

FINDING YOUR WAY THROUGH COMMON JARGON

As you navigate the foreign territory of parent care, you can encounter specialized topics and terms that are unfamiliar. Some common terms and topics are listed alphabetically by subject below.

COMMUNITY-BASED SERVICES

Area Agencies on Aging, a program of the U.S. Department of Health and Human Services' Administration on Aging, were established under the Older Americans Act of 1973 to respond to the needs of Americans aged 60 and over in every local community. The services available through Area Agencies on Aging fall into five broad categories: information and referral/access services; community-based services; in home services including Meals on Wheels; and housing and elder rights including the Ombudsman Program. Within each category a range of programs is available. The program is administered on a state-by-state basis at the county level. To find the Area Agency on Aging office that serves your parent's county, visit Eldercare Locator, www.eldercare.gov, or call toll free 1-800-677-1116, weekdays, 9:00am to 8:00pm (ET). From Outside the USA dial Spherix at 1-301-419-3900. When the operator answers - ask for the Eldercare Locator line.

Ombudsman Services for Complaint Resolution is a nationwide program mandated under the Older Americans Act of 1973 and operated on a state-by-state basis at the county level. Ombudsmen investigate and, when possible, resolve complaints made by, or on behalf of, older adults who are residents of long term care facilities. The Area Agency on Aging office in your parents' county can provide contact information for Ombudsman services.

ELDERCARE MANAGEMENT

Geriatric care managers assist with eldercare matters, just as attorneys or accountants assist with legal or financial matters. Involving a care manager in planning and managing parent care can help parents maintain their maximum functional potential; can help secure their safety and wellbeing; and can reduce the emotional toll of parent care on family members.

Geriatric care managers are health and human services specialists trained and experienced in any of several fields related to aging and eldercare. The profession embraces professionals with a variety of backgrounds and areas of specialized expertise including, but not limited to legal, financial, nursing, gerontology, mental health, social work, and dementia care.

The geriatric care manager serves older adults, people with disabilities and/or families who care for such people. The care manager assists such people in attaining their maximum functional potential. In addition, the care manager is also an experienced guide and resource for families of elders and others with chronic needs.

While there are no formal licensing requirements, members of National Association of Professional Geriatric Care Managers (www.caremanager.org) meet strict certification guidelines and adhere to the NAPGCM Pledge of Ethics and Standards of Practice. Not all geriatric care managers are members of NAPGCM.

A geriatric care manager is engaged privately by elders or their families and paid with private funds and by some long term care insurance policies. Some employers, insurance companies, health plans and financial service providers are beginning to subsidize or cover care management services for their members and clients.

If you are unable to afford a private care manager, there are other options. Low-cost or no-cost geriatric care management is often available through a community agency, senior services organization or other non-profit agencies; your local Area Agency on Aging can refer you to a city, county or agency resource (see Area Agencies on Aging above).

A geriatric care manager can advise and assist elders and their families in many ways including, but not limited to, the following:

Managing healthcare and keeping you informed is a service that a geriatric care manager can provide. A care manager can initiate appointments with healthcare providers; ensure that your parent keeps regularly scheduled and follow-up appointments; accompany your parent during appointments; advocate for your parent with healthcare providers and help your parent communicate effectively with them; ensure that healthcare providers' instructions are followed by your parent or your parent's caregiver; and ensure that prescriptions are properly filled and refilled in a timely manner.

Selecting and managing home care and keeping you informed is a service that a care manager can provide. A care manager can assess your parent's needs and can select and train in-home caregivers who can handle your parent's day-to-day care needs.

Once home care is in place, whether delivered by an agency or by an independent contractor, a care manager can help in many ways: develop a care plan or collaborate with the home care agency on development of the care plan; monitor execution of the care plan and your parent's wellbeing; review and update the care plan as your parent's needs change; conduct ongoing caregiver training; arrange for caregiver replacement and training to ensure continuity of care; and make unannounced drop-in visits to monitor quality of care.

Selecting and managing residential care and keeping you informed is a service that a geriatric care manager can provide. A care manager familiar with the residential options in your parent's area can assess your parent's needs and suggest options that will meet these particular needs. A care manager can work with the residential facility to maintain a current care plan. She can make periodic visits to review care records; visit with your parents; advocate for them with residential care facility staff; and make unannounced visits to monitor the quality of ongoing care.

