



## Long-term care 'conversation' can be hard to start

By **Janice Lloyd**, USA TODAY  
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Before her mother's stroke, Brenda Greene says she did not need to talk to her about long-term health care because her mother was "a young 65."



By Tom Raymond for USA Today

Brenda Greene has power of attorney for her mother, Mildred Graybeal.

So she put it off.

Sound familiar? Many families avoid these important conversations because they are stressful and threaten the parent's independence, says Sandy Markwood, chief executive officer of the National Association of Area Agencies on Aging.

Her advice: "Let them know they're going to make the decisions and not you."

That approach paid off for Greene and her mother, Mildred Graybeal. Graybeal was living alone in a rural area, a big concern for Greene because the stroke this year left her mother slightly impaired mentally and physically.

"She wanted to stay in her home as long as possible," says Greene, who lives 60 miles away in Jonesboro, Tenn. "She did not want to live in a nursing home or with family members. She did not want to be a burden to us."

They struck a deal. Graybeal, 75, still lives alone in her own home in Mountain City, Tenn. — despite having treatments for oral cancer in 2007 and a total hip replacement two years ago — with the aid of services Greene found through the area Council on Aging. Her meals are delivered, and a caregiver helps several hours a week with house tasks.

### Plan ahead to deal with these issues:

The **Eldercare Locator** fields calls from more than 10,000 older adults and adult children every month about later-life issues, says aging expert Sandy Markwood who says families need to plan ahead to deal with these four issues:

#### **Financial:**

Organize in one place all bank account numbers and Social Security and pension information. Explore which other programs parents might be eligible for, she says. "If your parents don't want to share this information with you, ask them to put all the information in a box and to tell you where it is located."

#### **Legal:**

Get documents such as wills, powers of attorney and do-not-resuscitate orders while parents can still make their own decisions.

#### **Medical:**

Know all the medicines your parents take. Find out how they want to be cared for if they have a medical crisis such as a stroke or are diagnosed with Alzheimer's.

#### **Long-term care:**

Make plans to modify the home so they can stay in it longer, or look at other facilities. Understand that Medicare doesn't usually cover nursing homes or assisted living. Medicaid pays for only low-income individuals. "You'd be surprised at the number of people who think Medicare covers assisted-living facilities," Markwood says. "It does not cover those expenses. The average cost for assisted living is \$3,000 a month."

In return, Graybeal gave her daughter durable power of attorney, a binding agreement allowing her to make legal and financial decisions for her. They talk daily and Greene visits weekly.

"I took it upon myself to say, 'Things are going to be different now,' " Greene says. "I told her in anticipation of things down the road, we're going to have to get things in order. I knew I was going to have to be her legs and mouth to get all this done.

"I would never make a decision without discussing it with her. That's put a lot of stress on me to meet her goals."

For instance, Graybeal told Greene she doesn't want extraordinary measures taken to save her life — yet Graybeal won't sign a do-not-resuscitate order.



Tom L. Raymond, Special to USA TODAY

Greene's goal is to meet her mother's wishes to the best of her ability. Her mom wants above all else to stay out of a nursing home, and so far, so good.

"She always says, 'You're my durable power of attorney' when I ask her about a DNR," Greene says. "She says she doesn't want to be hooked up and kept in a vegetative state, but this puts an extra burden on me by not having the document."

As Baby Boomers go through the process with their parents, Boomers "also need to figure out what they want for themselves," Markwood says.

She says there are four key conversations — financial, legal, medical and long-term care — that need to take place to make plans in each area. Figure out when you're going to have those talks so no one is caught off guard. Ideally, they should take place before an emergency.

Greene, 58, says she and her husband, Jack, 62, have had these conversations about their own futures — although they don't need to have the financial talk.

"I know where everything is after 38 years of marriage," she says, laughing.

Cardiac disease runs in Jack's family. He had cardiac bypass in January, which led to the couple's talk about long-term care possibilities.

"He's also been adamant about not wanting to live in a nursing home," Brenda says. "But there might be times when it can't be avoided."

She says she might find a nursing home desirable. When her father lived in one the last years of his life, she visited him daily and found certain aspects appealing.

"I'm a social person," she says. "I like to be around people. I like to do bingo. I'd hope I could at least be rolled in."

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