



The JOURNEY OF ELDERCARE

Financial & Legal Issues

Financial



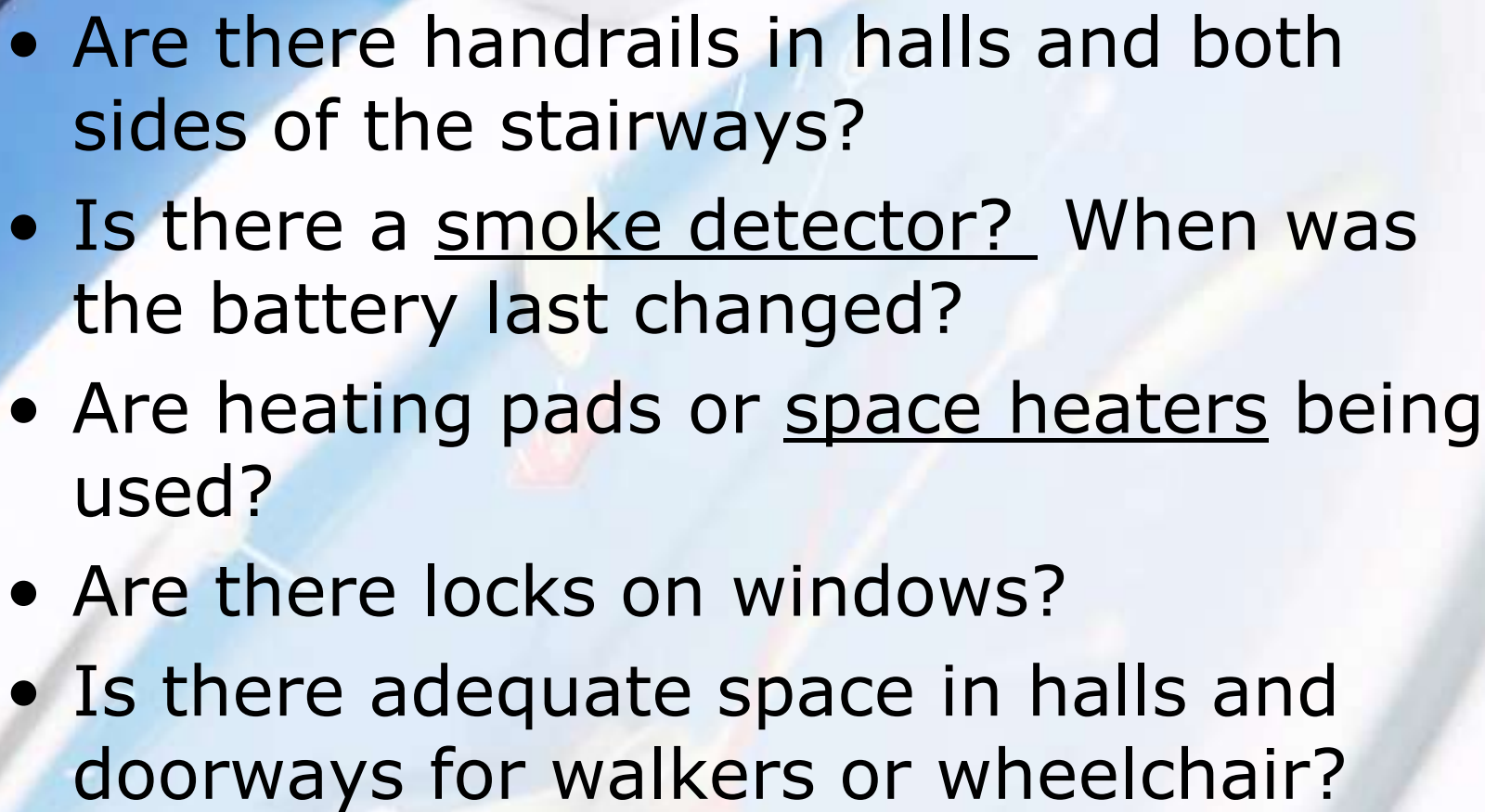
Where to live
and how to
afford it.

