

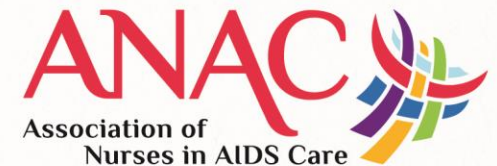


**Navigating Long-Term Care and Planning for
the Future: A Guide for Older Adults Living
with HIV
April 8, 2025**

Faculty: Kevin Lish

Dave Bagley, LL.M.

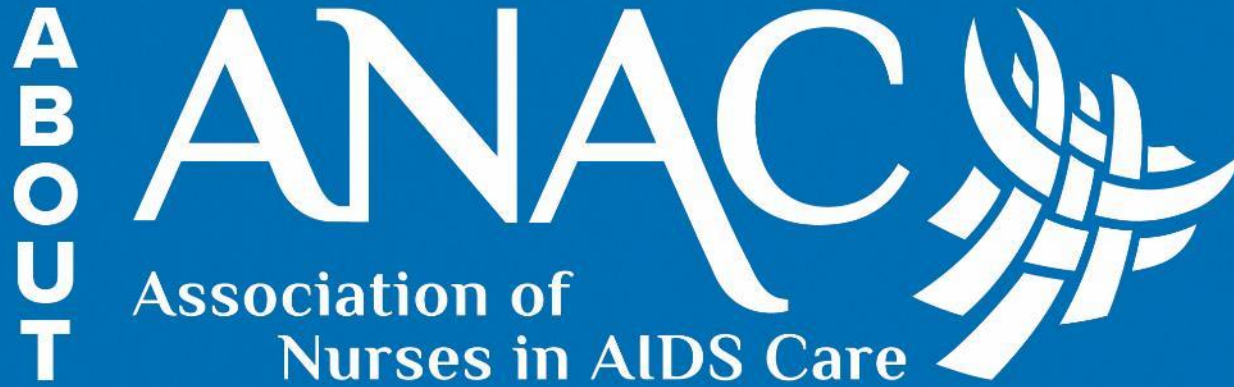
Moderator: Ronald Johson



Association of Nurses in AIDS Care

MISSION

ANAC fosters the professional development of nurses and others involved in the delivery of health care for persons at risk for, living with, and/or affected by the human immunodeficiency virus (HIV) and its comorbidities. ANAC promotes the health, welfare and rights of people living with HIV around the world.



Founded in 1987, we achieve our mission by:

- Creating an effective network of nurses and others in HIV care
- Studying, researching and exchanging information, experiences and ideas leading to improved care for persons with HIV/AIDS
- Providing leadership to the nursing community in matters related to HIV/AIDS
- Advocating for people living with HIV
- Promoting social awareness of issues related to HIV/AIDS

Inherent in these goals is the abiding commitment to the prevention of further HIV infection.

**For more information about
ANAC visit our website!**



Nursesinaidscare.org



Housekeeping

- Please keep your line muted throughout the webinar.
- If time allows, we will have a question and answer period at the end. Please enter questions into the chat.

Nursing Continuing Professional Development (NCPD)

ANAC will provide 1.5 contact hours of NCPD on completion of this activity.

To receive a certificate of completion, attendees must:

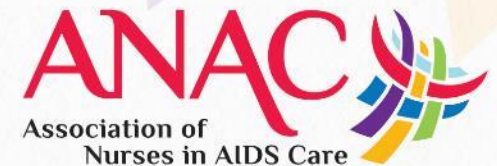
- Be registered to attend
- View today's webinar presentation in its entirety
- Complete the online, post-activity evaluation. A link to the evaluation will be emailed to registrants soon after the webinar.

The deadline to claim contact hours is 12.31.2025



ANAC is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

NCPD questions? Email Sheila@anacnet.org



Desired Learning Outcomes

On completion of today's webinar, participants will be able to:

- Discuss insurance options that are crucial for covering healthcare needs in older age including HIV-specific care.
- Describe estate planning essentials including a will, healthcare proxy, power of attorney, and other essential documents that protect your wishes and assets.

Disclosures

The planners and presenters of this educational activity have no relevant financial relationships with ineligible companies to disclose.

