



# Aging Parents and Common Sense

A Practical Guide for You and Your Parents  
Fifth Edition



Be Life Confident



This booklet is part of the *AXA Consumer Insight Series*. AXA created this series to educate and help the public understand the financial issues that may impact their lives. At AXA, we are committed to giving our clients the tools to help them make the financial decisions that are right for them. If you are interested in seeing other titles in this series, please visit our Web site at [www.AXAonline.com/insights](http://www.AXAonline.com/insights).

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Winner of 1996 Wilmer Shields Rich Gold Award for Excellence by the Council of Foundations.

Selected by the American Society on Aging, 1998 Annual Conference.

Presented at the 1999 Global Conference of the International Federation on Aging.

Featured in the Better Business Bureau's 2000 "Senior Solutions Campaign."

Presented by the National Center on Women & Aging, Brandeis University, 2000.

*This guide is intended to raise important issues and provide the reader with some background information on the topics it covers. It must not be construed as providing legal, financial, medical, or other advice. In addition, some of the topics in this guide could be affected by changes in legislation or the introduction of new products and services. Before making decisions, readers are urged to consult with their professional advisors, who can counsel them on their own specific situations.*

## A Message from AXA Equitable

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As our society ages, and people are living longer and more productive lives, eldercare has become a growing issue affecting families across our country. To address this issue, **AXA Equitable** is pleased to publish *Aging Parents and Common Sense — A Practical Guide for You and Your Parents*.

Support for this publication is part of AXA Equitable's ongoing commitment to address social issues affecting clients, investors, employees, and financial professionals within its organization, as well as the general public. As a provider of financial planning products and services, AXA Equitable helps people and businesses plan for the future, maximize the quality of life, and manage their responsibilities toward those who depend on them. AXA Equitable is a member of the global AXA Group.

If you haven't already, you may also be interested in reading the publication, *Aging Parents and Common Sense — A Directory of Resources for You and Your Parents*. This directory of resources lists information on organizations referenced in this guide as well as additional organizations and publications that can help you and your parents cope with the problems of aging. To locate it, please visit our Web site: [www.AXAonline.com](http://www.AXAonline.com).

We would like to thank our nonprofit partner, the **National Alliance for Caregiving (NAC)**, who assisted us in developing this publication. NAC is an umbrella organization of 40 national organizations whose mission is to conduct research, do policy analysis, develop national programs and increase public awareness of the issues family caregivers face. NAC hosts the Family Care Resource Clearinghouse, an Internet resource listing professionally reviewed and rated resources for caregivers on its Web site: [www.caregiving.org](http://www.caregiving.org).

We hope you will find the *Aging Parents and Common Sense Practical Guide* and *Directory of Resources* useful and will share them with those in need.

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## Introduction

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*“When did my parents get old? it seems it was only a couple of years ago that someone thought my mother was my sister. She was delighted, and gave an embarrassed laugh. My parents were strong, vibrant. Getting old was somewhere . . . way out there. But suddenly, or so it seems, Mom and Dad are old. And vulnerable. I want to help, but how do I begin?”*

Daniel, Age 44 — Missouri

### *A Dream Come True*

In 1900, four out of ten babies born would live to the age of 65. Today, more than eight of ten babies born (in 2001) will live to the age of 65 and beyond. This increased life expectancy has brought joy to many families, as grandparents — or even great-grandparents — now see the youngest members of their families grow to adulthood. It’s a dream come true.

Some aspects of living longer, however, may not be quite as we imagined. Today’s adults in their 40s and 50s represent the first generation who will be likely to spend more years helping their parents than taking care of their children. In nearly one in four U.S. households, there is someone caring for an elderly relative or friend. Generally, this involves helping the older person with a host of questions and choices, ranging from medical care to living arrangements, to finances, and to judgments about whether we may need to intervene in our parents’ lives.

The financial costs and the responsibility for physical care of a frail parent are not the only demands family members must face. Old issues of parent child relationships may be rekindled, or dormant sibling rivalries may resurface. These emotional aspects of family relationships — and simply talking about the future — are often the most difficult hurdles to overcome.

Most people feel ill informed about the problems of aging, unequipped to help, and unaware of resources that are available to assist them. Our mobile society, with children often living far away from their parents, makes these issues even more complex and difficult.

This guide is designed to offer suggestions and ideas for adults who are — or expect to be — providing support and care to their aging parents or other relatives. The details will be different for each family, but many of the experiences will be shared. We have put together a set of practical steps you can take to help assure (now and for the long term) that the dream of enjoying a long life is preserved, as much as possible, for everyone involved.

## Being There When You're Needed

*“Mom and Dad have been failing lately, and I didn’t know how to bring up my concerns to them. I was over for dinner and decided to just start talking about my fears. They’ve accepted the idea of a housekeeper to do a few things, but any talk about their finances is still out of the question. I’m going to ask their banker to talk with them.”*

Ann, Age 53 — California

### Communication — Its Importance

Many families find it difficult to talk about issues involved with aging. Discussing personal family business, such as one’s financial situation, plans for living arrangements, or health care, can be uncomfortable for parent and child alike. You may be concerned that your parents will think you are prying and greedy when you ask them to discuss their finances. They may fear they’ll eventually become dependent upon you. It’s painful to think about losing your parents to debilitating diseases which might deprive them of the ability to function independently or cause a lengthy illness.

Yet learning about your parents’ legal and financial affairs can help prevent serious problems later. Should terminal illness or incapacitation strike them, you’ll need to know where their important documents are located. You’ll also want to know, and fully understand, their desires and concerns. Talking with your parents now, and putting a plan in place that addresses these issues head-on, can make everyone involved feel more comfortable.

### It Might Be Easier Than You Think

Listen to your parents carefully. Perhaps they have already mentioned some of the aging issues they are thinking about, but you may have chosen to brush aside the discussion or reassure them that “they’ll live forever.” This might make you feel more comfortable, but you are missing an important opening for discussion. You could be surprised to find that your parents have already given their future plenty of thought.

### Opening the Dialogue

There are many ways for you to start the conversation. Think about the issues you want to discuss, then add your own creativity to opening a dialogue. The following suggestions may guide your thinking before you initiate a conversation with your parents.

- Ask for their advice. Say, “I’m putting my will together. How did you go about doing this?” Or, “I’ve been thinking about my retirement plan. What do you suggest I do?”
- Listen. Ask questions. Express your concerns in ways that emphasize your respect and affection for your parents. Tell them, “I want to be sure we know what you want done.”
- Be specific rather than general and use statements that are not judgmental to help keep the discussion going. Tell your mother, “I’m worried about your driving late at night,” rather than, “You are not a good driver anymore.”
- Bring their professional advisors into the discussion. Say, “Based on what the doctor says about your back, what is your plan, Dad? Would you like me to get some information on options to provide some help around the house?”
- Use your own concerns as a way to begin. Start with, “I’m worried about you losing so much weight. You may not think it’s important, but this is not normal and your doctor would want to know.”
- Respect their decisions. If you don’t agree, don’t get into an argument. Instead, ask questions that help them to decide if their decision is best, such as, “If your plan doesn’t work out the way you’d like, what else might you do?”

Regardless of the issue or your way of broaching the subject, your first attempt may not be successful. If this happens, you may want to step back and approach the subject in another way, at a later date. Allowing your parents time to react and adjust to the seriousness of your concerns is important. Major issues are seldom resolved in a single discussion.

If there are some subjects you and your parents simply cannot discuss, suggest they talk with someone who has fewer emotional ties, for instance, another family member or friend, their lawyer, accountant, financial planner or physician.

### *Practical Hint*

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*The illness or death of a friend or relative may be the catalyst for a conversation with your parents about whether their personal affairs are in order.*

### *Gathering Information*

One of the most important elements in helping you and your parents plan for the future is accumulating and organizing information that pertains to their personal and financial affairs. Accurate and readily accessible data will help you understand the issues and be prepared to resolve a crisis, should one occur. In addition, the task of collecting and reviewing information often is a catalyst for discussing issues, as well as for identifying steps that need to be taken or plans that need to be updated. The following list is designed to suggest types of information that should be maintained in a safe but accessible place, and reviewed periodically (perhaps at tax time) to be sure it is current.

When recording information, be sure to include account numbers, telephone numbers, addresses, and the location of all key documents.

### *Practical Hint*

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*Many people find it useful to collect all personal and financial information in one master binder or file. The binder or file can be divided into categories suggested in this list, or others if more suitable. It can include copies of important papers that are kept elsewhere, or any other materials that are useful to have on hand. This method is flexible and easy to update, and serves as a convenient summary of your parents' personal, financial, and legal affairs.*

### *Information and Key Document List*

#### ***Personal and Family***

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- Birth certificates
- Marriage certificate
- Citizenship papers
- Divorce/separation papers
- Adoption papers
- Social Security numbers/cards
- Passports (numbers, expiration dates)
- Driver's licenses (numbers, expiration dates)
- Military records

#### ***Medical***

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- Health care professionals (names, address/telephone)
  - ◆ Physicians
  - ◆ Dentists
  - ◆ Pharmacists
  - ◆ Other professionals
- Health care proxies/living wills
- Medications (dosages, purpose, name of prescribing physicians, pharmacy, address/telephone)
- Hospitals of choice (address/telephone)
- Medicare numbers
- Medicaid numbers (caseworker numbers, address/telephone)
- Social worker or caseworker names (address/telephone)



## Financial

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- Income sources (retirement and/or disability benefits, Social Security, etc.)
- Financial assets (institution names, account numbers, address/telephone, form of ownership, current value)
  - ◆ Cash
  - ◆ Money market funds
  - ◆ Bank accounts
  - ◆ Retirement and pension plans
  - ◆ Stocks
  - ◆ IRAs
  - ◆ Bonds
  - ◆ Annuities
  - ◆ Mutual funds
  - ◆ Life insurance
- Real estate (property addresses, location of deeds, form of ownership, insurance, current value)
  - ◆ Primary home
  - ◆ Investment property
  - ◆ Vacation home
- Other assets (location of items/titles/documents, form of ownership, insurance, current value)
  - ◆ Automobiles
  - ◆ Collectibles
  - ◆ Boats
  - ◆ Interests in businesses
  - ◆ Inheritances
  - ◆ Hidden valuables/items in storage
  - ◆ Precious gems
  - ◆ Loans to family members/friends
- Liabilities (creditor institutions, address/telephone, approximate debt)
  - ◆ Mortgages
  - ◆ Notes
  - ◆ Personal loans
  - ◆ IOUs
  - ◆ Credit cards
  - ◆ Other