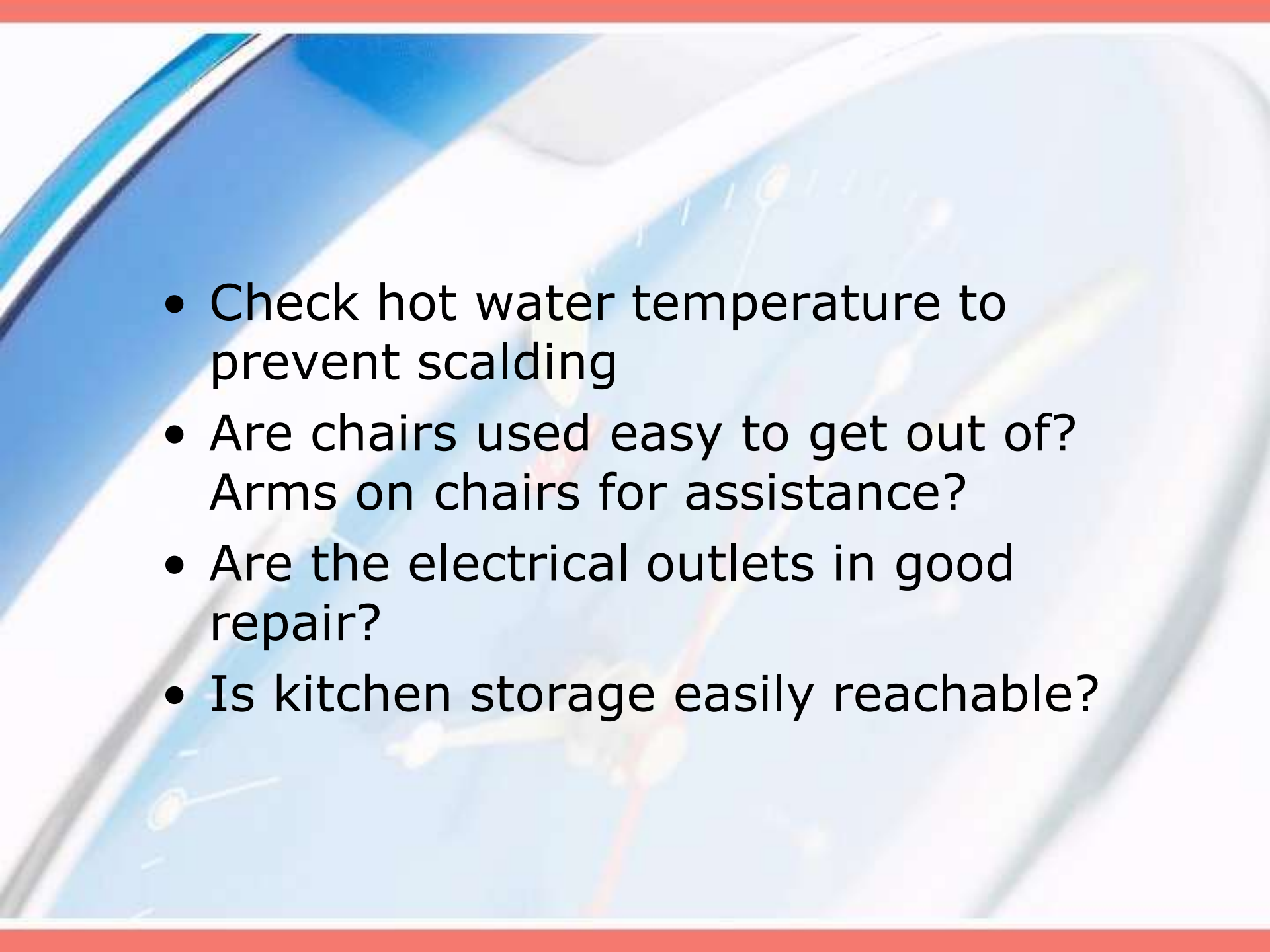
Staying at Home Requires Planning Ahead

1. “Age-proofing” modifications to keep environment safe
2. Consider reverse mortgage – but make provision for circumstance where they need to leave home for more care
3. Transportation – need a plan for getting groceries, to doctors, pharmacy, when no longer able to drive.
4. Need plan to avoid Isolation

Start with a Home Safety Assessment

- Is adequate outside lighting being used?
- Are outside steps clearly marked?
- Are there handrails on outside stairs?
- How is mail obtained?
- How is garbage taken out?

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- Are there handrails in halls and both sides of the stairways?
 - Is there a smoke detector? When was the battery last changed?
 - Are heating pads or space heaters being used?
 - Are there locks on windows?
 - Is there adequate space in halls and doorways for walkers or wheelchair?

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- Check hot water temperature to prevent scalding
 - Are chairs used easy to get out of?
Arms on chairs for assistance?
 - Are the electrical outlets in good repair?
 - Is kitchen storage easily reachable?

Telephone Assessment

- Is there a phone that is easily reached from bedside?
- Phone in kitchen?
- Phone near TV and/or favorite seating area (without getting up?)
- Is there a phone that is reachable from floor?
- Is emergency info on phones?
- Does the phone have an illuminated dial?
- Does it have oversize numbers?
- Does the elder need an audio enhancer?

