

Eldercare Resource Team Newsletter

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Preparing for the Parent-Child Conversation about Long Term Care

By Amy Abrams

Before starting the conversation about moving out of the family home, or staying at home with assistance, families should identify the potential obstacles to their effective communication. Some will have the time and motivation to work out these problems; many will not. Some may wish to engage the services of a professional to facilitate the decision-making process. Regardless of how it is accomplished, take some time to acknowledge the emotional landmines that may impede progress toward consensus.

Each party should ask themselves the following:

- What role(s) do I play in this family, and how have they changed over time?
- Are there members of this family with authority on certain subjects, and do we need to include them in this decision-making process?
- What am I expecting from my children/parents in this process? Are those expectations realistic?
- How do I define “home”?
- Am I uncomfortable talking about illness, disability, or mortality?
- What is my image of life in a retirement community, assisted living apartment, or skilled nursing facility? Upon what do I base this image?

- What are my thoughts about in-home care? Upon what do I base these ideas?
- Is it difficult for me to talk about finances

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with members of my family, and if so, why?

- What are my goals for this discussion? If these goals are achieved, what will it mean for me?

Future issues will outline the goal-setting process, and provide information on steps to take once decisions have been reached.

Amy R. Abrams, MSW/MPH, CMC

Amy Abrams holds degrees in Sociology and Women's Studies from the University of California at San Diego, and a Master of Social Work and Master of Public Health from San Diego State University. She is a certified care manager, and an active member of the National Association of Professional Geriatric Care Managers. Ms. Abrams sits on the Board of Directors of the Glenner Alzheimer's Family Centers, and is the Vice President of Elder Care Guides, a geriatric care management agency serving San Diego County. She can be reached at (619) 450-4300 or aabrams@eldercareguides.com.

Little-known Resource Can Tackle Big Concerns

By Nancy F. Thornton

The Role of the Private Fiduciary

A fiduciary is a person who assumes responsibility for a position of trust. Professional fiduciaries protect the assets, interests and dignity of their clients. They should act as an advocate in safeguarding the client's civil and legal rights by making decisions that maximize and protect the rights of the client and allow for maximum independence and self-reliance. Private professional fiduciaries serve in a number of roles:

- As a Successor Trustee to carry out the terms of the client's Trust document. A private fiduciary may be named as successor trustee as an alternative to a family member, friend or institution.

- As a Conservator who is legally appointed to manage the Conservatee's estate and/or person when the individual is deemed by a court to be physically or mentally incapacitated.

- As a personal representative appointed by the Probate Court to serve as Executor if named in the will, or as Administrator if not named in the will, or if there is no will.

- As a Representative Payee designated by the Social Security Administration or other retirement plans to receive the income and pay the expenses of an incapacitated individual.

- As an Agent Under Power of Attorney for Financial Matters where the fiduciary conducts personal and financial business pursuant to the client's written instructions.

- As an Agent under an Advance Health Care Directive, where the fiduciary acts as attorney-in-fact to make health-care decisions, including placement, medical treatment and final burial arrangements.

Some private fiduciaries provide a range of other personalized services to individuals and families during unexpected life transitions including bill paying and personal financial management, healthcare administration, real property and household management and disposition, liaison with attorneys, CPAs, bankers, investment advisors and others.

Recent Legislation Created Professional Fiduciaries Bureau

In 2006, the California Legislature passed and the Governor signed Senate Bill 1550 creating the Professional Fiduciaries Bureau to license and regulate private fiduciaries including conservators, guardians, trustees, and agents under durable powers of attorney as defined in the Professional Fiduciaries Act (Business and Professional Code Section 6500). Attorneys, Certified Public Accountants, and Enrolled Agents are exempt from licensing. For licensing, applicants will be required to provide information including business and home contact information and disclosure of conviction, bankruptcy, and breaches of fiduciary duties, complete thirty hours of pre-licensing education, submit fingerprints to the Department of Justice for a criminal background check, consent to a credit check for the application review process, agree to adhere to the Professional Fiduciaries Code of Ethics and, sign an affidavit under penalty of perjury. Ongoing continuing education and detailed reporting will be required for annual license renewal. (Source: www.fiduciary.ca.gov)

Professional Fiduciary Association of California (PFAC)

PFAC is the professional association for private professional fiduciaries practicing in the State of California. It is an affiliate of the National Guardianship Association. Its purpose is to provide economic, social and political information and ongoing continuing education to promote minimum standards for private fiduciaries. Its members are dedicated to serving and protecting the best interests of those who have placed their trust in them by ensuring the highest standards of ethics and practice, establishing comprehensive statewide certification, maintaining high qualifi-

cations for membership, and requiring continuing education of its members. (Source: www.pfac-pro.org)

In the next issue of our newsletter, I will address “Things to Consider When Naming a Successor Trustee”.

