

## THE ELDER LAW VOICE

## SECOND QUARTER 2005

### MIND OVER MATTER Mental Health and Aging

Our society often focuses completely on the physical aspect of healthy aging. However, we also need to acknowledge mental health as an important part of the total well-being equation. Mental health is the ability to use one's emotional and mental capabilities to properly function in society and meet the ordinary demands of life. ***Achieving and maintaining good mental health in our later years is essential to remaining independent, maintaining positive relationships with family and friends, and enjoying a high quality of life.***

#### Problems need to be addressed rather than ignored

Later life changes such as retirement, losing loved ones, adjusting to physical limitations, and coping with disease can present challenges to mental well-being. In addition, some memory functions decline as a normal course of aging. ***While mental health problems are understandable, they should not be written off as inevitable and irreversible.*** Older adults can successfully adjust to losses, continue to function well, and enjoy their "Golden Years." Good mental health is and should be part of "normal" aging.

While the majority of older adults have good mental health, up to 25% of people aged 65 and older suffer from mental health problems that affect their quality of life, with depression, dementia, and alcoholism being the most common of the problems experienced. ***Aside from decreasing life satisfaction, poor mental health often triggers decline in physical health.*** Untreated mental health issues can weaken the immune system, make health problems worse, and even increase the risk of developing disease. For example, depression

has been linked to heart disease, diabetes, and cancer. Like other illnesses, most mental health problems can be successfully treated with the help of professionals. Further, there is now great hope that in the near future, dementia caused in later states of Parkinson's disease and in Alzheimer's can be stopped and perhaps even cured with treatment.

While most people go see a doctor when they are physically sick, many, especially older adults, ignore mental health issues. Fewer than 6% of persons who seek mental health services are 65 years of age and older. However, ***in order to treat and reverse a mental health condition, it must be acknowledged.***

#### Recognizing Signs of Problems

Many people fear the worst when older people become forgetful, and try to cover up any memory loss; however, memory loss alone is not necessarily a sign of dementia or Alzheimer's. Signs of dementia generally involve increasing levels of forgetfulness; difficulty remembering words or forming coherent sentences; an inability to carry out simple tasks; and confusion, hallucinations, or paranoia. Signs of depression include depressed mood; significant reduction in interest in activities; substantial weight loss or gain; decrease or increase in appetite; problems sleeping; loss of energy; feelings of worthlessness or guilt; decreased ability to



(Continued on page 2)

# WHEN THE LAW FAMILY'S LOSS IS PERSONAL: NANCY MICHELLE STORY

(December 13, 1956 - January 14, 2005)

The Booth Harrington & Johns law family serves client families who are often confronted with end-of-life crises, many times in the throes of grief and loss. All of us in the law family express our concern, sympathy and empathy for our clients in such trying times. However, we are usually not so closely involved with the families that we take to our own hearts the despair and loss that drive them through the "valley of the shadow of death".

When death is close to us, its impact is no different as we realize our own mortality and maneuver our emotions through that same valley. So it was on January 14<sup>th</sup> as word came that Nancy Michelle Story, a paralegal of some 18 years with the law family had been struck down by what we learned later was a pulmonary embolism. The firm family gathered in the library to pray and to try to cope with the immediate shock. Given that Michelle lived with and was care-giver to her visually impaired mother, and any other family was coming from another state, the firm family took on the responsibility of intervention to assist Rose Marian, to help make funeral arrangements and to communicate with other family members.

We are still grieving over Michelle's death as a member of our law family. Although Michelle died two months ago, we still find ourselves standing in the stairwell to the lower level fixed on a view into the office that she had occupied, now vacant and empty.

Michelle Story had been a fixture here, and a mentor to younger staff persons needing help to understand the work to be done. Over the years, Michelle displayed her quick wit and dry, but very funny sense of humor. She was entrusted with many responsibilities that included accountings for large and small estates, and handling guardianship cases that involved people in a variety of difficult situations. We continue to miss Michelle; she will not be forgotten.

