

Keys to Successful Proactive Aging

Planning for the Big Four Transitions – Financial Decision-making, Health Care Decision-making, Living, and Driving

Introduction

- Why proactively plan for aging?
- The “Big Four” transitions
 - Financial decision-making
 - Health care decision making
 - Living
 - Driving



Why Proactively Plan?

Aging Is Not Predictable

- People age differently
- Untoward events accelerate the process
- Bad decisions are more likely when under stress

Cognitive Changes Are Sneaky

- As we age, our brain loses flexibility
- Thinking may become more concrete
- Harder to wire new memories

Tricking The Brain To Do The Right Thing

- Proactive planning takes you through likely scenarios
- When you are well and not under duress, you are more likely to make good decisions
- By creating a plan and revisiting it periodically, the plan becomes hard wired in your long term memory
- When “bad things” happen, you are more likely to revert to the plan hard wired in your brain

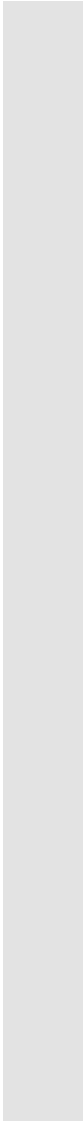


Now The Big Four



#1

Financial Decision- making Transitions



Who Pays The Bills? Who Manages The Investments?

- Triggers for financial caretaking
 - Accidents
 - Illness
 - Normal aging
- Are you ready for someone to take over?

How To Prepare

- List of all financial assets
- How to access accounts
- Location of important documents
- Management of investments
- Pet and child care

Whealthcare Financial Caretaking Plan

- Complete a 15 minute questionnaire
- Documents what you are doing now
- Identifies a list of the “holes” in your plan
- Provides tools and education to fix the holes

Whealthcare Financial Caretaking Plan - Questionnaire

Financial Caretaking Plan questionnaire - Part 2

Demographic Information

Financial Directives

Financial Management

Estate Planning

Finish

One way to protect yourself against financial harm or exploitation is to have a plan in place to transfer financial care taking should cognitive decline occur. The plan should start as a transition, with your eventual caretaker checking in and then stepping in once concerns develop. In this section, we will gather basic information on your plan, then help guide you in setting up your financial care taking transition.

Who currently manages your bill paying?

- I am responsible for paying the bills
- My spouse/partner is responsible for paying the bills
- I share bill paying responsibilities with my spouse/partner
- A financial caretaker, i.e., trusted family member(s) or friend(s) other than my spouse/partner, is responsible for paying the bills

Who currently reconciles your checking and savings accounts?

- I am responsible for reconciling accounts
- My spouse/partner is responsible for reconciling accounts
- I reconcile accounts with my spouse/partner
- A financial caretaker, i.e., trusted family member(s) or friend(s) other than my spouse/partner, is responsible for reconciling accounts
- My accounts are not reconciled regularly

Do you have a legal power of attorney (POA) document?

- Yes
- No

Who currently manages your investments?

- I am responsible for managing investments
- My spouse/partner is responsible for managing investments
- I share investment responsibilities with my spouse/partner
- I hire a financial advisor to manage investments
- A financial caretaker other than my spouse/partner or a financial advisor manages my investments

List the name(s) of the financial caretaker(s), i.e., trusted family members, friends, or professional advisors who help you make financial decisions now, and/or could help you make financial decisions in the future in event you become physically or mentally disabled.

Whealthcare Financial Caretaking Plan - Report

Topic: Financial Caretaking

Goal: Identify your financial caretakers

Your financial caretakers

Name	Mary Smithers	Jim Lamar
Relationship	daughter	son
Email	marysmithers17@yahoo.com	jimmiiiie@gmail.com
Phone #	+1 (655) 585-5998	+1 (655) 677-8765
Role(s)	Helps you pay bills and reconcile accounts now Will help you pay bills and reconcile accounts if you become physically or mentally disabled	Will help you pay bills and reconcile accounts if you become physically or mentally disabled Will help you manage investments if you become physically or mentally disabled

· I have not named anyone to act on my behalf as power of attorney.

What you need to do:



It is very important to have a legal [Power of Attorney](#) ready to act for you in case you become mentally or physically disabled and can no longer manage your affairs. There are a number of considerations when creating a [Power of Attorney](#) document.