Ms. Thornton is a Certified Public Accountant and a Licensed California Professional Fiduciary. Combining her 30 years of business experience with her personal experience as a private trustee, Ms. Thornton founded Foster Thornton LLC to provide objective, personalized fiduciary services to individuals, families and small businesses during life's transitions and especially to protect the assets, interests and dignity of those involved.

Top 10 Financial Mistakes Made By Seniors

By Irving Eisenberg

The *Late Show with David Letterman* is known for Dave's nightly TOP TEN LIST. After over 30 years working with retired clients as a CPA and financial advisor, my clients have encountered a variety of financial pitfalls that could have been avoided if they had called on me for strategic planning.

The list below is our TOP TEN LIST – FINANCIAL PITFALLS OF RETIRED CLIENTS:

10. **Failure to make Required Minimum Distributions from pre-tax retirement accounts.** Starting in the year you reach age 70 ½, “Required Minimum Distributions” are required to be completed on a yearly basis. Failure to distribute can result in an IRS penalty of 50% of

Mistakes ...Cont'd Page 4

the distribution that you failed to distribute. Make sure a routine process is in place to ensure the distribution is completed each year.

9. **Updating IRA beneficiary designations to take advantage of “Stretch IRA.”** The common beneficiary designation for a husband or wife is to name each other as the primary beneficiary. If children or some other individuals are named as the contingent beneficiaries, they have the ability to rollover their individual share into a personal “Beneficiary IRA.” Each year a minimum distribution must be made from the account similar to the post age 70 ½ distributions required from a Traditional IRA. If a living trust is named as the beneficiary of the IRA at death, it must have been written with special provisions for the beneficiaries to take advantage of this opportunity. Failure to do so will result in taxation of all distribution proceeds in a one year but not more than five year time period.

8. **Failure to budget spending - spend too much money relative to retirement reserves – adhere to 5% rule.** It is critical to live within your means. A rule of thumb that can protect you from consuming your assets prematurely is to limit your annual consumption of assets (owned personally and after-tax distributions from retirement plans) to 5% of your consumable retirement reserves each year. If inflation averages 3% and you earn an average return of 8% per year, 5% consumption will give you a chance to maintain the continuity of the purchasing power of your asset distributions throughout your lifetime. Spending at a higher rate could result in premature consumption of your retirement assets and the potential loss of your financial independence.

7. **Investing money too conservatively to meet long-term financial objectives – “go broke safely.”** Fear of the stock market and the risk of losing money may lead you to have a conservative portfolio so you won't lose money. With people living well into their 90s, a conservative investment model in your 60s or 70s can lead to premature consumption of your assets before death and make you reliant on others for financial support. Financial projections using different rate of return assumptions can be helpful in arriving at a comfortable asset allocation plan between stocks and fixed income assets. Your plan can allow your assets to last without unreasonable risk, maintaining your financial independence throughout your lifetime.

6. Failure to update your living trust. As time goes on, the assumptions that prevailed when you executed your living trust change. Your children become adults, your financial profile, tax laws and individuals that you were relying on for key roles such as making health care decisions and serving as successor trustee in your estate plan all change. It is important to sit down with your attorney and review your trust document. You can consider trust revisions or restatement of the trust document to ensure that it achieves your new objectives.

5. Failure to transfer assets into your trust. Many people retain an attorney to establish a living trust to avoid the probate process on their assets at death and plan the disposition of their estate. While most attorneys offer to complete the transfer of assets after the trust is established, many clients think they will save money and just do it on their own. More times than not they either forget to complete the asset transfers or acquire new assets and don't remember to transfer them into the trust. This can have

extremely costly consequences. Be sure that all assets, acquired both before and after the trust was established, are transferred to the trust and properly documented.

4. **Earning too much money and having to payback Social Security retirement benefits prior to normal retirement age.** Early retirement distributions can start as early as age 62 depending on your year of birth. However, if you receive early Social Security retirement benefits and continue to work, you are subject to an exempt wage limitation or face the requirement of repaying a dollar of Social Security retirement benefit received for each \$2 or \$3 dollars (depending on year of birth and your age relative to the Normal Retirement Age (NRA)) that your earned income exceeds the exempt wage amount.