Professional assessment of your parent and the family situation is generally conducted by a geriatric care manager shortly after being engaged to handle a case. The professional assessment generally includes a complete medical work-up by a physician, a neuropsychiatric evaluation conducted by a qualified professional to determine competence (capacity assessment); and the geriatric care manager's comprehensive interview with the elder and with family members.

HEALTHCARE

Activities of daily living (ADLs) are activities we normally perform in daily living including self care, work, homemaking, and leisure. Health professionals routinely refer to the ability or inability to perform ADLs as a measurement of the functional status of a person. This measurement is useful for assessing an elder in order to determine eligibility for coverage under an existing long term care insurance policy and/or to determine what type of healthcare and/or personal care services the elder may need. Basic ADLs consist of the following self care tasks: The ability to bathe; dress (and undress); eat; transfer from bed to chair, and back; maintain continence; and use the toilet.

Alzheimer's disease is a neurodegenerative disease that, in its most common form, is found in people over age 65. It is the most common form of dementia and accounts for 60% of all cases. Clinical signs of Alzheimer's are characterized by progressive cognitive deterioration, together with declining activities of daily living (ADLs) and by neuropsychiatric symptoms or behavioral changes.

Alzheimer's disease cannot be definitely diagnosed until after death, when the brain can be closely examined for certain microscopic changes caused by the disease. However, through thorough testing and a "process of elimination", doctors today can diagnose what they refer to as "probable Alzheimer's disease" with almost 90% accuracy.

Identifying Alzheimer's disease at the earliest possible stage gives the patient and family time to plan for future needs and care of the patient. Early diagnosis also allows the patient to begin taking medicines that are only useful in the earlier stages of the disease.

Most people turn first to their primary care physician. It can be prudent to request referral to a specialist in Alzheimer's diagnosis, which might be a neurologist or a geriatric psychiatrist.

The following steps can help make a diagnosis of Alzheimer's disease:

Medical history is taken and a questionnaire completed by the physician to identify such things as past medical problems, difficulties in daily activities and prescription drug use. The physician may wish to speak to a close family member to supplement information.

Complete physical examination including screening for depression and evaluations of hearing and sight.

Standard laboratory tests might include blood and urine tests to help eliminate other possible conditions. Tests can measure things like blood count, thyroid and liver function, levels of glucose, and other blood-based indicators of illness.

Neuropsychological tests which can include a variety of tools to assess memory; problem solving; attention; vision-motor coordination; and abstract thinking, such as performing simple calculations “in the head”. The goal is to better characterize the types of cognitive symptoms present, which might provide clues to the underlying cause.

Brain imaging “structural” scans such as CT or MRI can rule out brain tumors or blood clots as the reason for symptoms. A PET scan (positron emission tomography) shows brain activity and can pinpoint areas of reduced brain activity and may be able to identify telltale signs of early Alzheimer’s reliably enough to be used as diagnostic tools.

Dementia is a term for a non-specific set of symptoms, which are caused by many different specific disease processes. Dementia is characterized by the progressive decline in cognitive function due to damage or disease in the brain beyond what might be expected from normal aging.

Affected areas in cognition may be memory, attention, language, and problem solving. Especially in the later stages of the condition, an affected person may be disoriented in time (not knowing what day of the week, day of the month, month, or even what year it is), in place (not knowing where they are), and in person (not knowing who they are).

Symptoms of dementia can be either reversible or irreversible. A complete medical and neuropsychiatric work-up can identify underlying disease and provide guidance for treatment to reverse or manage the symptoms. While poor nutrition, drug interactions, depression and some other treatable conditions manifest with dementia-like symptoms, in the large majority of cases dementia cannot be reversed with present treatments.

Geriatrics is the sector of healthcare dealing with the diseases, debilities, and care of aged people. The term comes from the Greek *geron* meaning “old man” and *iatros* meaning “healer”.

Geriatricians specialize in the care of older adults, just as pediatricians specialize in the care of children.

Many physicians have practices largely comprised of older adults. By virtue of their day-to-day experience and personal continuing education efforts, they may attain above average knowledge and skills in caring for older people and call themselves geriatricians.