Faculty



Kevin Lish
Finance Director
The SERO Project



Dave Bagley, LL.M
Attorney,
Racine Olson Attorneys

Long Term Care

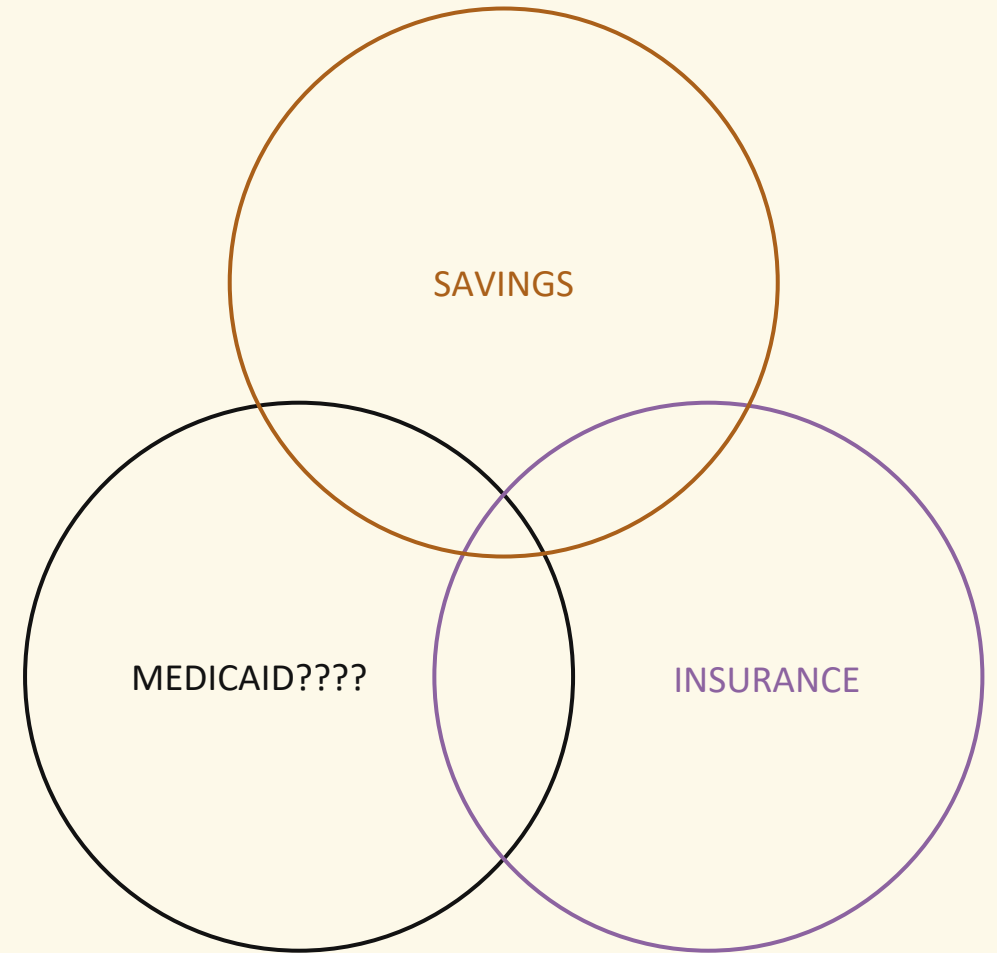
When Insurance May Not Be An Option



How Do I Pay For Long Term Care?

There are 3 sources folks have to pay for LTC costs:

- PERSONAL ASSETS
- MEDICAID
- LTC INSURANCE





Medicare?

1. Skilled Care Only

Recuperative Care. You must have a diagnosis where you're expected to get better or return to normal health.

1. Hip Surgery
2. Care after a stroke

2. 3-Day Prior Hospitalization Required

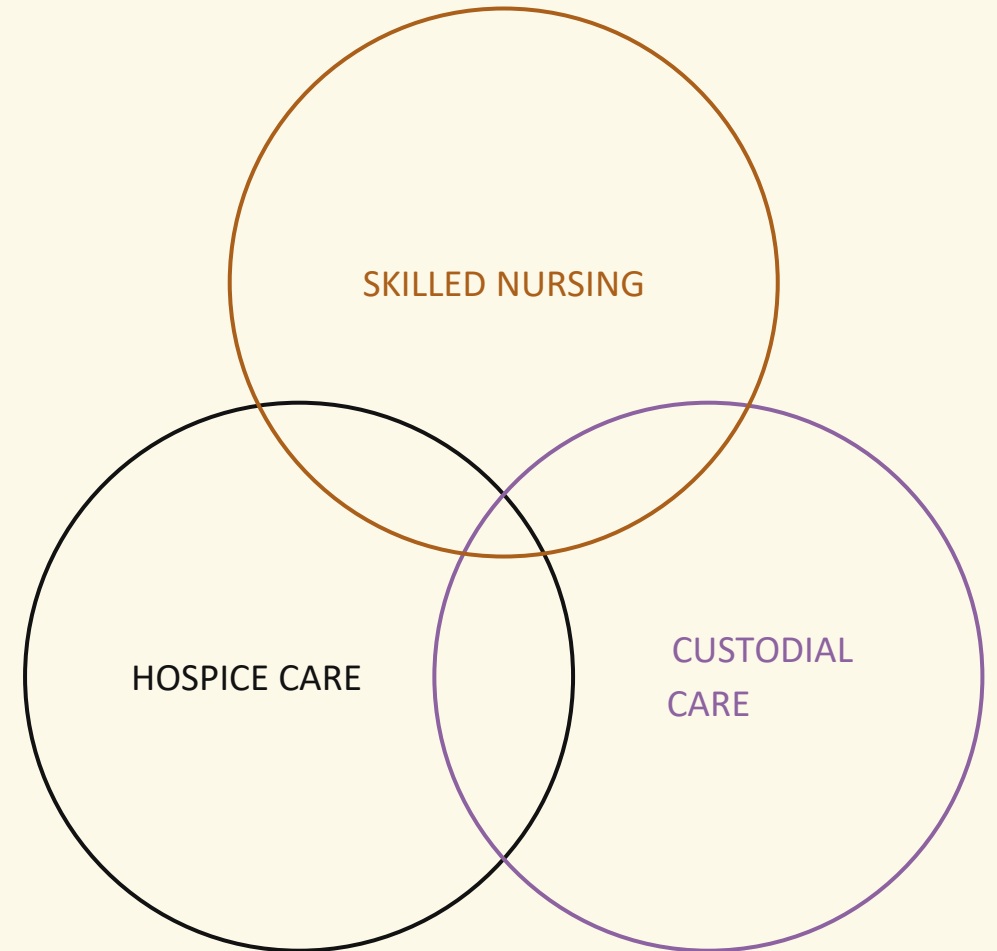
You must have spent 3 days as an "inpatient" in a hospital prior to entering in a Skilled Nursing Facility