3. **Bad planning decisions on disposition of appreciated personal residence.** A primary personal residence receives preferential income tax treatment in a couple of circumstances. If owned as community property by the revocable living trust of a husband and wife, the income tax basis is increased to fair market value after the death of either spouse (a full "step-up" of tax basis), allowing the surviving spouse to sell the house with little or no income tax consequences depending on the timing of the sale. During your lifetime, each spouse is entitled to an exclusion of \$250,000 of taxable gain on the sale. Timing the sale of a primary personal residence should consider all facts and circumstances to minimize the income tax.

2. **No long-term care planning. Everyone is living longer thanks to advances in medical technology.** The average person retiring today may expect to live into their 90's. Longer life

introduces questions of how long a person will be able to perform the routine acts of daily living so they may continue to live independently. If a person needs help to continue to live at home or makes other arrangements to maintain his or her standard of living at its highest possible level, it will cost a lot of money. The cost of long-term care insurance can be budgeted for today and provide a pool of money to meet or at least subsidize these expenses in the future. Such planning also protects the family's assets for the benefit of the healthy spouse and minimizes the financial impact on the surviving spouse.

1. **Gifts before death – significant tax savings opportunities for gifts in contemplation of death.** Individuals with taxable estates can expect to pay an estimated 50% estate tax on post-death transfers in excess of the lifetime exclusion (includes taxable gifts made during your lifetime and at death in excess of the \$12,000 annual exclusion per donee). The total lifetime exclusion for 2008 is \$2,000,000, increasing to \$3,500,000 in 2009. There is a simple way to explain this concept. If you make a taxable gift while you are still alive and pay the gift tax from your estate, your estate is reduced by the date of gift value of the asset gifted and the amount of gift tax. At your death, your estate will not have to pay estate tax on either the value of the asset gifted or your gift tax paid before death nor the appreciation that accumulated on the asset subsequent to the date of gift and prior to death. The savings for affluent individuals taking advantage of this technique can be substantial.

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visor located in San Diego, California. He can be reached at 619-574-7526.

Wealth Management Services is the specialty of the company. That includes Portfolio Management, Financial Planning, the design & implementation of insurance strategies, and a variety of other services and products. The Eldercare Division offers personalized services for retired clients to give special attention to their unique needs.

Registered Representative offering securities through Royal Alliance Associates, Inc., a registered broker dealer and Registered Investment Advisor, Member FINRA, SIPC. Advisory services offered through Wealth Manager Group LLC, a Registered Investment Advisor.

No investment strategy, such as asset allocation, can guarantee a profit or protect against loss in periods of declining values. Stretch or Beneficiary IRAs are only appropriate for investors that will not need the money to fund their retirement.

Balancing the Benefits and Burdens of Record Retention

By Lauren Derstine

While minimizing records creates a simplified workspace or home-office, there is a benefit to developing a plan to organize, retain and secure important documents, some of which may include your private or confidential information. Deciding upon the proper treatment of personal documents can be quite overwhelming, but is a critical task for identity theft protection, disaster

planning and the transfer of wealth and assets. Identity theft prevention experts often advocate the expedient destruction of all documents with sensitive information in order to minimize the likelihood of such information getting into the wrong hands. The areas of identity theft are expanding and encompass stolen income, savings, credit, and medical insurance. Some identity thieves will also give false identifying information when charged with a crime or driving offense. Identity thieves are constantly devising ever more sophisticated plots to usurp victim's identities. Consequently, keeping sensitive information out of the hands of would-be identity thieves is an important goal. Another incidental benefit to destroying and discarding documents is having a cleaner, clearer more organized home or office.

However, an important flip side should be considered. For example, documents with identifying information need to be available in the event of an accident, illness, or other catastrophic triggering event to prove up, support or appeal an insurance claim. Insurance companies will accept a range of documents, including photographs, receipts, purchase contracts, assessments, purchase dates and prices extrapolated from credit card statements, warranty cards, year, make, model and serial numbers, etc. The burden of proof rests on the claimant and the more organized and complete the back-up for the claim, the better received it is.

Creditors often require that records be maintained until the underlying asset is paid in full and/or a transfer of title is issued, if applicable.

Also, the IRS requires filers to maintain their backup to their tax filings for varying periods depending upon the issue in question.

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Who We Are

The Elder Care Resource Team is a group of unaffiliated, independent professionals who are dedicated to educating and assisting the senior community concerning the complicated issues facing the aging population. These issues range from managing assets and investments to planning for long-term care costs to locating and selecting the appropriate care giving resources.

This group of professionals meets monthly to discuss and solve many of the unique issues that our aging population faces. These monthly meetings are a valuable tool that allows the respective members to have the ability to present a global approach to solve these challenges.