If you do not have someone you implicitly trust to act as your [Power of Attorney](#), you may need to hire professional help such as an accountant or attorney. It can be expensive to hire outside help, but it is well worth it. Otherwise, should you lose the capacity to manage your affairs, the court will appoint a complete stranger to care for you and your assets.



If you need to choose a professional to manage your affairs, consider hiring a financial advisor who keeps track of your financial picture and can assist the accountant or attorney with your finances when the need occurs. It is good to have two professionals working together as this will help ensure duties will be handled correctly.



Create a [financial caretaking agreement](#). This will clearly outline how your financial affairs will be handled and clarify the expectations you have from your financial caretaker and what your financial caretaker needs to do for you.



Whealthcare Financial Caretaking - Education

Financial Caretaking

Must Reads

All Articles

Financial caretaking involves helping older adults make the best possible financial decisions. This includes establishing the criteria for delegating decision-making authority (e.g., bill pay) to trusted individuals.



Picking a financial caretaker

8 likes



Using a person designated as power of attorney to manage your affairs

7 likes



Family agreements - financial caretaking



2 likes

Whealthcare Financial Caretaking - Sample Documents

Family Agreement on Financial Assistance





When lending a hand, it is important to set rules that will be followed to ensure future financial independence. We suggest families create engagement standards to spell out the responsibilities of both parties in the transaction.

Download:  

Family Agreement on Financial Caretaking



A clear and concise financial caretaking agreement is especially important to older adults and their families as it helps to prevent financial abuse and provides a clear delineation of family responsibilities.

Download:  

When To Make The Switch

- When do you turn over financial care taking?
 - When you think it is a problem?
 - When your family thinks it is a problem?
 - How about when objective testing identifies there could be a problem?


Using the Whealthcare Risk Profile

- A 15 minute questionnaire that identifies
 - Behaviors that put you at risk of fraud and abuse
 - Cognitive issues around financial decision making
 - Basic financial literacy

!! The risk profile is not a test for dementia!!

Healthcare Risk Profile – Clinical Foundations

- Based on a clinical study completed at Massachusetts General Hospital



Cognitive Function As A Proxy Of Financial Decision Making In Older Primary Care Adults

Anthony Weiner, MD¹, Janet Sherman, PhD², Lee Baer, PhD³, Maurizio Fava, MD³, Christopher Heyne, PhD³

¹Department of Psychiatry, Massachusetts General Hospital, ²Department of Psychiatry, Psychology Assessment Center, Massachusetts General Hospital, ³Cogniscient, Inc.

