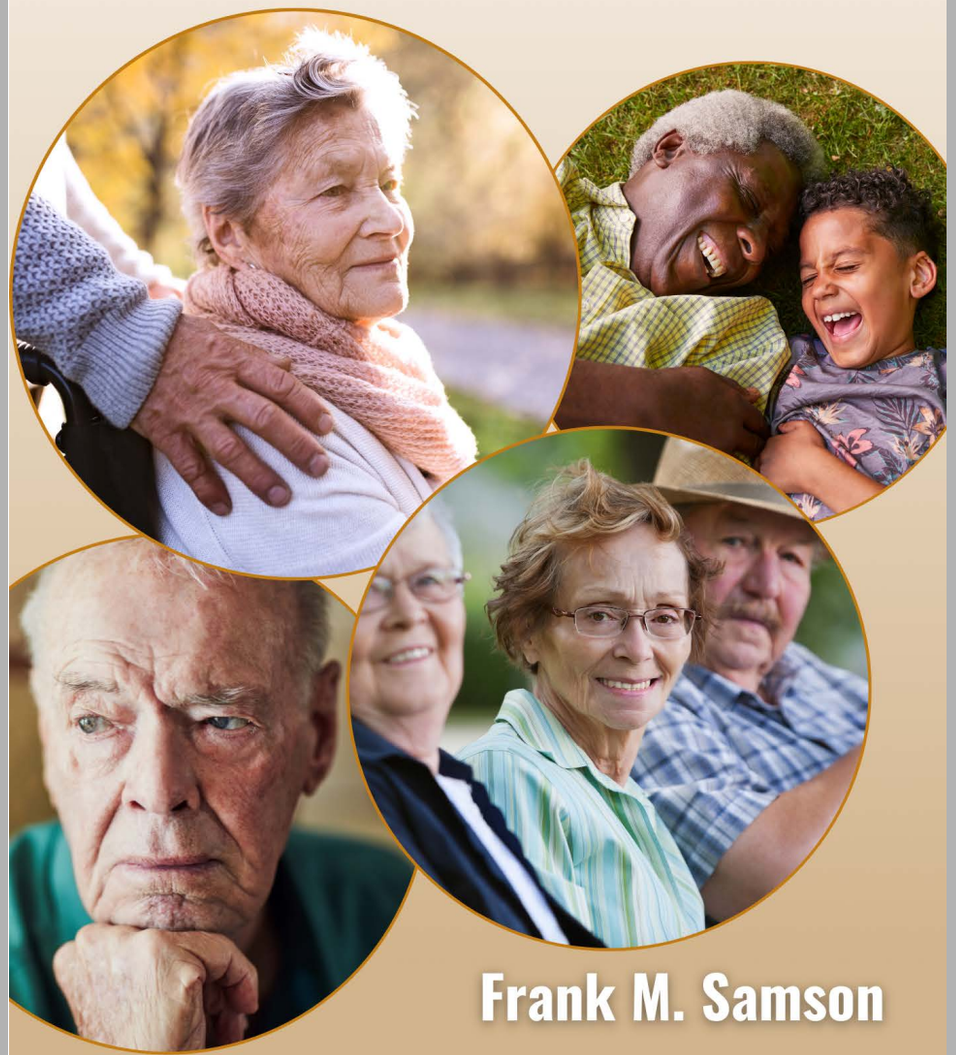
The Aging Boomers

Answers to Critical Questions for You, Your Parents and Loved Ones



Frank M. Samson

the aging boomers

Answers to Critical Questions for You, Your Parents and Loved Ones

Frank M. Samson

CHAPTER THREE

Getting Professional Advice

Many family caregivers attempt to try to do things alone for a while and make decisions alone regarding their parents, spouse, or other loved ones. Not long ago, Linda's mother had a fall and was taken to the hospital. Fortunately, she was going to be fine, but she had to go into skilled nursing for rehabilitation. Because Linda had not yet learned of the resources available to her, she had an unpleasant experience that added to her stress, as well as to her parents' stress.

I shared with Linda that there are many professional resources available to provide advice and help in navigating through the process of caring for someone. I asked Linda to join me on a call with some professionals in the industry regarding geriatric consulting and elder law. Because of my own experience in the area of senior placement, I provided her with additional insights as well.