Legal Disclaimer

The content of this newsletter is provided for informational and educational purposes only. It is not to be considered or construed as legal, financial or other professional advice. As the laws, rules, regulations, and standards in this area are constantly changing, you should consult with an appropriate professional to review your specific situation. Without a written contract, you are not a client of any of the authors of any of the articles of this newsletter. The opinions of each author do not necessarily reflect the opinions of any of the other Elder Care Resource Team Member.

Current Membership

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CPA / Tax Specialist	Jim Colville, CPA
Realtor	Janet Douglas
Mortgage Broker	Michael Pohl
Attorney (Elder Law)	R. Scott Stewart, JD
Daily Money Manager	Lauren Derstine, JD
In-Home Assistance	Sheila Korn
Geriatric Psychologist	Morton Shaevitz, PhD, ABPP
Private Fiduciary	Nancy Thornton, CPA, CLPF
Home Remodeling	Mark Leppert
Long Term Care	Jody Hubbard, CPA, CSA
Dietitian/Nutritionist	Elizabeth Wagner, RD CCN
Nurse Practitioner	Joan Kallin, MSN, RN, GNP

More information about our members can be found at our website: www.ElderCareResourceTeam.com.

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The following guidelines were obtained from the IRS website: irs.gov/businesses/small/article/0,,id=98513,00.html, which states as follows:

“The length of time you should keep a document depends on the action, expense, or event the document records. Generally, you must keep your records that support an item of income or deductions on a tax return until the period of limitations for that return runs out.

The period of limitations is the period of time in which you can amend your tax return to claim a credit or refund, or that the IRS can assess additional tax. The below information contains the periods of limitations that apply to income tax returns. Unless otherwise stated, the years refer to the period after the return was filed. Returns filed before the due date are treated as filed on the due date.

Note: Keep copies of your filed tax returns. They help in preparing future tax returns and making computations if you file an amended return.

1. You owe additional tax and situations (2), (3), and (4), below, do not apply to you; keep records for 3 years.
2. You do not report income that you should report, and it is more than 25% of the gross income shown on your return; keep records for 6 years.
3. You file a fraudulent return; keep records indefinitely.
4. You do not file a return; keep records indefinitely.
5. You file a claim for credit or refund* after you

file your return; keep records for 3 years from the date you filed your original return or 2 years from the date you paid the tax, whichever is later.

6. You file a claim for a loss from worthless securities or bad debt deduction; keep records for 7 years.
7. Keep all employment tax records for at least 4 years after the date that the tax becomes due or is paid, whichever is later

The following questions should be applied to each record as you decide whether to keep a document or throw it away.

Are the records connected to assets? Keep records relating to property until the period of limitations expires for the year in which you dispose of the property in a taxable disposition. You must keep these records to figure any depreciation, amortization, or depletion deduction and to figure the gain or loss when you sell or otherwise dispose of the property.

Generally, if you received property in a nontaxable exchange, your basis in that property is the same as the bases of the property you gave up, increased by any money you paid. You must keep the records on the old property, as well as on the new property, until the period of limitations expires for the year in which you dispose of the new property in a taxable disposition.”

Consequently, proper planning, organization, and retention of important records in a secure location ensuring accessibility by appropriate persons when trigger events occur constitute a superior solution than a blanket policy calling for the destruction of all records with private or confidential information. Senior Support helps people make these decisions and can be instrumental in

continuing or creating a filing system with these dual goals in mind.

Lauren Derstine is a licensed attorney in California, New York and New Jersey, who founded and heads Senior Support. Senior Support's mission is to help seniors retain their independence and maintain their peace of mind by ensuring their bills are paid on time and other personal tasks are handled in an efficient and timely manner. Lauren meets personally with all of her clients and/or their authorized family member(s) or friend(s). (619) 303-2558.

Preventing One of the Most Catastrophic Events in the Life of a Senior Citizen

By Sheila Korn

The fastest growing segment of our population is the eighty five and over age group. Many seniors want to remain in the comfort and security of their own homes. This means that many of us have some responsibility for caring for elderly parents, relatives, friends and neighbors. Family members are the largest group of caregivers. Twenty five million Americans (many with children and jobs), provide eighty percent (80%) of the home care. More than seven million Americans care for relatives hundreds or thousands of miles away

One of the greatest fears among senior citizens is the fear of falling. Fear of falling leads to lost confidence and increased inactivity. This is not an irrational fear as falling is a primary cause of hospital admissions among seniors. Helping seniors reduce their risk of falling is one of the

most positive things that we can do for seniors.