Introduction	Methods	Results	Discussion																																																																																																
<p>Adults over 50 in the US own about 80% of all wealth.</p> <p>Many older adults appear to make sub-optimal financial decisions, leaving them vulnerable to manipulative advertising, scams, and financial predators. While inherently difficult to measure, financial exploitation of older adults is undoubtedly on the rise.</p> <p>While recent research points to certain cognitive and behavioral factors playing a role in financial decision-making, the relationship between age and the quality of financial decision-making is still not well understood. As the population grows older, this relationship becomes more important for guiding public policy as well as patient care.</p> <p>The aim of this study is to provide greater insights into the relationship among aging, diminished cognitive capacity, and financial decision-making.</p> <p>Estimates of the annual costs of senior financial fraud in the US range from \$2.9 to \$36.6 billion.</p>	<p>We recruited 60 healthy subjects, aged 35-85 years, with 12 subjects in each 10-year cohort, split evenly between men and women.</p> <p>We administered a comprehensive battery of neuropsychological tests, as well as novel assessments measuring financial literacy and monetary choice delay discounting.</p> <p>To simplify the analysis, and also to target specific cognitive characteristics more effectively, we grouped the assessments within the neuropsychological test battery into distinct cognitive domains, e.g., verbal memory, attention/working memory, etc. All measures of the neuropsychological tests were compared to normative data and standardized z-scores were calculated and used in the analysis.</p> <p>Each subject also completed a comprehensive financial literacy questionnaire comprised of 50 questions measuring general financial knowledge, basic numeracy skills, understanding of risk and randomness, and ability to plan ahead and execute financial decisions. Subjects also completed the Monetary Choice Questionnaire, an assessment designed to measure delay discounting behavior, i.e., a subject's preference for a large reward at some point in the future compared to a smaller reward immediately, in financial decision-making.</p> <p>We used standard simultaneous regression methods to analyze relationships among cognitive domains, financial literacy, and delay discounting. In all regression runs we included age as a co-variate to control for the effects of aging.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Dependent Variable - Total Financial Literacy Score</th> </tr> <tr> <th>Independent Variable</th> <th>Model 1</th> <th>Model 2</th> </tr> </thead> <tbody> <tr> <td>Constant</td> <td>0.422</td> <td>0.442</td> </tr> <tr> <td></td> <td>(0.78^{**})</td> <td>(2.19^{**})</td> </tr> <tr> <td>Age</td> <td>0.043</td> <td>0.009</td> </tr> <tr> <td></td> <td>(3.48^{**})</td> <td>(3.45^{**})</td> </tr> <tr> <td>Delay Discounting</td> <td>-1.484</td> <td>-1.450</td> </tr> <tr> <td></td> <td>(2.49^{**})</td> <td>(2.54^{**})</td> </tr> <tr> <td>Attention/Working Memory</td> <td>0.083</td> <td>0.050</td> </tr> <tr> <td></td> <td>(2.92^{**})</td> <td>(2.42^{**})</td> </tr> <tr> <td>Exec. 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The Visuospatial Functions variable was close but not significant at p < .10. These coefficients displayed a positive sign, indicating that higher scores on these tests predicted higher levels of financial literacy.</p> <p>The Delay Discounting variable coefficient was also highly significant (p < .01) and appeared with a negative sign, suggesting that higher discount rates predict lower levels of financial literacy. Finally, the age variable was highly significant in a positive direction, suggesting that financial literacy rates increase with age.</p> <p>A "personal loss" dummy variable representing a "yes" answer to a question about experiencing a recent personal loss was close to being significant.</p> <p>Performance on the Mini Mental Status Exam (Cognitive Screen) and the Test of Perceptual Functioning (Intellectual) did not appear to be significant predictors of financial literacy. Measures of verbal memory, visual memory, and processing speed also failed to meet the criteria for inclusion into the model.</p>	Dependent Variable - Total Financial Literacy Score			Independent Variable	Model 1	Model 2	Constant	0.422	0.442		(0.78 ^{**})	(2.19 ^{**})	Age	0.043	0.009		(3.48 ^{**})	(3.45 ^{**})	Delay Discounting	-1.484	-1.450		(2.49 ^{**})	(2.54 ^{**})	Attention/Working Memory	0.083	0.050		(2.92 ^{**})	(2.42 ^{**})	Exec. 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Whealthcare Risk Profile – Report

Whealthcare Risk Profile Summary

Behavioral Profile

Score - 39



You possess personality traits that increase your likelihood of making risky financial decisions, or being a victim of financial exploitation. You should be extremely careful when making financial decisions, and include your [financial caretaker\(s\)](#) and/or financial adviser in all major financial decisions.

Cognitive Profile

Score - 92



You do not show any obvious signs of diminished cognitive capacity. This will help to lower your risk of making poor financial decisions. Continue to watch for signs of diminished capacity, and re-evaluate your situation in two years, or if your health and/or medications change.

Financial Literacy Profile

Score - 50



You possess a moderate level of understanding of financial concepts. At times, your lack of knowledge in some areas could lead to poor decision-making and make you more vulnerable to financial exploitation.

Summary

Score - 57



You are at moderate risk for making poor financial decisions and/or being victimized by a financial scam.

Whealthcare Risk Profile – Behavioral Profile

- Green is good
- Yellow – you have an issue
 - Need education on better behaviors to protect yourself – provided in the Whealthcare report
- Red – you have a major issue
 - Need education
 - Consider putting protection in place

Whealthcare Risk Profile – Cognitive Screen

- Green is good
- Yellow – you have an issue
 - Time to consider turning over financial care taking
 - May be having
 - Normal aging
 - Medical issue
 - Early dementia
 - See a doctor for further testing!
- Red – the issue would be obvious

Whealthcare Risk Profile – Financial Literacy

- Green is good
- Yellow or red – you have an issue
 - People with good financial literacy can maintain control of their finances longer
 - Get education!



