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# Caring for Caregivers

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Ramsey Library | Roseville

Wednesday, May 22, 2019



## Learning Objectives

1. Receive legal and practical planning tools for caregivers
2. Identify long-term care options and the senior housing landscape
3. Recognize resources for evaluating and managing chronic care



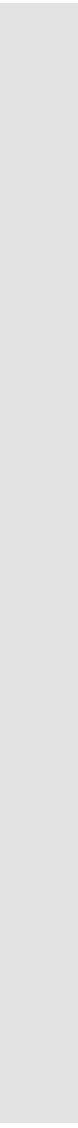
## Who are Caregivers?

- Spouses or partners
- Children
- Grandchildren
- Nieces and nephews
- Friends
- Neighbors
- *YOU!*



# Rosalynn Carter

“There are only four kinds of people in the world: those who have been caregivers, those who are currently caregivers, those who will be caregivers, and those who will need caregivers.”

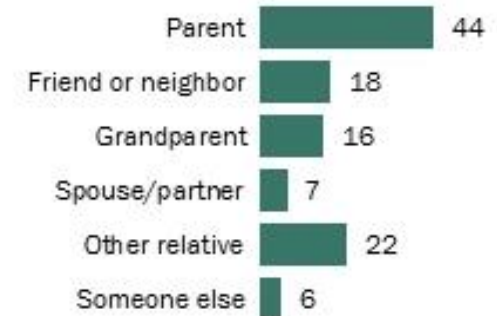


# Pew Research Center | U.S. Bureau of Labor Statistics

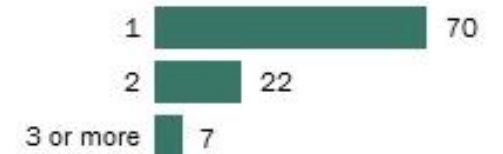
Data for 2013-2014

## Caring for Older Adults: Who Do Caregivers Provide Help for and for How Long?

*% of caregivers providing help to an aging ...*



*% of caregivers providing help to \_\_\_ older adults*



*% of caregivers that have been providing help to an  
older adult for \_\_\_ years*



# AARP 2015 Report

“Approximately 34.2 Million Americans have provided unpaid care to an adult age 50 or older in the last 12 months.”

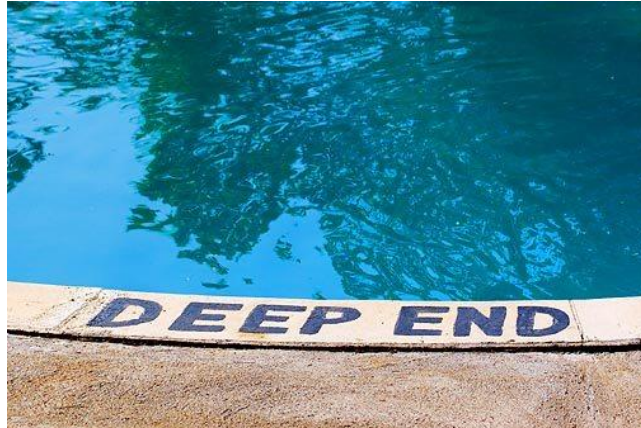


## Priorities When Planning

- Make Decisions Early
- Create Your Team
- *Plan for the worst, so you can live your best!*



# Realities of Caregiving



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## Get Organized

- Create a One-Stop Shop
  - Health Care Directive
  - HIPAA Release Form
  - Doctor Contact Information
  - Current Medication List
  - Clinic Notes
  - Appointment Schedules



## Get Organized

- Create a One-Stop Shop Continued
  - Health insurance information
  - Other insurance information (home, auto, life, long)
  - Asset detail list
  - Identify sources of income (gross vs. net)
  - Financial statements
  - Online account access information
  - Tax filings



## Health Care Directives

- Contents *should* include
  - Nomination of Agent
- Contents *may* include preferences re:
  - Care
  - DNR / DNI
  - End of Life
  - Body Disposition / Funeral



# Health Care Directive Forms



UNIVERSITY OF MINNESOTA  
**EXTENSION**

**FIVE  
WISHES<sup>®</sup>**



**Honoring Choices<sup>®</sup>**  
MINNESOTA  
An initiative of the Twin Cities Medical Society.



# POLST

- Providers Orders for Life Sustaining Treatment | POLST
  - End of Life Decision Making
  - Doctor's Order
  - Emergency Responders