1. Only pays for 120 days
2. No other Levels of Care qualify for payment

Levels of Care

What are typical levels of care people as they age?

LTC Coverage pays for all levels of care. And, is the only options that helps pay for Custodial Care!



History

Families

Prior to 1980s
Women shouldered the
responsibility

Long Term Care Introduced

Late 1980s Early 1990s
Nursing Home Policies
replaced by LTC policies

Nursing Home Coverage

1980s
Insurers introduce
Nursing Home Coverage

LTC Evolves

2000's - Today

- LTC Policies
- Life Insurance
- Annuities

LTC Coverage

1. Comprehensive Coverage

- Assisted Living
- Adult Day Care
- Home Health Care
- Homemaker Services
- Personalized Plans

2. Activities of Daily Living

MOST IMPORTANT!

What are the benefit triggers?

3. Premium Cost

- Expensive
- Expensive
- Expensive
- Did I mention current policies are expensive?

4. Underwriting

- Stringent
- Comprehensive
- NO Wiggle Room

Comprehensive Coverage

- Assisted Living
- Nursing Home
- Adult Day Care
- Home Health Care
- Homemaker Services
- Skilled Nursing Care
- Hospice Care
- Shopping Assistance
- Personalized Plans

Claim Triggers

Inability to perform 1 ADL triggers

- Home Health
- Adult Day Care

Inability to perform 2 ADLs triggers

- All Levels of Confined Care

- Medically Necessary
 - Bad–Don't Buy
- Activity of Daily Living
 - Bathing
 - Dressing
 - Toileting
 - Transferring
 - Eating
 - Continence

Nontraditional Coverage Options

- Life Insurance
 - Same premium dollars for two risks
 - LTC Rider attached to Life policy
 - Coverage Not as Comprehensive
 - Uses life insurance underwriting
- LTC Annuities
 - After two years amount on deposits will double or triple for LTC expenses
 - Very little underwriting
 - Good LTC annuities use an ADL trigger
 - Hard to find today
 - Current interest rate environment has caused most carriers to suspend sales

THANK YOU

kevin.lish@seroproject.com

208-406-3608



ESTATE PLANNING

Navigating Long-Term Care and Planning for the
Future: A Guide for Older Adults Living with HIV

April 8, 2025



WELCOME!!



Thank you for letting me join you.

WHAT IS ESTATE PLANNING?



Estate Planning

Wills or Trusts (or both)

Powers of Attorney

POST forms

Why do it?

To reduce likelihood of your loved ones fighting over your assets or over decision making.

To distribute assets how you want them distributed rather than under your state's default rules.



Wills

State's have default rules (intestacy) if die without a will or trust.

Why a will?

Appoint someone to be in charge when a person passes away.

Provide a plan to distribute certain assets.

Requires probate.



Trusts

Can avoid probate and make things easier for the people left behind.

Require transferring certain property into the trust.

You retain all control of the property.



Powers of Attorney

Appoint someone to act for you in financial or healthcare matters.

They end when someone passes away.



Physician Orders for Scope of Treatment

Complete with, and must be signed by, a physician or nurse practitioner, depending on the state.

More detailed, generally, than a living will or advanced directive.

Recognized in 43 states.

NPs can sign in 37 states.



Investment

Wills are more affordable now but there are probate costs later.

Trusts are more of an investment now, but avoid probate later (if done right).

With many estate planning attorneys, there is no obligation for an introductory estate planning meeting if you decide not to go forward.



Who should have an Estate Plan?

Anyone who wants a different plan than the state's default intestacy rules.

Married people with children from a prior relationship.

People with minor children.



Remember!!!

Wills and trusts do not control assets with beneficiary designations.

Need to properly name beneficiaries with the financial institution/life insurance provider.



Potential Problems

- Procrastinating
- Failing to hire an experienced, knowledgeable estate planning attorney
- Failing to revise estate plan upon major life events (like divorce/remarriage)
- Failing to coordinate life insurance and retirement accounts with will or trust
- POD/TOD mistakes
- Medicaid planning mistakes



THANKS!



Questions