GERIATRIC CONSULTING AND ELDERCARE MANAGEMENT

Sometimes families need an advisor and seniors need an advocate to help with the myriad options and information to be aware of. Put simply, as people age, families are often faced with issues and decisions that can sound like a foreign language. Or they realize that a loved one has needs and they have no idea where to go to find resources for those needs.

Marcy Baskin, an eldercare manager for Senior Care Authority, explained to Linda the role of geriatric consulting and more specifically, the role of an eldercare manager.

An Eldercare Manager should be able do the following three things:

- *Identify the family's priorities, both immediate and long term*
- *Recognize any barriers to getting the care or services needed*
- *Have a working knowledge of services and providers that may be of help*

This may sound simple, but each of those steps involves many, many smaller steps. Families are often caught off guard, especially in a crisis situation, which unfortunately is when most people call me. No one likes to speculate, when things are going well, about what will happen if mom gets dementia, dad breaks a hip and ends up in the hospital, all of a sudden a loved one who has not been seen for awhile is repeating herself and seems confused or agitated for no reason.

Identifying priorities covers a very large territory. If the family is in crisis (medical, unsafe living situation, etc.), we look at how to take things out of crisis mode. For example, if mom has been hospitalized for a medical condition and during her stay, we start to see behaviors that indicate short term memory loss or other signs of dementia, we have to think about what that means when she is released. Where will she go? Rehab? Home with caregivers? To assisted living or other residential care? We take a realistic look at what will serve the individual best — and that's a big conversation right there.

Then there are barriers, such as emotional stress about wanting to go home and not be "placed." And if going home means having home care, who figures out what is needed, how much care will be required, whether there are modifications to the home that need to be made for safety and comfort?

A big issue is money. Getting old and needing care is not an inexpensive proposition. It's lovely to have healthy financial resources but, no matter what, a detailed financial picture needs to be drawn to know what the options are. Is there long-term care insurance? Veteran's benefits eligibility? Life Insurance? If long-term care is what we are looking at, does a house need to be sold to pay for that? What about a reverse mortgage? How do we know if that's a good idea or not? Can family members contribute to care costs? Are there powers of attorney in place? Advance directives? A POLST on file?

And if that isn't enough, there is the entirely separate category of family dynamics and how that plays into the big picture. So you can see how this can be a lot of pressure on a family, arriving at their doorstep all at once.

Visiting with the family is an important part of the process, along with encouraging them to ask me a lot of questions. Once they become a client, I become a partner in the process for as little or as much as they would like to use my services. I have accompanied someone to medical appointments, ensured that their pets are not overlooked, found home-care, located residential care options, helped implement a discharge plan, helped get referrals for providers, etc. The whole gamut.

What I try to do is break everything down into baby steps, see who can do what, and track that each step is implemented to make way for the next. I like to share that I know firsthand what families are going through. As I always say, I went to boot camp when each of my parents became ill — Dad with multiple physical disorders, starting in his late 60s, and my Mom with Alzheimer's Disease. Particularly with my mother, I had absolutely no idea where to start, who to talk to, or how to know what was best for her.

My experience was that even in my 50s, with all the life experience I'd already had, all the cars, appliances, homes I had bought, I was completely unprepared to shop for care options and find resources to help my parents. I did it, eventually, but it was frustrating, overwhelming, and very isolating. Not a good place to be when I was already dealing with the loss of my parents as I knew them.

The other part was that it felt like I had no one to talk to about it as I was caregiving or as I was overseeing care decisions for someone else. That's an experience like no other. An eldercare manager can't change what life has thrown at a family, but she can definitely take the edge off some of those moments where the path is very unclear.

Though it is quite clear that often the elderly would like to live at home for the rest of their lives, many cannot live safely at home. There are numerous reasons for this:

- *Alzheimer's or another form of dementia which is becoming too difficult or unsafe for the family to provide care.*
- *Family dynamics, including those living long distances from one another.*
- *There is no family to take care of the senior.*
- *High cost of outside caregivers when assistance is needed regularly.*

SENIOR PLACEMENT ADVISORS

After Linda's mother was discharged from the skilled nursing facility, a good option may have been for her to take one more step before going home, assuming she was able to go home. She may have been able to go to an assisted living location, maybe even one with as few as five or six other residents, where the caregiver-to-resident ratio is excellent for someone in her particular situation.

