When Maria Price’s father died in 2003, she and her brother found themselves thrust into the role of caretaker for their mother, Anna Marchetti, who was seventy-three at the time.

“Dad was the business owner, the dominant one, and mom was a housewife,” says Price. Over the previous couple of years, during visits to her parents’ home in Rhode Island from Austin, where Price lives, she had become aware that Marchetti’s short-term memory wasn’t as good as it used to be. But her father had assured her that everything was fine, her mother was just a little forgetful.

With her father’s death, however, her mother’s memory problems became more apparent.
“That’s a very common scenario,” says psychiatrist Richard McColl, MD, of Senior Adults Specialty Healthcare. “One spouse will take over functions that the other can no longer do. If the non-impaired spouse passes away, the family suddenly realizes there’s a problem.”

More than fifty million people provide care for a chronically ill, disabled or aged family member or friend during any given year, according to a report published by the U.S. Department of Health and Human Services. According to the National Alliance for Caregiving, the typical family caregiver is a mid-forties aged woman, married and employed, caring for her widowed mother who does not live with her.

With the death of her father, Price became the archetypal of the U.S. caregiver.

A doctor in Rhode Island diagnosed Marchetti with early stage Alzheimer’s disease. Price considered bringing her mother back to live with her in Austin but was reluctant to separate her mother from her large network of friends and family in Rhode Island. And Marchetti was not eager to leave, either.

Marchetti’s doctor prescribed Aricept, a medication that increases acetylcholine, a neurotransmitter important in short-term memory formation. Aricept can slow down the progression of the disease and help maintain function. Two similar drugs, Exelon and Razadyne also increase acetylcholine and are often prescribed for Alzheimer’s, says McColl. Another drug, Namenda, works through a different mechanism and is often paired with one of the other three.

**Resources**

**Austin Groups for the Elderly (AGE)**—This nonprofit group maintains the Caregiver’s Resource Center, SeniorNet Computer Learning Institute and the Elderhaven Adult Day Centers in an historic building at 3710 Cedar St. in Austin and at 110 S. Brown St. in Round Rock.

The Caregiver’s Resource Center offers free educational events, information, referral services and support groups for people who provide care to an aging or disabled adult. Staff members Eva Church and Bruce Kravitz assist caregivers in navigating the various community resources available. The group’s annual free Caregiver Conference will be held Saturday, September 27. (See web site for details.)

The center also operates a durable medical equipment lending closet with wheelchairs, walkers, shower benches and other assistive devices. The items are donated by the community and can be borrowed for as long as needed.

Elderhaven provides supervision, nursing care, meals and activities Monday through Friday for elderly adults who cannot stay home alone, for a charge of fifty dollars a day.

For more information or to donate durable medical equipment, call AGE at 512-451-4611 or visit www.ageofaustin.org.

**Austin Memorial and Burial Information Society**—This is a local nonprofit, volunteer-run organization affiliated with the Funeral Consumers Alliance and dedicated to helping people make funeral and memorial arrangements that are dignified, meaningful and affordable. AMBIS can provide a packet of state-specific advance planning documents, holds periodic workshops to help members complete advance directives, conducts periodic seminars on specific end-of-life topics, and publishes annual price surveys of local funeral homes and biennial surveys of area cemeteries. The organization operates in the AGE Building at 3710 Cedar St., Room 112. For more information call 512-480-0555, e-mail mail@ambis.info or visit http://fcaambis.org.

**Mary Cummings**—A consultant in planning long-term care, Cummings helps clients find long-term-care insurance that fits their situation. Her office is at 9208 Edystone Street, phone 512-243-6617.

**Family Eldercare**—This is the only nonprofit group in Travis or Williamson County that offers in-home care for the elderly. Fees vary with family’s ability to pay, and are generally below the rates offered for-profit services. According to Kathleen Coggin, in-home care can extend by three to five years an elder’s ability to live at home and avoid nursing home placement. Family Eldercare staff can do light housekeeping, provide transportation to doctor’s appointments and to run errands, and provide companionship. They can also give family members much-needed respite from the demands of care-giving.

For more information call 512-450-0844 or visit www.familyeldercare.org.

