## Preparing and Planning for the "Golden Years" the "Last Chapter."

*A Great gift for your Loved Ones.*

As our life expectancy is going up, we are seeing more 90 plus years old seniors, and in the next 10 years, we will see several 100 plus years old seniors. We are thus faced with a challenge as to how we should be planning for this group of seniors who are not actively working and are not financially productive for nearly 20 to 30 years of their life. Ideally, planning for "Golden Years" should commence earlier in life, preferably at the age of 45 to 50 years. We need to address the following:

- Health care issues, including "Advanced Directives."
- Comfort care.
- Record keeping.
- Financial issues.
- Activities of Daily Living.
- Use of technology.
- Falls prevention, see the attached checklist.
- The decision about "Aging at home" versus moving to "Independent/Assisted" living.
- Understand the terms Independent Living, Assisted Living, Memory Care, Rehab, Nursing home, Skilled Nursing, and Hospice care (inpatient and outpatient.
- Legal issues.
- Funeral Planning.
- Having Pets is useful in preventing isolation and loneliness.
- Legacy

  Several financial and legal documents are needed after death. It is thus essential to review them before death. (Please see attached checklist) This will be very helpful to the surviving spouse/children.

**Health Care Issues:**

There are several important issues we need to address:

- Health insurance that includes Medicare, Medicaid, private insurances, and even self-pay. Also, coverage when traveling aboard. Learn about deductible and co-pay.
- Personal medical records. It is important to keep medical records in detail, ideally electronically, and is updated periodically. Several apps are available, which are user-friendly.
- Medications. There are several things we need to know:-- What amount is covered by your insurance. What is the co-pay? -- It is essential to learn about the adverse reactions and cross-reactions of different medications.
  --Organizing your medications in "Pill Boxes" or better in wraps-some drug companies wrap in plastic strips giving the time when these medications need to be taken. Check out "Pillpack.com" This prevents from forgetting and/or taking a double dose.
- Advanced Directives. It is essential to document your wishes about the medical treatment you would like to have at the end-of-life. Forms are available from some organizations, including the official site of the State you live in. It is helpful to decide on the healthcare "Power of Attorney. Appoint a person you are close to you and the one you trust to make healthcare decisions when you are unable to do.
- Understanding Palliative care and Hospice
- Understand some of the medical terms used during the end-of-life. Words like CPR, DNR, endotracheal intubation, PEG (percutaneous endoscopic gastrostomy) procedure.

**Useful Technology:** Numerous electronic devices are available for seniors, which are helpful for both the seniors as well as for the caregivers. They are classified into:

- Educational. Several user-friendly computer programs are available primarily for seniors, especially those with poor eyesight. Affordable internet services are also available for seniors
- Helpful in finding different resources and services available for seniors.

- ❖ Interaction and communication. Smartphones are very useful in keeping in touch with family members and friends, the use of social media is beneficial. Texting with phones is helpful, especially for seniors who are hard of hearing.
- ❖ Safety and security. Several "Medical alert" systems are available. These are also helpful for caregivers. Some have GPS tracking devices which are useful for people with dementia/Alzheimer. New Apple watches have "Fall detection" function.
- ❖ An assistive technology device (ATD) help seniors feel and be safer in their home, whether they live in an assisted living apartment or their own home. Some examples are:
  --Stairlifts
  -- Power wheelchairs and scooters
  --Amazon Echo and Google Home devices
  --Bed and Chair Fallguard to protect in case someone falls out of their bed or chair.-- Transfer accessories like straps, slings and sliding boards.
- ❖ Video phone calls like Skype or Facetime is another way to keep in touch with your family and friends.

- **Record Keeping (**besides medical records): Ideally, all this important information is kept electronically and updated periodically. If your spouse is not computer savvy educate her/him and be sure that she/him know the passwords. Please address the following documents:

  Contact information of several important people like:
  -- Your attorney and accountant.
  -- Your Banker and Broker.
  -- Your Physicians. Include all.
  --Insurance agents for your Life Insurance, Automobile insurance, Home insurance-- Utility companies, like electricity, water/sewer, and gas
  -- Yard worker and landscaping companies.
  -- At least four close friends.
  --Financial and Estate planning documents
  --Titles of your house and rental properties
  --Copies of "Advanced Directives"

**COMFORT CARE:** Comfort care is critical, and it is an essential part of health care at the end of life. It soothes a person who is dying. The goals are to prevent or relieve suffering, thus improving the quality of life. People who are dying need care in four areas— physical comfort, emotional needs, spiritual issues, and addressing some daily chores.

*Physical Comfort* There are ways to make a person who is dying more comfortable. Discomfort can come from a variety of problems. For each, there are things you or a healthcare provider can do, depending on the cause. For example, a dying person can be uncomfortable because of:

* Pain * Breathing problems *Emotional issues including depression
*Sleep deprivation * Digestive problems *Weakness.

