



MARCH 2024 AFTERWORDS

Newsletter of Active Retired
Members
Chapter 11



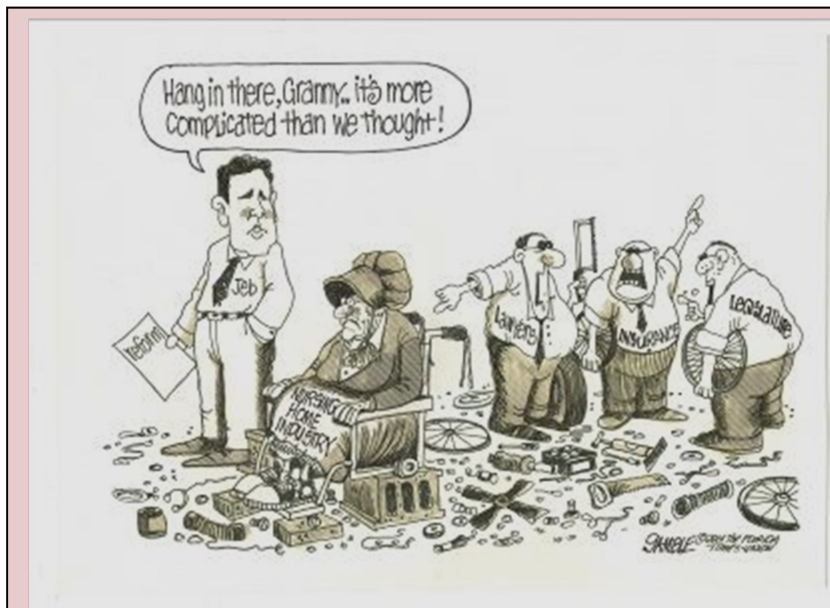
Oh, dear members of Chapter
11 ...

The Ides of March are come and
gone– and the cruel'st month of
April is not yet begun.

This March newsletter is brief and focused on our public health system– especially the threats to which it is vulnerable. I won't apologize for the brevity and the focus. We spent our lives in public service and inherited a health system that was– and should continue to be– a beacon for people whose primary values are *greater* than profit and greed. So ...

AfterWords is the official publication of the Active Retired Members of OSSTF, Chapter 11 Thames Valley (ARM C11). Opinions expressed are those of the author and do not necessarily reflect the policies of ARM C11 or OSSTF.

- A cartoon reminder of what US seniors must face in getting better long term care ...
- A detailed explanation of how you can apply for in long term care in Ontario
- A brief look at how the US handles this challenge *through private insurance*
- A report on a seminar about LTC homes– and the perils of their becoming investment items for private equity funds and REITs
- Some pithy suggestions about insurance from our OTIP friends..



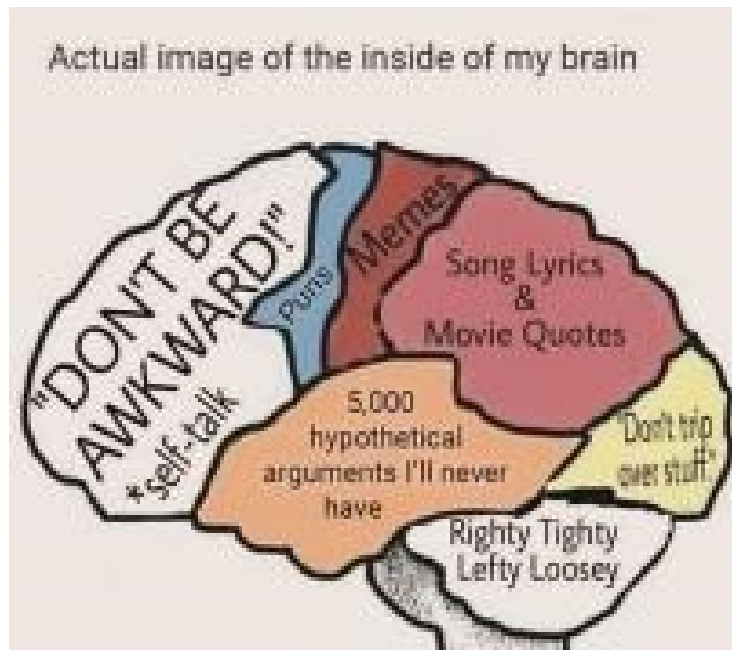
But -

That's only in the
United States ...