# POLST

## POLST: Provider Orders for Life Sustaining Treatment POLST

HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

PROVIDER ORDERS FOR LIFE-SUSTAINING TREATMENT (POLST)	
<p>FIRST follow these orders, THEN contact the patient's provider. This is a provider order sheet based on the patient's medical condition and wishes. POLST translates an advance directive into provider orders. Any section not completed implies the most aggressive treatment for that section. Patients should always be treated with dignity and respect.</p>	<p>Last Name _____</p>
	<p>First/Middle Initial _____</p>
	<p>Date of Birth _____</p>
	<p>Primary Care Provider/Phone _____</p>
<p><b>A</b> Check One</p>	<p><b>CARDIOPULMONARY RESUSCITATION (CPR):</b> Patient has no pulse and is not breathing.</p> <p><input type="checkbox"/> CPR/ATTEMPT RESUSCITATION      <input type="checkbox"/> DNR/DO NOT ATTEMPT RESUSCITATION (Allow Natural Death)</p> <p>When not in cardiopulmonary arrest, follow orders in <b>B and C.</b>      An automatic external defibrillator (AED) should not be used for a patient who has chosen "Do Not Attempt Resuscitation."</p>
<p><b>B</b> Check One Goal</p>	<p><b>GOALS OF TREATMENT:</b> Patient has pulse and/or is breathing. See Section A regarding CPR if pulse is lost.      <b>Additional Orders (e.g. dialysis, etc.)</b></p> <p><input type="checkbox"/> <b>COMFORT CARE</b> — Do not intubate but use medication, oxygen, oral suction, and manual clearing of airways, etc. as needed for immediate comfort.      _____</p> <p><i>Check all that apply:</i></p> <p><input type="checkbox"/> Avoid calling 911, call _____ instead      _____</p> <p><input type="checkbox"/> If possible, do not transport to ER (when patient can be made comfortable at residence)      _____</p> <p><input type="checkbox"/> If possible, do not admit to the hospital from the ER (e.g. when patient can be made comfortable at residence)      _____</p> <p><input type="checkbox"/> <b>LIMIT INTERVENTIONS AND TREAT REVERSIBLE CONDITIONS</b> — Provide interventions aimed at treatment of new or reversible illness / injury or non-life threatening chronic conditions. Duration of invasive or uncomfortable interventions should generally be limited. (Transport to ER presumed)</p> <p><i>Check one:</i></p> <p><input type="checkbox"/> Do not intubate</p> <p><input type="checkbox"/> Trial of intubation (e.g. _____ days) or other instructions: _____</p> <p><input type="checkbox"/> Intubate long-term if necessary</p> <p><input type="checkbox"/> <b>PROVIDE LIFE SUSTAINING TREATMENT</b> Intubate, cardiovert, and provide medically necessary care to sustain life. (Transport to ER presumed)</p>
<p><b>C</b> Check All That Apply</p>	<p><b>INTERVENTIONS AND TREATMENT</b></p> <p><b>ANTIBIOTICS (check one):</b></p> <p><input type="checkbox"/> No Antibiotics (Use other methods to relieve symptoms whenever possible.)</p> <p><input type="checkbox"/> Oral Antibiotics Only (No IV/IM)</p> <p><input type="checkbox"/> Use IV/IM Antibiotic Treatment</p> <p><b>NUTRITION/HYDRATION (check all that apply):</b>      <b>Additional Orders:</b></p> <p><input checked="" type="checkbox"/> Offer food and liquids by mouth (Oral fluids and nutrition must always be offered if medically feasible)      _____</p> <p><input type="checkbox"/> Tube feeding through mouth or nose      _____</p> <p><input type="checkbox"/> Tube feeding directly into GI tract      _____</p> <p><input type="checkbox"/> IV fluid administration      _____</p> <p><input type="checkbox"/> Other: _____</p>

Provider Name (MD/DO/NP/PA when delegated, are acceptable)

Provider Signature

Date

FAXED COPIES AND PHOTOCOPIES OF THIS FORM ARE VALID.

TO VOID THIS FORM, DRAW A LINE ACROSS SECTIONS A - D AND WRITE "VOID" IN LARGE LETTERS.

