

Life Care Planning



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Fundamental Concepts

- Find, get and pay for good care
- Facilitate health care decisions
- Manage assets
- Where possible, increase income
- Protect wealth
 - For the Elder or disabled individual
 - Surplus assets protected for heirs

Initial Meeting

- Assess client situation/LISTEN
- What concerns are expressed
 - Can Mom or Dad return home?
 - If so, what caregiver support is available?
 - If not, where should they be placed?
 - Cost?
 - Is financial assistance available?

Assessment

- Face-to-face visit with client
 - Done where the patient receives care
- To plan effectively, you have to see a person, not just a disease
- What does the client need?
- What will improve the client's quality of life?

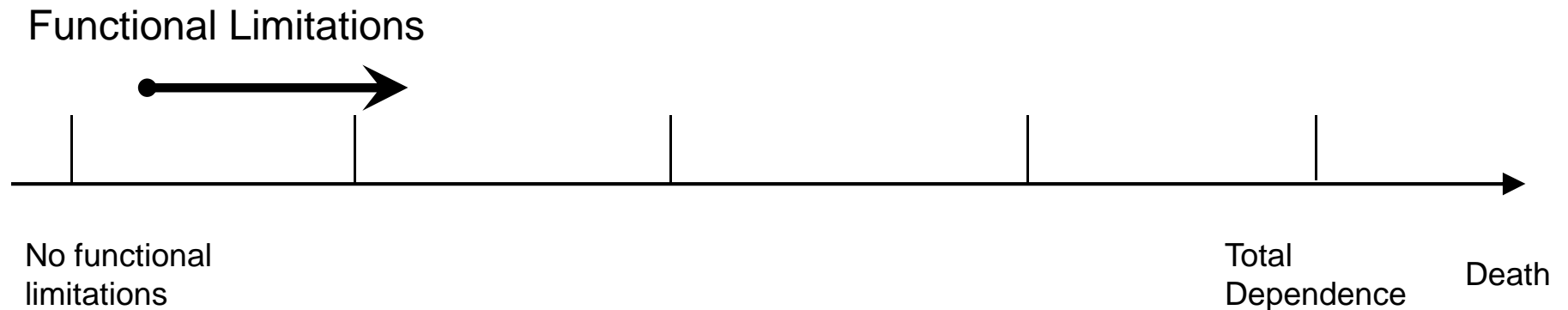
What Elders Want

Studies tell us that older people have two goals in their health management:

- **prevent illness**
- **manage the changes**

They want to prolong independence and activity.

The Continuum of Care



1. Declines in functional ability result in a loss of Independence (dependence).
2. Can result in a caregiver crisis.
3. Can result in a financial crisis.

Client Education

- The patient is a member of his or her own health care team.
 - Patient (or representative) must understand condition and options
- The patient's wishes about his or her care predominate.

Estate Planning

- Initial focus is on LIFE NEEDS, not on leaving an inheritance
- Important documents
 - Health Care Advance Directive
 - Durable (financial) Power of Attorney
 - Will

Surrogate Decisions

Advance Directive

An Advance Directive

- A written document that tells what you want **or** don't want if you cannot make your wishes known about medical treatment.
- Also called a health care proxy.
- Usually State specific. **HOWEVER**, documents created in other states are valid.

TN v. GA

- Tennessee
 - Health Care POA and Living Will are separate documents
- Georgia
 - Health Care POA and Living Will are combined into a single document

Durable Power of Attorney for Health Care

- A written directive appointing a surrogate to make medical decisions for a patient when the patient cannot make his or her own decisions.
- Agent has authority to receive all relevant medical information necessary to make decisions.

Living Will

- A written document that tells what medical treatment the patient does and does not want in a terminal situation.
- Misunderstandings prevent clients from executing documents.
 - NOT a death wish
 - NOT permission to kill

Values Statement

- Not legally required
- If completed, usually a separate document
- Provides detailed information concerning patient's wishes and values
- Usually not enforceable, but would be evidence of patient choice if there is a family conflict over care

Why should everyone have an Advance Directive?

- You might get very sick
- You might have an accident
- You might not be able to tell your doctor what you want.
- Having an advanced directive let's you control what happens.

Why should everyone have an Advance Directive?

- It helps your family and friends know what you want them to do.
- They may be asked to make decisions during a time of grief.
- If you've already made your own decisions, it will be easier on your family.