With over 45,000 licensed assisted living locations in the United States and only 15,000 skilled nursing facilities, there's movement toward long-term living at various types of assisted living locations. These can range from smaller four-person residential care homes to larger, 200-bed assisted living communities.

Today, skilled nursing facilities are placing greater emphasis on short-term stays over long-term stays. Short-term rehabilitation has become a necessity for skilled nursing facilities, bringing in additional revenue and higher margins.

Because of this shift in long-term care living, companies of all types and sizes are starting up to capture a segment of this growing population. One type of company is known as a senior placement agency. This segment of our industry has the ability to provide tremendous value to families whose loved ones need a different place to live and be cared for. I provided Linda with an explanation of this type of service. I also wanted her to be aware of similar services that are not offering the quality assistance I believe is needed for families.

Full-Service, Senior Placement Agencies have local representation that are trained and experienced to assist with various aspects of the placement process, whether they be with assisted living communities, memory care locations, or residential care homes. Commissions are normally paid by the particular locations to the agency (similar to the real estate model), so families may not have to pay additional fees. These companies usually represent most of the locations in the area. Services may include assessing the needs of the family's loved one, meeting "face to face" with the family, providing background information on locations including any state reports

noting citations or deficiencies, accompanying families on visits, being familiar with each location, helping negotiate the best rates and assisting with any medical information from physicians and other resources to help with a smooth transition. Though some of these agencies have an online presence where some information can be learned about the senior, the goal is to meet locally with the family and guide them to the best options. The key benefit of this service is having a non-biased professional who assists the family through a process that can be a daunting task filled with stress.

Referral Services — As the name describes, a "referral" is when someone is directed to a source for help or information. Though this is not a service I would recommend, there are scenarios that you can find yourself in without even realizing it:

- You may fill out a form online about a particular assisted living community or care home where they ask a few questions on a web form. In some cases, they automatically send information directly to several assisted living facilities and have them contact the family directly. The challenge is that the "referral" is sent to many locations, sometimes a dozen or more, and representatives from the locations will call the family contact by phone. The companies do not have local representation to meet with the families. If a representative from the "referral agency" does call you on the phone (usually from a call center), they have not usually even seen the locations they are referring the family to. Also, the myriad phone calls often adds additional stress to the situation.
    - WHAT TO DO? If you search online for information, make sure you read the fine print so they are not automatically sending your information to several facilities. Also, if you receive a call from a representative of the referral agency, tell them you do not want to receive any phone calls from the various assisted living locations and not to share your information with any of these locations.
- Upon being discharged from a hospital or skilled nursing facility, they may provide a list of assisted living locations to the family in the area. These locations are just a list and have not been visited or reviewed by the hospital or nursing facility. These locations may also have multiple citations issued against them that the hospital or nursing facility is unaware of. The families will also have to visit and determine on their own if the location is the right fit for their loved one, which can be time consuming and stressful, especially if your loved one is being discharged in a matter of a few days.

- WHAT TO DO? Ask the discharge planner, social worker, or other representative if they know of a "full-service" senior placement agency, as described previously.

As in Linda's case, helping to reduce family stress and not add to it during this decision making process is essential as the need continues to rise for advice on assisting living options.

ELDER LAW ATTORNEY

Elder Law is a generic term used in this field. You may think all elder law attorneys do the same thing, but there are different specializations in this particular field. I advised Linda that she would need the services of an elder law attorney in regards to legal documents that should be implemented and expectations in regards to long-term care, such as nursing. I asked Phillip Lindsley, a certified Elder Law attorney and the founder of San Diego Elder Law Center, to explain more details of this profession and the areas that could be of help to Linda.

When I first started practicing, in 1980, they did not have the field of elder law. That didn't come about until some years later. We had different labels for those of us who did estate planning, that had an emphasis on incapacity and disability issues, mental health issues, and the like. Those who were interested in that area tended to also be concerned about community resources, public benefits programs, and, in the case of elders, Medicare rules and regulations. With time, come the late 80s, you first started hearing the term "elder law," and then slowly we started identifying ourselves as elder law attorneys, which now has come to mean a pretty defined set of legal skills.