POLST

Downloaded from <http://www.tidyforms.com>

# The “Talk”



the conversation project

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## Powers of Attorney

- Powers of Attorney (POAs) for Finances
  - Types:
    - Statutory Short Form Power of Attorney
    - Common Law | General Durable POA





# Powers of Attorney

## STATUTORY SHORT FORM POWER OF ATTORNEY MINNESOTA STATUTES, SECTION 523.23

Before completing and signing this form, the principal must read and initial the IMPORTANT NOTICE TO PRINCIPAL that appears after the signature lines in this form. Before acting on behalf of the principal, the attorney(s)-in-fact must sign this form acknowledging having read and understood the IMPORTANT NOTICE TO ATTORNEY(S)-IN-FACT that appears after the notice to the principal.

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### PRINCIPAL (Name and Address of Person Granting the Power)

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### ATTORNEY(S)-IN-FACT (Name and Address)

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### SUCCESSOR ATTORNEY(S)-IN-FACT

(Optional) To act if any named attorney-in-fact dies, resigns, or is otherwise unable to serve.

(Name and Address)

First Successor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Second Successor \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTICE: If more than one attorney-in-fact is designated to act at the same time, make a check or "x" on the line in front of one of the following statements:

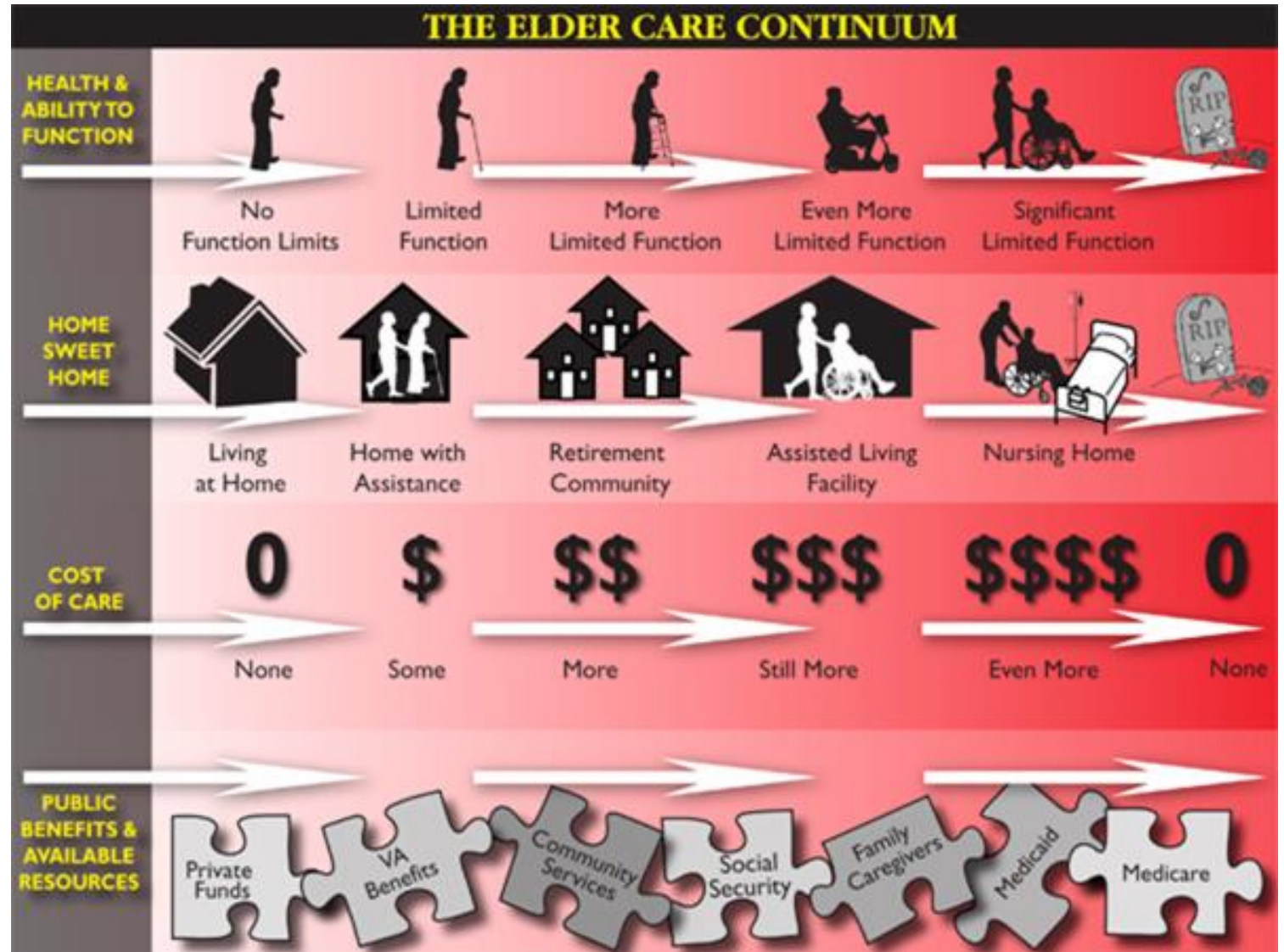
- Each attorney-in-fact may independently exercise the powers granted.  
 All attorneys-in-fact must jointly exercise the powers granted.