**Diane Hebner**—An attorney board-certified in family law, Heuber has practiced in Austin for more than twenty years. Her office is at 507 W. Seventh Street, phone 512-477-4158. For more information visit www.dianehebnerlaw.com.

**Hospice Austin**—For more than twenty-five years, at Hospice Austin the emphasis is on living each day to the fullest, in a comfortable place, free of pain and in the company of loved ones. Hospice Austin helps people live the last part of life with dignity, comfort and peace while also caring for the needs of loved ones. As a nonprofit, Hospice Austin puts all of its resources back into helping patients and their families and provides care to all, regardless of their ability to pay. Care may be provided to patients at home, in nursing facilities or in Hospice Austin’s in-patient facility, Christopher House. For more information call 512-342-4700 or visit www.hospiceaustin.org.

**Long Term Care Quality Reporting System**—A web site run by the Texas Department of Aging and Disability Services (DADS) allows you to see any quality complaints about nursing homes, assisted living facilities or home care agencies that have been filed with DADS. To see the data, go to http://facilityquality.dads.state.tx.us.

**National Alliance for Caregiving**—This nonprofit coalition of national and state organizations, based in Bethesda, Maryland, focuses on issues of family caregiving. It provides support to family caregivers and the professionals who help them, and works to increase public awareness of issues facing family caregivers. For more information e-mail info@caregiving.org or visit www.caregiving.org.

**Nursing Home Compare**—This web site operated by the U.S. Department of Health and Human Services allows you to compare the quality of every nursing home in your area that’s certified by Medicare or Medicaid. Visit www.medicare.gov/nhcompare.

**Nursing Home Ombudsman**—A program of the Texas Department of Aging and Disability that helps consumers with questions and complaints about long-term care facilities. The ombudsman’s office can also help explain the Medicaid eligibility rules. In Travis County, call 512-908-9435; in Williamson County call 512-388-6241.

**Richard McColl**—An MD with Senior Adults Specialty Healthcare, McColl provides psychiatric evaluation, treatment and consultation, counseling for individuals, families and groups, and case management. His office is at 3215 Steck Ave., Suite 200, phone 512-476-3556. For more information visit www.senioradults.net.

—Karen Branz Leach
Ageing in Place

A small but growing number of facilities offer “lifetime care.” Instead of staying in their homes until they need full-time care, some elders are moving to communities that offer increasing levels of care, designed to see them through the final stages of their lives.

They start out with “independent living,” in which residents maintain their own apartment, but also have the option of eating some or all of their meals in a central dining room. This level is for elders who need no help in their daily activities, but want to have the security of on-site help should they need it. Often, local transportation is provided for errands, doctor visits and recreation.

The next level of care is “assisted living,” which offers services such as laundry, housekeeping and assistance with medications, as well as meals and transportation. Depending on the facility’s licensing, residents in assisted living may get help with walking to the dining room, though some facilities require that residents be able to walk without assistance.

Many facilities also have a healthcare center, which is a euphemism for a nursing home. Residents may move from independent or assisted living to the healthcare center, sometimes temporarily when their health declines, sometimes permanently. A few communities offer specialized units for patients with dementia.

None of this is cheap, and some communities require a sizeable buy-in payment at the time the resident moves in. In Austin, a modest studio apartment in an assisted living facility might be had for as low as twenty-five hundred dollars a month, while a luxury facility might cost as much three or four thousand a month for the same apartment. Buy-ins can run from zero in some places up to several hundred thousand dollars, depending on the type of accommodations and the monthly rental.

For dementia care, prices are higher. Maria Price, whose mother, Anna Marchetti, is in the Alzheimer’s Unit at Merrill Gardens at Parmer Woods, says the monthly bill for care is forty-five hundred dollars. Fortunately for the Price family, her mother has enough assets to cover her care for several years. “If we didn’t have that, it would be hard,” she says.

—Karen Branz Leach
FORTUNE
America’s Most Admired Companies 2008
Second year in a row!

MOST ADmired
HCR ManorCare
Overall Score: 7.13
Rank Among Health Care: Medical Facilities: 1

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ABOUT HCR ManORCare

HCR ManorCare is a leading provider of short-term post-acute and long-term care. The company’s nearly 60,000 employees provide high-quality care for patients and residents through a network of more than 500 skilled nursing and rehabilitation centers, assisted living facilities, outpatient rehabilitation clinics, and hospice and home health care agencies. The company operates primarily under the respected Heartland, ManorCare Health Services and Arden Courts names.