Once Just an Aging Sign,
Falls Merit Complex Care

The New York Times

November 7, 2008

Falls can spur deadly spiral

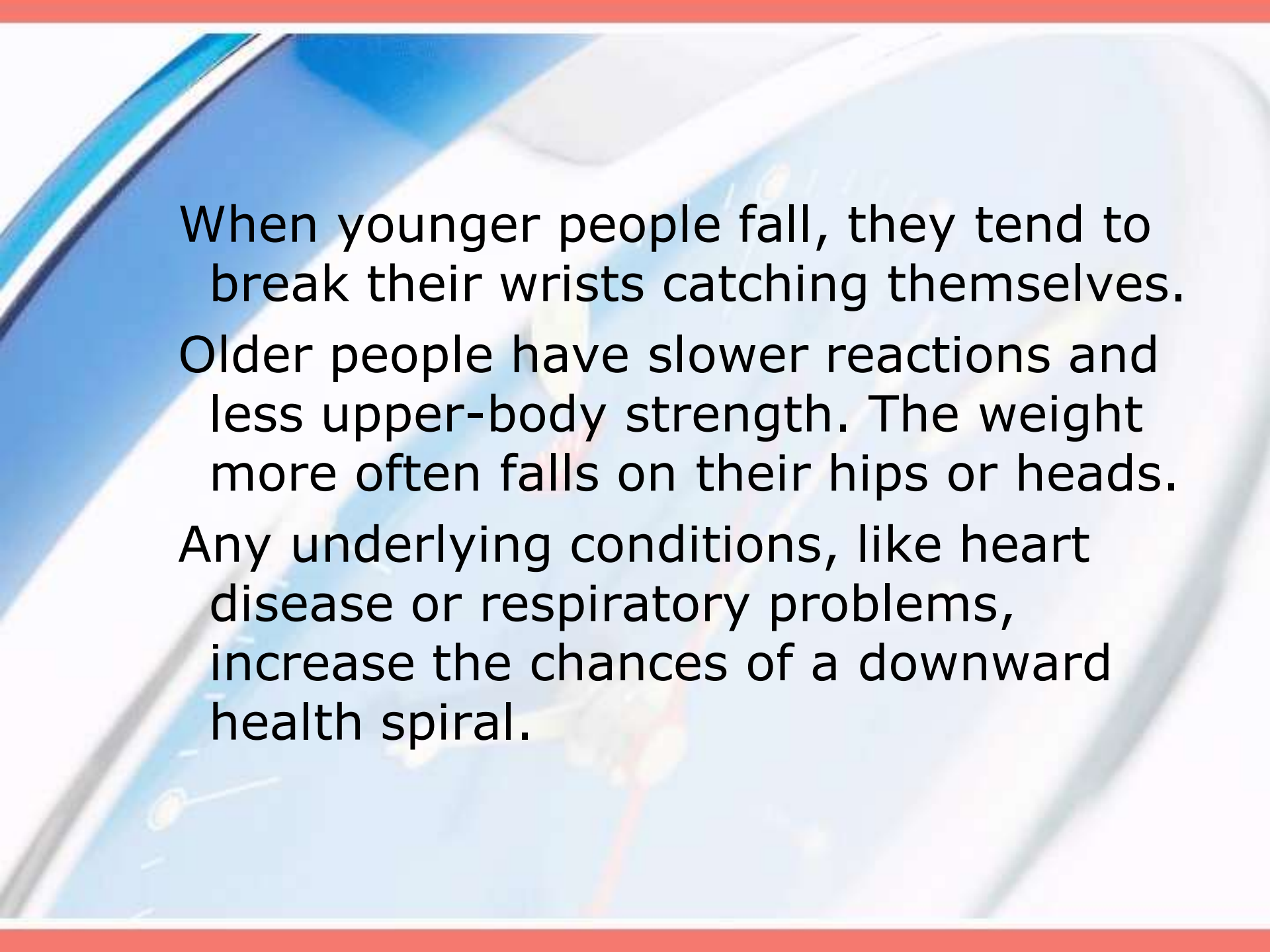
John Leland, New York Times
1 in 5 over 65 with hip fracture dies
within a years, statistics show