## Insurance

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(For each policy list company name, policy number, and location)

- Life Insurance
- Health
- Medigap-supplemental health
- Long-term care
- Dental
- Disability
- Homeowners/renters
- Liability
- Automobile

## Legal

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- Wills (dates of documents, executor names, address/telephone)
- Powers of attorney or durable powers of attorney (names, including backup, address/telephone)
- Advance medical directives
  - ◆ Durable medical powers of attorney
  - ◆ Health care proxies
  - ◆ Living wills
- Guardianships/conservatorships (names, address/telephone)
- Trust agreements

## Other Important Contacts

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- Professional advisors other than health care (names, address/telephone)
  - ◆ Attorneys
  - ◆ Insurance agents
  - ◆ Financial advisors
  - ◆ Stockbrokers
  - ◆ Bankers
  - ◆ Clergy
  - ◆ Accountants
- Past employers (company names, address/telephone, dates of retirement, contact persons, employee ID numbers)
- Close friends and neighbors (names, address/telephone, indicate those who have keys to house/apartment/condominium)
- Service providers (names, address/telephone)
- Club memberships, volunteer activities, and senior centers (names, address/telephone)
- Landlord (name, address/telephone)

### ***Other Information***

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- Inventory of family historical records (documents, photos, keepsakes)
- Burial instructions (funeral home location, name of director, whether funeral has been prepaid, cemetery plot location, organ donor instructions, special instructions for grave markers)
- Safe deposit boxes (institution names, address/telephone, location of keys and list of contents, other names on safe deposit boxes)
- Tax records

### ***Practical Hint***

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*Safe deposit storage is for originals of valuable or negotiable documents such as deeds, automobile titles, stock certificates, birth and death certificates, adoption and citizenship papers, contracts, IOUs, etc. Your parents should not use their safe deposit box to store items that must be quickly available to the appropriate individuals should they die or become disabled, such as original copies of wills, advance medical directives, powers of attorney, etc. These items should be kept with their attorney or in another safe but accessible place.*

## Their Health and Well-Being

*“Dad was about to be released from the hospital. Mom called, sobbing. She was sure she would make things worse by not knowing how to take care of him. I immediately arranged for home nursing care. Mom has now learned how to do much of what needs to be done and a nurse comes every night. So they’re able to stay in their home.”*

Kay, Age 51 — Minnesota

### What Constitutes Normal Aging?

As your parents grow older, it will be important for you to distinguish between the normal signs of aging and those that indicate possible illness. While it is common to experience physical changes in later life, illness, confusion, and depression are not “normal” parts of aging.

“Normal” physical changes of aging are, for the most part, visible changes, such as gray hair, drying and wrinkling of the skin, and some sensory changes. While all older persons do not experience diminished sensory capacity, many do experience vision problems, hearing problems, and a reduction in the sense of touch and taste. And, energy levels and strength and agility are often affected by age.

Changes in sleep patterns, pain, and unexplained weight loss or gain are not normal parts of the aging process and signal problems that should be discussed with a health care professional.

### Health Issues That May Need to Be Addressed

*A number of diseases and conditions that frequently occur among the elderly may be mistakenly identified as part of the aging process, and thought therefore to be untreatable. The fact is, these diseases and conditions very often are treatable and should be addressed by a physician. A few of these include:*

- Adult onset diabetes
- Arthritis
- Kidney and bladder problems
- Dementia
- Parkinson’s disease
- Glaucoma
- Lung disease
- Cataracts
- Osteoporosis
- Enlarged prostate
- Alzheimer’s disease
- Cancer
- Macular degeneration
- Depression
- Vascular disease
- Heart disease

If your parents are diagnosed with these or other illnesses, you will want to learn more about what can be done. In addition to your parents’ or your own physician, there are many sources of information. The guide, *Aging Parents and Common Sense — A Directory of Resources for You and Your Parents*, available at [www.AXAonline.com](http://www.AXAonline.com), lists organizations that provide information and services specific to various illnesses. Disease-specific organizations, such as the Alzheimer’s Association, often offer valuable resources and materials.

### Staying Informed about Their Medical Condition

Try to become informed about the medical conditions of your parents. Most older people have one or more chronic conditions such as arthritis or high blood pressure which they are managing in partnership with their physicians. The successful management of chronic illness is a key to continued good health. Make sure you ask questions and show your support for their efforts to remain healthy.

Ask your parents for the names of their physicians, a listing of all of the drugs they take — both prescription and over-the-counter — and the name of their pharmacist and drug store. This basic information can be vital if a parent is in an accident or unable to communicate with health care professionals. You can overcome any resistance on their part to provide this information by giving them your own vital health information in case something happens to you, and suggest that it’s a good idea for family members to share this information in case of emergencies.

If your parent is unsure of the reasons for taking certain medication that has been prescribed by their physician, offer to accompany them to their next appointment to help them discuss their medical condition with their physician. And, if your parent has been told that a condition that bothers them is a “normal” part of aging, suggest to them that a second opinion would be a good idea. Remind them that it is not “normal” to be sick.

### *Practical Hint*

*To help you understand the various drugs your parent is taking, ask the pharmacist for a printout listing all prescriptions, including possible interactions and side effects.*

### *Overmedication: Recognize It . . . Prevent It*

Overmedication and adverse interaction of drugs are common problems for older people. Changes in the aging body sometimes result in an “overmedication” problem, even when taking the same dosage of a drug that has been taken for many years. Also, many drugs have noticeable adverse interactions with food or other drugs in older people that would not occur in younger people. And, prescription drugs can interact with over-the-counter medications to create a serious health problem.

Problems with medication can occur because patients lack adequate information to make informed choices about their schedules for taking prescription drugs, or over-the-counter medications. Physicians do not always provide adequate information to patients about drug interactions, and patients often do not ask enough questions about side effects or interactions which may occur. Overmedication can occur when several physicians prescribe drugs for a patient, and are unaware of other medications the patient is taking. However, even if an older person sees only one physician, there are risks associated with medications related to drug interactions with over-the-counter drugs, food, alcohol, and changes in health status. Problems can also arise when there is no system in place to ensure that medications are taken as prescribed.

If you notice confusion, personality changes, or changes in the overall well-being of your parent, you may want to suggest that they schedule an appointment with their doctor. In order for this appointment to be successful, your parent should take with them a list of all drugs — prescribed and over-the-counter — they are currently taking.

The pharmacist is also an excellent source of information about drugs and should be consulted in addition to the physician. A pharmacist can discuss not only possible interactions and problems with a medication, but suggest strategies for managing medication, as well. Your pharmacist can advise you and your parent if a visit to the physician and a review of medication are needed.

### *Additional Things You Can Do:*

1. Help your parents make a list of prescriptions and over-the-counter medications they are currently taking. Go through their medicine cabinet and kitchen shelves with them and throw out all outdated prescriptions and medications.
2. Make sure that they are only getting their prescriptions filled at one pharmacy or, if they are using a mail-away service, that anyone filling their prescriptions has the complete list of medications in their file.
3. Remind them to discuss any new prescription with their pharmacist to make sure they understand the possible side effects, possible interactions, and that the pharmacist has added it to their file.

### *Your Parents' Well-Being*

Adults of all ages benefit from feelings of independence and autonomy. In later life, concerns about a loss of autonomy and independence can be barriers to asking for help or seeking assistance from family members and friends. One of the most common forms of help that adult children can provide for their parents is information about resources that are available to enhance their independence. Finding out about these resources is one of the most important gifts you can give to your parents.

Today there are many resources available to make the home safer and reduce the risk of accidents. There are also resources that increase the feeling of security and safety within the home. And, finally, there are many community services to help an older person by providing information or by offering a needed service.

The key to well-being in later life is the maintenance of a lifestyle that suits the individual. Helping your parents maintain their lifestyle and independence is sometimes a challenge, but with information about resources and services that fit their needs, you will have the satisfaction of knowing that you are doing everything you can to be supportive of their needs and wishes. Remember, your parents have been making their own decisions all of their adult lives and will want to continue this practice as long as they are able.

When dementia or Alzheimer’s disease interferes with decision-making ability, it is sometimes necessary for an adult child to help with decisions (see page 23, *Powers of Attorney*). However, if both parents are living and one has some cognitive impairment, the most appropriate role for the adult child is to support the healthy parent and their needs and wishes — both for themselves and their spouse.

### *Daily Lives Made Easier*

As our aging population increases in number, manufacturers are making many specialized products to help individuals remain comfortable in their homes. So-called “aids for daily living” are useful and generally inexpensive items that can make daily activities easier to perform for those with physical restrictions. Some of these devices are:

- Kitchen implements that make opening cans and bottles, peeling potatoes, and cutting and dicing vegetables easier
- “Reachers,” pincer-like devices for people who have a weak grasp or limited mobility, to eliminate bending over or having to reach for objects
- Levers instead of door knobs, to eliminate a twisting wrist motion
- Bathing benches and hand-held showers for bathing with greater safety
- Elevated toilet seats
- Pill crushers, for those who have difficulty swallowing medication
- Talking clocks, wristwatches, and calculators, for people with poor vision
- Automatic lifts, for beds and chairs
- Button loopers and zipper pulls, for easier dressing
- Elastic shoelaces
- Specialized dinnerware, to enable eating with one hand
- Single lever faucets for kitchen and bath
- Touch-tone telephones with large numbers, speaker or hands-free telephones and TDD (Telecommunications Device for the Deaf)

*Many pharmacies and superstores devote a section to products that serve the elderly, as do medical equipment dealers and local telephone companies. Home health catalogs, featuring many of these devices, are advertised in consumer health magazines.*

Some examples of products and modifications that can make the home safer or more comfortable are:

- Bathtubs with doors for easy access
- Elevator-chairs that glide up and down stairways
- Handrails to aid rising and sitting
- Ramps, enlarged doorways, and lower kitchen and bathroom cabinets for wheelchair accessibility

### *Practical Hint*

*Many newspaper, magazine, and book publishers offer large-print editions for individuals with vision problems. Consider giving these as gifts. A large-print lending library is also available at the National Association for the Visually Handicapped (for contact information, see Aging Parents and Common Sense — A Directory of Resources for You and Your Parents, available at [www.AXAonline.com](http://www.AXAonline.com)). Books on tape are another alternative for parents who miss being able to read. There are even computers with maximum enlargement capabilities that make reading possible for those with severely impaired vision.*

## Personal Emergency Response Systems

Installing a personal emergency response system (PERS) in your parents' home can relieve anxiety when your parents are alone. A PERS is a small device worn around the neck or on the wrist that allows the wearer to signal for help by pressing a button. The button activates a communicator located in the home that sends an emergency signal over a telephone line to a 24-hour monitoring center. The center attempts to determine the nature of the emergency and calls a relative, neighbor, ambulance, or the police. Studies show that users of these types of systems report heightened feelings of independence, security, and peace of mind.

