

## Help an Elderly Parent Without Going Broke - CBS MoneyWatch.com

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There's a name for the Hoffas and the growing number of people facing the same challenge: the Sandwich Generation. Not only are they raising children, but they are also caring for elderly parents. In the Hoffas' case, the good news is that their children are through college, and the tuition bills have been paid. The bad news: The recession took away Dan's job and the market crash cut their savings in half.

The Hoffas considered moving both parents to Portland but decided that taking them from a supportive community of church and friends was not a good idea. With the help of a housing counselor for [A Place for Mom](#), a national senior-housing referral service, the family chose to place him in an adult family home in Seattle near enough for Dan's mom to visit. (The referral service is provided free to consumers; the business is compensated by the facilities.)

The home will cost around \$5,000 a month. Though the elder Hoffas were as frugal as the son they raised, their \$240,000 in savings gives them only about a four-year window before the savings run out — and that's without taking into account Mary's expenses.

Shortly before Dan's dad was placed, they learned that he has advanced kidney disease; he has rejected dialysis. What's more, he's not happy at the adult family home. So now Dan, his wife and mother may have to make the same decision all over again. "We'd consider bringing him home again. But we'd have to get in-home care," says Dan. In Seattle, home health care costs about \$25 to \$28 an hour, which, even at five days a week and eight hours a day, could wind up costing about \$50,000 to \$60,000 a year. "They're in an OK position in the short term," Dan asserts, "but as we go forward, we may have to augment what she has to pay."

The Hoffas learned two things quickly: The process is quite complicated, and the options are few. To help you wade through the rules, and to make sure you fully investigate what options you have, consider seeking the help of a geriatric care manager or other expert to help you, and your parents, through the process.

MoneyWatch asked Margaret Madison Phelan, a Vancouver, Wash.-based attorney, to review the Hoffas' situation and offer advice. Phelan, who has been in practice for 23 years, has focused on elder law since 1992.

Phelan recommends that the Hoffas explore the [COPES](#) (Community Option Program Entry System) program, a Medicaid program that, while unique to Washington, is a type of "waivered" program increasingly offered by other states as well. Waivers enable states to cover a broad array of home and community-based services for certain populations as an alternative

to institutionalization.

COPES is designed for people who don't want to move into a skilled nursing facility or hospital. The program, however, has both income and resource limits, as well as numerous and complex eligibility rules. For instance, Dan's father would need to have monthly income in his name of less than \$2,002; he'd still be eligible if the sum of his monthly income and his wife's is less than \$4,044. But they'll need guidance on whether their assets — home and savings — may disqualify them. The program has a "Community Spouse Resource Allowance" that would allow Mary to keep her house and a certain amount of assets in her name if Earl is deemed eligible.

## Consider Hospice Care

Since the elder Mr. Hoffa has refused dialysis, says Phyllis Brostoff, a Milwaukee-based geriatric care manager, says his best option may be hospice care. Its aim is to keep patients comfortable and pain-free, rather than to cure their disease, and patients can receive it in their home or at a hospital or nursing facility. Generally, Medicare pays for about 95 percent of hospice care. "It is not time-limited," says Brostoff. "I've had clients go on hospice care, become well enough to go off, and go back on again." Generally, a doctor must certify that a patient needs hospice care for a 90-day period, and after that elapses, for a second 90-day period. Then there are an unlimited number of 60-day periods. Regardless of whether the patient uses the periods consecutively or at different times, a doctor must certify the patient as terminally ill at the beginning of each period. Review [Medicare hospice benefits](#) for more information.

Says Brostoff: "We've converted many a dining room or den into a nursing-home room, with medical equipment paid for by Medicare."

To make sure that you get the best advice on available public programs, placement, payment and legal options, you should recruit experts to help. Here are two major sources:

- [National Academy of Elder Law Attorneys](#) lists elder law attorneys by zip code and town. Such professionals can help coordinate public and private resources for care of your aging relatives.
- [National Association of Professional Geriatric Care Managers](#) can help you locate a social worker to assess an older person's condition and help to find a placement.

## Dan's Response

Dan did investigate the COPES option, but found his father did not meet the qualifications. He also spoke to several geriatric care managers; all brought up hospice care as an option. "Too bad we didn't engage a geriatric care manager earlier in the process," he laments. Dan reports that he and his parents have found a new doctor to oversee his father's care "who has been excellent in communicating with me. He is trying a new generic pain medication that, if successful, will significantly lower" his father's monthly drug costs. Dan plans to discuss hospice care with that doctor, and may also look for an adult family home closer to his mother before the winter rains arrive. For now, his father has been moved into a two-person room, which will lower the cost slightly.

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