Right? ...

RIGHT?? ...

Feeling fuzzy in March?



This cartoon appeared on social media under the title

“The Happy Guy”

I giggled– but realized quickly that, unless we know more about the threats and opportunities in our own ageing Strategic Plan—it’s not funny!

That’s why I’m going to be sharing some discoveries about long term care, self-care possibilities, and government bills to watch out for!

During long days of clicking and searching, I ran across a site called
<https://goldenvoices.com/#/?playlistId=0&videoId=0>

It seems to be based in Elliott Lake— now THERE’S another idea worth looking into— and contains some great volunteer writing. I was impressed by the clarity of this piece on what we’re currently entitled to in long-term care in Ontario.



GoldenVoices.com is brought to you by the Diversity Canada Foundation, a federally-incorporated non-partisan not-for-profit dedicated to creating a fairer and more harmonious world.



Ontario Long Term Care: How to Apply and Receive Assistance

In the later years of life, some people start needing more help in their day-to-day lives. Let us look into how to access long term care in Ontario.

[David Houle-Tymeczko](#)

In the later years of life, some people start needing more help in their day-to-day lives. This assistance occurs on a spectrum that ranges from informal help to long-term care.

Let’s look at how you can access long-term care and what situations would necessitate it. But first, I’ll briefly describe the other types of care leading up to long-term to show the differences. The informal level of care is made up of chores done for you by family or friends. It can be something like a grandchild shoveling your driveway or mowing your lawn.

Similarly at this level of care are services provided by businesses. A local example is the free lawn care provided by Elliot Lake Retirement Living for retirees living in townhouses that this not-for-profit rents out in this Northern Ontario retirement community.

Home care is the next level and consists of health care or supportive care (dressing, bathing, companionship, etc.) provided by a professional in a patient’s home. Patients tend to have health conditions that make it difficult to take care of themselves while being able to stay at home.

Assisted living is closer to long-term care than the others. With assisted living, you live at a facility like Huron Lodge, again to use an example local to the retirement community of Elliot Lake.

At Huron Lodge, staff can help you with things like bathing, dressing, and moving from a bed to a wheelchair. Some medical care may be provided at certain assisted living facilities, but the main idea is to give you enough help to keep you independent for as long as possible.

Finally, there is long-term care, which is similar to assisted living but provides 24-hour medical supervision and care.

Long-term care is usually necessary due to an ongoing health condition or disability. Sometimes, the need for this level of assistance suddenly arises, like after a heart attack or stroke. Usually, however, it generally increases gradually with age as people become frailer (or an illness or disability worsens).

According to the [Ontario government's website](#), the eligibility requirements for accessing long-term care in Ontario are as follows:

- Must be 18 or older
- You have an Ontario Health Insurance Program (OHIP) card
- You have care needs including:
 - 24-hour nursing care and personal care
 - Frequent assistance with activities of daily living
 - On-site supervision or monitoring to ensure your safety or well-being
- You have care needs that cannot be safely met in the community by publicly-funded community-based services and other care-giving support
- You have care needs which can be met by long-term care.

As for the cost of long-term care in Ontario, the personal and nursing care are completely covered by the Ontario government. However, you would need to pay for the accommodations like room and board.

The accommodation costs for long-term care are set by the Ministry of Long-Term Care. Therefore, a long-term care home in Toronto, for instance, cannot be more expensive than one in the Algonoma region.

If you moved to a more affordable community far from a big, expensive city like Toronto but have family still living there, you can apply for a long-term home near to or in that city without worrying about having higher costs to pay.

The current maximum daily rates (same as 2019 because of COVID-19 outbreak) are \$62.18 for long-stay basic, \$74.96 for long-stay semi-private, \$88.82 for long-stay private, and \$40.24 for short-stay.

The costs of some semi-private or private homes can be less depending on the age and structure of the home.

More specific information can be found on the [Home and Community Care Support Services \(HCCSS\) website](#).

If you don't have enough income to pay for the basic room, you may be eligible for a subsidy through the Long-Term Care Home Rate Reduction Program. If you qualify, you can receive up to \$1,891.31 a month (the monthly cost of a basic room).

Eligibility depends on your income and you must already receive all of these benefits that you qualify for:

- Old Age Security pension (if you're age 65 or older)
- Ontario Disability Support Program (if you're ineligible for Old Age Security)
- Guaranteed Income Supplement (if you're age 65 or older)
- Guaranteed Annual Income System Benefit.