The National Elder Law Foundation is the accrediting organization, and they have some definitions of the various skills that are part of an elder law practitioner. The core of the field of elder law really is the familiarity with rules and regulations regarding public benefits, Medicaid, Medicare, VA benefits, and community resources. In addition, a good elder law practitioner should understand the laws concerning incapacity and disability, and be able to put that together, understanding the resources and understanding the challenges of incapacity and disability for the clients and their families.

Elder abuse at facilities is a different beast. For that, you'll need a litigation attorney. Some of them identify themselves as elder law practitioners, but that's more of a marketing thing. Most elder law practitioners — and the field of elder law — are more about planning. That's different than filing lawsuit for injuries, but certainly an elder law attorney should be willing to and to address grievances, if that's what it takes.

Some firms, like ours, have a full time social worker on staff, just to help be able to go to facilities and talk out our issues and negotiate better treatment for our clients if that's an issue, so we don't have to be filing actions. If necessary, we do, though, and I think if you're looking for an elder law practitioner, you should look for somebody who can do those type of things as well as look at the estate plans and make sure that they have the proper language.

WHAT NURSING HOMES DON'T ALWAYS TELL YOU

After Linda's mother had her fall, she was taken to the hospital, then to a skilled nursing facility, then she was discharged to her home, where her father needed to provide care and supervision. Her father was not equipped to provide her with this assistance, but the family didn't think they had a choice in this matter.

Quite often, family members whose loved one is going to be discharged from a skilled nursing facility may not be ready for them to go home yet. Usually when that happens, everybody is in a panic. The reason they are in a panic is because the decision is often made a day or two prior to discharge that particular senior or family member, and everybody is scrambling to either get family assistance, find in-home care or assisted living.

I asked Phil to provide his input to this type of situation so Linda's family does not have this negative experience again.

Well, first off, in most of the scenarios of someone being discharged, the families welcome the discharge. I certainly wouldn't want to be in a skilled nursing facility any longer than I needed to be. There are situations where, as you said, they just don't seem quite ready yet. Like Linda's situations, sometimes the family can't visualize any level of care anymore as appropriate as skilled nursing. The problem is the incentives for the family and facility may not always align. For the family, they want the best setting for the level of care that is appropriate, and for the facility, their business is they want as good a profit margin as they can get. The fact of the matter is, they can get a better profit margin treating people for the short term, when Medicare or private insurance is paying, and less so for longer term, which is sometimes known as custodial patients. They have an incentive to move people out as quickly as possible, and that may not always be identical to what is medically the best option. That's where the struggle begins.

People have rights at that point that they're simply not aware of, both under federal and state law. The problem is the facilities usually are delivering the information in commandments, rather than conversation. As you pointed out, they say something like, "we're discharging your father

Thursday at 10 a.m. Have the car ready, and I'll help you load him in the back." That doesn't sound like there's a whole lot of room for discussion of options of whether or not that's appropriate. Most people assume that's what they have to do, whether or not that seems prudent to them or not.

Families do have rights, and you should note that most of the law in this area is federal. States may add to those, but they can't do less. They can add more. We have some extra laws out here in California, but most of what I'm talking about here is federal law and applies everywhere. Most discharges are considered voluntary, the vast majority of them. When they say, "It's time to go on Thursday," and you don't know you have options and leave, that's considered a voluntary discharge. It may not have sounded like it to you, but it is. If you are willing, however, to say, "No, I don't think he is ready. Let's talk about this," then a new process that people aren't aware of comes into play. It's considered involuntary discharge.

There are only six reasons, under federal law, that they can discharge people who are willing to say, "Now wait a minute here, I'm not so sure this is appropriate." One, is if they can prove it's necessary for their welfare and their needs can't be met by the facility. Another one is because their health has improved or they no longer need that level of care. Another is the safety of individuals in the facility is endangered. The fourth is that the health of other people is

endangered. Five is that there is refusal after proper notice, and legal process to pay. The final one is the facility ceases to exist.