Use of Generic Forms

Dangers

- Ask whether there is an existing Advance Directive before offering generic forms
 - Does the patient want to make a change?
- Execution of new documents may revoke an existing plan.

Issues

- The name of the person authorized to act for you. It is good to appoint an alternate as well.
- If you are terminally ill, in a coma, or have brain damage with no hope of recovery, you can explain the kind of treatment you don't want. For example, do you want feeding tubes, resuscitation, dialysis, or blood transfusions?
- Whether or not you want to be kept alive by machines if you are in a persistent vegetative state.
- Under what circumstances you want pain medication to be administered.
- Whether you want to donate your organs. Whether you want to be cremated or buried and where and how your remains should be disposed of.

Tennessee Law

- Modified in 2004
- T.C.A. section 68-11-1801 et seq.
- New Law does not invalidate old documents
- Specifies new procedure
 - How documents should be prepared
 - Default mechanism when no document exists

Tennessee Advance Directive

- Must be in writing
- Must be notarized OR witnessed by two individuals
- Remains in effect despite incapacity
- Must contain an attestation clause that attests witnesses comply with requirements.

Using GA Documents in TN

- Advance directives made in other states are valid if they were executed in compliance with (1) the Tennessee Health Care Decisions Act; or (2) in compliance with the laws of the principals' state of residence.

Georgia Advanced Directive for Health Care

- New law effective July 1, 2007
- Does **not** invalidate documents executed prior to July 1, 2007
- **Combines health care power of attorney and living will**
- Statutory form is optional

GEORGIA ADVANCE DIRECTIVE FOR HEALTH CARE

By: _____ Date of Birth: _____
(Print Name) (Month/Day/Year)

This advance directive for health care has four parts.

PART ONE HEALTH CARE AGENT. *This part allows you to choose someone to make health care decisions for you when you cannot (or do not want to) make health care decisions for yourself. The person you choose is called a health care agent. You may also have your health care agent make decisions for you after your death with respect to an autopsy, organ donation, body donation, and final disposition of your body. You should talk to your health care agent about this important role.*

PART TWO TREATMENT PREFERENCES. *This part allows you to state your treatment preferences if you have a terminal condition or if you are in a state of permanent unconsciousness. PART TWO will become effective only if you are unable to communicate your treatment preferences. Reasonable and appropriate efforts will be made to communicate with you about your treatment preferences before PART TWO becomes effective. You should talk to your family and others close to you about your treatment preferences.*

PART THREE GUARDIANSHIP. *This part allows you to nominate a person to be your guardian should one ever be needed.*

PART FOUR EFFECTIVENESS AND SIGNATURES. *This part requires your signature and the signatures of two witnesses. You must complete PART FOUR if you have filled out any other part of this form.*

You may fill out any or all of the first three parts listed above. You must fill out PART FOUR of this form in order for this form to be effective.

You should give a copy of this completed form to people who might need it, such as your health care agent, your family, and your physician. Keep a copy of this completed form at home in a place where it can easily be found if it is needed. Review this completed form periodically to make sure it still reflects your preferences. If your preferences change, complete a new advance directive for health care.

Using this form of advance directive for health care is completely optional. Other forms of advance directives for health care may be used in Georgia.

You may revoke this completed form at any time. This completed form will replace any advance directive for health care, durable power of attorney for health care, health care proxy, or living will that you have completed before completing this form.