Heartland
Heartland Health Care Center – Austin
11406 Rustic Rock Drive | Austin, TX 78750 | 512-335-5028

www.hcr-manorcare.com
“Often they (two classes of drugs) work better together than either by itself,” he says.

Price flew home, hoping that the medication would help her mother maintain function and allow her to continue to live in her own home. She stayed in contact with her mother by phone. Over the next several months, her mother assured her that she was taking the Aricept and that things were going well.

The next summer, on a month-long trip home, Price discovered that things were not going as well as her mother had said. The house wasn’t clean, her mother wasn’t doing laundry or showering regularly, and the only food in the refrigerator was English muffins. She called the pharmacy that provided her mother’s medication and found out that the prescription had not been filled in nearly a year. Price hired a housekeeper to come three times a week to clean, do laundry and cook for her mother. And she arranged a weekly visit by a nurse practitioner to check on medications and general health.

“When was resistant. She didn’t want anyone to come into her house. She fired the housekeeper,” says Price. “One day I got a call from the nurse practitioner to tell me that the bottle of Aricept was missing. She found the pills in the pocket of mom’s housecoat and in other pill bottles.”

Her brother, who lives in Tampa, flew to Rhode Island. The two siblings decided by phone that their mother could no longer live alone. “My brother put her on a plane to Austin, telling her that she was coming for a long vacation,” says Price.

For the next three months, Price, a stay-at-home mom with a five-year-old son, took care of her mother. It wasn’t easy, as her mother’s memory problems were increasing. Price felt pulled in opposite directions by the needs of her husband and son and her fear of leaving her mother home alone.

Price and her brother discussed sending her mother to an assist-

“A big part of his independence is that he lives in a small community with lots of friends and he is active in church and civic groups. They check on him and invite him to participate in things and give him rides to evening events. If we didn’t have that network, I don’t know what I’d do.”

—Ann Ward

Preparing Your Family Legally for a Parent’s Later Years

According to probate, estate planning and guardianship lawyer Diane Hebner, aging gracefully is easier if the family plans ahead and accepts the idea that the parents may someday need help.

“A lot of people embrace the issue and face it,” she says. “They tell me, ‘I may not always be able to handle my affairs and I want to execute documents naming the people I trust to take care of me.’” Hebner has a standard package of nine documents that she recommends for most people:

**Financial Power of Attorney**—Also called a Statutory Durable Power of Attorney, a Financial Power of Attorney allows the elder to name a trusted relative or friend to handle finances if needed. For example, if the elder is in the hospital or is ill, the person with financial power of attorney would be able to pay the elder’s bills using the person’s own funds. More information about a financial power of attorney is available at www.nolo.com/article.cfm/objectid/A39307AA-D290-4EB9-AE394FE5117993C/309/292/ART.

A free form can be downloaded from Family Caregivers Online at www.texasprobate.com/forms/poa.htm.

“A Financial Power of Attorney is a very powerful document that can be misused, and I strongly recommend that any person considering signing one obtain legal advice before doing so,” says Hebner. In fact, she recommends that a person seek legal advice before signing any of the recommended documents, because these documents can have an enormous effect on a person’s life and there are often issues involved that are not apparent to a lay person.

**Medical Power of Attorney**—Allows an elder to name someone to speak on their behalf to medical personnel. If the elder is incapacitated, that person will be able to make medical decisions for the elder. For complete instructions and the form itself, visit the Texas Medical Association web site at www.texmed.org/Template.aspx?id=65.

**Directive to Physicians**—Also known as a Living Will, a Directive to Physicians instructs medical personnel on how the elder wants to handle end-of-life decisions, such as whether to put a person on prolonged life support. It also names the person who is entrusted to make end-of-life decisions on behalf of the elder. For complete instructions and the form itself, visit the Texas Medical Association web site at www.texmed.org/Template.aspx?id=64.

