

## Proactive Planning Strategies with Geriatric Care Managers with Christine Davis

**Candace Dellacona:** Welcome to another episode of the Sandwich Generation Survival Guide. We are here for part two of our episode with Christine Davis from Care Collective. Christine is a geriatric care manager, and I am your host, Candace Dellacona, flying solo. Welcome again, Christine. Good morning. Thank you. I really enjoyed our last conversation talking about the role of a geriatric care manager, um, for a client, what a geriatric care manager does, and how a geriatric care manager or a care manager in, in the more general, broad definition can help a patient slash client navigate themselves through a quagmire of making sure they have the best care plan in place.

**Candace Dellacona:** Particularly in a time of crisis. And so this week what I would love to talk about is the concept of perhaps doing a little work ahead of time before the crisis and talk about living well and aging well and all the things in between. Does that sound good? Sounds great. Awesome. So let's talk about the best way.

**Candace Dellacona:** To start a conversation with a loved one prior to a time of crisis about setting a care plan in place. How does that begin? Christine? It's not a natural

**Christine Davis:** conversation to have these days. Like, seems like it comes out of left field when you have it. And there are some ways that somebody in a sandwich like a, like, you know, our age sandwich generation can approach their parents in a way that might not sound weird.

**Christine Davis:** So, sandwich generation. People are perfectly set up for this because they can say, we just came off of three university tours and oh my gosh, now I realize the things that I need to know. And then I thought, well, I need to talk to mom and dad because now I'm starting to think about preparing and just come up with some reason.

**Christine Davis:** To talk about this, but to say Mom and dad, I don't know what I should be doing for you. If there was ever a crisis, I don't know what you want. When can we set up some time to talk about it?

**Candace Dellacona:** Yeah, that's actually, I, I feel like you're reading my mind because I just came off of college tours with my. With two of my kids, so thank you for that.

**Candace Dellacona:** Yeah. But you're right, so just sort of bringing it up to your parents and opening up the dialogue.

**Christine Davis:** Yeah. If, if it comes down like a hammer, the door will slam close too. Sure. You know? Yeah. And I'm just curious, if you were to ever really get sick, what's important for me to know? What should I be doing for you?

**Christine Davis:** Yeah. I don't wanna do the wrong thing and, and you can also. Call out the elephant in the room. Like this is probably one of the most com uncomfortable conversations I've ever had with you, but it, I'm realizing that I'm not comfortable not having it.

**Candace Dellacona:** I think it could be a really loving conversation too.

**Candace Dellacona:** Right? It shows, it shows as a child that you really love your parent. Yeah,

**Christine Davis:** I absolutely, and I also think that it's sometimes an eye-opener for parents who might not have even thought about this stuff. You'd be. Yeah. You know, people don't wanna think about their end. It's not comfortable. And we as Avidia society, we don't pay a lot of attention to it.

**Christine Davis:** You know, we, in our world, we encounter two different groups of people. There's people that are highly organized and have put everything together and have planned for every scenario. Sure. And there's people who have their head in the sand that just, yes. Not happen. I can't think about it.

**Candace Dellacona:** Yeah. Either way though.

**Candace Dellacona:** So even if you're an adult child, you may find out that in having the conversation with your parent that they have actually thought about it. Then maybe they'll invite you into the fold to talk to you about what they've already thought about and what decisions they've made. Um, or it's the latter. It's the people that haven't thought about it and it's a good time to sort of bring these issues up.

**Candace Dellacona:** And, you know, it comes into my practice often, Christine, when I'm doing estate planning. Obviously, I think you're right that. A lot of people, and I don't know if it's an American thing or not, I'm sure there's a lot of sort of cultural information on the subject, but I think many Americans really think that death is not going to happen to them in any sort of real or tangible way.

**Candace Dellacona:** What seems to bring my clients into the office is one or two things, having experienced someone else's death or incapacity, someone that they're close to and. Having that be a cautionary tale or if it's unfortunate, but a diagnosis for themselves. These conversations are sort of brought to the forefront, but I think to your point, especially as a care manager, bringing that conversation up and talking about what you'd want allows you to live well.

**Candace Dellacona:** And so how early would you recommend someone. Bring a care manager into a family dynamic like that. Is that before someone gets sick? Is that something that you can help with at that point?

**Christine Davis:** Yeah, it's not, it's not a problem to bring us in before you need us. In fact, that's like a little insurance policy and we do, yeah, it's ideal.

**Christine Davis:** It is ideal because now we're just in your back pocket. Sure. Yes. But just in case we're on a list somewhere in your house. Oh, you can call Care Collective. This is what they do.

**Candace Dellacona:** Yeah.

**Christine Davis:** Um, when people bring us in, you know, after that diagnosis or when things are starting to go sideways or, you know, the, the family member that doesn't live close by and visits on a holiday and says, oh my gosh, I haven't seen them in six months.

**Christine Davis:** I had no idea. Like, people can call us anytime and we just jump in and work with that, but it's so, so helpful. I can't tell you the difference it makes. Somebody has a plan thought out.

**Candace Dellacona:** Yeah,

**Christine Davis:** yeah. It's your roadmap, right? I mean, the roadmap's not there. We initiate those conversations,

**Candace Dellacona:** right, to set the table for the roadmap.

**Candace Dellacona:** And so, you know, things like when clients come to me and say they have long-term care insurance, is that something that a care manager can help orchestrate and start the, the activation of the policy? Is that something that care managers can help do as well? A hundred percent. Yes. Great to know.