Fall Risk: Statistics

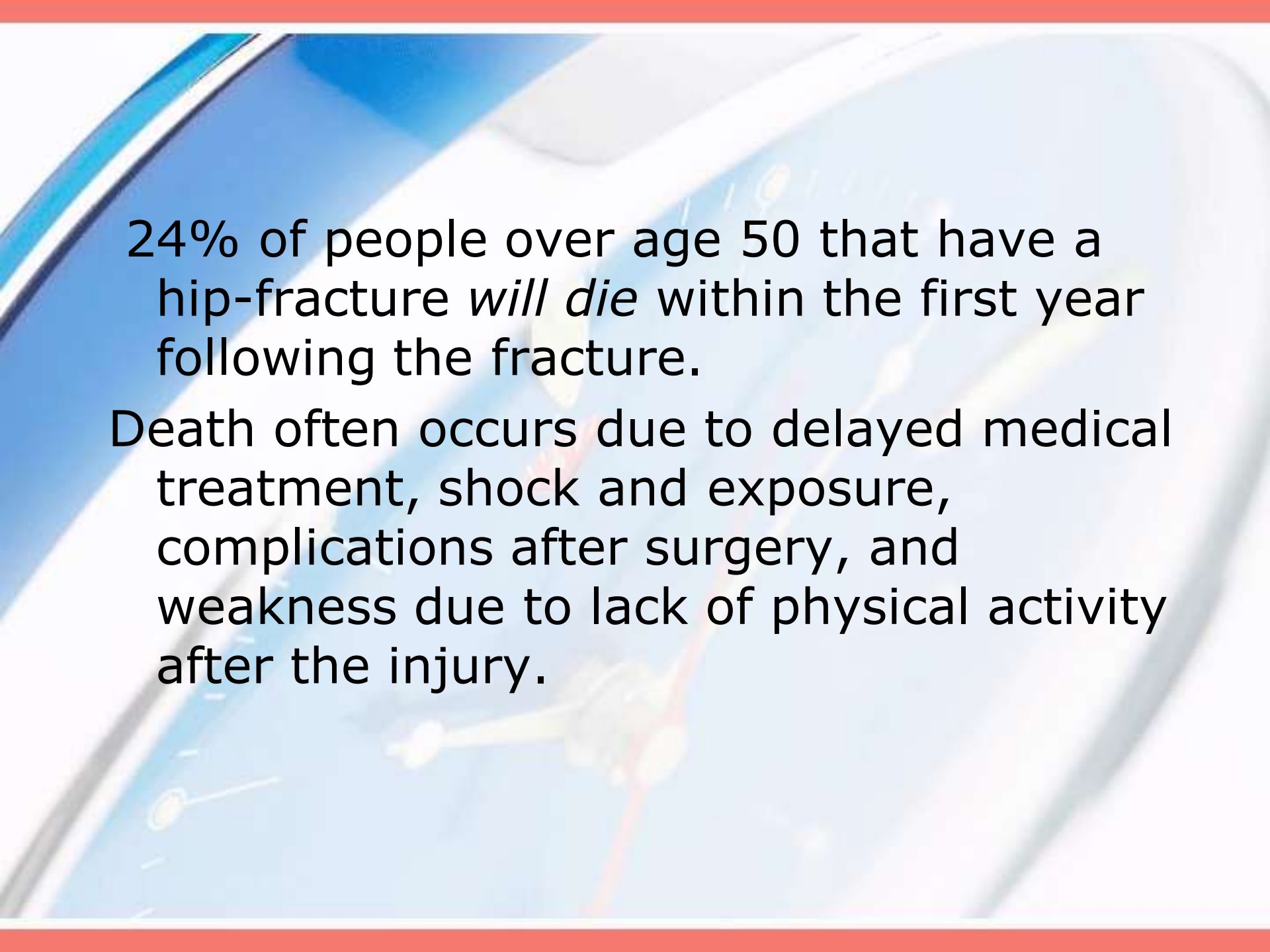
- Roughly 35% of people over age 65 fall in any given year.
- 1.8 million over age 65 are injured in falls
- In 2005, 433,000 people over 65 were admitted to hospitals after falling, and 15,800 died as a direct result of the fall.
- Approximately 280,000 suffered hip fractures

Hip Fractures

- Half are unable to walk again unassisted
- 25% end up in nursing homes permanently
- One in five hip fracture patients over age 65 die within a year after surgery
- One in four have to spend a year or more in a nursing home.



When younger people fall, they tend to break their wrists catching themselves. Older people have slower reactions and less upper-body strength. The weight more often falls on their hips or heads. Any underlying conditions, like heart disease or respiratory problems, increase the chances of a downward health spiral.



24% of people over age 50 that have a hip-fracture *will die* within the first year following the fracture.

Death often occurs due to delayed medical treatment, shock and exposure, complications after surgery, and weakness due to lack of physical activity after the injury.