Notably, what's not on that list, is, "We don't have any custodial beds." This is something people often hear. Or, "We are a short term care facility only." This is where that incentive for the facility to not have people who are going to be on Medicaid, comes into play. Under the law, those are not grounds for discharge. That is quite clear. Form of payment is irrelevant. You cannot discharge, and there is no such thing as not having a "custodial bed". If you are in a bed, you've got a bed. If Medicare isn't paying anymore, that may be a correct statement. It's not grounds for discharge. Conversion to Medicaid is not grounds for discharge. Difficult, demanding problem residents aren't grounds for discharge. Somebody who talks a lot or wanders around the facility, or howls at night, these are challenges for them. These people need to be somewhere. Those are not grounds for discharge.

Even it you are being told Medicare won't pay anymore, that doesn't necessarily make it so. It may be true. That's a whole issue in itself. Facilities are often applying the wrong standard about whether or not Medicare pays or not, and not even bothering to bill Medicare. It is an issue the family needs to address. Number one, they need to ask, "Is this true? Is Medicare no longer paying? Do we have any appeal

rights with Medicare on that issue?" The answer to that is always "yes." If Medicare is no longer paying, then the family has the right to discuss whether or not mom needs to stay there, private pay, or if the family is able to qualify for the assistance from the long-term Medicaid program. That particular Medicaid program has some substantial middle-class benefits. A lot of people will qualify for assistance under the program that are not aware of that fact. If somebody wants to stay there and do an application for that program, and thinks they may be eligible for assistance, that is not grounds for discharge. Again, Medicare isn't paying anymore, may or may not be a correct statement. It's not grounds for discharge. It's grounds for the family to discuss whether or not there are other program options out there other than Medicare.

If Medicare truly has stopped coverage, the family can always private pay if they cannot qualify for Medicaid. Of course, again, make sure the statement that Medicare is not paying anymore is a correct statement. There's been a lot of litigation on that. There have been interesting changes of the regulations in the last few years, potentially extending Medicare coverage in skilled care. That said, let's assume that in fact Medicare payment no longer is an option, yes, they certainly have the right to stay if they are private pay, and they certainly should take a look and see if there is a possibility for assistance under the Medicaid program. Again,

a lot of families have no idea about the benefits that can come there. There are particularly liberal eligibility rules if there is a spouse, what we call spousal protection rules, that allow quite a bit for assets and still qualify for the program. I would suggest anybody who finds themselves in that situation, and they don't think discharge back home, or to assisted living, or board and care, is appropriate, consult with an elder law attorney who is knowledgeable about Medicaid in their area. They may be pleasantly surprised.

People have a right to written notification about discharge. Theoretically, the grounds for discharge are supposed to be adequately documented in the chart. The law requires that there be an exploration by the discharge planners as to the alternative in the community. The law mandates that the family be involved with this discussion, if there is a family that wants to be involved. There's got to be sufficient orientation and preparation that the facility must provide and a post-discharge plan of care developed in consultation with the family.

For best results, it takes somebody, even themselves, to be willing to be an advocate and ask questions, or a family member being willing to step up and say, "Well, wait a minute here. I've got some questions." Or, "How's that going to work?"

I often tell my clients that if every time they are told something at a facility that sounds like a commandment or a statement about what is going to be, that they get in the habit in their mind, of adding to the front of the statement this sentence: "We would like to talk to you about..." Or "What is your opinion about...?" Just by doing that, you'll have a much better idea of what the law requires. That is what the law requires. The law requires a discussion with you, a thoughtful discussion, and an actual written plan by them that makes sense.

The skilled nursing facility may be correct to say they've done all they can do. However, in Linda's mother's case, the doctor said, "Listen, we are going to discharge your mom, but she is going to need 24-care, or somebody with her all the time to decrease the chance of a fall," or whatever the case may be. That really is what was really challenging for Linda's family. They didn't know that. "Wait, we work. My father can't handle it, and I don't have anybody to come in. How much is that going to be?" This is a big issue. Phil responded:

Yes, on one hand, you have the clinical opinion. On the other hand, you have the practical considerations of support network and the cost. One family may have a large number of active involved people, and with some community support, a little extra for some paid caregivers, dad may be able to stay home. Another family may not have the same resources, and there's just no financial way given their income and assets that they are going to be able to pay for 24/7 caregivers. If that's the case, maybe the discharge is inappropriate. You can't discuss discharges in a vacuum.