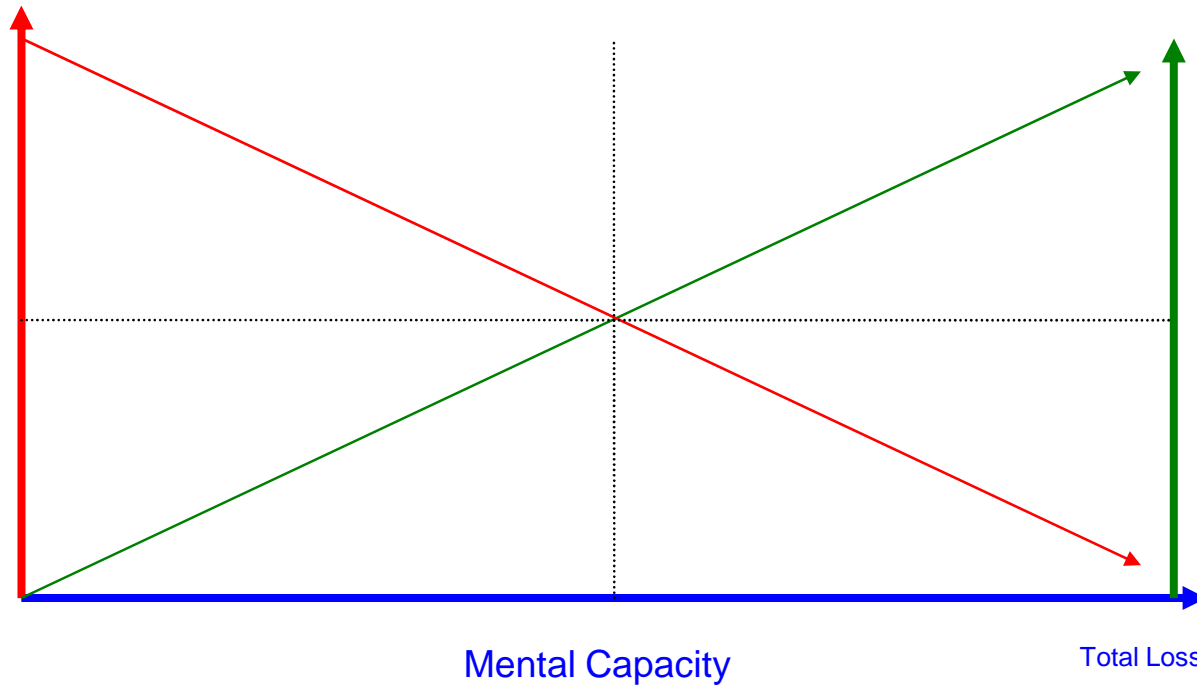
Caregiving

Making It Work

Co-operative Effort

Client Preferences for
Quality of Life

Caregiver Preferences
for Quality of Care



The Continuum of Care

Functional Limitations



Meeting Needs/Levels of Care



Home Sweet
Home

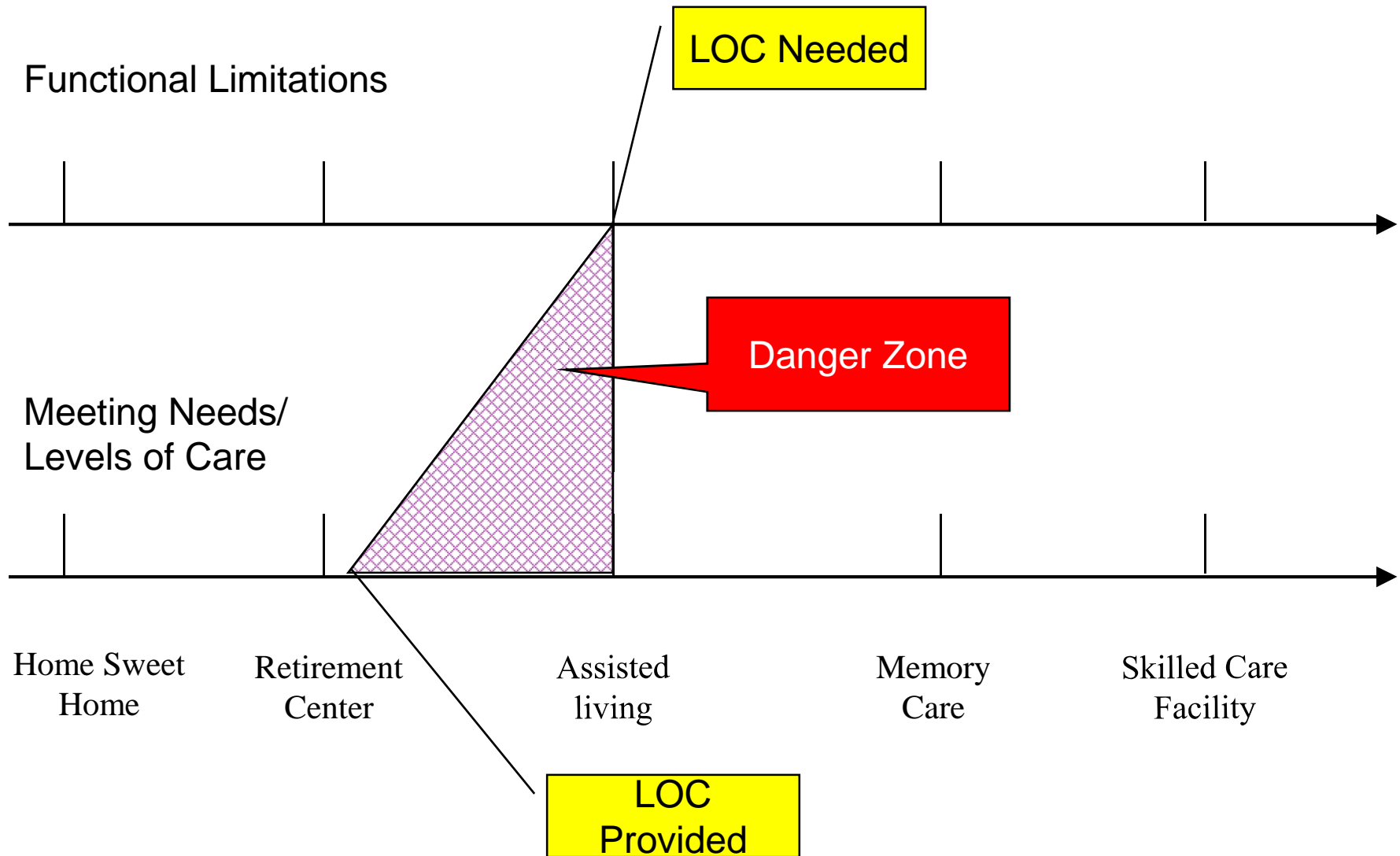
Retirement
Center

Assisted
living

Memory
Care

Skilled Care
Facility

The Continuum of Care



Risks

- Falls
- Poor nutrition
- Improper administration of medications
- Abuse/neglect
- Other

Considerations

What is the Elder's ability to compensate and provide self-care?

How long is the condition expected to last?

Do we have a caregiving plan in place? Is it adequate?

How might the elder's condition improve or worsen?

Is full recovery possible?

Would therapy promote recovery?

How will we handle emergencies?

Caring for the Caregiver

Respite care provides time off for family members who care for someone who is ill, injured or frail. It can take place in an **adult day center, in the home** of the person being cared for, **or even in a residential setting** such as an assisted living facility or nursing home.

Completing the Plan

Find, get and PAY for good care

THE ELDER CARE CONTINUUM

HEALTH & ABILITY TO FUNCTION



No Function Limits Limited Function More Limited Function Even More Limited Function Significant Limited Function

HOME SWEET HOME



Living at Home Home with Assistance Retirement Community Assisted Living Facility Nursing Home

COST OF CARE



None Some More Still More Even More None