### Practical Hint

*Personal Emergency Response Systems (PERS) are a great gift idea. Suppliers may be found in your local yellow pages under Medical Alarms or Systems and Monitoring. Your parents' local hospital may also be able to direct you to PERS suppliers.*

## Finding Local Services

Most communities have human services agencies that may be able to assist you. To find out what your parents' community has to offer, contact the Eldercare Locator, 800-677-1116, sponsored by the National Association of Area Agencies on Aging. Another source is your parents' state Department of Aging or county Area Agency on Aging. These government-funded agencies will know what services are available in their area. See *Where You Can Turn for Help*, pages 29–31, and *Aging Parents and Common Sense — A Directory of Resources for You and Your Parents*, for more information on organizations that can assist you. There are also Web sites available that provide information about local services and quality care. See the *Directory of Resources* for tips on using the Internet to help you locate services.

Many local resources are also listed in the telephone book. Yellow pages list businesses and nonprofit organizations under many categories, such as:

<u>Facilities</u>	<u>Professionals</u>	<u>Home Care Services</u>	<u>Services</u>
Adult Day Services	Geriatric Care Managers	Home Health Services	Elder Services
Assisted Living	Geriatricians	Homes — Residential Care	Geriatric Evaluation Centers
Hospices	Geriatric Nurse Practitioners	Nurses	Human Services
Hospitals	Gerontologists	Visiting Nurses	Medical Claims Services
Nursing Homes	Nurses		
Rehabilitation Centers	Nutritionists		
Retirement Communities	Social Workers		
Senior Centers			

Resources may include independent services, and some hospitals, that have outreach programs to go into private residences to help with daily activities such as cooking, cleaning, personal hygiene, bill paying, and other paperwork. In some communities, volunteers, such as students and members of religious organizations, perform these kinds of services. Organizations such as Meals-on-Wheels also can help you care for your parents in their home. The blue pages, available in some telephone books, list federal, state, and city government offices that may also provide information.

### Practical Hint

*Keep in mind that the types, caliber, and accuracy of information provided by the Eldercare Locator (800-677-1116), or your parents' state Department of Aging and county Area Agency on Aging, can vary widely from area to area.*

## Where Will They Live?

*“Mom moved into a high-rise apartment building for the elderly after Dad died. My sister, brother, and I have dinner at her apartment once a week. We bring the food. It makes her feel like she’s still the hub of the family. My brother handles all medical appointments and prescriptions, my sister all the financial affairs, and I drive Mom anywhere she wants to go. We’re a close family and we’re all helping.”*

Roger, Age 42 — Massachusetts

### *The Meaning of Home*

As you talk about their plans, it’s important to understand what your parents’ home means to them. For some, home represents the familiar comforts they’ve created over the years. It can mean self-sufficiency and privacy, or a neighborhood and friends. For others, home is wherever their family is. Or it may simply be anywhere they live. This understanding of what home means to your parents, and a good look at their present housing, financial resources, and health, should shed some light on what direction their plans may take.

Your parents may want to remain in their current home. As long as they can physically and financially care for themselves and their home, this may be the best option. For some parents, moving to a smaller, simpler house or apartment in the same community, a retirement community, or elsewhere may be ideal.

### *Practical Hint*

*Your older relative may be able to live at home much longer if their home is made safer and more accessible by assistive devices and home modifications. Relatively inexpensive examples include entrance ramps, grab bars, bathing benches in the bathroom, and personal emergency response systems. If, however, your parents have lived in their home for many years and the home is more than fifty years old, the cost of extensive modifications may be very high and should be investigated thoroughly before undertaking major projects.*

### *Should Your Parents Move into Your Home?*

There are many reasons why you might consider having your parents move in with you. It may be a matter of convenience; or the least expensive alternative, especially if costly overnight help is required to keep parents in their own home. This decision is frequently made on short notice, responding to a discharge from the hospital or following a death. Even when there is little time to decide, it’s important to weigh the advantages of a shared household along with the drawbacks. Remember that most parents do not want to live with their children but would rather live independently.

Start by listing the pros and cons and then discuss them with your parents, spouse, and children. Give serious thought to your, and your family’s, ability to live together comfortably with your parents. Think about how well you get along, and whether there is enough space to ensure everyone’s privacy. Also, consider what physical modifications, if any, might be required to make your home more accessible, and what local services are available in your community should you require help.

### *Housing Options*

*Parents who cannot, or do not wish to, remain in their present home have a number of options to consider. The terms used to describe these housing options can vary from region to region. The following glossary describes the types of facilities and may help in choosing the appropriate option for your parents. Housing experts also note that “naturally occurring retirement communities” or “NORCS” are emerging in many cities and towns where a majority of the residents in the apartment building or neighborhood are older. These communities are a result of the residents’ decision to stay in their own homes as they age and, in many areas, special services are now available to those living in independent housing.*

Practical Hint

Help your parents collect information on the housing options available in their local area or in other communities they may be considering. Even if they decide to remain in their own home for now, the exploration process will have been helpful if they decide or need to make a move at some later date.

Practical Hint

Develop a worksheet for evaluating each residence and use it to compare facilities your parents are considering. Some things to look for include: the facility license or accreditation and financial condition; qualifications of the administrator; 24-hour nursing care availability, emergency policies and services; transfer arrangements with hospitals; accommodations for special diets; recreational services and social events; the general atmosphere; and safety policies and procedures. Ask to talk with others whose parents live at the residences you are considering.

Practical Hint

During this evaluation process, it's important that you and your parents get answers to whatever questions you have, that you not feel intimidated, and that you have a tour of the entire facility. Spend plenty of time with your parents at each of the residences you are considering, especially during activities and at mealtime. Is there good interaction between the residents and the staff? Make return visits to the residences that look most promising. If your parents have been unable to accompany you on earlier visits, ask them to come along on these return visits. Only with thorough research will you and your parents begin to feel comfortable with their move to a new residence.

Parents Who Are Healthy and Nearly Independent

Senior Apartments

Also called Congregate Residences or Senior Retirement Apartments

<u>Description</u>	<u>Requirements</u>	<u>Considerations</u>
<ul style="list-style-type: none"> <li>• Apartment for individual/couple</li> <li>• No entrance fee</li> <li>• Provide meals, housekeeping, and a variety of social, recreational, and cultural programs</li> <li>• Dispense medications (in some cases)</li> <li>• No hospital or 24-hour care facilities on premises</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals or couples must be mobile and capable of caring for themselves</li> <li>• Monthly fee covers rent (meals and other services are extra)</li> <li>• Age requirement may vary by facility</li> </ul>	<ul style="list-style-type: none"> <li>• Prolonged illness or inability to care for themselves requires moving to another facility</li> <li>• Quality of facility and types of services vary</li> </ul>

Subsidized Congregate Housing

Also called Public Housing or Section 202 Housing

<u>Description</u>	<u>Requirements</u>	<u>Considerations</u>
<ul style="list-style-type: none"> <li>• Apartment for individual/couple</li> <li>• State or federally subsidized low-income housing</li> <li>• Provide 1–3 meals a day, housekeeping, and some social, recreational and cultural programs</li> <li>• No hospital or 24-hour care facilities on premises</li> </ul>	<ul style="list-style-type: none"> <li>• Must be 62 or older</li> <li>• Specified income guidelines</li> <li>• Residents must be able to care for themselves</li> <li>• Monthly fee covers rent, meals, and programs</li> </ul>	<ul style="list-style-type: none"> <li>• Few, if any, social programs</li> <li>• Prolonged illness or inability to care for themselves requires moving to another facility</li> </ul>



## Retirement Hotels

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### Description

- Room with private or shared bath
- May or may not be furnished
- Maid and linen service available
- Meals available
- Dispensing medications and other medical services vary by facility

### Requirements

- Weekly or monthly fee covers rent (meals and other services are extra)
- Residents must be able to care for themselves
- Age requirement may vary by facility

### Considerations

- Long waiting lists
- No medical care

## Shared Housing

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*Also called Small Group-Shared or Supportive Housing*

### Description

- Shared home for 5 to 20 residents
- Residents do all cooking and housekeeping chores
- Some have full-time, live-in housekeeping managers
- Sponsored by churches, synagogues, or advocacy groups

### Requirements

- Monthly rent, plus shared expenses
- Residents must be mobile and capable of handling some household chores

### Considerations

- Home-like environment
- Living closely with strangers may be difficult for some
- Residents tend to take care of each other once they get to know one another
- Prolonged illness or inability to care for themselves requires moving to another facility
- Quality of facility varies widely

## Matched Housing

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### Description

- Parents stay in own home
- Rent room to someone in need of housing in exchange for household help

### Requirements

- Private arrangement (some local social services provide potential renter candidates)

### Considerations

- Locating and trusting an individual to share your parents' home may be difficult

### Practical Hint

*Keep in mind that home health care is an option that can help your parents to continue living in their own home as long as possible. Private and nonprofit professional services, available in most communities, range from providing help with medications to 24-hour skilled nursing. See page 30 for more discussion on home health care.*

## Parents Who Want Flexible/Progressive Care in a Single Facility

### Continuing Care Retirement Communities

*Also called Life-Care Communities*

<u>Description</u>	<u>Requirements</u>	<u>Considerations</u>
<ul style="list-style-type: none"> <li>• Rental or condominium apartment for individual or couple</li> <li>• Residents remain in community for the remainder of their lives</li> <li>• Hospital and nursing home facilities on premises (in most cases)</li> <li>• 24-hour care (as needed)</li> <li>• All meals, housekeeping, social, recreational, and cultural programs available (as needed)</li> </ul>	<ul style="list-style-type: none"> <li>• Good health when entering</li> <li>• High entrance fee as well as monthly maintenance</li> <li>• Age requirement may vary by facility</li> </ul>	<ul style="list-style-type: none"> <li>• Very expensive</li> <li>• Most flexible alternative — primary apartment will be held open during an absence requiring acute care</li> <li>• Over time, as parents' needs change, all levels of care are available</li> <li>• If one parent becomes ill, other can remain in their nearby apartment</li> <li>• Facilities available in most parts of the country</li> <li>• Features, services, and quality of care can vary widely</li> </ul>

