

→ AGING

AND THE LGBTQIA+ COMMUNITY

Discuss important considerations for those who identify as members of the LGBTQIA+ community as they age.

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ReconcilingWorks
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Aging and the LGBTQIA+ Community

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Unique concerns to the LGBTQIA+ community:

OVERVIEW



This resource will discuss important considerations for those who identify as members of the LGBTQIA+ community as they age, along with friends and family members who care for them. As people continue to live longer, the need for skilled nursing assisted living and/or home care continues to increase. We hope to provide this resource so those meaningful conversations around care needs, inside and outside a formal healthcare setting, can be discussed openly between family members, friends, and caregivers.

Many members of the LGBTQIA+ community have experienced some level of discrimination or injustice in their lives. Being able to be independent and live in your own home can provide a safe space for many LGBTQIA+ people who do not live in states where their sexual orientation, gender identity, or gender expression is a protected class.

Currently, LGBTQIA+ people are not protected at the federal level in the same way race or religion is.

Because of this, many LGBTQIA+ people do not feel safe being out in their communities because being out puts them at risk. When coupled with the need for additional care, it is no wonder many LGBTQIA+ elders feel the need to go back into the closet to protect themselves and their families from potential homelessness and discrimination. Knowing the laws unique to your state and city in order to protect yourself or your loved one is an important step in your planning.

DOCUMENTATION

What is important to have in place.

THE KEY TAKEAWAY: IF IT'S NOT DOCUMENTED AND LEGALLY BINDING, YOU MAY FIND YOURSELF IN A SITUATION WHERE THE STATE OR COUNTY DEFAULTS TO BLOOD RELATIVES FOR DECISION-MAKING, AND THEY MAY NOT BE THE PEOPLE YOU WANT TO HAVE TO MAKE IMPORTANT MEDICAL DECISIONS FOR YOU.

It is vitally important LGBTQIA+ people have documentation naming who their decision-maker(s) is/are and what decisions those people can make for them. With marriage recognized nationwide, the need for medical Power of Attorney POA paperwork between married couples is not necessary.

However, due to the aforementioned concerns unique to the LGBTQIA+ community, many couples who have been together for many years have chosen to not be married to protect themselves from potential discrimination. You know your situation best. In order to protect yourself, make sure those people who you want to speak for you in the event you are unable to speak for yourself, are documented according to the laws of your state.

Ensuring you have a current healthcare directive is another way to ensure your wishes are known. In a healthcare directive, in addition to naming your specific healthcare decisions, you name those people who will speak for you in the event you are not able to make decisions for yourself. A simple internet search for healthcare directive paperwork specific to your state of residence will ensure you are documenting your wishes. Once you have completed the directive and had it notarized, give copies to your decision-maker(s), keep the original in a safe place, and take one copy to your clinic so it can be scanned into your electronic medical record (EMR). That way, in the event medical staff cannot reach your decision-makers, hospital or clinic staff will be able to review it.

In addition, many states require separate permission for care of your body in the event of your death. Healthcare directives are valid only so long as you are alive and care of your body after death is a separate concern. Some healthcare directive paperwork includes information to document who can make decisions regarding, cremation, burial, or other options so be sure that permission is stated or else the people you designate on your healthcare directive may not be able to make decisions regarding the care of your body after death.



CHECKLIST

An additional consideration is if you want your decision-maker(s) to have access to your medical records. You always have the right to decide who has access to your personal medical information so if you want your spouse or decision-maker(s) to have access to those records, contact the healthcare system you use and there is usually a one-page HIPAA waiver to fill out that will ask you to specify who can have access to your information, what type of information they can access, and for what period of time.



EXAMPLE QUESTIONS TO ASK:

- Whom do I consider to be my family? Whom do I trust to honor my wishes?
- Do I want my decision-maker(s) to have access to my medical records?
- What documentation do I need to allow my chosen decision-maker(s) to speak for me if I cannot speak for myself?
- Should I seek legal counsel to assist me in this process?



HEALTHCARE DIRECTIVE

An advance healthcare directive, also known as living will, personal directive, advance directive, medical directive or advance decision, is a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity. In the U.S. it has a legal status in itself, whereas in some countries it is legally persuasive without being a legal document.

A living will is one form of advance directive, leaving instructions for treatment. Another form is a specific type of power of attorney or health care proxy, in which the person authorizes someone (an agent) to make decisions on their behalf when they are incapacitated. People are often encouraged to complete both documents to provide comprehensive guidance regarding their care, although they may be combined into a single form.



HIPPA WAIVER

A HIPAA authorization is consent obtained from an individual that permits a covered entity or business associate to use or disclose that individual's protected health information to someone else for a purpose that would otherwise not be permitted by the HIPAA Privacy Rule.



It's not surprising that most people want to stay at their own home for as long as possible. For many, that is an option, but for many more, the need for medical care limits how long they can remain at home safely. If financial resources are adequate, many elders hire in-home caregivers to help with house cleaning, medication administration, personal care, grocery shopping, and more.

When considering a move from your current home, choosing a campus with all levels of care can take some of the worry out of the process due to the fact that if you or your loved one would ever need an increased level of care, the move from one floor or building to another would be much more manageable.

ASSISTED LIVING FACILITIES (ALF)

In many states, the assisted living industry is unregulated which means their staff may or may not have adequate training to assist residents with complex medical needs. Most assisted living facilities (ALFs) do not have Registered Nurses (RNs) working 24 hours a day but they can on-call. This means in the event of an emergency, contacting 911 may be the only way to get you or your loved one the help they need in a timely manner.