Many Falls Are PREVENTABLE

- Increase lighting
- Add treads and rails on stairs
- Make thresholds level with floor
- Replace loose carpets or high pile carpet with low-pile, high density carpet



Home Adaptations

- Replace polished tile flooring
- Remove throw rugs or add skid-proof rug pads under them
- Consider replacing the sofa with....
- Sturdy chairs with arms and no wheels
- Add ramps wherever there are steps
- Widen doorways to at least 36" to accommodate walker or wheelchair, especially bathroom doors

'Elder' Adaptations

- Install hand rails into studs along hallways.
- Consider raising electrical outlets to 36" to avoid bending over to plug in.
- Remove coffee tables with sharp corners
- Add countertops in the kitchen for convenient storage without bending, and lazy-susans in corner cabinets
- Replace door knobs with levers

Bathroom Safety Equipment

- Install grab bars into studs in bathroom walls inside tub or shower and near toilet
- Replace step-in tub with shower
- Install raised toilet seat (19")
- Install soap and shampoo dispensers on shower walls
- Install nonskid surfaces on tub and shower floors

Lighting

- Lighting needs to be 2-3 times what is optimal for younger adults.
- Light plate covers in different colors makes them more visible, or use colored tape around their borders
- Use a 'glow' switch that can be seen in the dark
- Be sure there is flashlight near bed
- Reduce glare with frosted light bulbs
- Set interior light to automatically turn on at certain time or level of light

Certified 'Aging in Place' Specialist

- The National Association of Home Builders offers a course designed to teach professionals how to modify homes for older adults.
- To find a certified aging in place contractor go to www.nahb.org

Challenge Specialties

- Rick Lair, president, Certified Environmental Access Consultant, specializes in adapting homes to make them safe.
- Coalition For Housing, Aging In Place
- 817-274-2694 or 1-877-726-7626
www.rampman.com

Aging in Place

From a Safety Perspective, is it wise to remain in their current home?

It is possible financially to adapt the home to make it safe and comfortable for aging bodies?

Cost of Staying at Home

- Taxes
- Home insurance
- Repairs
- Yard work
- Housekeeping
- Groceries
- Utilities
- Companion care
- Cost of 'Aging in Place' modifications
- Profit from investing value of home

Aging in Place: Transportation

Research by AARP shows a direct link between the kinds of driving problems experienced by older motorists and the physical changes that can occur in all older persons.

The loss of vision, hearing and physical strength is gradual and can go virtually unnoticed until older drivers are faced with a driving emergency that they are no longer able to handle.

Make a plan for getting groceries and to doctors

when driving is no longer an option

Cost of Driving

Taxes

License

Insurance

Routine Maintenance

Gas !



Divide by 12 = Monthly transportation expense

TRANSPORTATION

This should be a priority in Retirement planning!

When you can no longer drive safely, what are your options?

- DART
- Taxi's
- Facility vans
- Friends and family

Social Resources

- In the past year how often did you leave here to visit someone, or to go on outings?
- How many people do you know well enough to visit with in their homes?
- In the past week about how many times did you talk to friends or relatives on the phone?
- How many times this week did you spend some time with someone who does not live with you?
- Do you feel lonely often, sometimes, or almost never?
- Do you see your friends and relatives as often as you want to, or are you unhappy about how little you see them?



Staying at Home Requires Planning Ahead & the Ability to Pay for:

- Home modifications
- Alternate methods of transportation
- Avoiding isolation

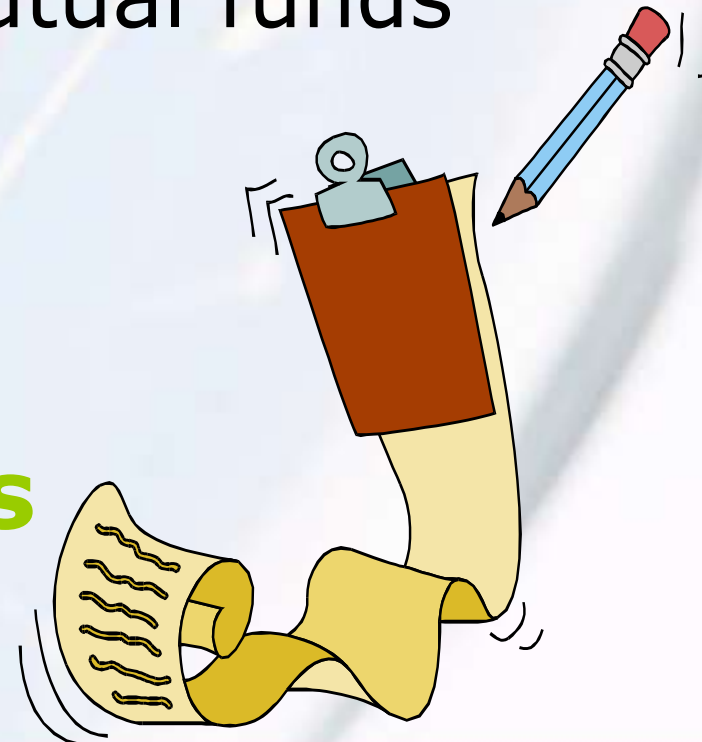
Financial assessment

- Bank Accounts- Checking & Savings
- Institution _____
- Address _____
- Phone _____
- Contact person _____
- Account # _____
- Account # _____
- Account in what name? _____
- Names on signature card _____

Investment Assessment

- CDs
- IRAs
- Stocks, Bonds, Mutual funds
- Retirement plans
- Annuities
- Real Estate

List Parents' Assets



Income Sources

- Income Amount

Mailed or direct deposit ?