It may make sense for one person to leave skilled nursing because they have options for lower levels of placement that make sense clinically and make sense financially, whether it's at home or assisted living or memory care. It may make sense. If it is not an option, and for that family it does not make sense, either because of the level of care required and the family resources, or the finances, the discharge is not appropriate. Maybe the family member is exactly where they need to be, regardless of what the facility feels about their profit margin, should that person start getting assistance from Medicaid and stay there.

I urge people to get involved here and know what their rights are... and if things aren't going well, whether it is a care concern or a discharge issue, don't start yelling at the nursing assistant. I know you're frustrated. I know you want to see the best care for your parent. You're yelling at the wrong person. Yelling isn't going to get you what you want. More likely that not, I think people who get overly frustrated end up with restraining orders. Then the best family advocate is sidelined.

What you need to do is talk to those people calmly. What you need to do is talk to the Director of Nursing, or somebody higher up. Say, "I have these issues. What do you think about this? What are you going to do?" That will be a much better conversation. If you hear things in that conversation you like, such as, "I agree. We need to check your father's incontinence issue more frequently." Or "We need to turn him more frequently." Then you go home and you write a letter to that person and say, "I was so happy to speak to you today. I am happy that you say you are going to do this, this, and this." Once you put something in writing and send it to the facility, you have elevated yourself as to a person that will hold them accountable. They have to put that letter in the file. Now there is something objective. Don't yell at the nursing assistant. Talk to the people higher up, and document, document, document. Don't be hesitant to find out what your appeal rights are in your county. You will, under federal and state law, have the right to file complaints and appeal. That documentation can only help.

ESTATE PLANNING

Many make plans ahead of time to prepare for when someone dies. However, there is planning that should be done while someone is still alive. Sometimes this type of planning is overlooked by families, which can make things very difficult when important decisions have to

be made. I asked Jamie Watson, from the law firm of Gaw Van Male, to go over with Linda the importance of estate planning and to discuss the planning documents her family should have so they do not create unnecessary stress and possible legal issues later.

When folks come see me and ask about doing estate planning, really what I try to explain to them putting together an estate plan encompasses multiple things and we'll talk about that. An estate plan is a system of lifetime management of the assets in the event that, for example, if I've become incapacitated, who do I want to manage those assets, how do I want those assets managed, who has the power to sell assets, who has the power to buy assets. Really, what I think most people understand is a designation of your wishes when you pass away. How do I want those assets to go my loved ones or my children, my spouse, and under what terms do I want those assets to pass to those individuals?

For most people, (95% of my clients who walk in here), we talk about a living trust. Really, that's the centerpiece of an estate plan. A lot folks know and have heard the term "revocable living trust" or" living trust" and, really, that's the hub of most people's estate planning documents. The living trust is the designation of the wishes, how assets are to be managed during my lifetime and also where those assets pass upon my death. Surrounding the living trust, if

that's a centerpiece, are several other key documents. To me, one of the most critical is a durable power of attorney for finance. We'll get into that a little bit. That's a designation of the assets, outside of the trust.

For example, my home goes inside of the trust, physically moving the title into the trust. My bank accounts physically move inside of the trust. Well, certain assets like IRAs, 401(k)s, 403(b)s, you don't physically put inside of a trust. What you need in that circumstance is a well-drafted power of attorney to be able to deal with those assets in the event that I'm unable to or I'm out of the country, I'm incapacitated or I'm just not able to deal with those assets outside of trust.

Certainly a really important document is also an advance health care directive, designation of wishes in the event that I can't make medical decisions for myself. That's another component of the estate plan.

For most, their main asset is their primary residence. You can have a great trust and it can be the best-drafted trust in the world, but if you don't fund the trust, meaning move the assets into the trust, it doesn't do anything for you.

What I find is a lot of folks come in and have done a living trust, but when they go to refinance their house, the bank says, "Well, you need to take the house out of the trust so we can refinance it," and they never put the house back into

the trust. It can create a lot of issues and the folks thought they've avoided probate maybe on the death of one of their spouses or the death of the second individual, married couple, and they come to realize that the house was taken out of the trust and it was never put back in. You have deeds that are a component of the estate plan.