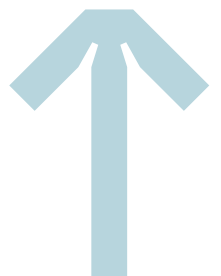
SKILLED NURSING FACILITY (SNF)

One of the major differences between the levels of care is that a skilled nursing facility (SNF) usually has far more staff members who possess the certifications and training to assist people with complex medical needs. They have Registered Nurses working 24 hours a day which means they are far better equipped to handle medical emergencies or other urgent medical situations.

It is also becoming more common for multiple levels of care on the same campus or in the same building. For example, a campus or building may have a transitional care unit (TCU) for folks who are in rehabilitation, an SNF for those with complex medical needs, an ALF for those who are mostly independent but need help with activities such as bathing, meals, or medications, and independent senior apartments for those who are entirely independent. When considering a move from your current home, a campus with all levels of care can take some of the worries out of the process because if you or your loved one would ever need an increased level of care, the move from one floor or building to another would be much more manageable.

Which care setting is right for me?

CARE



Choosing a Care Setting

CHECKLIST

As with everything, finances also need to be taken into consideration. Medicare does not pay for room and board at skilled nursing or assisted living facilities. If you or your loved one qualify for medical assistance programs based on income and assets, which vary by state and by county, you may be able to have that expense covered. However, the majority of people do not qualify for those programs so it is important to begin thinking about how the costs will be covered, keeping in mind that some SNFs can be upwards of \$10,000 per month. For those who can safely be in their own home, it is often far cheaper to hire help for a few hours a day than to move. Long-term care insurance can help cover some of these costs but there are usually caps on how much they will reimburse per day in addition to the types of facilities which qualify under the policy.

Another aspect of choosing a facility which should be considered is how long the facility has been in operation. Oftentimes, facilities which are brand-new and have not operated for long periods of time can be problematic because they have not had enough experience in caring for people to really know what their staff does well and where they may need improvement. That is not to say you should not choose a new building, but it would be good to ask questions about the parent company who owns and operates it and what their reputation is regarding long-term care. Furthermore, new facilities often have higher staff turnover than established places. It is hard for the staff to get to know your loved one and their specific needs if there are new aides, RNs, etc. every few weeks.



EXAMPLE QUESTIONS TO ASK:

- Am I able to remain in my own home safely? Which activities of daily living can I do for myself? Which activities do I need help with?
 - What are my current care needs? Is there a chronic medical condition (such as diabetes, hypertension, COPD, etc.) that will likely worsen over time? Do I anticipate the need for increased care?
 - What medical staff works here? What are their licenses? What are their work hours? Who is available at this facility in the event of an emergency? Are RNs on-site 24 hours a day?
 - What is the staff turnover rate at this facility? Do people who work here stay for a long time?
 - What training specific to the LGBTQIA+ community does your staff receive?
 - Are there other LGBTQIA+ couples who live here?
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LEGACY PLANNING

Your thoughtfulness and generosity will make a way for years to come.

THERE ARE MANY WAYS YOU CAN LEAVE A LEGACY GIFT TO RECONCILINGWORKS. BELOW ARE SOME OF THE WAYS AND THE BENEFITS ACCOMPANYING THIS KIND OF GIVING.



✓ GIFT BY WILL

This is the most common method to leave a powerful legacy and these gifts are tax deductible for estate tax purposes in the United States of America.

Here is an example of how you can leave a gift to ReconcilingWorks in your Will:

"I give to ReconcilingWorks, a non-profit organization located at P.O. Box 8070, St. Paul, MN 55108, the sum of _____ dollars (or describe the specific percentage of funds, the property or security you intend to give)."

✓ GIFT BY LIFE INSURANCE

By donating via Life insurance, you can give a substantial amount to ReconcilingWorks for a relatively low cost. There are two ways ReconcilingWorks can receive Life Insurance benefits from you:

ReconcilingWorks as Beneficiary: The total amount of the death benefit will come to ReconcilingWorks in one lump sum. During your lifetime, you remain the owner of the policy and can change the beneficiary at any time. No tax benefit is given for the total amount of the death benefit.

ReconcilingWorks as Policy Owner: If you assign a paid up insurance policy to ReconcilingWorks as the owner, you may claim a tax deduction for the policy's fair-market value or for the value of net premiums paid, whichever is less. If the policy is not paid in full, your subsequent premium payments on behalf of ReconcilingWorks are tax deductible.

✓ GIFTS BY RETIREMENT PLAN ASSETS

If you own a Traditional or Roth IRA and are 70 ½ years of age or older, you can make a tax deductible charitable contribution directly from your IRA to ReconcilingWorks up to \$100,000. Your gift to ReconcilingWorks (including your required minimum distribution) can completely bypass your income going forward.

IMPORTANT: If you choose to send a gift to ReconcilingWorks from your IRA, please request your broker or manager to include your name and address so ReconcilingWorks can know where the gift is coming from. Your broker or manager cannot legally give that information to ReconcilingWorks without your express permission.

***BE SURE TO DISCUSS YOUR LEGACY GIVING PLANS WITH YOUR FINANCIAL PROFESSIONAL TO ENSURE YOU ARE CHOOSING THE BEST OPTION(S) FOR YOU AND FOR YOUR FAMILY.**

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