**Authorization to Release Medical Records**—Allows a person to retrieve medical information on behalf of the elder. Under federal law, medical records can only be released to someone who has been authorized by the patient to receive the information. Having a copy of a parent’s medical record may be useful if you are helping your parent unravel complex hospital bills, if you are helping your parent understand and make a decision about medical care, or if you are taking your parent to see a new doctor. A sample letter for an Authorization to Release Medical Records is available on the Texas Medical Association web site at www.texmed.org/Template.aspx?id=2199.

**Declaration of Guardian**—States who should be appointed as guardian if the person becomes unable to make decisions. It doesn’t convey guardianship, though, it only states who the guardian should be in case guardianship is needed. For more information and the form, visit the Texas Legal Services Center web site at www.tlsc.org/lhot%20pubs/To%20Will%20or%20Not%20to%20Will.pdf. “Although some persons choose to prepare their own wills, many times a will done without benefit of legal advice ends up costing the estate many more times the fees that would have been expended had the will been drafted by a lawyer,” says Hebner.

**Trust**—Unlike a will, with a trust no probate is needed before assets can be transferred to beneficiaries. Though many people believe that a trust is better than a will because it avoids the necessity of going through probate proceedings, Hebner says that for a simple estate, a will may be less expensive and less hassle. For more information, visit the Texas Legal Services Center web site at www.tlsc.org/lhot%20pubs/Living%20Trusts.pdf. “People think that probate is a complicated and expensive process, but it’s often not,” says Hebner. Texas law, she says, makes the process relatively easy. And if any assets are left out of a trust, you may have to go through probate anyway. A trust is useful under the right circumstances, she says, but is not the answer in every situation.

One example where a trust may be the answer is where a business is involved. A trust can allow beneficiaries to carry on the day-to-day decisions without delay. A trust also keeps the list of assets private; a probate will becomes a public document.

Karen Branz Leach

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Karen Branz Leach
planning and guardianship lawyer Diane Hebner, who explained that Price could seek guardianship of her mother to be able to care for her.

Hebner says that she counsels clients to only seek guardianship of a parent in cases where there is no other choice, because the proceedings can be difficult emotionally and may destroy family relationships.

“If you are the agent under a power of attorney, which allows you to make financial decisions for your mom, and you have medical power of attorney, you may not need guardianship,” she says.

“When you seek guardianship, the judge will employ something called the ‘least restrictive alternative.’” This means the judge is seeking the legal mechanism that protects the parent, but also allows the parent to make decisions in those areas where they are capable of making them. But there are times when a power of attorney doesn’t work.

“One problem with a power of attorney is that it can be revoked, and if the person is no longer competent to sign a new power of attorney, you have to go the guardianship route,” says Hebner. Other problems could arise with a power of attorney as well, says Hebner, including that it doesn’t grant a specific power that is needed under the circumstances, or an institution won’t recognize the authority of the agent to act.

Once a petition for guardianship of a parent is filed, the judge appoints an attorney ad litem to represent the parent in the proceeding. As part of the application for a guardianship, the applicant usually submits a three-page form, called a certificate of medical examination, which has to be completed and signed by a physician (usually a geriatrician or a geriatric psychiatrist). The form documents the person’s level of competency. At a hearing, the judge will review the form, hear testimony and give a ruling.

“Mom didn’t really fight it, because she didn’t really understand much of what was happening. We had to all go to court. It was pretty yucky. It was me with Diane (Hebner) on one side and my mom on the other side with her lawyer. The judge asked her if she understood what was happening, and Mom said, ‘She’s going to be my mother.’”

Despite the case with which her mother accepted the proceedings, Price felt intense guilt over taking away her mother’s rights to self-determination. “It was very hard, very emotional. It took a long time for me to accept it.” Price placed her mom in Merrill Gardens at Parmer Woods, an assisted living facility that also had an Alzheimer’s unit, so that her mother wouldn’t
Is It Forgetfulness or Alzheimer’s?

How do you know when an elder’s forgetfulness is really the first signs of Alzheimer’s? It’s often hard to tell, says Richard McColl, MD, because the disease causes a gradual decline that gets worse over time.