Consider the following startling statistics:

1. Falls are responsible for forty percent (40%) of the admissions to nursing homes.
2. Seventy percent (70%) of accidental deaths in people over seventy five (75) years of age are caused by falls.
3. One in three older adults living at home falls each year (this considers only those falls that result in reported medical care).
4. Injuries from falls result in medical costs of \$70 billion each year. The human costs are even greater as individuals, caregivers and families are all impacted by a fall.

Falls are caused by internal as well as external factors. Internal factors such as slowed reflexes, balance disorders, weakness, muscle tightness, reduced flexibility, cognitive impairments, low blood pressure and visual deficits all contribute to the risk of falling. Controllable external factors including effects of medications, poor lighting, cluttered living spaces, lack of handrails and unstable chairs and rugs that aren't secured are just some of the factors that can lead to a devastating fall. Osteoporosis can significantly increase the chances of serious injury resulting from a fall.

The good news is that most falls can be prevented. The first step is to make an honest assessment of the risk that your loved one has for experiencing a debilitating fall. A good first step is to complete, the Fall Risk Self-Assessment, found on the next page.

Other actions that will help reduce the risk of falling are:

Falls...Cont' d Page 11

Fall Risk Self Assessment

FACTOR	CRITERIA	SCORE
Age	60-70 Years	1
	71-80 Years	2
	81 Years And Up	3
Hospitalized In The Past 12 Months?	Yes	1
	No	0
Mental Acuity	Forgetful	1
	Impulsive	2
	Disoriented	3
Gait & Mobility	No Assistive Devices	0
	Uses Cane/walker	1
Loss Of Balance/Weakness	Occasionally	1
	Often	2
	Fall In Last 3 Months	
Elimination	Sense Of Urgency	1
	Require Assistance	2
	Incontinence	3
Medications	Antidepressants Or Other Medications	1
	Laxatives Or Diuretics	2
Total Points		<u> </u>

0 – 5 Points = Low Risk

6 – 8 points = Moderate Risk

8 + Points = High Risk

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Tell the healthcare provider if a fall has occurred in the last year, and if so, the circumstances of the fall.

Make sure doctors and pharmacists are aware of all medications being taken.

Tell the health care provider if any weakness in the legs or any other problems with the legs or feet are experienced.

Make sure doctors are aware of any vision or hearing loss.

Perform a complete home safety inspection to assess overall safety as well as things such as lighting, flooring and furniture placement.

Obtain in-home help for tasks that have become dangerous and difficult.

Many seniors can remain safely in their own home with a little bit of help. Many times an outside agency can provide a caregiver who will go to the senior's home and help complete tasks that are difficult for the senior to perform. Chores such as light housekeeping, laundry, meal preparation, assistance with bathing and grooming, medication reminders and incidental transportation are just some of the services that a caregiver can provide. The results are a happier senior, a safer environment, and less stress on family caregivers.

The bottom line is that seniors need to stay connected and continue to do what they like to do for as long as possible. One of the best ways to accomplish this is to keep seniors on their feet by avoiding falls.

For more information contact Sheila Korn at Seniors At Home, Inc. She is the Director and President of Seniors At Home, Inc. Sheila is

always happy to answer any of your questions. She is a Certified Senior Advisor. She has taken the educational initiative to become a professional leader in meeting the key needs and issues concerning mature adults. As a Certified Senior Advisor and President of Seniors At Home, she personally meets every client and assesses each family's needs. (619)291-4663

Planned Giving

By Jim Colville, CPA

At different stages in our life we have different priorities. Somewhere along the line we begin to think in terms of helping others rather than accumulating more wealth. Let's look at the basics.

Donating cash or other assets to a charity is deductible by you. If your gift is a non-cash donation, the amount of deduction is the fair market value of the property given. It doesn't matter if the value is higher or lower than your cost. Let's look at a possible scenario.

Let's say that you purchased Alpha Great Technology stock several years ago for \$1,000 and it is now worth \$500,000 and you wish to donate it to your favorite charity. If you sell the stock, you will have capital gains tax on the profit which could be over \$100,000 (federal and state taxes), greatly reducing the amount available to donate. But if you donate the stock without selling it, there is no taxable event to you and the charity now has the full \$500,000 (or whatever amount you contributed) and you get a deduction for an equal amount. There is no tax on the sale of the stock by the charity. To restate the rule, the deduction is the fair market value of the property donated. The amount deductible in the current year may be limited, but any unallowed deduc-

tion is carried over to the next year. There are other technical considerations that are not addressed by this article, which is focusing on generalities.