The term “geriatrician” is usually reserved for physicians who have specific training and certification in Geriatric Medicine. The American Board of Internal Medicine and American Board of Family Practice offer a certificate of Added Qualifications in Geriatric Medicine to those internists and family practitioners who can pass a standardized exam that has questions dealing solely with geriatric care issues.

A geriatrician attains the highest level of qualification when he or she spends extra time studying Geriatric Medicine in a formal training program. These programs, called Geriatric Fellowships, generally range from one to three years of study after completion of a formal residency program (usually in Internal Medicine or Family Practice). Most fellowship-trained geriatricians go on to take the exam that also gives them a certificate of Added Qualifications in Geriatric Medicine.

Gerontology is the study of the aging process.

Gerontologists are healthcare professionals who specialize in working with the elderly.

Medical work-up a comprehensive look at an elder's overall situation including a medical history and complete physical examination including 1) evaluation of nutrition/hydration, 2) mobility/activities of daily life (ADLs), 3) evaluation of medications to uncover problems with dosage compliance and pinpoint drug interactions, 4) screening for depression and evaluation of hearing and eyesight; standard laboratory work including blood and urine; and a neuropsychiatric evaluation to determine competence (capacity assessment).

LEGAL

Adult Protective Service (APS) protects older adults and persons with disabilities from abuse, neglect and exploitation whether caused by others or self-inflicted. APS investigates reports of suspected abuse, neglect and exploitation – occurring either at home or in an institution – and provides or arranges for services as necessary to alleviate or prevent further maltreatment. APS is operated by each of the 50 states, the District of Columbia, Puerto Rico and Guam. The program is delivered locally, generally at the county level. Anyone who suspects elder abuse can call the local APS office and make a report.

Capacity assessment is a formal neuropsychiatric evaluation of a person's mental capacity to make decisions about property and personal care. It is part of a legal determination of competence. Capacity assessments are conducted by specially qualified assessors who must follow specific guidelines.

Conservatorship can be set up after a judge decides that a person (called the conservatee) is no longer competent to take care of his or her person or finances. The judge designates another person or organization (called the conservator) to be in charge of the conservatee's care or finances, or both. The conservator is said to have "fiduciary" responsibility for the conservatee.

An individual conservator may be a professional fiduciary who holds fiduciary responsibility for a number of conservatees. Alternately, a friend or family member may be designated conservator. In some cases a professional and a friend or family member may be designated to share the responsibility and serve as co-conservators.

The conservator must make periodic reports to the court. The court will often require a conservator to purchase a "surety bond" – a type of insurance policy to protect the conservatorship estate. The costs and expenses of a conservatorship are paid by the conservatee's estate.

If an elder has not executed powers of attorney for finances and/or healthcare and becomes incapacitated, conservatorship may be the only route through which family members or government operated Adult Protective Services (APS) can assume control of decisions about care and finances. Each state controls how conservatorship is handled in its jurisdiction. The process involves the services of an attorney and can be complicated and costly.

Durable power of attorney is a legal document executed by one person (grantor) authorizing another person or entity to act as attorney-in-fact on the grantor's behalf, even if the grantor becomes incapacitated (the power ends on the grantor's death). The process of estate planning and execution of wills and trusts usually involves execution of durable powers of attorney for finances and healthcare. In some jurisdictions, a durable power of attorney for healthcare can also be a "Directive to Physicians" or "Living Will", empowering the attorney-in-fact to make healthcare decisions for the grantor, up to and including terminating care.

Acting under a durable power of attorney, the attorney-in-fact is a fiduciary for the grantor, so the law requires complete honesty and loyalty when acting on the grantor's behalf. The law governing durable powers of attorney, as they apply to finances and healthcare, and in relation to the procedures by which they come into force on behalf of the grantor, varies from state to state. Please seek legal advice where parents live.

Elder law is a term coined to cover an area of legal practice that places an emphasis on issues that affect the aging population. For some time certain attorneys have called themselves elder law attorneys. The term meant different things to different attorneys. In addition, there was no way to know whether a person calling himself an elder law attorney actually had the knowledge and experience claimed.

Elder law attorneys may now be certified in this field by the Board of Certification of the National Elder Law Foundation (NELF), a nonprofit organization founded in 1993, and dedicated to the development and improvement of the professional competence of lawyers in the area of elder law.