By age eighty-five, says McColl, one in three elders will have Alzheimer’s or some other form of dementia. With a growing number of people living into their eighties and nineties, it’s a question family members will increasingly face. To know whether you should be concerned, he says, ask yourself the following three questions:

**Does my loved one have short-term memory problems?** If she doesn’t remember what she had for breakfast, and asks the same questions repeatedly and doesn’t remember the answers, if she forgets to pay bills or take medication, that’s an indication of short-term memory problems,” says McColl. Long-term memory isn’t affected in the early stages of the disease, just the ability to store new memories.

**Is it getting worse?** “Forgetting where she put her keys once in awhile doesn’t mean your mother is getting Alzheimer’s. Look at the pattern over time. If the memory problems are getting worse, that could be an indication of dementia,” says McColl.

**Does it impair function?** If the memory problems are causing your parent to be a danger to self or others, that’s a sign of dementia.

“If the answer to one of these questions is yes, it’s reasonable to get it checked out. If the answer to more than one question is yes, you should definitely get it checked out,” he says.

To evaluate function, McColl suggests spending some time with your parent, over several days if possible. “It’s not something you can figure out in ten minutes over the phone. Look to see if there are mislaid bills that are not paid, check medications, and check the food in the refrigerator to see if there are things that clearly should be thrown away but are still there.” He suggests taking a ride in the car to see if your parent’s driving is impaired. “If they get lost, or can’t remember how to get somewhere familiar, that’s a sign of a problem.”

McColl also says that dementia that comes on suddenly is different from Alzheimer’s and may be an indication that something is physically wrong. “Urinary tract infections can be the cause of confusion in the elderly. The body loses cognitive functioning in the face of stress,” he says. “If you talked to your parent on Monday and he was fine, but on Wednesday he seems very confused, get it checked out.”

He adds that depression is famous for masquerading as cognitive dysfunction in the elderly. If the depression is treated, often the dementia disappears. Impairment from small strokes can also cause confusion that may look like dementia and should be checked out.

### Tips for caregivers

If your loved one has Alzheimer’s there are medications that can delay the progression of the disease. The drugs don’t usually reverse the damage that has occurred, but they can keep an elder functioning on their own longer. “A lucky few get cognitively clearer,” says McColl.

“It’s important how the family as a whole is handling the illnesses,” he adds. Get educated, he suggests, so that everyone understands what to expect. Get support, and get in touch with other families who are dealing with Alzheimer’s. Often, knowing what worked for one family may help you figure out what to do with your situation.

McColl says that it is important to take breaks from the situation, especially if the patient is living with you. Pay attention to your own health and nutrition.

He says that many family caregivers feel compelled to correct or reorient an elder who is confused. “Sometimes that just makes the patient more agitated. You need to resist the urge to over-explain when it’s not working. Instead, redirect or distract the patient. “Let’s go have some tea and watch Wheel of Fortune” may work better than trying to get the parent on board with what is really happening. It’s like caring for a young child.”

While it’s important not to take too much control too early, in the latter stages of the disease, you may need to step in and do what needs to be done, even if your parent gets angry.

“Never make the promise, ‘I’ll never put you in a nursing home,’ because it may not always be a realistic promise, especially if you can’t get enough help to manage the patient in the home,” says McColl. “If your elder is in a dementia facility, someone else will bathe them and dress them, and you can visit with them and have fun. It’s a progressive disease and gets worse, but it doesn’t mean a person has to be unhappy or in pain. It doesn’t mean nothing in life will be good anymore.”

—Karen Branz Leach
have to change communities when she needed more care.

Marchetti quickly adapted to the new environment and made friends. Still, she would tell Price, “I’m going home, I’m going to drive my car again.”

As her mother’s dementia progressed, she was moved to the Alzheimer’s unit, where she lives now. Even with her mother receiving round-the-clock care, Price still finds herself struggling to fulfill all her roles. Recently, Marchetti was hospitalized for pneumonia and Price spent many hours every day at the hospital, helping her mother deal with the unfamiliar surroundings. Because her son was on summer break from school, Price had to either find someone to stay with him or bring him to the hospital. “I just go by to visit and take her to lunch. She’s happy, she loves the activities, especially the singing.”

Taking care by long distance

Like Price, Ann Ward found herself in the caretaker role after the death of a parent, only for Ward, it was her father who needed help. Her mother died about two years ago.

