

# CZEPIGADALYDILLMAN<sup>LLC</sup>

ESTATE PLANNING, PROBATE & ELDER LAW

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*Planning Today for Your Tomorrow*



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# Assessment and Planning-Key to Eldercare

Evelyn's children became concerned when she began calling frequently and asking the same questions over and over. As with many families no one was certain how to determine what was going on with mom. She seemed fine when they visited and it was easier to ignore some of the "red flags" than to deal with them. Evelyn insisted she was fine and her children accepted that at face value and allowed her to remain independent. That's what she wanted and she said she was managing OK on her own. Evelyn decided to go out one day and rake leaves. She was later found wandering in the dark several miles from her home.

This is a common scenario today. In our practice it frequently happens that only in a crisis situation does the family seek assistance. It's not that they don't care-- it is a combination of role reversal, taking care and in many cases charge of a parent, and the ability to be firm and make difficult decisions when a loved one is unable to do that for themselves. A parent may have lived in the same house for 50 years and the idea of moving or having someone stay with them is unthinkable. Families do not know where to turn for assistance often going to the parents' primary care doctor for advice and leaving with a prescription but no real assistance in planning for the future.

It is important that someone who is exhibiting physical or cognitive changes is properly assessed and plans for their current and future care needs be put in place. This often involves a team of professionals working together to make sure that the plan meets the individuals needs from a functional, cognitive and financial perspective. The team may consist of a geriatrician, care manager, social worker and elder care attorney. Each specializes in the needs of the elderly and is experienced in all aspects of long term planning.

An assessment should include all aspects of an individual. How well do they function in the home including watching them walk, get in and out of the shower, do the stairs? A mental status screen is helpful to get a baseline of cognitive status but should be taken a step further. Ask what they would do if they smelled smoke, saw a waste paper basket on fire or if a stranger came to the door. Unlike memory issues, these questions assess judgment and safety awareness. It is often these questions that will help families to recognize a problem that needs attention.

Activity of daily living (toileting, bathing, dressing, hygiene) should be looked at and you should examine how the individual is able to care for themselves. How are medications managed? Meals? Laundry?

The team works together with the family to determine based on all the information what feasible options are for each individual. They will offer recommendations and assist in making the needed referrals.

Evelyn was lucky. She was found unhurt and her family worked with me to find a safe and appropriate plan of care. She is doing well and her family can spend quality time with her. The crisis was averted in time but could have been avoided with education and planning.

CzepigaDalyDillman is one of the few Connecticut law firms to have a Geriatric Care Manager on its staff. We care not just about our clients' "legal health" but also have a concern for their safety, dignity, and independence. That is why we hired Linda Worden. Linda has the training and expertise to make sure all of a client's health and safety needs are appropriately addressed. Linda G. Worden has over 25 years of experience in geriatric services. She is a member of the National Association of Professional Geriatric Care Managers and the Connecticut Association for Home Care. She has served on the Connecticut Home Care Board of Directors and Visiting Nurses Association of New England Board of Directors; and she is a member of the Advisory Council for Senior Resources Area Agency on Aging and the Middlesex County Elderly Services Committee.

Linda is a Registered Nurse and has a Master's in Public Health and is a Clinical Instructor at University of Connecticut School of Medicine and past Clinical Instructor in the School of Nursing.

Let us put our team to work for you.

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## Keeping Seniors Safe During Winter

We are coming into "Winter Wonderland" season, which for many of us means sparkling snow, holiday decorations and cozy nights by the fire with a mug of hot chocolate. But colder temperatures can present safety challenges, especially for older adults. This year has already seen the "Halloween Eve" storm in the Northeast, with seniors sheltering in high school gyms and fire stations during power outages that lasted for days and even weeks.

It's important to be aware of seasonal hazards:

**Hypothermia.** Exposure to cold may result in a dangerous drop in body temperature. Common health conditions and some medications raise the risk for seniors.

**Increased risk of falls.** Slipping on icy steps or a snowy walkway can result in serious injury.

**Carbon monoxide illness or fire from improperly used space heaters or generators.** These devices can be dangerous when incorrectly installed and operated.

**Seasonal depression.** Inactivity and isolation may result when cold weather means fewer opportunities for exercise and social contact.

If your senior loved ones live in a climate where winter storms and cold weather occur, take steps to keep them safe. Winterize their home, check heating systems and help them prepare for

weather-related emergencies. If loved ones drive, help prepare an emergency kit for the car. Educate yourself and your loved ones about the symptoms of hypothermia.

When family members can't be there to help elderly relatives, it's important to have a backup. For many families, in-home care provides the extra measure of security to keep loved ones safe and comfortable, no matter what the weather.

### **During winter months, professional in-home caregivers support senior health and well-being of clients by:**

***Preventing hypothermia.*** As we grow older, we become more sensitive to the cold. Though seniors are at higher risk of hypothermia, common health problems and some medications may cause them to be less aware that their body temperature is dropping. An indoor temperature that feels fine to younger people may be unsafe for older adults. In-home caregivers monitor senior clients for signs of hypothermia, and help them remain warm and comfortable, perhaps with a sweater, thermal underwear and an extra blanket for the bed.