## Parents Who Require Help with Daily Living

### Assisted-Living Facilities

*Also called Semi-Dependent, Board-and-Care, Institutional Living, or Personal Care Facilities*

<u>Description</u>	<u>Requirements</u>	<u>Considerations</u>
<ul style="list-style-type: none"> <li>• Licensed facilities that range from a large private home to converted hotels with apartments, a shared dining room, and nurses</li> <li>• Room with private or shared bath</li> <li>• Provide all meals, housekeeping, and social programs</li> <li>• Services include bathing, dressing, and other routine functions as required</li> <li>• Medical services will vary by facility</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly fee</li> <li>• Resident does not require skilled nursing or 24-hour care</li> </ul>	<ul style="list-style-type: none"> <li>• If need for personal assistance increases, help is available</li> <li>• Additional nursing services can result in additional fees</li> <li>• Prolonged illness requires moving to nursing home</li> <li>• Medicare does not cover this type of care</li> <li>• Medicaid may be available for a few facilities in some states</li> <li>• Cost and quality of care can vary</li> <li>• Some long-term care insurance plans cover part of the costs of assisted-living facilities.</li> </ul>

## Parents Who Need 24-Hour Care

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### Nursing Homes

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Also called *Convalescent, Rest, Intermediate or Extended Care, or Skilled Nursing Facilities*

#### Description

- Licensed facilities
- Private or semi-private room with bath
- Skilled nursing care 24 hours a day
- Physical and mental rehabilitative services
- Provide all meals, and social and cultural programs
- Help with eating, bathing, and grooming
- Dispense medications

#### Requirements

- Daily fee (billed monthly)
- Resident must need 24-hour skilled nursing care and/or rehabilitative services

#### Considerations

- Expensive
- Medicaid generally takes over payment once the individual qualifies financially
- Quality of care can vary by facility

#### Practical Hint

*If you are looking for an assisted-living facility or a nursing home, make sure you ask to see each facility's state inspection report (also called the state survey). If you get the runaround or if the report contains any unexplained health, safety, or quality of life deficiencies, drop that facility from your consideration.*

## Your Parents' Financial Affairs

*“When my parents retired and moved to a smaller town, the object was to simplify their lives a little. But with Dad’s profit-sharing distribution, Mom’s lump-sum pension, and the proceeds from selling the house, they suddenly had more money to manage and more financial decisions to make than they’d ever had in their lives!”*

Martha, Age 46 — New Jersey

### *The Importance of Planning*

There’s a reason for everyone to spend time thinking about their financial future. Many people assume that “financial planning” applies only during their working years, when they are accumulating assets and preparing for their retirement. They often overlook the importance of continuing the financial planning process after retirement, when the assets are being used.

Post-retirement financial planning includes developing strategies to maintain purchasing power in the face of inflation, preparing for emergencies and major events in the future, determining how to use savings and other assets to supplement income, and — for many people — making major investment decisions, such as the result of the sale of a house. Another part of planning for older people, if they have not already done so, is determining the eventual disposition of their assets.

If your parents haven’t taken stock of their financial future, you may be able to make a big contribution to their peace of mind (as well as your own) with some encouragement and coaching.

Ideally, financial planning should be done by your parents in partnership with trusted advisors who fully understand their financial situation and with whom they feel comfortable, for example, their financial advisor, accountant, insurance agent, broker, attorney, banker, or other professionals. Several resources for finding professionals who have expertise in financial and investment issues facing the elderly are listed in *Aging Parents and Common Sense — A Directory of Resources for You and Your Parents*, available at [www.AXAonline.com](http://www.AXAonline.com).

### *Getting the Most from Investments*

Most retired people supplement their pension and Social Security income with some combination of earnings and principal from personal investments and/or employer-sponsored retirement and savings plans. Your parents’ financial advisors can help determine in what order various categories of assets should be used, advise on legal and tax issues (for example, there are specific requirements as to when they should begin drawing on any IRA accounts), and recommend financial products and investments to meet their needs.

If your parents are relatively young and in good health at retirement, they need to be aware of the potentially devastating effect on fixed incomes of even a moderate level of inflation over a long period of time. Many parents of today’s baby boomers grew up during the Depression and are deeply distrustful of investments they consider “risky.” But being overly conservative in their choice of investments may in fact be a high-risk strategy that exposes them to the danger of losing purchasing power. The fear of outliving one’s assets during a long retirement can lead older people to deny themselves the enjoyment they could have with a little more to spend, or even to scrimp on the necessities of life. There are creative solutions to convert a portion of their assets into a dependable lifetime income, thus allowing other funds to be used, free of worry. Your parents’ financial advisors should be able to describe investment programs and annuity-type products that address this concern.

### *Managing Their Day-to-Day Affairs*

What if your parents reach the point where — because of physical impairments or failing memory — they have difficulty keeping track of their financial situation and performing routine tasks like balancing the checkbook and paying bills on time? One solution is for you to take over some or all of these responsibilities. You may wish to check with utility companies, landlord or mortgagee, and others to arrange for bills to come directly to you, or alternatively for you to be notified if bills aren’t paid on time. Consider providing your parents with a checkbook with NCR (No Carbon Required) paper, so there is a record of each check exactly as it’s written. Other approaches include getting a durable power of attorney (see page 23), which survives disability or, for smaller amounts of money, you can set up a joint checking account with your parents.

Additionally, entrepreneurial businesses have started up to help elderly people with their routine financial, legal, and medical paperwork. Social workers, geriatric care managers, accountants, or bookkeepers are good sources of references for this type of service. Be sure to interview the service provider, compare prices, and check with other clients before making your decision. “Treating” your parents to this type of service might be a much-appreciated gift.

### *Planning for Financial Emergencies*

The potentially devastating impact of a catastrophic or long-term illness is a great concern for most older people. Medicare, the federal health insurance program for the elderly and disabled, covers many basic medical expenses for people over age 65. Medicare Part A covers hospital costs, and Part B covers doctor bills and other medical costs. In 2006, this includes hospital stays of up to 60 days after a \$952 deductible per stay, and 80% of Medicare-approved doctor bills, after an annual \$124 deductible. After the first 60 days in a Medicare-certified hospital and continuing through the 90th day of hospitalization, the beneficiary must pay a coinsurance of \$238 per day in 2006. Individuals pay no premium for Part A if they or a spouse have 40 or more quarters of Medicare-covered employment. For 2006, all participants in Part B pay a premium of \$88.50 per month.

#### *Practical Hint*

*If you have questions concerning your parents’ current Medicare coverage, eligibility, or enrollment requirements, visit the Medicare Web site at [www.medicare.gov](http://www.medicare.gov) and the Social Security Web site at [www.ssa.gov](http://www.ssa.gov), or your local office of either of these agencies.*

A new Medicare benefit, Part D, went into effect on January 1, 2006. This new coverage will provide help with drug costs, not matter how your parents have paid for drugs in the past. Everyone with Medicare can choose to enroll in this voluntary coverage and join a plan. They must make a decision about the best plan for them. Medicare enrollees were able to sign up for a plan beginning November 15, 2005, and they need to do so by May 15, 2006. If they don’t sign up by then, they may have to pay a penalty to join later and they must wait until November 15, 2006 to join. The process of choosing a plan can be quite challenging. It is essential to compare the options in terms of coverage for the medications that your parents need. Details of coverage are also complex, depending upon out-of-pocket expenses; attention to these details is important.

#### *Practical Hint*

*Because Medicare, Part D is new, it is a good idea to check for the most current information on the Web site [www.medicare.gov](http://www.medicare.gov) or call 1-800-Medicare for help in comparing plans and options.*

Health insurance from a private company (commonly called “Medigap” or Medicare Supplemental Insurance Policies) can be added to fill in the holes in Medicare coverage. Policies can be purchased that cover your parents’ Medicare deductibles, longer hospital stays, co-payments for doctors’ services, and a portion of their prescription drugs. Medigap coverage is an important way to protect against catastrophic medical expenses should your parents become ill. All Medigap policies issued since 1992 must match one of ten standard benefit plans, regardless of the insurance company (except in Massachusetts, Minnesota, and Wisconsin). Your parents will want to understand their Medicare coverage and the benefits provided by the ten Medigap insurance plans before making a purchase, since the ten plans offer different levels of coverage for different levels of deductible amounts.

#### *Practical Hint*

*For help in understanding the ten standard Medigap insurance plans, contact the National Council on the Aging (for contact information, see Aging Parents and Common Sense — A Directory of Resources for You and Your Parents, available at [www.AXAonline.com](http://www.AXAonline.com)). Ask for a copy of the annual special report Medicare Health Plan Choices: Consumer Update.*

Consumer interest in insurance to cover long-term health care has risen in recent years primarily because the rates charged for nursing home care can range from about \$150 to over \$300 per day. Medicare and Medigap coverage for skilled nursing home care is extremely limited, and Medicaid generally doesn't cover full-time long-term care until your parents' net worth dwindles to a few thousand dollars — although Medicaid income limits vary from state to state. Long-term care insurance to cover these costs can be expensive, but it can also protect your parents' assets if they act early. Your parents should be aware that even if they can afford a long-term care policy, they might not qualify if they are already in poor health, and that coverage is more expensive and harder to qualify for as they get older. They should compare several different policies and insurance companies to determine which policy best fits their needs and budget.

Also, some employers offer long-term care insurance that employees can purchase on behalf of their parents, paying the premium for them. This can provide coverage for the older person's long-term care needs while retaining their assets. Your parents may also have some health-care protection available from previous employers. It is important to stay abreast of the available benefits, and to be sure not to duplicate coverage they already have.

As people grow older, their needs for life insurance may change and should be reviewed with a professional, keeping in mind that advancing age and poor health may make it very expensive — or impossible — to buy a new policy. Any decision to exchange a life insurance policy or to allow it to lapse should be made with this in mind.