### EXPIRATION DATE (Optional)

Use Specific Month    Day    Year Only



# Care Continuum



## Long-Term Care Planning

- DISCLAIMER
  - When planning for long-term care, seek legal counsel from an experienced elder law attorney
  - Long-term care planning goes beyond your essential legal documents
  - Plan early and you will have the most options available to you and your family



Critical  
Questions  
When  
Planning

How do you access excellent care so your loved one is able to maintain or improve quality of life?



Critical  
Questions  
When  
Planning

How do you utilize the payor sources available and understand which benefit provides each service?



Critical  
Questions  
When  
Planning

How do you protect the maximum amount of resources and income so long-term care costs do not consume your life savings?



## Concerns About Long- Term Care

- Availability of quality care
- Ability to live in least restrictive environment
- Maintain mobility and control of decision-making
- Cost of long-term care
- Isolation
- Changes to the family dynamic



## Home Care Options

- Home Care | Chore Services
- Home Health Care | PCA, CNA, RN
- Respite Care | Coverage for Caregiver Breaks
- Adult Day Programs | Offsite for a set timeframe
- Palliative Care and Hospice | Pain Management & Comfort Care





## Evaluating Home Care Options

- Considerations when evaluating *home care*
  - Home design / set up
  - Level of care needed
  - Family member / loved ones managerial skills
  - Comfort with "strangers"
  - Staff availability
  - Cost



## Care Facility Options

- Independent Living | Rental with no care services
- Assisted Living | Rental with option to contract care
- Memory Care | Rental with care focus on dementia
- Continuing Care Retirement Communities | “Age in place”
- Nursing Facility | Skilled nursing care
- Hospice | Comfort care



## Evaluating Care Facility Options

- Considerations when evaluating *care facilities*
  - Quality of care
  - Type of care
  - Engagement: Activities and social outlets
  - Geographic location
  - Cost



# Genworth Cost of Care Study for Minnesota (2016)

Minnesota	Nursing home rate (private room)	Nursing home rate (semi-private room)	Assisted living facility rate	Home health aide rate	Home maker Services	Adult day care
Minneapolis / St. Paul	\$7,442	\$6,873	\$3,990	\$5,529	\$4,767	\$1,742
Rochester area	\$9,034	\$7,969	\$2,883	\$5,148	\$4,576	\$1,517
St. Cloud	\$9,067	\$8,550	\$2,640	\$4,767	\$4,195	\$1,328
Mankato	\$8,000	\$7,451	\$2,995	\$4,957	\$4,957	\$1,654
Duluth	\$8,002	\$7,817	\$3,800	\$4,648	\$4,076	\$1,170
State average	\$8,086	\$7,361	\$3,200	\$4,957	\$4,576	\$1,733

MN DHS  
Own Your  
Future Data

- Home Care
  - \$60,000 per year for an average of 44 hours per week
- Assisted Living
  - \$48,000 per year (this cost does not include services and additional fees)
- Nursing Home
  - \$90,000 per year



# Payment Sources

- Private Pay Resources
- Long-term Care Insurance
- Medicare
- Medical Assistance
- Veterans Benefits



## Funding Long-Term Care

- Medicare | Acute Care
- Long-term | Chronic Care
  - Private assets and income
  - Long Term Care Insurance
  - Medical Assistance (a/k/a Medicaid)
  - Minnesota Veterans Home
  - Veterans Administration Benefits