#2

Living Transitions



Proactive Not Reactive Planning

- Living transitions are often abrupt
 - Accident/illness puts elder in rehab
 - Family realizes no longer safe to live alone
- Homes are often not aging friendly
- Dementia is insidious – hard to make decisions about living transitions once it has set in
- Scrambling is a set up for poor decisions and increased cost

Proactive Not Reactive Planning

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#3

Health Care Decision- making Transitions



The Challenge Of Health Care Decisions

- Illness makes it tough to think clearly
- The health care system is geared toward action when less action may be the better choice
- Family dynamics may worsen the situation

Proactive Not Reactive Planning

- Make certain the right documents are in place
- Document what quality of life is important to you if you can't speak for yourself
- Share wishes with the entire family and health care professionals long in advance of an illness



#4

Driving Transitions



Proactive Not Reactive Planning

- No one wants to talk about when to quit driving
- There are many signs a person may need to adjust or quit driving
- Creating agreements long in advance on when to be tested and when to quit driving is key!

Whealthcare Proactive Aging Plan

- A 15 to 20 minute questionnaire that documents:
 - Living preferences
 - Health care decision-making
 - Driving preferences

Wheathcare Proactive Aging Plan Questionnaire

Proactive Aging Plan questionnaire - Part 5

Name: Bob Smith
Date of birth: Aug 05, 1962

Demographic Information

Health Information

Health Care Mindset

Quality of Life Directives

Living Transitions

Driving

Finish

Your choices for where and how to live have important implications for your health care costs and quality of life. Moreover, changes in living situations can be stressful and complicated, especially if they are made without much prior planning.

As you age, what living choice is most appealing to you:

- I want to live in a traditional home or apartment until I die
- I want to live in my current home as long as possible, and move to an assisted living facility or skilled care when it is no longer safe for me to live independently
- I want to move to a community that provides for the needs of older individuals as they move through the aging process

How close is your home to grocery stores and restaurants?

- Within walking distance
- It's too far to walk, but transportation and/or delivery services are available if I can't drive
- It's too far to walk, and transportation and/or delivery services are NOT available if I can't drive
- If I can't drive safely, I will move to assisted living

How close is your home to basic medical care?

- Within walking distance
- It's too far to walk, but transportation is available if I can't drive
- It's too far to walk, and transportation is NOT available if I can't drive
- If I can't drive safely, I will move to assisted living

What is the availability for interaction with others in your current living situation?

- I am active in the community and interact regularly with others
- I have many strong social connections
- I have a few close friends in the community
- If I am losing social connections, I will move to assisted living
- I prefer to spend most of my time alone

What preparations have you made to make your home "aging friendly"?

- My home will accommodate someone who cannot climb stairs or may be in a wheelchair.
- My home will need minor modifications to be "aging friendly"
- My home will need major modifications to be "aging friendly"
- It is not possible to make my home "aging friendly"
- If I have trouble in my home because of aging, I will move to assisted living

Whealthcare Proactive Aging Plan Report

- Provides a report on your goals
- Creates a task list of what is needed to realize those goals

Whealthcare Proactive Aging Plan Report



Living

What you need to do:



Document your plans for [accessing stores and restaurants well in advance of needing transportation and/or delivery services](#).

Since you do not have alternative means of transportation for medical care, it will be important to address the feasibility of living in your current home. You need to plan on moving to an aging friendly area or to an [assisted living facility](#) if you can no longer drive.

Let your health care surrogate and [financial caretaker\(s\)](#) know you will move to [an assisted living facility](#) if you feel you do not have enough [social connection](#).

Begin to modify your home to make it aging friendly. Use our [checklist](#) to prepare your home for you as you age.

Consider the use of technology to improve the likelihood of aging in place successfully. Review our [checklist to determine what technology may be acceptable to you](#).

Begin identifying who you will hire to [help you with house upkeep](#) in the future.

Create a "house manual" outlining the upkeep required to keep your house in great shape. If you are hiring multiple people to help, create a manual for their duties.

Using the sample provided, create [an agreement](#) with the person who will be responsible for upkeep in the future. This needs to cover their responsibilities, your responsibilities, and what they will receive for taking on this duty.