### *Some Possible Resources If More Money Is Needed*

Emergencies or opportunities may arise which will require large amounts of cash. Before considering the liquidation of income-generating assets, the following options may offer a solution:

- Life insurance as a cash resource. If your parents have a whole-, universal-, or variable-life policy, it may be possible to borrow against the cash value. The loan, plus interest, is simply deducted from the death benefit when the insured dies. A "living benefit" enhancement is also available on many life insurance policies. If the insured person is diagnosed with a condition limiting life expectancy to, for example, six months or less, the policyholder may be able to receive, in advance, a substantial portion of the benefit that would ordinarily be payable at death. Your parents should contact their life insurance agent for more information.
- *Utilizing home equity. If your parents own their home, there are potential "real estate paybacks" that can convert their home into cash. Some of them are:*

#### **Reverse Annuity Mortgage**

This home equity loan has several different plans whereby a bank creates monthly income by extending a loan based on the existing equity and the owner's life expectancy. Your parents would retain the right to remain in the home until they choose to sell it, or until they die, at which time the loan is paid off to the lender, or the lender receives the home.

#### **Deferred Payment Loan**

With this type of home equity loan, your parents use their home's equity as a line of credit that allows them to draw cash as needed. The interest on a deferred loan accrues and is added to the principal when the loan is repaid. The loan is payable upon the sale of the property or your parents' death.

#### **Sale Leaseback**

Your parents sell their home to someone who will allow them to live in it at a specified rent for a specified time — usually for as long as they live. This is sometimes called a "life rights" lease.

### *Practical Hint*

*If you are in a position to help your parents financially, there are a variety of ways to do so, for example — taking over some of their ongoing expenses, purchasing a home in which they live rent free, giving them an annuity that will augment their income, buying them a long-term health care policy, or giving a simple cash gift. You and your spouse may each currently give up to \$12,000 annually to each parent without creating any tax consequences for them or yourselves. This \$12,000 annual gift tax exclusion will be adjusted for future inflation. Check with your tax advisor.*

## Financial Assistance Programs

If your parents' resources have become depleted, and family members are unable to provide direct financial support, there are various local, state, and federal programs to help with basic living expenses such as medical care, food, and housing. Older people are frequently reluctant to accept governmental financial aid and social services. Having paid their own way for most of their lives, they may be uncomfortable to admit that they now need financial help. If your parents feel that way, you might remind them that they have worked hard and paid taxes to support these social programs, so they are entitled to use them.

Once you and your parents have determined that they indeed require assistance, contact the Social Security Administration office and the Area Agency on Aging (AAA) in their community. A social worker can tell you which government programs and community services could help your parents, and whether they meet the eligibility requirements, which can include age and state of health, as well as level of income.

Visit the Web sites hosted by Medicare and the Social Security Administration to check out their consumer information. For contact information, see *Aging Parents and Common Sense — A Directory of Resources for You and Your Parents*, available at [www.AXAonline.com](http://www.AXAonline.com).

Another valuable resource is the electronic Benefits Check Up, available at <http://www.benefitscheckup.org>. The site will help search for possible resources for rent, property taxes, heating bills, meals, and other needs.

### Examples of Assistance Available to Eligible Seniors Are:

- Rent subsidies
- Utility company discounts
- Municipal programs established for low-income elderly
- Health fairs that provide free diagnostic screening
- Physicians who accept Medicare and Medicaid assignments
- Nonprofit and governmental health care providers who offer health services on a sliding-fee basis
- The Veterans' Administration's Non-Service-Connected Pension for honorably discharged wartime veterans who meet criteria for disability and financial need
- Supplemental Security Income (SSI) paid by the Social Security Administration to seniors living below the poverty level (SSI provides additional monthly income and Medicaid coverage for many medical expenses not covered by Medicare)
- Supplemental aid programs provided by state agencies in consultation with the Social Security Administration
- Food stamps, housekeeping services, home-delivered meals, home health care, and transportation

## Estate Planning

The section on *Your Parents' Legal Affairs* on pages 22–24 of this guide discusses the importance of having an up-to-date will and other legal instruments to be sure your parents' wishes are carried out in the event of disability or death. There are many financial issues to be taken into consideration when planning for the ultimate disposition of assets following the death of a parent. Key estate planning issues to consider include:

- Determining the benefits payable all from life insurance and employee benefit plans in the event of death
- Reviewing major financial arrangements that would need to be taken care of (pay off a mortgage, transfer ownership of a business, etc.) and working with your parents' advisors to make sure the structure of the transactions is clear and the funding is in place to accomplish them as desired
- Reviewing the way in which property is owned (joint ownership, tenancy-in-common) in light of laws that would govern disposition of these assets and could supersede the wishes expressed in the will
- Estimating the size of the estate for estate or inheritance tax purposes, and being sure there are adequate provisions for funds to meet any tax requirements
- Reviewing strategies to limit estate tax liability (for example, affluent elders can reduce the size of their estates by giving gifts of cash or other assets to family members rather than waiting to pass along all their assets after death)

These estate planning issues are best addressed with the help of a professional who understands your parents' financial situation and personal philosophy as well as the legal and tax framework that will apply.

### *Practical Hint*

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*Federal law allowed the first \$1,500,000 of an individual's estate to be passed on — free of estate taxes — to any beneficiaries, in 2004 and 2005. This included individuals dying in calendar year 2005. This amount increased to \$2,000,000 per individual in 2006–2008. Many people don't realize that if they own an insurance policy on their own life, the proceeds of this policy will be included in the estate and could well put the total amount over the limit, thereby needlessly incurring estate taxes. This problem can usually be avoided by transferring ownership of the life insurance policy to an irrevocable trust or to another member of the family at least three years prior to death.*



## Your Parents' Legal Affairs

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*“My brother Ray and I didn’t know if Dad had done any planning. What did he want to have happen? Was one of us supposed to handle things? We weren’t sure he even had a will. Now he was in the hospital. It was only a scare, but it really made us think. We helped Dad find an attorney. He’s updated his will — there was one — and even signed a health care proxy. I wish we had done all this earlier.”*

Judy, Age 54 — South Carolina

### *Do Your Parents Have an Attorney?*

It would be ideal, of course, if your parents’ legal affairs were handled by an attorney who is an expert in wills, estates, and similar matters, and who is familiar with your parents and their lifestyle. If they do not have an attorney, a good way to find one is through referrals from trusted friends or relatives who have used the same type of legal and planning services, and are satisfied. If they know an attorney who practices in a different field of law, they could ask that attorney for a referral. They could also contact the local bar association for referrals.

### *Do Your Parents Need an Elder Law Attorney?*

The legal problems affecting the elderly have become increasingly complicated in recent years and, as a result, family attorneys are not always qualified to advise about specific issues concerning this population. In specialized areas such as the preservation/transfer of assets to avoid spousal impoverishment when one spouse enters a nursing home, and Medicaid, Medicare, Social Security, and disability claims and appeals, you may wish to consult with an attorney who practices the relatively new specialty of “elder law.” Working together, the family attorney and an elder law attorney can help your parents address the legal concerns and issues facing them or help you to help them.

As with other professional advisors, the best way to find help is generally through referrals. You might ask for referrals from social workers, doctors, or nurses who work with seniors; or your local bar association may have an elder law referral service. The National Academy of Elder Law Attorneys (NAELA) is a professional organization that publishes an “Experience Registry” of members who specialize in various aspects of elder law. See *Aging Parents and Common Sense — A Directory of Resources for You and Your Parents*, available at [www.AXAonline.com](http://www.AXAonline.com), for information on using the Registry. The Registry is available free on the NAELA Web site: [www.naela.org](http://www.naela.org).

### *Practical Hint*

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*The American Bar Association Commission on Law and Aging can be a source for finding help (for contact information, see *Aging Parents and Common Sense — A Directory of Resources for You and Your Parents*). You should also be aware that many states have programs for the elderly who cannot afford a private attorney. Contact your parents’ county Area Agency on Aging (AAA) for more information on what options may be available.*

### *Estate Planning*

The main objective of estate planning is to preserve assets and protect loved ones. How do your parents want their assets to be distributed? How can they minimize federal and state estate and inheritance taxes? What should be done if they become unable to manage their affairs? Are your parents beneficiaries or grantors of any trusts? Some of the tools used in estate planning are legal instruments such as wills and trust agreements. The *Financial Affairs* section of this guide includes additional information about the financial aspects of estate planning.

## Writing and Updating Wills

In almost every situation it's important to have a will. If your parents do not have valid wills, they should consult a skilled lawyer. Your parents' attorney, working with their professional financial advisor, is best able to ensure that all concerns, including tax issues, are taken into consideration and to draw up wills, trusts, or other instruments needed to assure their objectives are met. Before this process begins, your parents need to review their assets and create an organized, up-to-date list for use by their attorney and financial advisor. Your parents should discuss with their attorney whether to have separate wills rather than a joint will. They should consider who would be an appropriate party to serve as the executor. In addition to immediate family and relatives, there may be friends or charitable organizations that your parents want to include as beneficiaries. If either parent is a grantor or beneficiary of a trust, they should discuss what their rights and obligations are under those agreements and what will happen under the agreements upon the death or incompetence of the individual. If your parents have definite preferences regarding burial or other funeral arrangements, they should discuss these with their attorney and executor, and put their wishes in their will.

If your parents already have wills, they should review them at least once a year, preferably with an attorney, to update their wishes. The existing wills should be reviewed for:

- Changes in beneficiaries resulting from births, deaths, marriages, and divorces
- Changes in circumstances such as illness, increases or decreases in assets, and/or age of children
- Changes in tax, probate, or property law
- Changes in executor, trustee, and guardians
- Major sale or purchase of property or other assets

Absolutely no changes should be made, however, without consulting an attorney.

### Practical Hint

*Keep in mind that if your parents relocate to another state, their existing wills may not be valid in the new state of residence. Thus, new wills drafted by an attorney in that state would be appropriate.*

## Powers of Attorney

There is a difference between a power of attorney your parents may have arranged for a specific purpose and a durable power of attorney.

A power of attorney is a legal document in which an individual gives another person the authority to act on his or her behalf in specified types of transactions. It terminates if the individual dies or becomes incapacitated or incompetent.

