

One conversation you never wanted to have just got easier.

One of the most delicate challenges many of us face is how to help Mom and Dad when they are no longer able to help themselves. Although few of us want to broach the subject of what care Mom and Dad might need and where they should receive it, it's a topic that isn't going to go away. This brochure offers tips about how to bring the subject up with a minimal amount of drama. Bringing it up early gives them time to work out the details before they begin to need help.

It is very important to consider the potential impact that long-term care (LTC) situations could have on your family — not just your own LTC needs, but the LTC needs of your parents, in-laws or grandparents.

When someone in your family needs LTC, everyone in your family, either directly or indirectly, will experience lifestyle, emotional and financial impacts, and those impacts will be felt much more than can be quantified. Various studies report that 43% to 67% of primary family caregivers experience clinical depression¹. Other studies report increased mortality among caregivers². And care-givers are also more likely to eventually need LTC themselves. Becoming a caregiver can be a worse problem for you, your spouse or your child than needing care personally. These problems can best be handled if the family prepares in advance.

Long-term care insurance (LTCi) helps finance the cost of LTC and address the lifestyle and emotional issues as well, partly by providing care coordination services. If you are concerned that a family member may need LTC in the future, preparing now, while people are still healthy, is critical. If you wait, your options will be reduced and insurance, if available, will be much more expensive.

In focus groups, children tell us their parents don't want to discuss LTC issues and parents tell us the children don't want to discuss LTC issues! Indeed, it is difficult for children to raise the issue of LTC with their parents. They need suggestions on how to bring up the topic.

The pitfalls of not being prepared for the conversation

Commonly, children might start the discussion by asking "Have you thought about buying LTCi?" or by asking a less tactful question. Parents might respond in one of the following ways:

- "What are you planning to do? Put me in a nursing home?"
- "You greedy SOB! You're worried about inheriting my estate."

Fearing such responses, many of us often don't even broach the topic. This brochure offers suggestions about how to start a discussion with your parents and provides some possible answers to their responses. But, while we provide some information and advice, you need to respond with answers that you believe in. If, for some reason, you are not comfortable with these suggestions, take a different approach.

Before you chat with your parents, read through this whole brochure. Imagine what they might say and how you would answer. Perhaps talk with your siblings or with your other parent or step-parent first to try to understand what your parent's concerns might be and how best to address them. Check www.benefitscheckup.org to see what assistance they might qualify for.

When do I bring up long-term care insurance?

It is NOT a good idea to start talking about long-term care *insurance*. It is better to talk about long-term care in general. If you start talking about LTCi, your parent might get upset, as noted earlier, making you feel a need to be supportive. You might say "No, Mom. I'll take care of you." Such a response can commit you to what might be a poor solution for both of you.



Consider using our humorous 7-minute video, [The Future Zone](#) to get the conversation started.

Avoiding the pitfalls

One of the easiest ways to avoid these pitfalls is through your employer's long-term care insurance benefit. You can now start the conversation with a variation of the following:

Option 1:

Child: Dad/Mom, guess what? You are now eligible for an employee benefit through my work. This is the first time I've ever had an employee benefit that you are eligible for. Can you believe it?

Dad/Mom is likely to ask: What kind of benefit are you talking about?

Child: It helps you stay at home if you ever need long-term care.

If you are enrolling, add: Susie and I are purchasing it for ourselves. You and [spouse] might also like it.

Option 2:

Child: What would you want to do if you need LTC at some time in the future. Would you want to stay at home?

Most likely they would want to stay at home. Then you might start asking or suggesting help that could benefit them.

Child: Would (relevant family member) be able to provide full-time help even if you only need it for a short period of time? Would you like to move to a one-story home, perhaps closer to me, or to an apartment?

Such a discussion can be very fruitful, even though it might diverge from the insurance issue. You can bring up the insurance later if it seems relevant.

Depending on what your parent says, you might comment as follows:

Child: "You can get a [discount or group rate, depending on the situation] on the insurance just because I work at XYZ Corporation."

or:

Child: My employer asked us to discuss the issue with our parents. If you are not interested, that is fine, but I thought I should follow my employer's advice and let you know about this opportunity in case you are interested. I wouldn't want you to be disappointed later to find out that I had not mentioned it to you.