***Helping your loved one avoid "cabin fever?"*** For homebound seniors, winter can be a time of boredom, isolation and resulting depression. The caregiver can transport your loved one to his or her usual activities. When treacherous road conditions make outings unsafe, caregivers provide companionship and pastimes at home, such as books, crafts or favorite games.

***Eliminating fall hazards.*** In-home caregivers keep the home clean and in good order, and remove snow from stairways and walkways. The caregiver can bring in the mail and newspaper, and perform any other outdoor tasks that might be unsafe in slippery conditions.

***Performing personal care tasks.*** Caregivers help senior clients with bathing, grooming and other hygiene care. In wintertime, this often includes extra attention to the skin, as cold outdoor conditions and dry indoor air can cause chapping and irritation.

***Keeping your loved one safe during power outages.*** Windstorms and heavy snow knock out power for millions each year. Darkness and cold endanger frail seniors, especially those with dementia and those who rely on oxygen, power mobility devices or other electrical medical equipment. The caregiver can be sure your loved one is safe at home, or provide transportation to a warming center or other designated shelter.



***Encouraging compliance with healthcare instructions.*** The caregiver can take your loved one to doctor appointments and the pharmacy, provide medication reminders, and grocery shop for ingredients to prepare nutritious meals and snacks. Physical activity is a health and mood boost year-round, and the caregiver can take your loved one for a walk in an indoor mall or help with a home exercise program.

### **Home care provides peace of mind for family caregivers**

It's a caregiver's nightmare: The top news story of the day is a huge blizzard in Ohio where your mother lives—and you live in Palm Springs. Why isn't Mom's phone working? Is the power out? Will neighbors check up on her? Who can you call to get help?

Home care services let families rest assured that their loved one is safe with a caring companion—no matter what weather surprises winter brings.

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## **Care Deductions and Other Figures Adjusted**

Every little bit helps.

The IRS has announced that the basic estate tax exclusion amount for the estates of decedents dying during calendar year 2012 will be \$5.12 million, up from \$5 million for calendar year 2011. BUT remember, the exemption is scheduled to automatically go down to \$1 million effective January 1, 2013 unless Congress takes some affirmative action to change this.

The annual exclusion for gifts remains at \$13,000 for 2012. This is inflation adjusted and rounded to the nearest \$1,000. With inflation so low, an increase is not yet warranted.

Also, if the executor chooses to use the special use valuation method for qualified real property, the aggregate decrease in the value of the property resulting from the choice cannot exceed \$1,040,000, up from \$1,020,000 for 2011.

The IRS is also increasing the amount taxpayers can deduct from their 2012 taxes as a result of buying long-term care insurance.

Premiums for "qualified" long-term care insurance policies (see explanation below) are tax deductible to the extent that they, along with other unreimbursed medical expenses (including Medicare premiums), exceed 7.5 percent of the insured's adjusted gross income.

However, there is a limit on how large a premium can be deducted, depending on the age of the taxpayer at the end of the year. Following are the deductibility limits for 2012. Any premium amounts for the year above these limits are not considered to be a medical expense.

<b>Attained age before the close of taxable year</b>	<b>Maximum deduction for year</b>
40 or less	\$350
More than 40 but not more than 50	\$660
More than 50 but not more than 60	\$1,310
More than 60 but not more than 70	\$3,500
More than 70	\$4,370

#### **What Is a “Qualified” Policy?**

To be “qualified,” policies issued on or after January 1, 1997, must adhere to certain requirements, among them that the policy must offer the consumer the options of “inflation” and “nonforfeiture” protection, although the consumer can choose not to purchase these features. Policies purchased before January 1, 1997, will be grandfathered and treated as “qualified” as long as they have been approved by the insurance commissioner of the state in which they are sold.

**Editor’s Note:** This is a great time to make gifts. Not only are equity and real estate values somewhat depressed, but the \$5 million estate tax exemption can also be used to shield large gifts (gifts in excess of the \$13,000 annual exclusion). If you have the ability to part with a significant part of your net worth that would otherwise be taxable in your estate at death, now would be a good time to make a large gift.

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## **Did you know that CzepigaDalyDillman’s Attorneys have plenty to talk about?**

Our attorneys are busy with numerous speaking engagements out in our community. Currently, they teach adult education classes, speak at senior centers, local restaurants and to various clubs & groups, regarding issues pertinent to Elder Law. Some of the topics include, Wills & Living Trusts, Medicaid (Title XIX), and How to navigate through the Probate Process. Should you be interested in having one of our attorneys come to speak to your club or group, please give us a call!

We will also be starting a “lunch bunch” which will meet once a month for an hour, at a local restaurant and will host a different guest speaker each month. We plan to have the “lunch bunch” up and running in early 2012 – please check back next month for a listing of dates, topics and locations.