A durable power of attorney remains valid and enforceable despite the incompetency or incapacity of the principal. It terminates upon death of the principal. Powers may include financial decisions such as purchasing and selling properties, making gifts, managing bank accounts, and insurance and medical decisions such as whether or not to use heroic medical treatments.

### Practical Hint

*If your parents decide to execute a durable power of attorney, one individual should be named, with a second person as successor in case the first person is unable to serve.*

### Practical Hint

*It is generally useful to execute more than one copy of a power of attorney and provide these certified copies to key people, such as the individual having the power of attorney and your parents' physicians, bankers, or attorneys.*

*And, remember, all of these documents are best prepared long before they are needed. Work with your parents to make these decisions and take necessary steps while they are healthy and able to focus on these important decisions — not during a crisis.*

## Guardianships and Conservatorships

If one or both of your parents can no longer make their own decisions, and a durable power of attorney or other arrangements are not in place, a court will determine your parents' competence and then appoint a guardian if necessary. The guardian can be authorized to make decisions about living arrangements, financial matters, medical care, and related matters. The guardian appointed by the court may be a relative, friend, hired professional, or even a court, state, or county agency. There are several types of guardianship — voluntary, involuntary, permanent, temporary, limited, and total — and all are regulated by the laws of the state in which your parents reside. The actions of a guardian are subject to review by the court and in some circumstances, where wrongdoing or negligence can be shown, a guardian may be removed by the court. If one or both of your parents need a guardian, you should consult with an attorney on how to have one appointed or how you can be appointed yourself as guardian for your parents.

Conservatorship is different from guardianship in that a conservator is responsible only for an individual's financial affairs. Again, state laws govern establishing a conservatorship.

## Advance Medical Directives

Advance medical directives are legal documents that put in writing an individual's instructions about his or her future medical care. They are designed to help guide medical professionals, family members, and friends should the individual no longer be able to make medical decisions. Laws regulating medical directives vary by state, so it's important to contact an attorney familiar with the requirements of the state in which your parents reside, or their county Area Agency on Aging, for help in putting their wishes in writing. Three types of advance medical directives available in most states are:

### Durable Medical Power of Attorney

*This document allows your parents to designate someone they trust to make medical decisions on their behalf, should they become incapacitated. Because the durable medical power of attorney eliminates the need for your parents to know in advance all the decisions that may arise, it is important that they discuss their feelings and intentions regarding medical decisions with the persons they designate. An attorney should be consulted for help in drawing up a durable medical power of attorney.*

### Health Care Proxy

*A health care proxy has the same effect as a durable power of attorney with one difference: a lawyer is not usually required to complete the simple preprinted form. If the state in which your parents reside has a health care proxy law, you can usually get the appropriate form from hospitals or other medical facilities or from the county Area Agency on Aging. Again, the individual your parents designate to make decisions should have a clear understanding of their wishes regarding medical treatment.*

### Living Will

*This legal document differs from the above in that instead of naming another person to make decisions, it specifically authorizes doctors to discontinue medical care under certain circumstances. For example, it may direct a doctor to cease life-prolonging medical treatment when the patient is unable to participate in the decision and is terminally ill, permanently unconscious, or severely brain damaged. If your parents have a durable medical power of attorney or a health care proxy, but also have a living will, the living will provides written instructions for the individual they have designated to make decisions. An attorney can assist in preparing a living will.*

## Practical Hint

Check out the following Web sites for end-of-life legal issues: [www.agingwithdignity.org](http://www.agingwithdignity.org) (and its very valuable "Five Wishes" document) and [www.lastacts.org](http://www.lastacts.org).

## Some of the Toughest Issues

*“The big issue is whether Dad, 93, and Mom, 83, can continue to live in their home. They’re in a small town in South Dakota. Mom had a stroke two years ago, and Dad has been taking care of her. Even though my brother lives in the same town and my sister is in Iowa, I’m a nurse, and they think I know more. It’s also that I’m the eldest daughter. They turn to me for everything.”*

Ruth, Age 57 — New York

### *Long-Distance Care: Getting Involved When You’re Not Nearby*

There are currently seven million Americans who are providing assistance for elders who live far away. Managing this situation for most of these long-distance caregivers is possible because they have family or friends who live near the elder who help out and keep the long-distance caregiver informed about his or her parent.

When your parents live far away, the issues that arise may not be all that different from the ones you would experience if they were next door. What is different is that you may have to work harder to get the same results.

The key to long-distance care is planning ahead and communicating regularly with your parents, other family members, your parents’ friends and neighbors, doctors, bankers, lawyers, and other members of the network you develop to assist you in helping your parents remain independent.

Here are some suggestions you may find helpful, should you need to provide long-distance care. With your parents’ knowledge, select two or three key people (e.g., friends, neighbors, or clergy) who care about your parents’ welfare. Meet with them and discuss the situation. If they agree to help, give them your home and work telephone numbers, or even a telephone credit card, so they can easily contact you. From time to time, tell them how much you appreciate their efforts, and perhaps send them a note or gift.

Spend some time with your parents so you become familiar with the challenges they may be facing and the resources available in the area that you or they may need to contact. Subscribing to your parents’ local newspaper can keep you abreast of the services offered in their community. See *Finding Local Services*, page 11, and *Where You Can Turn for Help*, pages 29–31, for the types of services that might be helpful now or later when your parents’ needs change. The guide, *Aging Parents and Common Sense — A Directory of Resources for You and Your Parents*, available at [www.AXAonline.com](http://www.AXAonline.com), will also assist you in finding the help you may require.

### *Practical Hint*

*Give your parents a telephone answering and/or fax machine as a gift. There are many relatively inexpensive models that combine these functions in a single unit and hook up to existing telephone lines. Look for ones with large, easy-to-read numbers. You may find this gift a very valuable tool for communicating and sending notes, articles, and bills. If your parents are not comfortable with this technology, an answering service may be more to their liking. Also consider giving them a computer to communicate with you by e-mail and to follow through on getting information from the many Web sites identified in this publication.*

### *When Your Parents Won’t Go to the Doctor*

This is a decision your parents make for themselves. Unless they are judged mentally incompetent, they are legally responsible for their own actions. Parents’ refusal to see their physicians can be very upsetting. Reasons may include lack of money, exhaustion, or fear. Talking with their doctor or a hospital social worker, preferably one who specializes in geriatrics, can help you look at options to help resolve this dilemma. You may also offer to go with your parents — for some older people the idea of going to the doctor alone is a barrier.

If you do accompany your parent, be sure to prepare a list of questions for the doctor and take careful notes during the session to record the answers.

### *When Your Parents Shouldn't Drive*

There may come a time when it is clear to you that your parents should no longer drive. Giving up driving may be one of the most divisive issues you and your parents must face. The fact that they can't get into their car and go where they please is a defining limit to their independence.

There is no right or wrong way to discuss this issue. If you are lucky, they will have come to the same conclusion. If not, you will have to try to override their objections. Before taking any action, however, do some research to locate alternatives to driving that are available in their community. These can include shuttle buses that provide door-to-door service, home delivery services from various stores, and local transportation services for the elderly. Contact your Area Agency on Aging for additional suggestions.

If your parents refuse to discuss the matter and won't agree to stop driving, yet it is clear that safety is an issue, you may want to consider talking with their doctor about your concerns.

### *Recognizing Elder Abuse*

Elder abuse is defined as the mistreatment of an elderly person. It may include assault, threats of assault, verbal abuse, financial exploitation, physical and/or emotional neglect, or sexual abuse.

Elder abuse is one of the most under-reported problems in the country because victims may be ashamed, unable to report it, or fearful of reprisals if they speak up. Abuse is more likely when the stress level of the individual providing the care is heightened as an older person's condition worsens.

The following indicators are listed by the National Center on Elder Abuse as important clues to, but not necessarily signifying, possible abuse:

- Bruises, burns, or cuts
- Dehydrated or malnourished appearance
- Anxiety, confusion, or withdrawal
- Expressions of shame, embarrassment, and fear
- Poor personal hygiene
- Overmedication or oversedation
- Sudden bank account withdrawals or closings

In most jurisdictions, either Adult Protective Services (APS), the Area Agency on Aging (AAA), or the county Department of Social Services is designated as the agency to investigate allegations of elder abuse. If the investigators find abuse, they make arrangements for services to help protect the victim. Call the National Eldercare Locator at 800-677-1116 and ask for the county Area Agency on Aging telephone number.

### *Practical Hint*

*If you suspect elder abuse, additional sources of help include the National Committee for the Prevention of Elder Abuse, and the American Bar Association Commission on Law and Aging. For contact information, see Aging Parents and Common Sense — A Directory of Resources for You and Your Parents, available at [www.AXAonline.com](http://www.AXAonline.com).*

### *Alcoholism in Old Age*

Alcohol abuse among the elderly is no longer a hidden or ignored problem. But, as with alcoholism among the general population, it thrives on denial, neglect, and secrecy; and it often goes undetected. The alcoholic and the family may deny its existence, and the health care provider may misdiagnose the disease because many of the symptoms of alcoholism imitate those of other pathologies often described as "old age complaints." These include: tremors, confusion, hypertension, and depression. Some additional indicators of possible alcohol abuse are:

- Burns on hands and other extremities from cooking, bathing, or smoking
- Evidence of repeated falls

- Other unexplained “accidents”
- Fear or avoidance of doctors and dentists
- Paranoid behavior
- Mood swings
- Malnutrition
- Preference for isolation, secretiveness
- Inability to remember particular periods of time (blackouts)

The Center for Substance Abuse Prevention offers the following cautions regarding the potential for alcohol abuse in older people:

- Age-related stresses, such as loss of employment, loss of spouse or friends, or a move to an unfamiliar environment, are among the factors that may put a person at risk for increased alcohol consumption. Also, the changing metabolism that comes with aging can make older people more susceptible to the effects of alcohol.
- As with any other drug, problems can occur in the interaction between alcohol and other medications, both prescription and over-the-counter. Here is a clear case of the importance of asking questions of the doctor and pharmacist, and being very sure of the instructions regarding interaction and side effects of every medication your parents are taking.
- To help lessen the loneliness, isolation, and depression which can lead to, and be made worse by, alcohol abuse, your parent should be encouraged to stay as actively involved in family and community affairs as possible. Offering needed skills and experience to volunteer programs can also enhance your parent’s self-esteem and sense of self-worth.