The purpose of the certification program is to identify lawyers 1) who have the enhanced knowledge, skills, experience, and proficiency to be properly identified to the public as certified elder law attorneys and 2) who will be able to determine all the client's needs and either take care of them, or refer the client to someone who can.

Estate and trust law is the body of law which governs the management of personal affairs and the disposition of property of an individual in anticipation of the event of the person's incapacity or death. Its techniques are also used to fulfill philanthropic bequests or gifts through the creation, maintenance and supervision of charitable trusts. In the U.S., it overlaps with elder law that deals not only with estate planning but other issues that face the elderly, such as home care, long term care insurance, and social security or disability benefits.

Fiduciary duty is a legal relationship between two or more parties, most commonly between a trustee and a beneficiary, a grantor and attorney-in-fact (see "durable power of attorney"), or between a conservator and a conservatee.

A fiduciary is expected to be extremely loyal to the person (principal) to whom the fiduciary owes the duty, and must neither put personal interests before the duty, nor profit from their position as a fiduciary, unless the principal consents. The fiduciary relationship is characterized by good faith, loyalty and trust.

A court appointed fiduciary is held to a strict, court supervised, standard of behavior. The fiduciary has a duty 1) not to be in a situation where personal interests and fiduciary duty conflict, 2) not to be in a situation where their fiduciary duty conflicts with another fiduciary duty, and 3) not to profit from their fiduciary position without the court's express knowledge and consent.

LONG TERM CARE OPTIONS

Long term care, also known as custodial care, refers to the many services beyond medical care and nursing care used by people who have disabilities or chronic (long lasting) illnesses. Long term care can be delivered at home, in an assisted living community, or in a skilled nursing facility/nursing home.

While Medicare and private insurance cover all or part of medical and nursing care for acute conditions from which the patient will recover, neither covers long term care for chronic conditions. (See "Paying for Long Term Care").

The material provided on this site about Home Care and Residential Care is for general informational purposes only. Definitions of various types of home care, home healthcare and residential care, as well as applicable bodies that license and monitor various types of care and facilities providing care, vary from state to state.

Aging in place is what most elders say they want. When asked, most elders say they want to stay at home as long as possible. Many resources can help your parents live at home independently or with the help of home caregivers. See "Home care".

Assistive technologies that can help elders live independently at home are currently available and more are coming to market all the time. The websites of the Center for Aging Services Technologies (www.agingtech.org) and SmartSILvers Alliance (www.smartsilvers.com) are places to get an overview of available and emerging technologies.

Accessibility assessments, taking into consideration the client's budget, can determine what is needed and what will work to render a home safer and more accessible for people with particular physical or medical needs. Qualified professionals such as a Certified Aging in Place Specialist (CPS) or a Certified Environmental Accessibility Consultant (CEAC) have the skills to conduct such assessments.

Assistive devices in lieu of home modification include special transfer and shower chairs for bathing and toileting; electronic door openers; stair lifts; vertical platform lifts; ceiling lifts for lifting and transferring; and other health or safety equipment.

Home modification can range from installation of accessibility ramps and grab bars to replacement of standard toilets with higher ones and replacement of a tub with a curbless shower. More extensive renovations can incorporate “Universal Design” elements such as impact absorbing floor coverings throughout the home; an accessible kitchen with lower or roll-under counter tops; cabinets with drawers rather than doors; front control appliances; wide doorways and hallways; no-step entry; places to eat, use the bathroom and sleep all located on one barrier-free level.

Home care is care delivered at home by an unpaid family member or by a paid caregiver and can be supplemented by community-based day programs.

Licensing and oversight of home care varies dramatically from state-to-state. In states that do not regulate the service, anyone with a business license can operate an in-home care business.

Home care can be provided by a business that sends caregivers into the home or by individuals who work on their own and who the family engages privately. Home care that requires medical care can be provided by a registered nurse (RN) or a licensed vocational nurse (LVN). Generally home care is non-medical in nature and is provided by a caregiver whose qualification comes, not from formal training, but from experience.

Payment is usually from private funds. Long term care policies may pay for in-home care but usually do not cover the entire cost. In some states, the state operated Medicaid program covers all, or part, of the cost of in-home care for those who qualify.