# Medical Assistance Categorical Eligibility

- Minnesota Resident
- Blind, Disabled, or Over Age 65
- Require Skilled Nursing Facility Level of Care
- Meet Financial Eligibility Rules



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Medical Assistance

Who	Max. Available Assets
Single Individual	\$3,000
Institutionalized Spouse	\$3,000
Community Spouse	\$126,420
Institutionalized Spouses	\$3,000 each



# Medical Assistance Asset Categories



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## Medical Assistance

- Available Assets | Counted Assets:
  - Cash
  - Investments
  - Retirement Accounts
  - Cash Surrender Value of Life Insurance
  - Nonhomestead real estate



## Medical Assistance

- Exempt Assets | Not Counted:
  - Homestead
  - Vehicle
  - Personal Property
  - Prefunded Funeral



## Medical Assistance

- Unavailable Assets | Reported but not Counted:
  - Certain Jointly Held Assets
  - Assets of Unprobated Estate
  - Property Involved in Pending Legal Action



## Medical Assistance

- “Lookback Period”
  - 60 months prior to application
  - If gifting occurred, a penalty period is assessed
    - Unless subject to transfer exception
  - Penalty is calculated by taking total gifts and dividing it by the Statewide Average Payment for Skilled Nursing Facility Care (\$7,288)
- Transfers to spouse are **not** counted

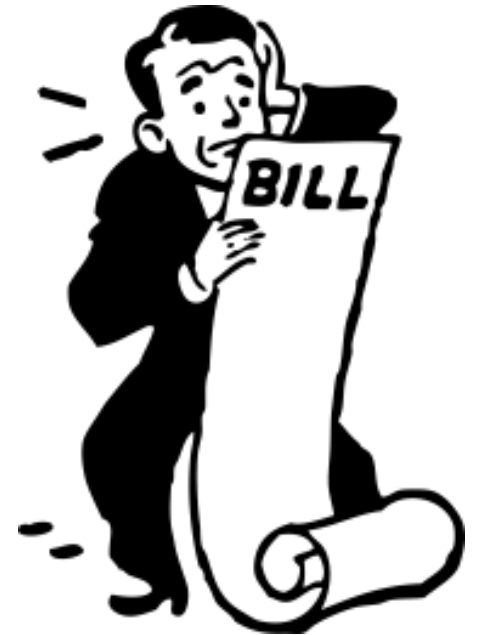


# Medical Assistance Estate Recovery

- Estates of MA recipients and their spouses over age 55
- Subject to a claim against your estate for any benefits rendered to either of you by the County
- After the second spouse to die



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# Minnesota Veterans Homes Locations

- Minneapolis
- Silver Bay
- Fergus Falls
- Luverne
- Bemidji, Preston, and Montevideo (Coming Soon)
- Hastings (Domiciliary Care Only)

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## Minnesota Veterans Home

- Eligibility Criteria:
  - Honorable Discharge
  - 181 or more consecutive days on active duty
  - Minnesota resident or service credited to MN
  - Medical and financial need
  - Spouses of eligible veterans if over age 55 and reside in Minnesota



# Minnesota Veterans Home

- Financial Eligibility Criteria:
  - Maintenance charge determined based on care needs
  - Assets of resident used toward care until reduced to \$3,000 in available assets
  - Assets classified as available, excluded or unavailable
  - Assets and income of a spouse are protected
  - Spouse may be eligible for an income allocation
  - No estate recovery



# Minnesota Veterans Home

- Asset Transfer Rules
  - Permissible to transfer assets to a spouse
  - Permissible to transfer assets or gift assets more than 12 months prior to admission to children



# VA Non- Service- Connected Pension

- 90+ days of active duty service
- 1 day during a war-time period
- Discharge other than dishonorable
- Limited assets and income
- Age 65+ or disabled



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## VA Non Service- Connected Pension

- Aid and Attendance Benefit
  - Provides monthly income stream to assist with costs
  - Income is tax free
  - Current maximum monthly benefit for Veteran with dependent is \$2,230/month



## VA Non Service- Connected Pension

- Aid and Attendance Benefit Eligibility
  - Requires one of the following conditions
    - Aid of another person in order to perform personal functions required in everyday living
    - Bedridden
    - Patient in a nursing home due to mental or physical incapacity
    - Blind