Also, a lot of times, we do Health and Privacy Act releases, so designated individuals can have access to medical records, which is extremely important when they're dealing with medical situations, especially aging clients. Also, coordination of beneficiary designations outside of the trust, so 401(k)s, 403(b)s, IRAs, making sure how assets pass to your loved ones are coordinated with the terms of the trust. Often times, we coordinate the beneficiary designations with the trust as well.

I brought up to Jamie that Linda's parents never did a trust, but there is a will. It says where everything should go and who's going to get jewelry and other things. I asked Jamie to help Linda understand better the benefits to a trust.

Most folks, what they don't realize, when we talk about a will and when it is effective. A will, in the term that folks and the legal community use, "speaks death," meaning that the provisions of that will only become effective the moment I pass away. Often times, for individuals, you're looking

for assistance, especially. I've seen many, many clients who have loved ones who are starting to decline mentally with the onset of maybe dementia. It's becoming more and more frequent that I see clients like that. Often, a will is not going to dictate the management of those assets during my lifetime. It only talks about what happens to those assets at death. The trust is a system management for assets during your lifetime if you're starting to decline mentally and you're unable to manage your assets.

The other major reason people use a trust over a will is the avoidance of probate. When I have a will and it speaks of death, like I said, you have to submit that will to the probate court, which is a public proceeding. A lot of folks like the privacy of the living trust. They don't want their assets in the public eye, and having probate is public. A lot of folks, when they submit the will to probate, don't realize that that's a long process, six months, a year-long process depending on where you're located throughout the United States and on the courts.

Whereas with the living trust, you don't need to go to probate. You can come into the attorney's office who drafted it and they can administer the trust in the office in a private setting. Most folks like the privacy aspect of the living trust as opposed to a will and a lot of folks like the efficiency of the trust administration a lot more.

Though I mentioned to Linda earlier about getting a power of attorney, she hadn't done it yet. Now that her mother has fallen and she's seeing firsthand more of the issues that can arise and complicate things, I wanted to emphasize the importance of getting this done. Jamie offered Linda advice about this document and how estate planning and power of attorney relate to each other.

To me, the power of attorney, if you do nothing else, especially if you're an aging individual, is just such an important document to have, regardless of whether or not you do the revocable living trust. The reason is that if you do not have a power of attorney and you start to lose your capacity and you have an inability to make financial decisions, the only alternative that your loved ones have is often going to a conservatorship, which is incredibly expensive, in terms of legal fees. It can be a very demeaning process, because you, as an individual now, are dragged in front of the court and your loved ones are asking the court to enter an order against you that you don't have the ability to manage your assets and you don't have the capacity to manage your assets.

Having a well-drafted power of attorney is an extremely critical thing. I tell my clients, "Look, if you do nothing else, if you walk out of here and do nothing else, just do yourself a favor and get a well-drafted power of attorney, because it'll enable you do to so many other things in the future."

Now, that being said, you alluded to the fact that it scares people. Well, it should scare people a little bit because you are giving the agent a lot of authority. My thought is that's why you carefully select that individual. You make sure that it's someone that's close to you, that you can count on to make critical decisions for you at critical times. A lot of care and a lot of thought needs to go into that decision.

There are generally two types of powers of attorney. This is specifically related to financial powers of attorney. I kind of touched on powers of attorney for health care, but specifically in relation to financial powers of attorney, there are really two types. One is called an "immediately effective power of attorney," meaning when I sign the document and I name you, you now have the authority to have total capacity the moment I sign that. You have the ability now to go out and take action under that power of attorney. Sometimes, that scares individuals, but I'll explain my bias and why I like immediately effective power of attorney.

The other type of power of attorney is what's called a "springing power of attorney." Think of it as springing into effect only when a doctor — or normally two doctors — declare that I'm incapacitated. It's effective only at the time that I don't have the ability to act for myself, according to two doctors, or whatever the instrument says.

To review, there are generally two types of powers of attorney. One, as we've been talking about, is the financial power of attorney. The second is, and certainly I think is a very, very critical document and most folks, I really encourage having one of these in place too, it's a financial power of attorney for health care. I can name someone as my agent under that document and they now have the ability, when I can't make my own medical decisions, to act on my behalf. Really, it deals with end of life type decisions. Do I want to be on a feeding tube? Do I want to have any artificial ventilation? What type of pain relief do I want at the end of my life? It deals with those decisions, but also lets you deal with my day-to-day medical decisions. Should I go see this doctor or should I go see that doctor? Very important document.