Now, let's talk about income generating gifts. A charitable remainder trust (CRT) is a special type of nonprofit entity set up by you into which you make contributions. The income earned by the CRT is not taxed and distributions can be paid to you. This can be as high as 10% of the value of the assets on hand. But let's say the amount is determined to be 8%, which would be about \$40,000 per year. This is taxable to you, but may be sheltered by the \$500,000 deduction, which will most likely span several years due to annual limitations on the deduction. Upon your death the assets in the CRT are then distributed to the charity or charities you designate when setting up the trust. So what you have done is to set aside your desired contribution into the CRT which pays you tax sheltered income while you are alive. Your favorite charity gets the donation upon your passing, achieving the objectives that you determined today.

This article is intended to be basic. There are many variations on what is discussed here, and many other forms of gifting with varying objectives are available. Hopefully you can see the power in creative and careful planning. The rules get complex, and you must stay within the rules that govern the type of planning instrument you choose or risk losing the tax benefits. This simple, yet powerful, educational article is your first step in understanding how planning can be of great benefit to all concerned.

Depending on your philanthropic desires, the size of your estate, and other things unique to

your; objectives that many times are not thought possible can be achieved. You can still leave an estate for your heirs and create income while diverting money from taxes to create a legacy with philanthropic organizations.

Next time we'll discussed donor advised funds and private foundations.

Jim Colville is a CPA with over 35 years of experience.. His wealth of knowledge allows him to more than meet the needs of our aging population. Jim can be reached at 858 682 9668 or email directly to Jim@JimColvilleCPA.com

Geropsychology

By Morton H. Shaevitz Ph.D., ABPP

Geropsychology is defined as the "scientific field concerned with the multiple aspects of normal and abnormal changes in cognition, personality, well being, and mental health that occurs with aging in the later years of life".

While there are other definitions, many of them more focused on pathology, this one provides the broadest basis for understanding where Geropsychologists focus their energy. Notice that this approach deals with both the normal and abnormal aspects of aging. At one point or another, each of us will become aware of changes in ourselves or in loved ones that can be puzzling and worrisome.

What Do Geropsychologists Do?

In general, the work of the Geropsychologist falls into three areas:

Geropsychology...Cont' d Page 13

1. Diagnosis
2. Intervention
3. Consultation/Collaboration

I. Diagnosis

In the diagnostic area, psychologists often do testing for cognitive dysfunction. For all of us, there are some usual and normal changes in memory and aging, and then there change are those that are more troublesome. For example, forgetting where you put your car keys might be considered part of the normal aging process. Sitting in your car with the car keys in your hand not knowing what to do next is clearly not. Geropsychologists will try to determine where the problem falls on the memory loss spectrum: normal, Mild Cognitive Impairment, Dementia, or Alzheimer's disease. Once a diagnosis has been made, appropriate interventions/treatment can be initiated.

In addition, Geropsychologists address a wide spectrum of psychological disorders and often work in collaboration with other professionals. For example, fatigue can be a manifestation of depression, chronic insomnia, an undiagnosed medical condition, medication, or a combination of one or more of these factors. Working with other health care professionals, these types of questions can be answered and responded to appropriately.

II. Intervention

Once a diagnosis has been made, Geropsychologists may design an intervention program. This may include individual or group psychotherapy, appropriate medications (in consultation with a physician), and other things such as exercise, concurrent treatment of sleep disorders, and

helping the elderly patient cope with issues of isolation and loneliness.

III. Consultation/Collaboration

Geropsychologists are often at the center of the treatment team and can assist in communication between an elderly patient and their less impaired spouse, adult children and the caregiver team, including physicians. Very often, this involves multiple relationships with multiple people.

While a variety of those who are members of the Eldercare Resource Team participate in helping seniors and their families make good decisions, some of the things that I have been faced with in my own practice include:

A. Independent vs. Assisted Living

The critical question that gets asked very often is at what point should one move into a facility that offers independent living and then offers the full spectrum of other options including assisted living, board and care homes, skilled nursing facilities, and Alzheimer's/Dementia facilities. There may be differences between professionals with regard to this issue, and parents and children may have opposing views. The ultimate decision is based upon multiple dimensions including the physical and mental health of the elderly patient(s), the availability of family and friends as a support system, and financial resources.

B. Communication vs. Loneliness

How often should adult children and grandchildren be expected to call, visit, or spend time with their aging parents and grandparents? What do you do if the children or grandchildren don't call? What do you do if they call too often? How do parents, children, and grandchildren establish appropriate boundaries with their loved

ones, while at the same time discuss sensitive issues such as finances, estate planning, future health care decisions, and what will happen when.....

