go on enumerating other actions throughout my day— from opening mail to taking a message on the phone to putting things away, but the idea remains constant. They're filled with the tics and tendencies that in total are uniquely mine.

Having worked at a nursing home, I have seen that people enter because of some sort of notable decline. In one way or another they're no longer adequately able to care for themselves, or to be cared for at home. Whatever diminished capacities were documented on admission can be monitored by an assortment of professionals. However, brought on by the move itself, another form of decline occurs with the loss of personal routines, the bulk of which are left behind when leaving private life.

These patterns, though rarely the object of any conscious focus, quietly assure us that we're in control of our days and our lives. Most people would be hard pressed to take a full accounting of the myriad personalized tasks and habits they execute constantly. What happens when we give up these routines? We lose our reference points. More and more of the emotional tethers which anchor us to the earth snap away and we drift powerless, wherever the winds may carry us. It's a loss of one's personality.

The experience of entering a nursing home or other form of long term care institution is much like being on a bus and never getting off. It is the nature of these facilities that the range of common needs are most easily seen. Simply being aware of the less visible losses can help a family and staff understand the source of a form of decline that doesn't show up on any charts or histories.

Today's Policies Let Your Client Stay At Home

Most of today's policies provide a broad home care coverage, and will pay for a range of services, including: home health aids from licensed agencies who assist with personal care; registered and licensed practical nurses; occupational, and speech or physical therapists.

Most companies pay a specific dollar amount any where from \$50 to \$200. Make sure you get sufficient coverage. Find out the daily care rate in your area and make sure your policy covers at least three quarters of the cost. Be sure to add an inflation rider that allows the benefit to increase particularly if you are young don't expect to use the coverage for several years.

You can typically choose care for a period of five years in most cases. Only a relatively small percentage of long term care needs extended beyond five years, unless you or a family member have a long drawn out illness. Five years will serve you well.