If you engage care for your parents at home, there are some important questions to ask of your prospective provider: Is the provider a home care agency, an employment agency, registry/broker, or an independent contractor? Home care agencies accept responsibility for screening, training, insuring, and supervising their staff. The other models do not.

Whether you engage a caregiver privately or through an agency, ensure that you clarify responsibility for the following employer/employee matters: Who is the employer? Who is responsible for ensuring that payroll-related taxes are paid? Who is responsible for providing worker's compensation and unemployment coverage?

Home healthcare is delivered in the patient's home by a licensed healthcare professional. Home healthcare is prescribed by a physician in connection with recovery from an injury or illness that may or may not have required hospitalization. It can include such services as physical therapy, occupational therapy, speech therapy, wound care, etc. The cost is covered by Medicare and private health insurance. Agencies offering home healthcare are licensed on a state-by-state basis and, because of Medicare reimbursement, are subject to federal regulation as well.

Adult day care programs are community-based and generally offered five days per week to elderly people who are physically, cognitively or emotionally disabled and need a protective environment. Programs include structured activities and meals and may or may not provide health-related and rehabilitation services. Adult day care programs are licensed and regulated on a state-by-state basis.

Respite care can provide a family caregiver the time he or she needs to take a vacation, recover from a hospitalization or simply take a break. Residential respite care can provide a place for an elder to live during home modification.

Short term residential respite care is offered by many assisted living facilities, including Alzheimer's care facilities. Length of stay is generally from a few days up to one month.

Some localities offer a respite in-home caregiver program for family caregivers. Such programs are generally community-based and provide care givers for short periods of time at little or no cost. Check with the Area Agency on Aging in the county where your parents live.

Residential care options range from independent living to care in a skilled nursing facility/nursing home. Before you sign a contract it is advisable to read it carefully and ask questions about anything you do not understand. Especially if there is a large upfront/non-refundable cost, it can be prudent to review a contract with an elder law attorney before signing.

Senior move managers can be of great help when elders relocate from a long time family home into residential care. The National Association of Senior Move Managers (NASMM) is a nonprofit, professional business association of people dedicated to helping older adults and their families with the physical and emotional aspects of moving. The organization's website contains a state-by-state listing of members.

Independent living communities/facilities are designed specifically for independent senior adults. There are a variety of names used to describe such facilities: "independent living", "retirement community", "congregate living", or "senior apartments". These communities are designed for seniors who are able to live on their own, but desire the security and conveniences of community living. Services generally include a maintained apartment, or other unit, and some utilities. Communities may offer services such as meals in a common dining area; scheduled transportation; and organized social and recreational programs. Other communities provide housing with only a minimal amount of amenities or services.

Because these communities are not licensed by local, state or federal agencies, there is no formal regulation. In communities that provide services and activities, the rules are set and governed by the management company providing the services. In other communities, an on-site or off-site manager will help address any problems. Independent living communities do not provide healthcare, but many communities will allow residents to pay for a home caregiver, home healthcare professional, or nurse to come into the resident's apartment to assist with medicines, healthcare and personal care.

Cost ranges from month-to-month market rate to real estate models involving legal contracts and large sums of money. Some senior apartments are subsidized and accept Section 8 vouchers.

Assisted living communities/facilities provide a combination of residential housing, personalized supportive services and healthcare but not skilled nursing care. Assisted living may offer the same features as independent living, with the added assistance of non-medical healthcare and personal care. Although the variety of services and level of care will vary, most provide assistance with dressing, grooming, bathing, and other daily activities (ADLs). Assistance with medications differs according to state regulations.

Assisted living can be free standing, part of a continuing care retirement community (CCRC), affiliated with a nursing home, or offered for a fee by independent living communities. There are a variety of names used to describe assisted living facilities; many specialized to certain regions of the country: "board and care", "residential care facilities for the elderly", "community-based retirement facilities", "personal care adult living facilities", and "adult foster care", are all examples of assisted living facilities. However, the generic term throughout the country is "assisted living".

Residence in assisted living is generally paid for on a month-to-month basis. The monthly fee depends on the type of accommodation and on the set of services included. Additional assistive services offered by the community, but not included in the monthly fee, are provided and billed as needed.