“At ninety he took up cooking. He’s become the master of the microwave.”

Because her father lives in the small North Texas town of Breckenridge, four hours away from Ward’s home in Austin, her care-taking has been by long distance. Though her father has heart disease and is somewhat frail, he has not suffered mental impairment. Like Price, Ward wants to help her father stay in his own home as long as possible.

“We talk twice a day. I call him in the morning and we start the day with a conversation. He calls me in the evening,” says Ward. His next-door neighbor also checks to see that he picks up the morning paper from his yard.

Ward visits once a month, and brings him a freezer-full of meals that he can reheat. Whenever her father has an appointment with his cardiologist, Ward drives to Breckenridge to go with him.

“I want to make sure that we both know what we need to do,” says Ward. “Most of the time he understands, but he’s hard of hearing and he doesn’t always get the exact details.” When his supplemental insurance changed recently, she helped him with the initial computer log-in and with getting his prescriptions transferred to the new mail-order pharmacy.

Despite his advanced age, he still drives short distances in the daytime, and he participates in a number of local activities, including an exercise program at the local hospital.

“A big part of his independence is that he lives in a small community with lots of friends and he is active in church and civic groups,” Ward says. “They check on him and invite him to participate in things and give him rides to evening events. If we didn’t have that net-

Who Pays for Long-Term Care?

Chances are good that if your parents live long enough, one or both of them will need some sort of care near the end of their lives, either in their own home or in a nursing facility. Unless your parents are impoverished, expect that they will pay for this service themselves, either through retirement income, sale of assets or long-term-care insurance.

Many people mistakenly believe that Medicare will cover nursing home costs. While Medicare will cover brief stints in skilled nursing facilities to help your parent recover from an illness or injury, it won’t cover ongoing care. If the care is needed to help a person recover function, Medicare will pay the costs for up to one hundred days, as long as the person continues to improve. Otherwise, your parents are on their own until they run out of money.

Once the money runs out, state Medicaid programs will cover the cost of nursing home care. Currently, the monthly income limit for a single person is one hundred and eleven dollars per month, with no more than two thousand dollars in liquid assets (bank accounts, stocks, bonds and other investments). Under certain circumstances, equity in a person’s homestead is not counted, nor are personal items such as clothes or household goods. Beyond these basic rules, things get complicated, and you should contact an expert for help. The Nursing Home Ombudsman office in your area has such experts on staff. (See the Resources article for contact information.)

Not all nursing homes offer Medicaid-funded beds, and many limit the number of Medicaid beds. If your parent is in a nursing home and runs out of funds, if a Medicaid bed is not available in that facility, your parent may be forced to move to a nursing home that has one open. That could be traumatic, so if you think your parent might run out of funds, be sure to choose a facility that has at least some Medicaid beds. Also, speak to the facility administrator several months before the funds run out, to be sure a bed will be available when the time comes.

Medicaid may also help pay for care in the home if such care is medically necessary and will help a person avoid having to go to a nursing home.

According to the Texas Department of Aging and Disability, the average cost of nursing home care in Texas is about twenty-nine hundred dollars per month. But costs at a private facility with specialized care, such as an Alzheimer’s or dementia care, can be nearly double that amount.

Home care, while it may be a better option, isn’t necessarily cheaper. According to Kathleen Coggins of Family Eldercare, average costs for home care in the Austin area run between seventeen and twenty-five dollars per hour, depending on the level of skill needed. Family Eldercare, which is nonprofit, provides services on a sliding scale that is less expensive than for-profit services, but if an elder needs round-the-clock care, costs can add up fast.

Carol Hammens’ family, whose mother needed constant care from October 2007 until she died in June 2008, wanted to keep her at home as much as possible during her final illness.

“Mom was taking care of Dad, who has Parkinson’s disease. We wanted to keep them together,” says Hammens. So Hammens and her brother and sister, along with their spouses, a couple of teenage kids and a friend or two, took turns caring for their parents. Even with this large network of friends and relatives, the family needed about ninety hours of care per week, arranged through Family Eldercare at fifteen dollars per hour, for a cost of more than five thousand a month. They spent nearly fifty thousand dollars on in-home care during the last nine months of their mother’s life. Long-term-care insurance covered about half of the cost. Now, they continue to pay for care for their father, who has Parkinson’s disease, but no long-term-care insurance. (Because he had Parkinson’s disease at the time his wife bought the long-term-care insurance, he was not eligible for coverage.)