C. Prebereavement Counseling

One man whom I have been seeing for a number of years said to me, as his health status declined, "Doc, for a long time you have been helping me learn how to live – now you may have to help me learn how to die." Often these conversations include how to deal with their surviving spouse or children, what they want to do as their cognitive functions diminish, and finally how to deal with such things as balancing pain avoidance through medications which may impair cognition, alertness and brain function.

Obviously, these questions aren't ones that the Geropsychologist answers in isolation, but he/she can offer the patient relief by discussing them and assisting them in assessing appropriate medical, legal, and financial resources as needed. In a few instances, I have discussed the concept of an Ethical Living Will, which provides patients with an opportunity to express to their children, spouses, grandchildren, friends, and other family members what they have valued most in each of these relationships.

Geropsychology is an emerging and growing field and will demand more specially trained psychologists as our population continues to age.

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Retirement Communities or Assisted Living ... Where should I move?

By Janet Douglas

When it comes time to think of selling the family home and moving into age-appropriate housing, many options spring forth to consider such as

- Retirement communities
- Condos
- Independent living facilities
- Assisted care homes
- Skilled nursing homes

How to plan for your next life phase transition can often be perplexing. The Elder Care Resource Team is available to help streamline and simplify this process. We can provide you with information that will aid you in analyzing what style of living is right for you at this point in

Communities....Cont' d Page 15

your life.

Retirement Communities

Retirement communities often set a minimum age limit, some at 55, others at 62. Children are welcome short-term visitors (usually with a two week maximum), but cannot live there. Some of the benefits include staying active by having similarly situated neighbors, peace and quiet from loud children, participating in clubs, group travel opportunities and other recreation such as golf and tennis. Unlike Florida, which is bursting with such communities, over age 55 communities are few and far between in San Diego County.

One Active Retirement Community is nestled in the hills above Carlsbad, California. It is called Ocean Hills Country Club. This gated community of 1600 homes is priced from the mid \$300,000 to \$800,000 and has homes from approximately 900 sq ft to over 2500 sq ft. Some have ocean views, some golf course frontage and all are architecturally interesting with white stucco and red tile roofs. Numerous amenities are available like the golf course, pool, tennis and clubhouse.

Condos

Condos and retirement communities offer a high degree of independence and the convenience of reducing or eliminating yard work and exterior maintenance by charging a monthly association fee. Some condos offer amenities such as onsite community pools, Jacuzzis, workout rooms, club-houses, which can make entertaining much easier. Single story condos with easily accessible attached or detached parking can decrease fall risks for those advancing in age. Condos usually

do not provide any type of care or meal service.

Independent Living Facilities

Independent Living Facilities usually offer private apartments with some kind of meal service available. Some Independent Living Facilities offer different levels of care, which allow residents to increase their amount of care gradually in close geographic vicinity. This option provides continuity to residents with health challenges by allowing them to remain in close proximity to staff and more importantly, a healthier spouse or partner who can still live independently but may not be able to provide their loved one the necessary level of care. Many Independent Living Facilities offer lots of opportunities to socialize with other residents through clubs and onsite entertainment.

Assisted Living Communities

Assisted Living Communities usually have individual apartments that you need to furnish, but they offer more care. Qualified persons are available to assist in bathing, dressing, overseeing or administering prescriptions, and transporting to physicians' appointments and errands. Some Assisted Living Communities have healthcare facilities on the premises. They provide all of your meals, even at your bedside if you are not feeling well.

Skilled Nursing Homes

Skilled Nursing Homes are for individuals who require 24-hour, complete nursing assistance and provide all of the care of an Assisted Living Community and then some.

Regardless of which type of living arrangement you choose, when making a decision that will

determine your entire lifestyle, its best to consult a qualified professional and ask for their advice.

As a REALTOR® and a Senior Real Estate Specialist (SRES), Janet Douglas is trained in Senior moves. Whether you are contemplating a condo, a retirement community or some independent living facilities, she is available to answer your questions. Janet Douglas is a consistent Top Producer with over 30 years of local real estate experience. She can be contacted by phone (619) 540-5891 or email at janetsells@aol.com.

Health Care Directions

By Richard Scott Stewart

In the last issue, I discussed why it is essential to plan for the future and provided a brief overview of the most common planning documents. In this issue, we will delve deeper into this discussion and focus on the documents that address health care concerns. The two documents that are principally concerned with health care planning are the Advanced Health Care Directive and the HIPAA waiver.