**Activities of Daily Living are defined as:** *Eating *Bathing *Dressing *Toileting (being able to get on and off the toilet and perform personal hygiene functions) *Transferring (being able to get in and out of bed or a chair without assistance *Maintaining continence (being able to control bladder and bowel functions)

**Hospice care:** Physician needs to certify that you're terminally ill and have a life expectancy of 6 months or less. It can be a terminal illness from any condition, not only of cancer. Hospice care is usually given in your home but may also be covered in a hospice inpatient facility. When you choose hospice care, you have decided you no longer want care to cure your terminal illness. Also, your doctor has determined that efforts to cure your illness aren't working. Once you choose hospice care, your hospice benefit will usually cover everything you need.

**Palliative Care:** Unlike hospice, Palliative care is available at any stage of severe illness and can be combined with aggressive treatments. It is appropriate for any illness that causes long-term pain and discomfort and/or for a chronic condition that causes periodic symptoms. Palliative care is available to you at any stage of a severe illness. You can receive palliative care at the same time you receive treatment meant to cure your illness. Palliative care is for chronic illness, not a terminal illness. Palliative care entails prescribing medications and recommending therapies and resources to help patients get everything they need to deal with a chronic or life-limiting disease.

**The decision about "Aging at Home" versus "Independent (IL) /Assisted Living (AL)**

| Independent/ Assisted Living | In-Home Care |
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| ADVANTAGES:<br>• Designed for safety and mobility.<br>• Nutritional and fitness support.<br>• Supervision and support available 24 hrs.<br>• Significant social activities and recreation.<br>• Prepared meals, laundry, housekeeping, and transportation available.<br>• Healthcare is available on a limited basis. | ADVANTAGES:<br>• The comfort of being in a place you have stayed all or most of your life.<br>• You have control of your schedule<br>• Have independence.<br>• Being with the same people, you know well for years. |
| DISADVANTAGES:<br>• Can cause emotional distress being away from family members and friends. Also, being away from your home.<br>• Less control over your routine and schedule.<br>• Can get expensive from $3,500 to $5,000per month.<br>• Limited coverage if any from Long term insurance. | DISADVANTAGES:<br>• Most of the seniors live in older homes, which require significant repairs which can get expensive. Also, they do not have all the safety features and are not designed for handicap people.<br>• Adding up all the maintenance cost, it can get as expensive as Independent/Assisted Living.<br>• Professional caregivers if needed, can be very expensive.<br>• Also, there is limited supervision and support. |

**Check out the differences between IL/AL and Nursing homes.**

| **Independent (IL)/Assisted Living (AL)** | **Nursing home/Skilled nursing/ Inpatient Rehab.** |
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| • Medical management is limited and that too only for AL.<br>• Extensive common areas and outside grounds, also extensive recreational activities.<br>• No need for assistance for personal care.<br>• Can walk and are ambulatory.<br>• Cost $ 3,000 to $5,000 per month for AL additional $500 for AL. Memory ward $ 5,000 t0 $6,000 per month.<br>• Limited coverage if any, from "Long term insurance." | • More medical management than AL. Skilled nursing offers more medical, including I.V. meds.and is manned by R.Ns However, less than Acute care as an inpatient in hospitals.<br>• Limited common areas, limited recreational activities. No outside grounds.<br>• Requires extensive personal care.<br>• Are not mobile without assistance.<br>• Requires daily medical care.<br>• Cost approximately $6,800 per month.<br>• Only Medicaid covers, but there are many stipulations.<br>• Medicare covers inpatient Rehab. Has several stipulations. |
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**Eligibility for Medicare skilled nursing coverage and Inpatient Rehab if you qualify:**

- You have an inpatient stay of at least three days in a row before being admitted to the nursing home.
- Medicare will pay for twenty days of care at 100% of the cost. For the eighty days following, Medicare will pay 80% of the cost. For those who subscribe to a Medicare Supplemental Insurance plan, the secondary insurance will pay the remaining 20% of the cost for the last eighty days of coverage. Coverage is only for 100 days, beyond that is self-pay.

**Medicaid and Nursing Homes:** Applicant's income and financial assets are carefully analyzed before acceptance into the program. Persons must meet strict financial guidelines to qualify. However, should an individual qualify, Medicaid will pay for 100% of their nursing home costs at a Medicaid approved skilled nursing facility.

**Long-Term Care Insurance:** Not all long-term insurances are alike, and each has different policy requirements regarding the elimination period. Also, some cover Independent/Assisted living, whereas some do not. Some have short term coverage- just for 3 years. Thus, it is essential to read fine prints before signing. Premiums are high even when you enroll at an earlier age."

Look carefully at the benefits covered and restrictions to coverage and reimbursements. Check the following website for additional information. American Association for Long-Term Care Insurance. National Association of insurance commissioners. National Clearinghouse for Long-Term Care Information.

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