The cost of assisted living facilities is paid for with private funds. An existing long term care insurance policy may cover assisted living but usually not the entire cost. In some states Medicaid payment is available for people who qualify. Assisted living facilities are regulated and licensed at the state level. Each state does so according to its own law.

Alzheimer's and dementia care communities/facilities offer care and a physical environment specifically designed to meet the needs of people with these conditions. Although many assisted living facilities and nursing homes cater to individuals with Alzheimer's disease and other dementias, there is a growing trend toward facilities devoted solely to the care of people with these conditions. Similar to assisted living communities, they provide room and board; some utilities; an activity/entertainment program; and assistance with dressing, grooming, bathing, and other daily activities.

These facilities provide a secure perimeter and offer care that fosters residents' individual skills and interests in an environment that helps to diminish confusion and agitation. Building design and activity programs are customized to meet the changing needs of Alzheimer's patients at varying stages of the disease. Staff and caregivers are trained in handling behaviors associated with memory impairments.

As specialized assisted living communities, Alzheimer's care communities are regulated and licensed at the state level. Each state does so according to its own laws. On a state-by-state basis agencies that license assisted living facilities may require facilities to meet certain standards or receive special certification in order to portray their services as Alzheimer's focused.

Payment options are the same as for assisted living facilities: private pay, long term care insurance, or a combination of the two. In some states Medicaid payment is available for people who qualify.

Continuing care retirement community (CCRC) is a residential campus that provides a continuum of care all in one location: independent units, assisted living, and skilled nursing care.

Residential services include a maintained apartment or other unit; housekeeping and laundry service; some utilities; meals in common dining areas; scheduled transportation; health-monitoring services; emergency call monitoring; ground maintenance; security; and social, recreational, and cultural programs. Healthcare is covered for contracted services and can include personal care and help with daily activities (ADLs); skilled nursing care; rehabilitative care; hospice care; and Alzheimer's care.

With continuing care there are many different types of contracts and fees to consider ranging from unlimited long term nursing care for little or no increase in monthly fees to a specified amount of healthcare beyond which additional fees are incurred. There are also CCRCs that provide services and access to medical care on a month-to-month basis. It can be prudent for elders and their families to confer with their legal and financial advisors before entering into a CCRC contract.

CCRCs are highly regulated in some states, but not in others. There is no federal agency which oversees them. The Commission on Accreditation of Rehabilitation Facilities (CCAC), a private nonprofit organization, accredits these communities. This voluntary process involves a review of finances; governance and administration; resident health and wellness; and resident life.

Nursing home/skilled nursing facility cares for people who need 24-hour nursing care. Nursing care is provided by registered nurses (RN) and licensed practical nurses (LPN). The basic daily or monthly fee includes many of the same components as other senior residential care options including room and board, personal care, protection, supervision, activities and entertainment.

Extra charges are incurred for additional services such as on-call physician services, physical, respiratory, and speech therapists, medications, personal care items, and laundry service.

Nursing Homes are licensed and regulated by State Departments of Public Health and are individually certified by the each state for Medicare and Medicaid. They are administered by licensed staff and healthcare is supervised and authorized by a physician. They must also meet federal requirements.

For short term care, nursing homes accept payment from a variety of sources including Medicare, Medicaid, private healthcare insurance and private funds. Neither Medicare nor private health insurance covers the cost of long term care in a nursing home. Long term care is paid privately and by existing long term care insurance policies which rarely cover the entire cost. For elders who qualify, Medicaid covers all or part of the cost.

PAYING FOR LONG TERM CARE

Paying for long term care, which can be very expensive, is of great concern to nearly every family faced with the prospect of caring for a loved one over an extended period of time.

The U.S. Medicare program covers hospital care, up to a maximum number of days per year, for conditions from which a patient is recovering. Privately purchased health insurance also pays under similar situations. Neither Medicare nor private health insurance pays for long term care.

Long term care at home, in assisted living communities and in many of the most desirable skilled nursing facilities (nursing homes) is paid with private funds. While an existing long term care insurance policy may pay a portion of the cost, most policies are not written to cover the entire cost of long term care.

For elders who qualify because of low income and assets, state-operated Medicaid programs pay for all or part of the cost of long term care in a participating skilled nursing facility/nursing home. Some state programs pay toward the cost of care at home or in an assisted living community.