Advanced Health Care Directive

This document is known by many names, including: DNR (do not resuscitate) form and living will. This document essentially does three things. First, it authorizes someone else to make medical decisions in the event you are unable to express your wishes. For example, if a person had a car accident and was unconscious, the health care

directive would allow a spouse to make decisions regarding the amount and types of treatment that would be provided by the hospital. Second, a health care directive expresses your wishes regarding the amount and type of care that you would like. Typically, this also include directions as to whether you would like to be kept alive with the assistance of machines in the event of an incurable or untreatable condition. Third, this document expresses your desires with regard to your body after you pass away. In other words, do you want to donate organs or do you have a specific preference about disposition of your remains.

The Advanced Health Care Directive is a critical component of a long term care plan, since the failure to have this document could result in no one being authorized to make these decisions. If that were to occur, your family would have to petition the court to get authorization to make these decisions, which is often expensive and time consuming. Until such time as the court renders its decision no one would be authorized to make medical decisions, and you and your loved one would be left in the position of recognizing that care is needed but being unable to help. This matter can be made even more complicated if there is a dispute as to what your wishes are.

Selection of Health Care Agent

Often families, when selecting an agent think it is better to name multiple family members. This means that each child has the authority to act on their behalf, but any decisions must be agreed upon by the entire family. While this may sound like a good idea at first blush, it actually creates the potential for conflict. This is due to the fact that any action would require the consent of all of the named agents. If one person were to withhold consent then no action could be taken. Simply

Health Care...Cont' d Page 17

put, if one child decided that you did not want medical treatment and your other children thought you should have the treatment, that one child would be able to prevent the treatment from being performed. Similarly, if one child were to refuse to permit the withdrawal of treatment, you would have to be kept alive.

A better solution would be name each family member as agent in a hierarchy. This means that each child would be the exclusive decision maker and would not need the consent of the other family members. This makes it considerably easier for you to get the help that you need as the health care provider will only need approval from that one person.

HIPAA Waivers

In 1996 the Health Insurance Portability and Accountability Act was adopted into law. This new law was created in part to respond to concerns about access to medical records. This law significantly changed these privacy rules. Essentially, when this law passed it made all of your medical information confidential to all third parties. This means that your medical records can only be reviewed by you and your health care provider.

The trouble is that this law was written in an arguably overly broad manner since third parties includes not only pharmaceutical companies but also your spouse and children. As a result the HIPAA regulations are often used to deny access to information that could be used to help keep families informed about the condition of their loved one.

In response to the problems associated with

this overly broad law, elder law attorneys have created HIPAA waivers. This waiver allows an individual or group of people to have access to your medical records. This waiver does not authorize any of those individuals to act, but merely grants them the ability to review your records and see what is going on with your health.

Conclusion

The Advanced Health Care Directive and HIPAA waivers are two of the most important parts of your estate plan. These documents should be reviewed periodically to make sure that they are up to date and still reflect your wishes. In the next issue we will discuss the importance of powers of attorney.

Richard Scott Stewart has concentrated his law practice on solving the legal problems affecting the California senior population. These problems include Medi-Cal benefit law, estate planning and asset protection and retention. For additional information, he can be reached at 619-282-1194 or www.sandiegoelderlaw.net.

Calendar of Events

November 21, 2008	11:00 a.m.	College Avenue Senior Center Deficit Reduction Act/Long-Term Care Planning 4855 College Avenue, San Diego, CA
December 1, 2008	11:00 a.m.	North County Inland Senior Center Deficit Reduction Act/Long-Term Care Planning 15905 Pomerado Road, Poway, CA
December 3, 2008	3:00 p.m.	George G. Glenner Center Deficit Reduction Act/Long-Term Care Planning 280 Saylor Drive, Chula Vista
December 16, 2008	3:00 p.m.	Redwood Villa Deficit Reduction Act/Long-Term Care Planning 3060 53rd Street, San Diego, CA
January 14, 2009	10:00 a.m.	Parkinson's Support Group Deficit Reduction Act/Long-Term Care Planning Vista Senior Center 1400 Vale Terrace Drive, Vista, CA
January 21, 2009	12:30 p.m.	Parkinson's YMCA Support Group Deficit Reduction Act/Long-Term Care Planning 7610 Hazard Center Drive, San Diego, CA
February 6, 2009	1:00 p.m.	Parkinson's Support Group Deficit Reduction Act/Long-Term Care Planning La Mesa Senior Center 8450 La Mesa Boulevard, La Mesa, CA

My Notes:

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