The other thing I'd leave you with is when you're seeking out legal advice, you don't, as the consumer, typically know the questions to ask. You should have an attorney or another professional for that matter who you feel comfortable with and asking questions that you necessarily haven't even thought of. You really want to have someone who's listening and asking and extracting questions and trying to get thoughtful answers out of you as opposed to someone who just produces the document.

* * *

Linda will now make sure she retains the services of a eldercare consultant and uses the services of a full-service placement agency. She is now clear about not having to go through this alone.

Also, she now has the power of attorney forms completed and she and her father are working with an attorney to put together her parents' estate plan.

She is also much clearer as to the best way to deal with hospitals and skilled nursing facilities, especially if the family member is not ready to be discharged.

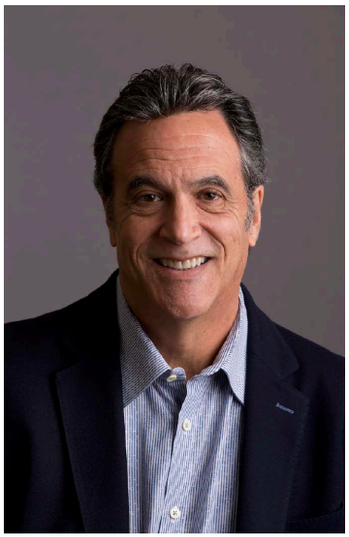
CHAPTER FOUR

The Realities of Long-Term Care

Long-term care can mean many different things to various people. I like to think of it as long-term living versus long-term care. There are numerous options for Linda and her parents to choose from. For example, if they stay at home, they can consider getting a home care agency. Or what about hiring a caregiver — will that be less expensive? Also, if they stay at home, going to an adult day care program could be an option. What are the cost differences between assisted living and home care? How does assisted living compare to skilled nursing? Linda heard from various experts I arranged for her to talk with to get the answers to these questions.

There is a lot to consider, but I wanted Linda to get all the information so that she, her siblings, and their parents can make intelligent decisions together for the parents' long-term living plan. I spoke to Linda about communicating with her parents about this plan and also preparing her for the fact that guilt could set in on her part if things don't go according to plan.

About the Author



Frank M. Samson is the founder of Senior Care Authority and The Aging Boomers Radio SHOW and Podcast. Before founding his own business which he has franchised nationally, he worked in the franchise and travel industries for over three decades.

Frank's passion for senior care comes from personally experiencing the challenges that face families today. After several years of researching the health care and senior services industries, he began Senior Care Authority to

provide elder care consulting and senior placement. Senior Care Authority (www.SeniorCareAuthority.com) began by servicing and assisting families initially in Northern California. The company has franchised its program and now assists families around the country through its network of local, professional Senior Care Authority placement agencies.

His expertise in senior care has given Frank the opportunity to write a regular blog and host a radio show podcast called The Aging Boomers (www.AgingBoomers.com), which also appears on iTunes, iHeart Radio, Spreaker, Stitcher, local radio stations, and is available as a free app on iPhone and Android phones.

Frank is a Certified Senior Advisor (CSA) and is a member of the Section on Aging Chapters and Senior Roundtable groups in Northern California. He is a Certified Senior Advisor, a member of the Society of Certified Senior Advisors, and an Honorary Faculty Member at Michigan State University.

Frank and his family are originally from Michigan, then lived in the Chicago area before moving to Sonoma, California, where he currently lives with his wife Michèle. They are very proud parents and grandparents to their two children and their spouses, and their four grandchildren.

With My Compliments

Thank you for reading this book.

There is not enough space in this short work to include every situation of families planning and caring for their loved ones, though my hope is that the guidance that the experts and I provided to Linda will help you with your particular situation. However, each senior is different and each family's needs are different.

If you would like to email me for advice on your particular needs, please feel free to contact me at frank@SeniorCareAuthority.com.

As a gift to you, I'm offering a complementary 30-minute consultation to assist with your loved ones needs, whether you need general advice or references for help in your area. To arrange for this free consultation, go to www.SeniorCareAuthority.com/consultation.

Website: www.SeniorCareAuthority.com
Podcasts: www.TheAgingBoomers.com