- Retirement or pension
- Social Security
- Investments

Expenses

Alternatives to Staying at Home

- Retirement communities
- CCRC's
- Assisted living
- Multi-level communities
- Residential care homes
- Alzheimer's – usually only assisted living, no nursing care, may have to move
- Nursing home

Retirement Communities

**Housing Transition will be easier
the earlier it is made**

Communities provide

- Activities
- Socialization
- Transportation

Continuing Care Retirement Community (CCRC)

Buy into independent living and move through levels as needed
Monthly fee in addition to buy-in

- The Legacy at Willow Bend
- The Edgemere
- C.C. Young
- Presbyterian Village North

Retirement Communities

No legal definition

No regulations about services

- Large rooms
- Less expensive
- Need to move as health declines

Multi Level Communities

More than one level

- Signature Pointe
- Walnut Place
- Buckner
- Juliette Fowler

Assisted Living

Assistance with

- Bathing and dressing
- Medication administration
- 3 meals daily
- Activity schedule
- Transportation
- Light housekeeping
- Laundry (usually flat linens)

Monthly rental fee + Cost of Care

Assisted Living Licensure

Type A, residents must not need routine care during the night (such as assistance with toileting), and must be capable of getting out of the building unassisted in the event of an emergency.

Type B facilities take residents who need assistance at night, and who may need help leaving the building.

Type B facility may be specially licensed to provide care for dementia patients.

Assisted living care

Residents of assisted living have become more frail

Broader range of care is offered by many facilities to keep their residents.

People resist going to a nursing home

Communities are often willing to keep residents long beyond the time when nursing care might be beneficial.

Special Care Units

- Part of a larger facility
- Ideally the staff is trained specifically to work with dementia behaviors
- Activities are designed for those with cognitive impairment.
- Only minor training prerequisites for activity directors in assisted living facilities. Most are hired without training or experience.

Dementia Care Facilities

Not part of a larger facility

Freestanding facilities licensed as assisted living facilities

Medical supervision is limited. Residents must move if develop conditions that require medical care.

Accept residents with diagnosis of some type of dementia.

Theoretically they incorporate all the advantages of a special care unit into a specialized facility.

Unfortunately, the concept is not easily implemented

Residential care

Personal Care Home provides care in a house in a residential neighborhood

Homelike atmosphere

High staff to patient ratio.

Each resident has a private room.

Usually 3-10 residents

- Few opportunities for socialization
- No transportation
- Limited medical care
- Activities limited
- \$100-125 daily rate

Nursing Homes

- Skilled Nursing Unit
- Most expensive option
- Must meet medical criteria for admission
- NOT your grandmother's "Home"
- Many have rehabilitation units

Legal Issues

Elderlaw is a distinct specialty area of the law.

www.naela.org

It is altered every other year when the TX legislature meets.

Have end-of-life documents drawn by a professional elderlaw attorney to insure that your wishes are followed.

Check documents to be certain they are adequate for TX laws and that they are sufficiently current.

Legal Information

- Will for dispersal of property after death
- Power of Attorney
- Medical POA
- Guardian in Case of Need
- Directive to Physicians
- HIPAA



Probate

Getting a will probated is easy and not expensive in TX.

Living Trust has no tax advantage unless there are unusual circumstances.

TX has no inheritance tax.