Make certain the costs of the additional help will fit into your future budget. If you are unsure, consult a financial planner to assist you.

Make certain your [financial caretaker\(s\)](#) has a contact list for the people you hire and how much you pay them.

Whealthcare Proactive Aging Plan Report

- Estimates life expectancy, health care and long term care costs
- Provides a quality of life directive for your family to use in making health care decisions

Health Care Costs

Health insurance and out of pocket expenses in retirement

You are a 55 year-old female and expected to live to age 83.

You may need to have an estimated **\$244,918** in savings in 2027 to cover health insurance and out of pocket expenses in retirement.

Age	Year	Future dollars	Today's dollars
65	2027	\$12,334	\$9,400
66	2028	\$12,704	\$9,446
67	2029	\$13,085	\$9,492
68	2030	\$13,477	\$9,538
69	2031	\$13,882	\$9,585
70	2032	\$14,298	\$9,632
71	2033	\$14,727	\$9,679
72	2034	\$15,169	\$9,726
73	2035	\$15,624	\$9,773
74	2036	\$16,093	\$9,821
75	2037	\$16,575	\$9,869
76	2038	\$17,073	\$9,917
77	2039	\$17,585	\$9,965
78	2040	\$18,112	\$10,014
79	2041	\$18,656	\$10,063
80	2042	\$19,215	\$10,112
81	2043	\$19,792	\$10,161
82	2044	\$20,386	\$10,211
83	2045	\$20,997	\$10,261
Total		\$309,784	\$186,663

Long-term Care Costs

Estimated Long-term Care Costs

How these costs are calculated

The length and type of long-term care is determined by a complex algorithm that takes into consideration living preferences, health status, geographic region, and life expectancy. We assume that healthy individuals will live longer and require more years of long-term care, while unhealthy individuals will not live as long and require fewer years. We also assume that the costs for assisted living, nursing home facilities, and home health aide services will vary by geographic region, with faster growing regions in the South and West expected to see more rapid growth in costs than slower growing regions in the Northeast and Midwest.

Go [here](#) to read a more detailed description of the long-term care cost algorithm.

Age	Year	Future dollars	2017 dollars
73	2028	\$336,100	\$256,157
74	2029	\$371,445	\$276,190
Total		\$707,545	\$532,347

Quality of Life Directives

My quality of life wishes

- If I permanently lose the ability to speak or communicate my wishes, I want my health care team to keep me comfortable and let me die as peacefully as possible.
- If I permanently lose the ability to understand what is being said to me, I want my health care team to keep me comfortable and let me die as peacefully as possible.
- If I permanently lose the ability to swallow food and can no longer speak for myself, I want my health care team to keep me comfortable and let me die as peacefully as possible.
- If I permanently require diapers and can no longer speak for myself, I want my health care team to keep me comfortable and let me die as peacefully as possible.
- If I permanently lose the ability to use my arms and am no longer able to speak for myself, I want my health care team to keep me comfortable and let me die as peacefully as possible.
- The following other functions are important to me to maintain in order to keep living: Wipe my but.

Provide this page to your health care surrogate(s). Using this information, in the event of a medical emergency, your surrogate(s) can ask your health care providers if you will ever regain the functions listed above. Your health care surrogate(s) should use this document as a guide every time an intervention or treatment is considered.

Your health care surrogate(s) need to share this document with your health care team, and stress that quality of life in the future must be kept in mind when providing care. Anytime an intervention needs to be made, the health care team is to consult with the health care surrogate(s) and refer to this document when making recommendations.



Not every situation is clear cut and providers may be uncertain of any medical outcome. This information will assist your health care surrogate(s) when exercising your right to help providers formulate decisions in your best interest.

Name _____ Date _____



Summary

Transitions and Questionnaires Summary

- Financial Decision-making 
 - Financial Caretaking Plan
 - Whealthcare Risk Profile
 - Health Care Decision-making 
 - Living
 - Driving
- Proactive Aging Plan

Next Steps

- We'll send you a link to take the questionnaires
- Once you complete the questionnaires, we get a notice you are done
- After we review the reports, we'll share them with you and set a meeting to follow up



Questions?