Alcoholism is a progressive disease, and while not curable it can be successfully arrested with proper treatment. If you suspect an alcohol problem with a parent, first contact your parent’s doctor or other competent medical person to discuss where to find help. Confrontation is rarely successful without professional guidance. There are many facilities and programs for detoxification, evaluation, and rehabilitative treatment.

### *Practical Hint*

*Alcoholics Anonymous (AA) can be a source of information on alcoholism, and it has been singularly successful in long-term recovery through its shared-support program. Al-Anon, an offshoot of AA, can help you and your family deal with the issues of relating to an alcoholic parent. See your local telephone book (white or yellow pages) to contact AA or Al-Anon. Or talk with a friend, neighbor, or anyone who has successfully used these programs.*

### *Depression and the Elderly*

Depression is a common illness, yet few sufferers are properly diagnosed. This is especially true for the depressed elderly. Everyone experiences variations in mood, ranging from minor frustrations to the grief that accompanies a major loss. But a clinically diagnosed depression that interferes with the ability to function, feel pleasure, or maintain interest is not a simple case of the “blues.” It is an illness that doctors, psychiatrists, psychologists, and other mental health professionals have made great progress in understanding and treating.

Aging itself does not cause depression, but many conditions that occur among the elderly can contribute to its onset. Among these are:

- Diseases that produce chronic pain, disability, dependence, isolation, and fear
- Some medications, such as steroids and those for the treatment of hypertension, heart disease, and diabetes
- The loss of peers and loved ones, which may create a continual mourning process contributing to feelings of loneliness and isolation
- Keeping fears and negative feelings “bottled up,” due to the fact that many parents grew up in an era when expressing these feelings was not acceptable

Depression is usually a treatable illness. Talk with your parent's or your own physician about your concerns. They can suggest an appropriate professional for diagnosis. Treatment may include counseling sessions, medication, and a supportive family.

### *The Hospice Option: When Your Parent Is Terminally Ill*

The hospice concept, developed in the 1960s in England, enables an individual diagnosed with a terminal illness to die a dignified death in a caring environment. Hospice services emphasize comfort measures rather than aggressive treatment, and they provide a coordinated program of professional services, including pain control and counseling for the patient, as well as counseling and support for family members and friends, including bereavement services.

Hospice services are available in a variety of environments. Some families and patients prefer to have care given in their home. Others prefer a hospital or nursing home environment that is comfortable and home-like. The hospice services may also consist of a combination of both home and hospital care.

#### *Practical Hint*

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*For information about hospice programs and the hospice philosophy as well as other useful end-of-life resource information, visit [www.hospicefoundation.org](http://www.hospicefoundation.org).*

## Your Well-Being

*“Mom just turned 79. She’s determined to stay in her own home but wants me on call to help with everything. I’m doing the best I can because I’m all she has. But my job, my family, and everything else are suffering. She refuses to do laundry and go grocery shopping. I’m at my wits’ end.” Eleanor, Age 48 — Illinois*

### *Helping Yourself Is as Important as Helping Your Parents*

Most adult children find that when their parents occasionally need help, they can drop everything and do what’s necessary. Many start running into trouble, however, when assistance is needed on an ongoing basis. The daily demands of caring for an elderly parent can be overwhelming, even in the best of circumstances.

Whether you are in the early stages of helping your parents plan their future or in the midst of single-handedly trying to manage everything for them, it’s important for you to find out what resources are available to help your parents. It is equally important for you to locate and tap into resources to help yourself. After all, if you are exhausted, depressed, or ill as a result of trying to “do it all,” you’re in no shape to help anyone.

### *Practical Hint*

*Read through the list of books listed in the guide Aging Parents and Common Sense — A Directory of Resources for You and Your Parents, available at [www.AXAonline.com](http://www.AXAonline.com). You may find particularly insightful Claire Berman’s book, *Caring for Yourself While Caring for Your Aging Parents: How to Help, How to Survive*.*

### *Where You Can Turn for Help*

In addition to the many national organizations listed in *Aging Parents and Common Sense — A Directory of Resources for You and Your Parents*, and the local businesses and nonprofit groups (see *Finding Local Services*, page 11) that can assist you, there are several other resources to investigate for both periodic and ongoing help for your parents as well as for yourself. These resources include:

#### **Your Family and Your Parents’ Close Friends**

Brothers, sisters, or other relatives are the logical people for you to call on for help. Even if siblings cannot always be available physically, their willingness to be involved is a big advantage. If your siblings don’t offer their help, ask them for it. Be honest about your own needs as well as those of your parents. Divide up the ongoing duties such as grocery shopping, driving to appointments, bill paying, and daily telephone calls to chat and confirm that everything is all right. If you are an only child, ask a relative or friend to help by giving you regularly scheduled breaks each week or month.

#### **Area Agency on Aging**

Area Agencies on Aging (AAAs) are becoming an increasingly important resource for caregivers. With funding provided through the National Family Caregiver Support Program, AAAs across the country provide support groups, respite care, information on services, assistance accessing services, and other services designed to supplement the care provided by family caregivers. Services offered vary by location, and are for caregivers of individuals aged 60 or older. Locate the AAA that serves your parents’ community by calling the Eldercare Locator at 800-677-1116 or on the Web at [www.eldercare.gov](http://www.eldercare.gov).

#### **Adult Day Services**

Adult day service programs specialize in providing care for the frail elderly, adults who are physically impaired, and/or those with dementia, confusion problems, and Alzheimer’s disease. Adult day service programs offer health-related and rehabilitative services, social interaction, and a variety of activities. If your parent cannot be at home alone during the day and/or requires frequent health-related and



rehabilitative services, an adult daycare center may be the answer. Such centers also offer the frail older person a chance to socialize with others. They can also provide an opportunity for respite for the caregiver.

### Home Health Care

These services are helpful if your parent needs various levels of nursing care or other professional health services in their home or yours. Home health care services include registered nurses, licensed practical nurses, home health aides, and companions, as well as occupational therapists, physical therapists, speech therapists, and social workers. Your local hospitals, Visiting Nurse Associations (VNA), and Area Agency on Aging (AAA) can help you in obtaining the assistance your parents may require. Medicare and health insurance may cover some of these services.

### Geriatric Care Managers

If you feel your parents need more care than you are able to give, a private geriatric care manager may be the answer. Geriatric care managers are especially helpful if you live a long distance from your parents. These professionals can assess your parents' needs and home situation, then coordinate and monitor the necessary care and services. They work closely with all family members and may be helpful in keeping lines of communication open. Contact the social worker at a hospital near your parents for names of geriatric care managers or call the National Association of Professional Geriatric Care Managers (for contact information see *Aging Parents and Common Sense — A Directory of Resources for You and Your Parents*, available at [www.AXAonline.com](http://www.AXAonline.com)).

### Temporary Care from Hospitals, Nursing Homes and Personal Care Facilities

If you are managing everything for your parents and need some time off or a vacation with your own family, a “respite” care program may be the answer. Respite care programs, developed by hospitals and nursing homes in many communities, are designed to provide temporary 24-hour care for an elderly individual at a special facility or in their own home. The purpose of the care is to allow the primary caregiver some short-term relief from day-to-day responsibilities. If possible, compare several respite programs and rates. You'll also want to check whether your parents' health or long-term care insurance will cover periodic respite care.

### Senior Centers

These neighborhood centers offer a variety of programs and services for healthy, elderly people. The centers' offerings will vary, but can include inexpensive meals, exercise classes, trips to local museums and events, and many other health, nutritional, educational, and recreational activities. Visit a local center, meet with the director, and ask for a copy of the weekly or monthly schedule of programs and events so you can help your parents plan which activities they may want to attend.

*These senior centers can also be a valuable source of information on other services for the elderly that may be available locally.*

### Your Place of Worship

Local religious organizations often provide dependable volunteers who make home visits. If they can't help, they may be able to recommend someone who can.

### Support Groups

You need not feel alone as you go through the caregiving experience with your family. Many adult children become isolated by their inability to communicate the difficulties they are going through. You should be able to find a support group in your community that includes other caregivers with whom you can share your experiences. You will also learn coping skills and find out about other resources and services available to you and your parents. Check with your Area Agency on Aging for support group information.

### Your Employer

Some employers have become aware of the growing number of employees who are providing care for an elder and have developed programs to assist these working caregivers. Check with your company's human resources department or Employee Assistance Program to find out what you are eligible for and what support is available through your place of employment.

### The Family and Medical Leave Act

Enacted in August 1993, this federal law entitles an eligible worker to unpaid leave for up to 12 weeks a year, either at one time or intermittently, to care for the employee's seriously ill parent, without loss of job security or health benefits. To be eligible, companies may require medical certification from a doctor to support your claim that your parent is seriously ill and in need of your care. Family leave regulations generally apply to those individuals who have worked for the company for at least a year, put in at least 1,250 hours of work during the previous 12 months, and are employed by companies with a minimum number of employees (50 or more) within certain geographic distances (within 75 miles). Reinstatement may not be required for those individuals who are classified by their employers as key employees, e.g., individuals who are among the highest-paid ten percent of its workers. For more information, ask your employer for a copy of your rights under the Family and Medical Leave Act, or contact the Wage and Hour Division of your regional Department of Labor. There is further information available on the Department of Labor's Web site, [www.dol.gov](http://www.dol.gov).

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#### *Practical Hint*

*If you are planning a leave of absence under the Family and Medical Leave Act, both you and your employer have the option to substitute certain types of paid leave (e.g., vacation time) for the unpaid leave. You should discuss this option with your company's human resources department.*

## Glossary of Most Commonly Used Terms

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A glossary has been included to help you further understand not only specific words and terminology used in this guide's text, but also terms currently used, across the country, in the discussion of aging and related issues.

**Accessory apartment:** A separate, self-contained living unit created within, or attached to, an existing single-family home.

**Activities of daily living (ADLs):** Tasks necessary for daily life, including bathing, dressing, eating, toileting, transferring, and mobility.

**Acute illness:** A serious illness such as a heart attack or stroke that develops rapidly with pronounced symptoms. The illness can be of short duration, such as influenza.

**Adult day services:** A day center that offers health-related and rehabilitative services, social involvement, and activities to meet the needs of the physically and/or mentally impaired elderly on a daily, weekly, or part-time basis.