(They could be disappointed later, either because they needed LTC and were uninsured or because they bought an LTCi policy which was less attractive than the offer through your employer.)

This type of statement could be a good defense if challenged as to your motivation ("Are you planning to put me in a nursing home?"). It might be good to have the



employer's letter to waive.

Child: It probably would be a good idea to discuss what we would do if you needed LTC. Would[n't] you like to stay at home?

or:

I know [Mom] [Dad] would take care of you, but unfortunately many people need LTC after their spouses die or when their spouses are too weak to take care of them.

or:

[Susie and I and the kids] would help you, but we couldn't be here all the time. I'd like to be sure that you can get the best care possible, whenever you need it, [no matter how long that might be].

It might be worth noting that parents are 50% to 100% more likely (that is, perhaps twice as likely) to move in with their children if they don't have LTCi.

or:

People who don't plan ahead are more likely to end up in a nursing home. We'd really like to avoid that. To reduce that risk, we need to make sure that you can get the care you need, when you need it, here at home.

If your parent responds: "What are you planning to do? Put me in a nursing home?", you can say:

No, as I mentioned, the idea of this insurance is to help you stay at home.

or:

Are you kidding? Do you think I'd rather visit you in a nursing home than here?

or:

I'd much rather bring the kids here, where they can play in the yard and have all kinds of fun, than bring them to a nursing home to see you.

If your parent responds: "You greedy ingrate! You're worried about inheriting my estate!" you can respond:

The insurance can make that more likely, but the key point is allowing you to stay at home. Is that what you would want to do? Would you want to stay at home?

Option 3:

A similar approach is to ask your parents how you might help them stay independent.

Ask them about their wishes if they are the survivor of their marriage. Where would they want to live geographically? (The answer to that question can be very different depending on whether their spouse is alive or not.)

What would they like to do as activities? What day-to-day management issues would arise? For example, would one survivor not want to have to balance the checkbook or make investment decisions?

If your parents think they'll pay for any LTC they need with their income or assets, that might be fine, but you and they should be aware that if they put their LTCi premiums in the bank instead of buying LTCi, those premiums will generally accumulate to an amount of money that would cover LESS THAN one year of LTC costs. We can run numbers specific to your parents' situation.

You might say:

Mom, I read that a lot of people who plan to pay for LTC themselves end up not getting care that they might enjoy and benefit from. Apparently some of the reasons that people won't spend their money on their care even if they can afford it are:

- As we age, we fear outliving our assets and therefore will not spend the money.
- Many people don't want to spend their children's inheritance. It's fine with me if you spend it, but I understand that a lot of parents are reluctant to spend money on their end-of-life needs when they think their children and grandchildren could benefit from the money.
- The above are especially true because people object to the cost of care. If I told you it would cost \$25/hour to have someone help you dress and eat or bathe in the morning, would you be comfortable paying that much?
- If it is the insurance company's money, it is a lot easier to spend!

If your parent says she'd rather die or would kill herself first, you might comment on your reaction and her grandchildren's reactions. You might comment on the values and love she could still impart to her grandchildren.

If your parent says he'll spend down his assets and then qualify for Medicaid, you might find that acceptable or you might comment that Medicaid is unreliable because of the tremendous government debt we're building. You might express concern that he might not be in a Medicaid facility near you. You might observe that it would be better if he could stay in his house. You might express a preference that he NOT spend down all his assets.

Your parents might say they won't need LTC. Perhaps they have healthy genes or perhaps their parents died young. Appropriate responses might include:

If people live a long time, they are more likely to need LTC.

or:

Things that killed your parents typically do not kill your generation. People survive cancer, heart attacks, etc. But they might end up needing some care as a result.

Your parent might say: "Your dad really needs the insurance but he can't qualify, so we're not going to buy it."

Possible answers:

Well, let's check and see about Dad. Let's write down his health information and then I can find out.

or:

That's probably true. But you're likely to be his caregiver. That will wear you down physically and psychologically increasing your chances of needing LTC. When you need care, he won't be able to help you. What would you do then?