Some financial planners and some long term care insurance brokers are skillful at helping high net worth families devise strategies to pay for top quality long term care while preserving assets. Such professionals can examine a complete portfolio of assets and recommend a mixture of financial instruments that will maximize asset preservation, while providing the cash flow to pay for anticipated long term care expenses. An estate or elder law attorney practicing in your parents' locality may be able to provide referrals.

Financial planner, also known as a personal financial planner, is a professional who helps people deal with various personal financial issues through proper planning, which includes but is not limited to these major areas: cash flow management, education planning, retirement planning, investment planning, risk management and insurance planning, tax planning, estate planning and business succession planning (for business owners). In carrying out the personal financial planning function, the professional is guided by the financial planning process to create a detailed strategy, tailored to a client's specific situation, for meeting a client's specific goals.

Before drafting a financial plan that meets the client's overall, or specific, financial agenda, a financial planner will conduct a personal interview to develop a client profile. The profile includes financial objectives, current income, investments, risk tolerance, expenses, tax returns, insurance coverage, retirement programs, estate plans, and other pertinent information.

The financial planner will also confer with the client's other advisors including attorneys, accountants, trust officers, and investment bankers to put together a plan. The plan itself is a set of recommendations and strategies for the client to use, or ignore.

It is prudent to note that no federal agency regulates financial planners. There is some regulation on the state level, but only in some states. Because of this, most financial planners choose to become certified by the Certified Financial Planners (CFP) Board.

The CFP Board is an independent professional regulatory organization that extends licenses to those planners who pass the CFP certification examination. Those who pass the examination are bound by the CFP Board's ethical and educational standards (which include a bachelor's degree, three years of financial planning-related experience, and completion of college level courses in financial planning).

Long term care insurance helps pay for long term care services. Please visit the AARP website (www.aarp.org) for detailed discussion of this complicated subject. It is prudent to consider the role of long term care insurance in relation to an overall financial and estate plan.

Elders who often can still qualify to purchase a long term care policy can balk at the high cost. Recognizing the toll long term care expenses can take on parents' estate, some families choose to pool resources and purchase long term care policies for their parents.

Long term care insurance typically covers a portion of the cost of:

- Help in the home with daily activities (ADLs) like bathing, dressing, eating and cleaning
- Community programs, such as adult day care
- Assisted living services that are provided in a special residential setting other than the insured party's own home
- Home healthcare/visiting nurses wherever the insured party lives
- Care in a skilled nursing facility/nursing home
- Services of a geriatric care manager (covered by some policies)

Medicaid is the United States health program for individuals and families with low incomes and resources. It is jointly funded by the states and federal government, and is managed by the states. Among the groups of people served by Medicaid are eligible low income seniors.

While Congress and the Centers for Medicare and Medicaid Services set out the main rules under which Medicaid operates, each state runs its own program. Although all states must follow the same basic framework, the eligibility rules differ significantly from state to state. To determine a parent's eligibility, consult an elder law attorney or the Area Agency on Aging in the state where parents live.

Reverse mortgage is an expensive loan available to seniors 62 and over in the U.S. It is used to release equity in the recipient's home in either one lump sum or multiple payments. Funds can be used for any purpose but are commonly used to finance the costs associated with "aging in place", including home modification and paying for in home caregivers.

The homeowner's obligation to repay the loan is deferred until the owner dies, the home is sold, or the owner leaves (e.g., moves into residential care). Visit the AARP website (www.aarp.org) for comprehensive information about reverse mortgages.

U.S. Veterans Administration Aid and Attendance Benefit may pay toward the cost of residential long term care for a veteran or widow/widower of a veteran 1) with a disability or 2) who served in the 1st or 2nd World War, Korean War, Vietnam War, Operation Desert Storm, Afghanistan War or Iraq War. The program is need-based and recipients must qualify. Consult a local Veterans Administration Office for information.

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EMAIL info@binocvision.com
 CALL Marcia Johnson
 From the USA & elsewhere
 +1 510-931-5847

binocular vision™
 Binocular Vision Advisors, LLC

IT CAN SUDDENLY BECOME TOO LATE, BUT IT IS NEVER TOO EARLY TO TALK WITH PARENTS ABOUT THE FUTURE