**Adult home:** See *personal care home*.

**Advance medical directive:** See *medical directive*.

**Aids for daily living:** Simple and generally inexpensive items designed to help maintain independence and to make daily living easier. See *page 10*.

**Area Agency on Aging (AAA or Triple A):** Also known as County Office on Aging, usually a nonprofit agency or unit of local government with the responsibility for planning and coordinating services for people over age 60 in a designated geographical area. AAAs also provide services for family caregivers caring for anyone over age 60.

**Assisted living facility:** See *personal care home*.

**Board-and-care home:** See *personal care home*.

**Caregiver support group:** Group led by a professional and/or volunteer that allows family caregivers to meet in a supportive atmosphere to express their feelings, share coping skills, and learn about aging issues and resources for help.

**Care (case) management:** Assessing, arranging, and overseeing an individual's health care routine by a trained professional.

**Chore service:** Help with repairs and chores inside or outside a house or apartment, provided through the local Area Agency on Aging, volunteer programs, or youth groups to help older people live safely and comfortably in their own homes.

**Chronic illness:** A physical or mental disability that continues or recurs frequently over a long period of time.

**Congregate housing:** Apartments or rooms in a multi-unit building or garden complex, planned and designed for the elderly.

**Continuing care retirement community (CCRC):** Also known as a CCC, continuing care community or life-care community. Residences that offer care to individuals and couples for the remainder of their lives. Most require an entrance fee plus a monthly maintenance charge. See *pages 12–16*.

**Custodial care:** Help and supervision with daily living activities — dressing, eating, personal hygiene, and similar functions.

**Dementia:** A clinical term used to describe a group of brain disorders that disrupt and impair cognitive functions (thinking, memory, judgment, personality, mood, and social functioning).

**Dependent care tax credit:** Federal income tax credits for certain home-care services and adult day services for adults who are dependent upon you. Check with your local IRS office or a tax advisor for details.

**Diagnostic related groups (DRGs):** A method of grouping illnesses that is used to calculate Medicare Part A reimbursements to hospitals and nursing homes. DRGs are based on the patient's diagnosis rather than on the actual length of the hospital stay.

**Discharge planner:** The professional staff member of a hospital or nursing home who develops a plan for the future care of a patient prior to discharge. See *social worker*.

**Domiciliary home care:** A living arrangement for ambulatory and independent adults who require minimum supervision. See *personal care home and foster home*.

**Durable power of attorney:** A power of attorney that remains valid and enforceable despite the incompetency or incapacity of the principal. See *page 23*.

**Durable medical power of attorney:** A legal document which names a person who will make health care decisions for the principal if that individual becomes incompetent or unable to express wishes for himself or herself. See *page 24*.

**Elder law attorney:** An attorney who specializes in the laws that deal with the rights and issues of the health, finances, and well-being of the elderly and the power of other individuals and the government to control them. See *page 22*.

**Estate:** The term used to represent all of an individual's or couple's personal assets.

**Estate planning:** A plan for what will happen to an individual's or couple's assets and liabilities after death. See *page 20*.

**Executor:** The person named in a will to carry out the distribution of an estate.

**Geriatric assessment:** An evaluation of an older person's physical, psychological, and social condition by a professional team of specialists. This team makes recommendations to the older person, family, and primary care doctor. Geriatric assessments are offered in geriatric evaluation centers and are generally associated with hospitals.

**Geriatric psychologist:** A psychologist who specializes in the mental and behavioral characteristics of aging.

**Geriatric social worker:** A licensed professional who assists the elderly and their families in understanding and coping with the social, emotional, and psychological aspects of aging. The social worker coordinates, directs, and instructs in gaining access to services.

**Geriatrician:** A medical doctor with special education and training in the diagnosis, treatment, and prevention of disabilities in older people.

**Gerontologist:** A professional with special expertise and training in the study of human aging. This term is used by a variety of professionals, including those in social work, human services, mental health, and psychology.

**Guardian:** An individual appointed by a court of law to manage a person's financial and/or personal affairs because the court has found that the person is not competent to manage his or her own affairs. A conservator is similarly appointed, but only for financial affairs. See *page 24*.

**Health care power of attorney:** See *durable medical power of attorney*.

**Home-health agency:** A public or private organization with a staff of skilled nurses, homemakers, home health aides, and therapists that provide nursing, rehabilitative, and homemaking services to homebound patients with chronic or temporarily debilitating conditions or to individuals recovering from major medical treatment.

**Home health care service:** Service performed in the home for an elderly person by someone who has special medical training.

**Homemaker service:** Service providing trained person for household cleaning, cooking, grocery shopping, laundry,

transportation, and personal care for an elderly person. Does not include nursing care.

**Hospice:** Usually a combination of at-home and hospital care of the terminally ill that combines medical and social services. It is designed to help both the patient and the family. Hospice care emphasizes pain control, symptom management, and emotional support rather than life-sustaining efforts or efforts to cure the disease. *See page 28.*

**Incontinence:** The loss of voluntary control over bladder or bowel functions.

**Instrumental activities of daily living (IADLs):** Tasks over and above ADLs necessary for everyday living, such as grocery shopping, bill paying, transportation to doctors' appointments, etc.

**Intermediate care facility (ICF):** A nursing facility that provides help with personal or social care and a minimum of medical supervision. Often a section of a nursing home or personal care home.

**Life-care community:** *See continuing care retirement community.*

**Living trust:** A trust created during the life of the grantor. An irrevocable living trust is often used in estate and tax planning. All assets become the property of the trust and, generally, the trust is liable for income tax payable on amounts earned by those assets, but may result in removing assets from the estate and, therefore, reducing possible estate tax liability. It should be noted, however, that the transfer of assets to the trust might result in gift tax liabilities.

**Living will:** A legal expression of an individual's wishes about future medical treatment to be used at a time when they have become incompetent or cannot communicate due to illness. *See page 24.*

**Long-term care:** A general term that describes a range of medical, nursing, custodial, social, and community services designed to help people with chronic physical or mental impairments.

**Long-term care insurance:** Insurance policies issued by private companies to defray the costs of long-term care in nursing facilities as well as home and community-based services. *See page 19.*

**Matched housing:** A private arrangement in which an individual or couple remains in their own home and rents a room to a capable person in exchange for help. *See page 14.*

**Meals-on-wheels:** Meals delivered on a regular schedule to housebound elderly or elderly people unable to cope with meal preparation, for little or no cost.

**Medicaid:** The health insurance program financed by the federal and state governments for eligible low-income people 65 and older. Needy older people can have their Medicare deductibles and co-payments paid by Medicaid. Medicaid may also pay for nursing home care if the individual's income and assets are within certain limits. *See pages 19–20.*

**Medical directive:** Also called a living will, advance medical directive, and health care proxy. This legal document enables an individual to give instructions about future medical care, in the event they have become incompetent or are unable to speak for themselves due to illness. *See page 24.*

**Medicare:** The national health insurance program for eligible people 65 and older and some disabled individuals. Part A covers hospital costs. Part B covers doctor bills and other medical costs. Part D covers prescription drugs. Patients must pay deductibles and co-payments, and make up any expenses not covered by Medicare. *See pages 18–19.*

**Medigap insurance:** Private health insurance policies intended to cover medical costs not fully covered by Medicare. Also known as supplemental insurance. *See pages 18–19.*

**Nursing home:** A licensed nursing facility that provides a full range of care and medical services to those recovering from hospitalization or suffering from chronic illness, dementia, or other

factors that make it impossible for them to live at home. *See intermediate care facility (ICF) and skilled nursing facility (SNF).*

**Occupational therapist (OT):** A licensed professional therapist who helps a person relearn activities of daily living (ADLs) through rehabilitation and modifications and devices for the home environment to help the person function more independently.

**Ombudsman services:** Programs that advocate for and protect the rights of residents in long-term care facilities by investigating complaints, mediating and resolving disputes, and initiating corrective actions.

**Personal care facilities:** Residential facilities for those who need help with activities of daily living (*see ADLs*) within an environment that helps the person remain as independent as possible. Usually does not include any level of nursing care. *See page 15.*

**Personal emergency response system (PERS):** Equipment that monitors the safety of older people in their homes through signals electronically transmitted over the telephone and received at an emergency monitoring center. *See page 11.*

**Physical therapist (PT):** A licensed professional who treats impaired motion or disease through exercise, massage, hydrotherapy, or mechanical devices to improve physical mobility.

**Power of attorney:** A legal document in which an individual gives another person the authority to act on his or her behalf. *See durable power of attorney.*

**Primary caregiver:** The individual who has the main responsibility for helping an older person. The individual usually is the one who makes decisions and organizes care and services.

**Primary care physician:** The doctor who is consulted first when a health problem occurs and on whom the patient relies for advice, referrals, and ongoing care.

**Qualified Medicare beneficiary (QMB) program:** Program for eligible individuals who cannot afford a Medigap (supplemental) insurance policy (soon to be referred to as a Medicare Savings Program). Contact the local Medicaid office for more information.

**Respite care:** A service that provides temporary care for an older person. The purpose of the care is to allow the family caregiver some short-term relief from their day-to-day responsibilities. Respite care may be provided outside the home. *See page 30.*

**Senility:** A term used to refer to the mental and physical deterioration of old age. Not a medical term. *See dementia.*

**Senior centers:** Neighborhood or community centers that offer a range of services and social, health, nutritional, educational, and recreational activities. Senior centers are for the healthy elderly. *See page 30.*

**Shared housing:** A program available in some communities that matches individuals for the purpose of living together in one house. One of the individuals may be the owner of the house. *See page 14.*

**Skilled nursing facility (SNF):** A licensed facility that provides 24-hour medical services by registered nurses, licensed practical nurses, and nurses aides for seriously ill or severely disturbed people who do not require hospitalization. *See page 16.*

**Special low-income Medicare beneficiary (SLMB):** Program for eligible individuals who cannot afford the Medicare Part B premium (soon to be referred to as a Medicare Savings Program). Contact the local Medicaid office for more information.

**Supplemental insurance:** *See Medigap insurance.*

**Telephone reassurance program:** A program, available in some communities, in which frail, ill, or housebound people are called on a regular basis to check on their safety and to provide personal contact.

**Visiting nurse:** A trained professional nurse who visits patients in their homes to monitor vital signs and physical condition and carry out a physician's treatment orders.

**Will:** A legal document that sets forth a person's wishes for disposing of assets after death. *See page 22-23.*

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