(Continued from page 1)

think or concentrate, and inability to make decisions. **If you or a friend or family member are experiencing several of the above symptoms on a regular basis, please consider seeking profes-**

sional guidance. (See list of resources below).

## Strive for Positive Mental Health

While there are disadvantages to aging, the later years of life have multiple advantages such as increased wisdom and free time for relaxation, hobbies, family gatherings, and travel. Positive mental health can be achieved by adjusting to losses, maximizing satisfaction and future potential in the face of changing strengths, abilities, challenges, and resources. Dealing successfully with losses depends on multiple factors including personality, perceptions, and the availability and strength of support systems. **Become familiar with available resources and take advantage of the many organizations and individuals offering to help make the later years of life worth living.**

## RAISING AWARENESS of MENTAL HEALTH AND AGING

May is "National Mental Health Month" and in an effort to acknowledge the role mental health plays in healthy aging, the Greensboro Mental Health and Aging Coalition is sponsoring Healthy Aging Day on May 25th. Keep your eyes open for more details!

### Resources

#### **Mental Health Programs in North Carolina:**

National Alliance for the Mentally Ill in North Carolina (NAMI-NC) [www.naminc.org](http://www.naminc.org)

Division of Mental Health, Developmental Disabilities & Substance Abuse: [www.dhhs.state.nc.us/mhddsas](http://www.dhhs.state.nc.us/mhddsas)

Mental Health Association of North Carolina  
(919) 981-0740

#### **Guilford County resources:**

##### **Governmental**

Long-term care Ombudsman: (336) 294-4950

Guilford County Area Mental Health Program:  
(336) 641-4981

The Guilford Center: (800) 853-5163

##### **Non-profit**

Shepard's Centers of Triad:  
(336) 378-0766

##### **Private**

Dr. Michele Haber, Geriatrics Consulting Services of Greensboro,: (336) 292-7622

Dr. Arthur Green, Piedmont Senior Care:  
(336)544-5400

Dr. Hal Stoneking, Eagle Internal Medicine at Tannenbaum: (336) 274-3241

## The Medicare Act of 2003 Part Two

*This Article is the second in a series about the Medicare Act of 2003. The first appeared in the second quarter newsletter of 2004, and identified problems with the Act. Part two will provide guidance for seniors to begin making decisions on whether to enroll in a drug plan and which one to choose.*

On November 15, 2005 current Medicare recipients can sign up for the new Medicare prescription drug benefit. The new benefit will begin on January 1, 2006. Do you know how this plan will affect you, or your loved one? Truth is, no one knows fully how he or she will be affected by the drug benefit. Only minimal information about the benefit has been provided by the Center for Medicare/Medicaid Services "CMS" and drug plan providers have not yet released their drug benefit plan details.

### What we do know

The drug benefit will be run entirely by private companies that will have the following similar criteria:

- A monthly premium of approximately \$35 (this amount will vary depending on the plan selected).
- A \$250 annual deductible.
- After the deductible, Medicare pays 75% of the next \$2,000, totaling \$1,500 in total drug costs.
- Medicare beneficiary pays the \$250 deductible then 25% of the next \$2,000, totaling \$750 in total drug costs.
- After total drug costs reach \$2,250 (\$1,500 paid by Medicare plus \$750 paid by the beneficiary), Medicare coverage stops. Medicare will not begin paying for prescription drugs again until the beneficiary's expenses are classified as catastrophic.
- After coverage stops, an additional \$2,850 in drugs must be paid for solely by the Medicare beneficiary before Medicare pays more. This coverage gap has been referred to by many as the doughnut hole.

- Once the Medicaid beneficiary's out of pocket expenses (excluding premiums) reach \$3,600, then Medicare begins paying at least 95%.
- A late enrollment penalty for not enrolling in first six months of eligibility, unless the enrollee had drug coverage from another source, at least as good as Medicare.

Although the drug benefit has minimum criteria for drug plans, plan providers have wide latitude to vary plans in areas, like: What drugs they cover; what pharmacies may be used; premium costs; and countless other benefits, so long as they are actually equivalent to the standard coverage described above. Understanding the basic structure is important when trying to distinguish the differences between the wide-range of plans that will be offered.