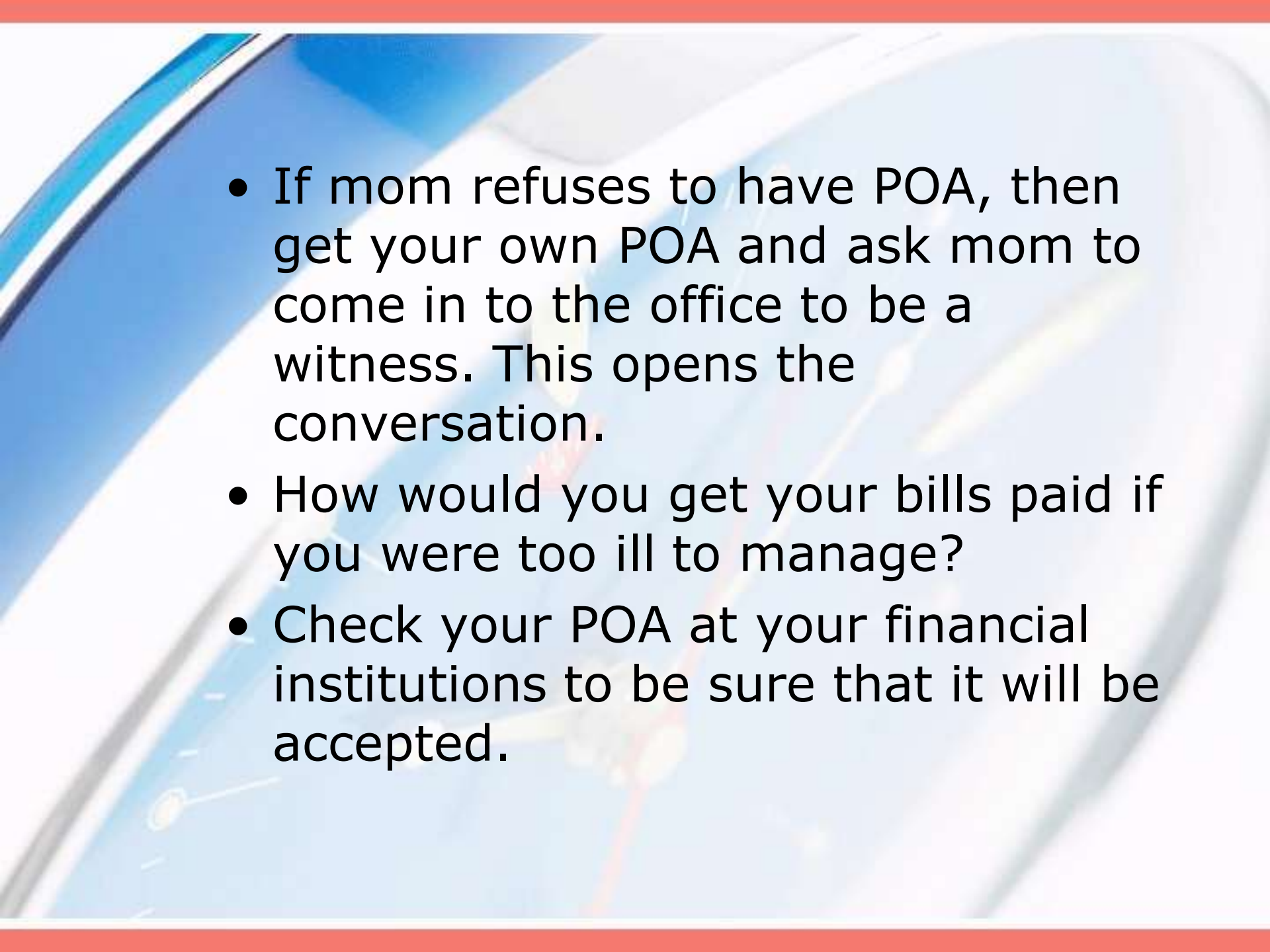
Power of Attorney

- Names an agent(s) to make financial transactions for you while you are unavailable or ill.
- POA same as Financial POA; agent can handle transactions dealing with money and property.
- Durable means will survive incapacity
- It should be filed with the county
- If you are dissatisfied with your POA, you can cancel it.

POA

- Does NOT take any powers away from the Grantor
- Married couples need POA's also
- Name more than one agent
- Banks usually will not honor if more than 2 yrs old
- POA dies when Grantor dies; the Will takes control

Do not lock this in a safety box; it must be available in a crisis.

- 
- If mom refuses to have POA, then get your own POA and ask mom to come in to the office to be a witness. This opens the conversation.
 - How would you get your bills paid if you were too ill to manage?
 - Check your POA at your financial institutions to be sure that it will be accepted.

Medical POA for Health Care

- Names an agent(s) to make medical decisions in the event that you cannot make them or cannot communicate your decisions.
- Note: You do NOT have to be dying
- Name more than one agent
- Does not have to be drawn by an attorney
- Do not lock this up! It must be available in an emergency
- Copies are valid; make several

TX Declaration of Guardian in the Event of Later Incapacity

Competency may be defined as the ability to make and then communicate responsible decisions.

Competence is presumed present unless it can be proved otherwise.

InCompetency

- Incompetency is a legal term that describes a person who has been found unable to properly exercise certain rights due to mental incapacity.
- Only the court can make the determination of incompetence. Legal incompetence is not equivalent to a diagnosis of a mental disorder.
- Legal incompetence is an extremely complex issue. Legal incompetence on one area does not necessarily mean incompetence in another area.
- The definition of legal competence changes from one state to the next.