In order to apply for long-term care, you need to call your local HCCSS organization at 310-2222 (no area code required). Their staff will determine your eligibility, tell you about homes in your area, tell you about costs, and help you apply.

The government suggests investigating multiple homes and asking questions when you do so. The Ministry of Long-Term Care has [reports on each home](#), so you can evaluate the ones near your preferred area.

According to the [Ontario Long Term Care Association \(OLTCA\)](#), there are 626 homes licensed and approved to operate in Ontario (as of 2020), so take your pick.

You can apply to a maximum of 5 homes and your application will be handled by the HCCSS.

When a bed becomes available, you'll have 24 hours to accept or reject the offer.

If you accept, you'll have 5 days to move in. If you reject the offer, your application to all chosen homes will be cancelled and you'll have to wait 12 weeks to reapply.

To use an Elliot Lake example, St. Joseph's Manor offers long-term care. All of the rooms are private or semi-private and other features include a chapel, common television room, physiotherapy, activity rooms, and shower/bathing rooms that can handle any mobility concerns.

There are no visiting hour restrictions at St. Joseph's Manor, although notice must be given if visits extend past 8:30pm. They offer 24-hour nursing and have many additional health services listed on their [website](#).

For admission to St. Joseph's Manor, call 705-949-1650 to speak with the Algoma Community Care Access Centre.

Choosing a long-term care home is an extremely important decision, and one that should be made with as much information as possible. So if you're looking to access long-term care, be sure to research your options.



**We Ontarians are so lucky, then, aren't we?
Especially if we read in an online financial advisor
from the USA— Kiplinger—what American seniors
are advised to do for their long term care needs!!!**

By [Elaine Silvestrini](#) published 6 days ago

“Unless you maintain your health and mobility for the rest of your life, chances are you'll eventually need some form of long-term care. Government estimates suggest that as many as 70% of older adults develop a need for long-term services and support before they die. Yet most adults haven't taken any steps to prepare for it, according to a survey by the Kaiser Family Foundation. The numbers are daunting. The average cost of a private room in a nursing home exceeds \$100,000 a year, according to the Genworth Cost of Care survey. The cost of a home health aide averages more than \$60,000. Medicare doesn't cover long-term-care expenses, so many Americans are on their own to fund their care. The options include traditional long-term-care insurance (purchased on the private market or as an employee benefit), a hybrid insurance policy or annuity with a long-term-care component, or self-funding care from your savings — or, if you deplete your assets, you may qualify for Medicaid.

If you can't adequately fund [long-term-care](#) expenses, you may have to rely on your family for care, which could disrupt their lives and jeopardize their own financial security. Here, we'll walk you through ways that you can cover the costs.” [and she goes on to the pros and cons of ...]

- Getting long-term care insurance— expensive,, hard to get over 50 years of age, , rates that increased 112% over 25 years, and for a benefit of \$165.00 in total, a man after 65 pays \$1700 yearly, a woman pays \$2700.00
- Through employee benefits—and about 20% of employers in the USA offer that
- Hybrid Insurance that combines life-insurance with a long-term-care benefit
- A hybrid annuity product but the rider can reduce the annuity payout for other needs
- A Health Savings Account—withdrawals later not taxed if used for medical expenses.

But we have nothing to worry about in Ontario ... do we?

Our Ontario Health Coalition is looking out for us—leafletting and spring rally coming at you through your local Health Coalition branch—but I attended a ZOOM conference last week with speakers from three different countries that alerted everyone to the nefarious intrusion into public health care by all kinds of eager investors.

That required a vocabulary lesson for me:

Private Equity Funds: Private equity describes investment partnerships that buy and manage companies before selling them. Private equity firms operate these investment funds on behalf of institutional and accredited investors.

Private equity funds may acquire private companies or public ones in their entirety, or invest in such buyouts as part of a consortium. They typically do not hold stakes in companies that remain listed on a stock exchange.

AND



A REIT is a company that owns, operates or finances income-producing properties.



- REITs generate a steady income stream for investors but offer little capital appreciation.
- Most REITs are publicly traded like stocks, which makes them highly liquid, unlike real estate investments.
- REITs invest in apartment buildings, cell towers, data centers, hotels, medical facilities, offices, retail centers, and warehouses.