As the enrollment period for the drug benefit draws near, the need for unbiased tools seniors can use to evaluate and pick from a complex array of options available under the program becomes more urgent. In an effort to assist seniors in evaluating and choosing a drug plan, Medicare requires companies to provide information in writing and available upon request through a toll-free call center. Companies must provide information about service areas, benefits, costs sharing, formulary (list of drugs they cover), and pharmacy access. There are also organizations like The Henry J. Kaiser Family Foundation that provide current reports, and drug benefit calculators available online at [www.kaisernetwork.org](http://www.kaisernetwork.org). For company specific research, Medicare has a Health Plan Options Comparison Chart available on it's website at [www.medicare.gov](http://www.medicare.gov). Unfortu-



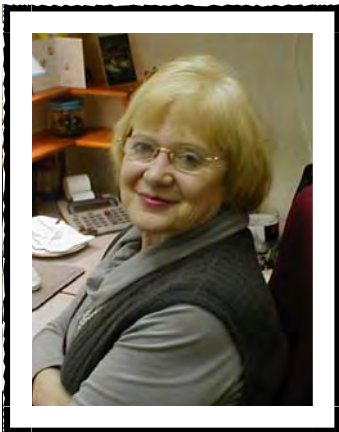
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(Continued from Page 3)

nately, though, the website does not contain information about the drug benefit plans at this time. Medicare is officially stating that they will have extra help in evaluating specific plans available in the Spring and at the time of enrollment in the Fall.

The Christian Science Monitor noted that one of the “biggest challenges” facing the new drug benefit is not financial but “bureaucratic.” Seniors are soon going to be overwhelmed with the complex array of options available under the program. Knowing what tools are available to weigh those options will be a key part of getting the most assistance out of the new drug benefit.

## OUR GAL DOTTIE!



Like so many of the staff members at Booth Harrington and Johns, LLP Dottie Davidson is quick with her smile and instinctive kindness. She radiates a sweet temperament, is quick with her wit and exhibits a genuine interest in her co-workers, acquaintances and friends. And,

too, she has been a valuable and treasured member of the Booth Harrington and Johns family for 20 years as a legal assistant to several of our attorneys.

Aside from her responsibilities at the firm, Dottie is devoted to her family, including her two sons, Mike and Gary and her grandchildren, Monica and Drew. Her weekend passions include a fanatic devotion to football, even though some of her co-workers question her love of the Dallas Cowboys. In addition to football, many of us didn't know she was a big fan of Nascar. Rumor has it that she has a special thing for Tony Stewart! For the cat lovers among us, take heart. Dottie is among our clan with her two beloved companions Taz and Cupid. Names that give a cue to the two sides of Dottie's personality—devilish but sweet.

This year marks not just her 20th anniver-

## WE GOT SUPER BOWLED!

In our second quarter 2004 newsletter we alerted readers to an NBC Nightly News piece on elder law and advanced planning featuring Booth Harrington & Johns. A producer swooped down from New York and a camera crew came from Raleigh to film our clients Jim and Imogene Hegner first in their home and then in an office conference with Jack Harrington. Afterwards, they filmed an extensive interview with Frank Johns.

At first the time for airing the feature was “up in the air,” but a couple of times we were given specific dates. Each time we sent out an alert to various folks only to be disappointed. The footage got shelved for more than six months.

Imagine our surprise on Monday after the Super Bowl to learn that the feature had aired the night before during the Sunday evening NBC newscast just as the Super Bowl was getting underway! This time we did not get our promised head's up from the producer. A few law firm friends and Jack's mom saw it, but no one from our office knew to look for it. At least now there is some proof that we were not just teasing.



sary with the firm, but also a landmark birthday! As discreet friends and co-workers, we couldn't possibly share the specifics, but good wishes to Dottie whose youthful vitality is evident regardless of the candles on the cake.



We are thankful to have Dottie among us and are proud of her work, her leadership and her dedicated service to our clients.