Directive to Physicians/ Living Will

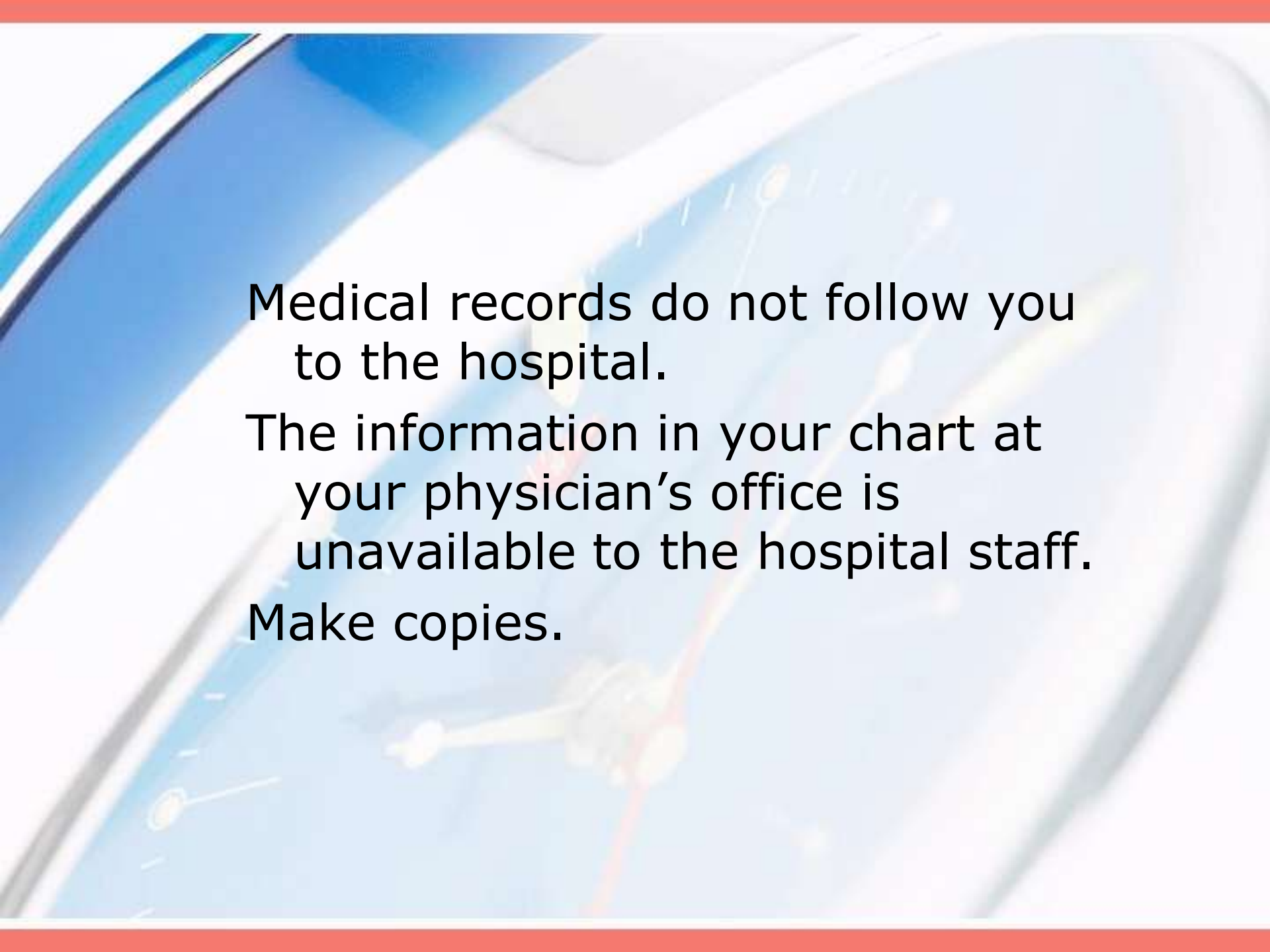
States your wishes about medical care in the event that you develop a *terminal or irreversible condition* and can no longer make your own medical decisions.

This becomes effective when your attending physician certifies in writing that you are in a terminal or irreversible condition.

Copies are legal.

HIPAA

- Health Insurance Portability and Accountability Act of 1996
- "Authorization to Release Information"
Signing authorizes release of information to those designated
- Must be witnessed but not notarized



Medical records do not follow you
to the hospital.

The information in your chart at
your physician's office is
unavailable to the hospital staff.

Make copies.



Assets

Assets are not necessarily financial.

YOU are your parents' most vital asset.