Another approach would be to ask them about situations in your family that have required LTC in the past. For example:

Mom, what happened to Dad's mother? What led to her need for LTC?

You can then follow up with questions like

- How long did it last?
- Who provided care?
- What was your role?
- What would you have done if you had had to get more involved?
- What could have been done to make things better for Grandma or for you?
- Would advance planning have made things easier?

Naturally, all of these questions can easily lead to discussions about what could make things easier for your father/mother and for you and your siblings. Parents generally do NOT want to be a burden for their children.

Throughout the conversation, try to be as sensitive to your parents' needs as possible. They are accustomed to having been the decision makers in the family. They're accustomed to having taken care of others, rather than being taken care of by others. The idea of needing care is a very scary one because it suggests that everything goes downhill from there.

Try to use open-ended questions. Don't feel a need to speak when there is silence. Let them collect their thoughts. Perhaps ask some general questions and tell them that you don't need an immediate response but would like to chat about it in your next visit.

Option 4:

One way to start the conversation is to ask what you should know in case of emergency. Do you know where their hospital is and who their doctor, lawyer and insurance people are? Have they filled out health care advocacy forms? Do they have LTCi already? (They might and you don't even know about it. If so, it might be helpful if we review their coverage for you/them.) Where do they keep their important papers?

If care were necessary, who would be a good choice to help direct the care they receive? Maybe they'd like you to help them find an attorney or a geriatric care manager.

If your conversation with your parents does not go well, you might touch base with these professionals or suggest that your parents do so.

Option 5:

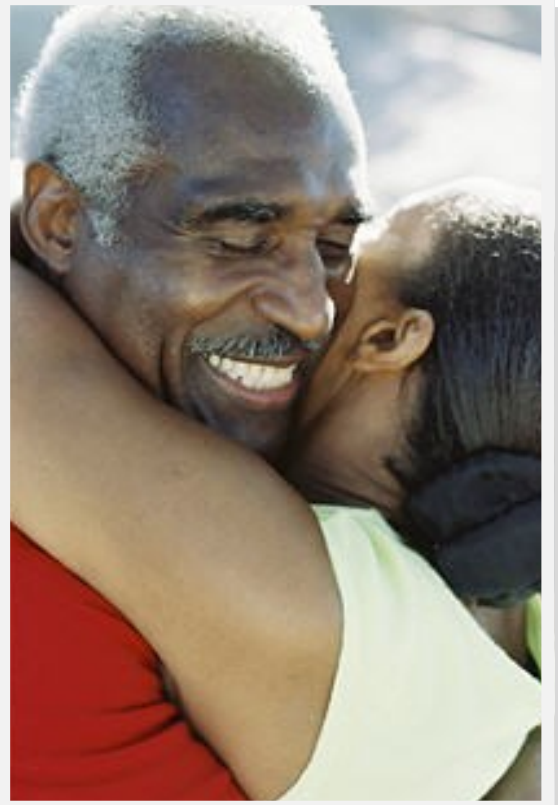
Of course, another approach, if your grandparents are still alive, is to have this conversation with your parents about your grandparents. That could be less threatening to your parents. After having discussed these issues about your grandparents, or uncles/aunts or other relatives who might need your parents' help, it will be easier to discuss these issues with your parents.

For more information contact

Other tips:

It is better to have a geriatric care manager in mind before something happens because when you get discharged from a hospital and need care, you don't have time to search and interview candidates. Someone you hire at that time might not know you and you might not be able to communicate your preferences effectively. It is better to interview people and pick someone in advance and meet with them periodically so that they know your preferences and can defend your interests. When discussing your parents' future needs, also ask if there are things that should be done now to make them more comfortable. Help them prepare a contact list of who you should call in case of an emergency. Learn who their doctors are and where to find their medical and legal documents.

Please call our office for assistance with long-term care planning.



(1) Houston VA Medical Center and Ohio State University, Dec01 reported 43%; National Family Caregivers Alliance, 1998 reported 67%

(2) Caregiving as a Risk Factor for Mortality, The Caregiver Health Effects Study, Richard Schulz, PhD; Scott R. Beach, PhD, JAMA. 1999;282:2215-2219.