## VA Non Service- Connected Pension

- Financial Eligibility
  - Change to law on October 18, 2018
  - Assets categorized as countable or covered
  - Networth must not exceed \$127,061
  - Networth calculation
    - Countable Assets + (Income – Unreimbursed Medical Expenses) = <\$127,061



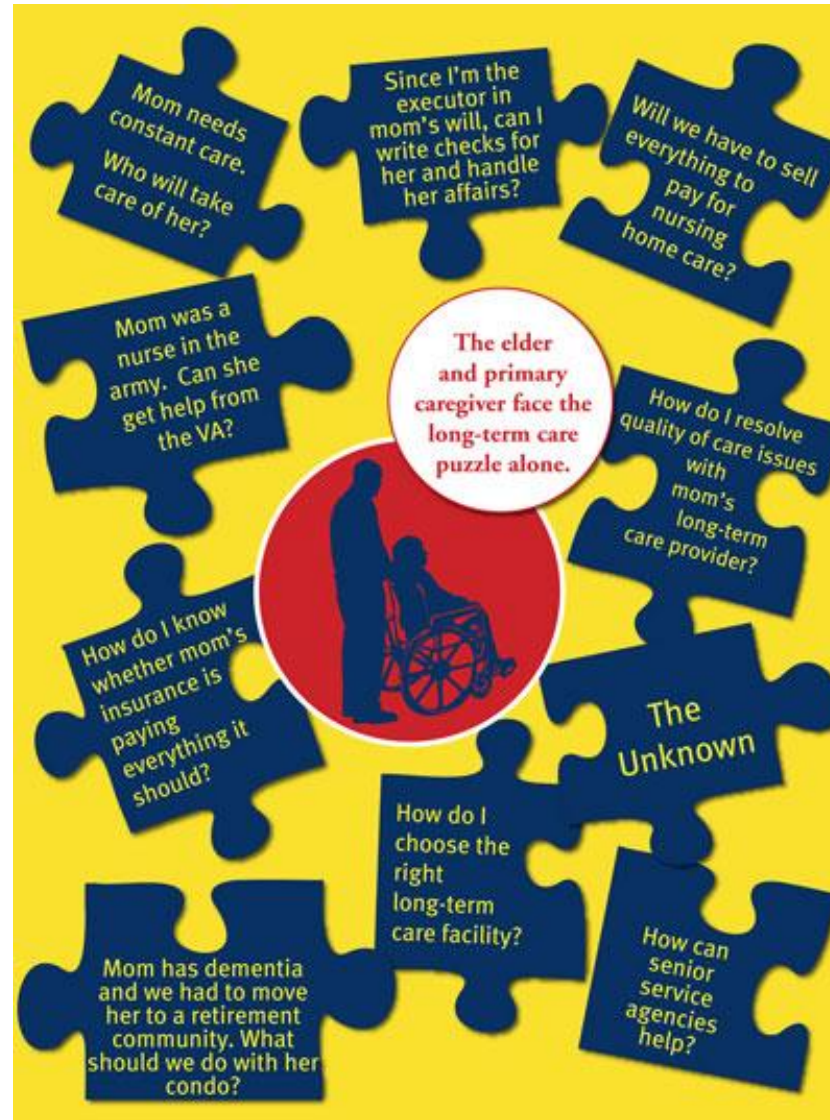
## VA Non Service- Connected Pension

- Aid and Attendance Asset Transfer Rules:
  - Formerly, no lookback period on transfers
  - As of October 18, 2018, transfers are subject to a 3-year lookback rule
  - Proceed with caution
    - You must always be cognizant of how Medical Assistance fits into the picture when considering making transfers of assets





# The Puzzle Can Be Overwhelming



## Life Care Planning

- Goals
  - Promote health, safety, well-being, and quality of life
- Cutting edge, interdisciplinary approach
- Helps families respond to challenges of chronic illness