The speakers raised some interesting questions for Ontarians:



Hugh Armstrong: (Professor Emeritus of Social Work, Political Economy and Sociology at Carleton University)

- ⇒ Who actually OWNS nursing homes in Ontario??—just TRY to find it out !
- ⇒ Recent figures put FOR-PROFIT homes at 57% of the total in Ontario
- ⇒ Orchard Villa? The one that just got a 30-year lease extension and permit to grow with a 15-storey building and a lease extending for another 30 years?

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The one the town of Pickering wanted to block from this expansion but Bill 23 allowed Ford to override local wishes?

- ⇒ Hugh *TRIED* to discover the ownership of Orchard Villa and traced it through “CVH6”, to Southbridge Homes to ...oops ...management provided by Extendicare, the company that the USA threw out.
- ⇒ the private nursing homes also contract out many services (food, laundry, cleaning) so those costs are hidden from (re)view.



Charlene Harrington (PhD, Registered Nurse, UCLA at San Francisco professor, LTSS policy advocate and researcher)

- ⇒ Her 10-minute report mirrored many directions that our own province seems to be taking
- ⇒ COVID “culled” 170,000 residents of US nursing homes– and infected 2 million residents and 2 million care staff
- ⇒ She put the focus on the “invasion” of private equity funds and REITs into the LTC “market”
- ⇒ She explained the figures hidden from view. Although most nursing homes report less than 1% profit for this “investment”, the curtain is drawn over
 1. Claimed disallowances and depreciation
 2. “related party expenses” that amounted to \$11 billion in the industry
 3. A mere 66% of budget funds going to CARE in these US long term care homes.



Linn Heming: (Working at “Campaign for the Welfare State” in Norway, author of “Welfare Profiteers”) In NORWAY??? REALLY???

- ◆ Her work is also based on the same questions: Who are the private companies? Who owns the long term care homes?”
- ◆ Even her own government printed a thick tome on the questions– ***“but named and shamed NOBODY!”***
- ◆ *Her experience found that raising awareness and building alliances is our only hope. She joined SIX Norwegian unions to make a platform working against health privatization*



Armine Valnizyan: (Canadian economist and writer, former CCPA senior economist, now with an Atkinson Fellow on the Future of Workers, member of federal Task Force on Women in the Economy)

- She warned that “Dark Money” is taking over our care facilities, factories, and media
- She dubbed this a **“tapeworm economy”** - when government finances profit-seeking corporations in systems of publicly funded care as they create chains, often backed by private equity. It is like introducing a parasite that slowly orbs the body of nutrients and destroys its organs.
- She had ground-breaking opinion pieces in ***The Toronto Star***. PLEASE Google some of them to benefit from her excellent research and vigorous style.

If the discovery of double-dealing and double-billing makes you furious—don't you wish for the eloquence of famous people who made insults worth preserving?

1. "I am enclosing two tickets to the first night of my new play; Bring a friend, if you have one."
- George Bernard Shaw to Winston Churchill.
"Cannot possibly attend first night, I will attend the second...If there is one."
- Winston Churchill, in response.
2. A member of Parliament to Disraeli: "Sir, you will either die on the gallows, or of some unspeakable disease."
· "That depends, Sir," said Disraeli, "whether I embrace your policies or your mistress."
3. "He had delusions of adequacy." - Walter Kerr
4. "I have never killed a man, but I have read many obituaries with great pleasure."
- Clarence Darrow
5. "He has never been known to use a word that might send a reader to the dictionary."
- William Faulkner (about Ernest Hemingway).
6. "Thank you for sending me a copy of your book; I'll waste no time reading it."
- Moses Hadas
7. "I didn't attend the funeral, but I sent a nice letter saying I approved of it."
- Mark Twain
8. "He has no enemies, but is intensely disliked by his friends.."
- Oscar Wilde
9. "I feel so miserable without you; it's almost like having you here."
- Stephen Bishop
10. "He is a self-made man and worships his creator."
- John Bright
11. "I've just learned about his illness. Let's hope it's nothing trivial."
- Irvin S. Cobb
12. "He is not only dull himself; he is the cause of dullness in others."
- Samuel Johnson
13. "He is simply a shiver looking for a spine to run up."
- Paul Keating
14. "In order to avoid being called a flirt, she always yielded easily."
-- Charles, Count Talleyrand
15. "He loves nature in spite of what it did to him."
- Forrest Tucker





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