PUBLIC BENEFITS & AVAILABLE RESOURCES



Financial Planning

- Authority to Act
 - Power of Attorney
 - Trust (only applies to assets in trust)
 - Joint Accounts or adding signature authority

Medicaid

- Only program that pays for nursing home care
- Generally, single applicant cannot have more than \$2,000 in countable assets
- If monthly income exceeds \$2,021, then a Miller Trust is required

GA vs. TN

Tennessee

- GA resident can get TN Medicaid
- Transfer penalty divisor is \$3,394
- No retroactive Medicaid
- Community Spouse gets one-half of marital assets between \$21,912 and \$109,560

Georgia

- TN resident can get GA Medicaid
- Transfer penalty divisor is \$4,916
- 3 months retroactive Medicaid
- Community Spouse gets maximum allowance of \$109,560

Veteran's A&A

- Must serve 90 consecutive days duty; at least one day during war time
- Other than dishonorable discharge
- Assets below \$80,000 (age test may be imposed)
- Income must be below allowance limits
- Medical expenses reduce income

Action Plan

- Begins with assessing needs and facilitating Care
 - Follow up and re-assessment
- Continues with benefits planning
 - Applying for benefits
- Estate Planning

LIFECARE PLAN

Finding
and paying
for
long-term
care

Personal
care
to insure
mom's
well-being

Future
Issues

Asset
protection
planning



Resolving
issues
with
care
providers

Legal
services
to
protect
your
family

Handling
insurance
and
Medicaid
problems

Getting
and
keeping
government
benefits

Thank you!!

Contact Us: (706) 428-0888