Coggins points out that most clients don’t need round-the-clock care, and that a few hours a week may be enough to help an elder stay functional and safe at home. In that case, home care would be much less expensive, costing just a few hundred dollars per month.

Finding good long-term-care coverage can be tricky, says Mary Cummings, who is the long-term-care planning consultant. “None of the long-term-care policies are standardized,” she says. Some of the policies will cover any type of care, from in-home to assisted living to nursing home or hospice care, while others will only cover assisted living or nursing home care. “You really have to analyze the policy to be sure that the language favors the client, not the insurer.”

While you don’t have to be perfectly healthy to get good coverage, the rate you pay will be based on your age and your health. She says a fifty-year-old in good health should be able to find insurance for about seventy-five to a hundred dollars a month that will reimburse for care in your choice of setting. The older you are when you get the coverage, the higher the monthly payment. If you are age seventy when you buy the policy, you might be paying as much as three hundred dollars a month for the same coverage.

Once you have the coverage the insurance company can’t raise your individual rate based on increasing age or health status. But they can increase all policyholders’ rates if they need to do so to maintain adequate capital to pay benefits. “I’ve seen increases of five to twenty percent per year,” says Cummings.

A few companies have a history of seldom increasing premiums, and finding one with a good track record can save you money in the long run. Also, she says, be sure you know whether you can buy more coverage at your current rate (based on the age you were when you originally bought the policy), or whether any additional coverage will be based on your age at the time you buy it.

—Karen Branz Leach
work, I don’t know what I’d do.”

Ward worries what will happen when he can no longer care for himself. In the small town of Breckenridge, there are no assisted living facilities or nursing homes. When the time comes, she hopes to be able to hire help for him at home.

“I just want him to be safe and happy in his own home as long as possible. I’m very grateful that I still have him at ninety-two. It’s really a joy to spend time with him.”

—Maria Price

When mom moves in

When Marie Perkins broke her leg at age ninety-one, her very active life abruptly ended. She moved to Austin to be near her son, Rick Perkins, and he helped her move into Brighton Gardens of Austin assisted living.

“But mom was just too active for assisted living,” says Perkins, and after her leg healed, she came to live with him. During the first few weeks he resented the caretaker role, but soon found that he was living a better life than he had before she moved in.

Because he was concerned about her health, he cooked much healthier foods than had been his habit previously. “Mom made me eat my veggies,” he says. He started walking more, and bought a bicycle. “I stopped drinking, and cut back on sugar and caffeine. What a positive influence she has been on my life!”

He says she no longer drives, but loves to get out of the house. “She loves going to HEB to shop, because she loves to look at the fruits and vegetables. But I really think she loves it because Amy’s Ice Cream is next door. We’ll shop for a little while, then she’ll say, ‘Let’s go to Amy’s.’” Perkins takes her to church each week, and to the Broken Spoke for dancing. He says he’s starting to see little signs of dementia and memory problems. When she left the soup on the stove too long and burned the pan, he suggested that he do the cooking from then on.

“I told her, ‘You’ve cooked all your life. Now it’s my turn to do the cooking for you,’ and she agreed,” he says.

Until recently, Perkins was self-employed and was able to be at home with his mother much of the day. Now he has taken a job with a medical supply company, and is worried about how she will manage during the day on her own.

“I took her to Austin Groups for the Elderly (which runs the Elderhaven adult day care program), but she didn’t want to be in a room all day with stroke victims,” says Perkins. For now, he’ll leave her on her own during the day. When he can no longer care for her, he’s not sure what he’ll do.

“When we were looking for assisted living for mom, I visited twelve different healthcare centers. They were all the same, very nice, very expensive prisons,” he says. “There’s got to be a different way.”

Karen Branz Leach is an Austin freelancer who has been writing about healthcare for more than twenty years. She is grateful that she has two very responsible siblings to help with care for her elderly mother. You may e-mail Karen at kleach@goodlifemag.com.