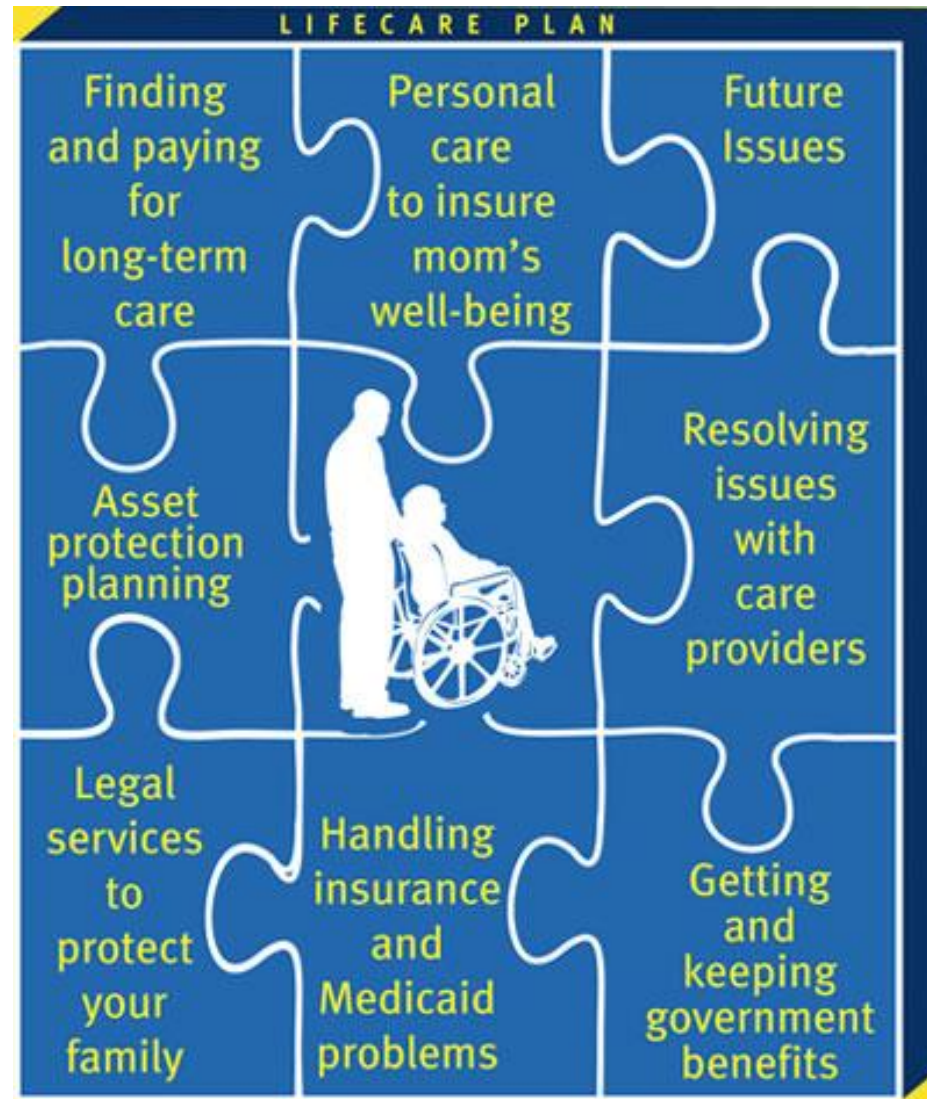


## Life Care Planning

- Advocates for care needs of client
- Locates public and private sources to pay for care
- Offers peace of mind



# Get the Help You Need



## Assemble Life Care Planning Team

- Elder Law Attorney
- Life Care Coordinator | Social Worker
- Public Benefits Specialist
- Authorized/appointed loved ones



## Assemble Life Care Planning Team

- Care Providers
- Medical Professionals
- Professional Fiduciaries (if needed)
- Financial Advisor
- Accountant



## Assemble Life Care Planning Team

- Placement Assistance (+/-)
- Death Doula
- Therapist
- Support Group
- Medicare Insurance Specialist
- Funeral preplanner | Celebrant



## Action Steps

- Consider your Values and Legacy
- Identify your Team or Key Players
- Meet with an Attorney
- Execute Documents
- Have “the Talk”
- Review Annually





Update  
Regularly

- Annual review and consider
  - Health status
  - Diagnosis
  - Change in family or values
  - Personal experiences



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# Thank You!

This has been prepared for informational purposes only. This information is not legal advice. Legal advice is dependent upon the specific circumstances of each situation. The information contained in this presentation should not replace the advice of competent legal counsel licensed in your state.