**Christine Davis:** We are working with a couple of cases now and I will brag just a little bit.

**Christine Davis:** A family just recently actually, whose long-term care policy was not paying out what they were supposed to for an assisted living facility. Right. And we were able to get them, oh gosh, tens of thousands of dollars in reimbursement that they were not gonna be able to get on their own. Amazing.

**Candace Dellacona:** I mean, these insurance companies don't make it easy, right?

**Candace Dellacona:** So here you have a client who thought ahead, saved and spent the money on the policy to make sure that they had the policy to help them pay for that care. And like many of my clients end up in a position where they're really at a loss in trying to put a claim in for that policy and not to disparage insurance companies.

**Candace Dellacona:** But they're not so easy in, in, in dealing with. And you just brought up a, a. Great point. How do you get paid on those claims? It takes a lot

**Christine Davis:** of time on the phone. Right. And also just, you know, and you'll know from your profession, but there is a jargon, there's a lingo, a language, there's ways to speak with people so that you know how to get to the person you need.

**Christine Davis:** Right. You speaking their language, which we understand it. Yes. So we can say, I need this form. Where do I fax it? Or do you want a pdf? Or Do, and I know how to navigate. Through, but the elderly husband of the wife who was looking for reimbursement was overwhelmed. Yes. Totally overwhelmed. There is no way he would've navigated that.

**Candace Dellacona:** Yeah. Um, yeah. So that's, that's a, yeah, that's a great, a great tip for our listeners to even think about the logistics. So maybe not having you come in and coordinate the actual care yet, but let's even just get the policy in claims so that it could be paid for. My partner

**Christine Davis:** just found a benefit hidden in a long-term policy that the family member didn't know existed.

**Christine Davis:** Amazing. And so that's gonna represent several thousand dollars a month worth of care that would be covered That wouldn't ordinarily have been. I mean, that can really be life changing. It can be. And you, so to answer your questions about long-term care, absolutely. We, you know, a care manager could work with those policies and, and help you understand what you have so that you know how to utilize it to, yeah, advantage.

**Candace Dellacona:** Yeah. And so last week when we spoke about, you know, having the right documents in place, particularly in a time of conflict, right? So care has started for your loved one and the loved ones, the children or, or the advocates, we'll call them, you know, perhaps self-identified advocates may not agree, and so having documents in place can also help set the table for the geriatric care manager.

**Candace Dellacona:** To effectuate the plan that the client maybe thought about before. So let's talk about the documents from a healthcare perspective that are really important to have in place to set the table for having a proper care plan. So in New York, what are the healthcare documents that you would recommend? Sure.

**Candace Dellacona:** There's three. Okay. Healthcare

**Christine Davis:** proxy, right? A living will. Right. And. Medical orders for life sustaining treatment.

**Candace Dellacona:** Okay, let's acronym Yeah, most, right? Most. So let's, let's talk about each of those documents one by one so that our listeners understand what they need and what these documents actually do. So let's go first with healthcare proxy.

**Candace Dellacona:** Let's talk about that. What is a healthcare proxy? So a healthcare proxy is a document

**Christine Davis:** in which you assign a healthcare agent that. Has been informed by you of your wishes, and so at any point in your healthcare journey, if you are not able to interact and speak with medical people about what you want, then that agent then steps in to be your voice, not their yours.

**Christine Davis:** So sometimes the language gets a bit confusing. It's a healthcare proxy document, but it appoints the healthcare agent. Right. And and at. And they are supposed to know what you want and be able to act in your

**Candace Dellacona:** stent. That's right. And so in New York, right, Christine, you can appoint multiple agents, but they can't be appointed as joint or co-agents because if they don't agree, then Christine has to come in Oh my.

**Candace Dellacona:** And sort it all out.

**Christine Davis:** Yeah, please don't anybody ever do that. Appoint one, and then appoint an alternate. Maybe also understand. When the alternate comes into play, what circumstances allow that first person to step back and the alternate to step in? It just, it just helps

**Candace Dellacona:** a lot. Great advice. Great advice.

**Christine Davis:** Yeah.

**Candace Dellacona:** And the healthcare proxy is such a simple document to have, but I don't know about you. I've been told so many times by clients, I don't need a healthcare proxy. When I went in for my hip replacement, I signed a proxy at that time and. What do we say about healthcare proxies that are transactional like that?

**Candace Dellacona:** Right? They're not in place after that one transaction, I guess you could call it or procedure. Absolutely.

**Christine Davis:** And, and when I hear things like that, I have to be honest with them and say, I'm not really sure what you signed.

**Candace Dellacona:** That's a really good point. You're right,

**Christine Davis:** you're right. I, that could have been consent for the procedure itself.

**Christine Davis:** I'm not really clear.

**Candace Dellacona:** Yeah.

**Christine Davis:** But show me in New York State Healthcare. Proxy form. Right? It's notarized and done properly and that we can work with very easily. Yes. That has streamline so much.

**Candace Dellacona:** I think too, it's important to talk to our clients about assigning a proxy or the person as your agent and the type of person that should serve as your agent and and this is a conversation that I have often with clients, and you said it really well, you wanna make sure.

**Candace Dellacona:** The client's wishes are articulated, not what the agent wants for you, but what the client wants for himself, herself, or themselves. Mm-hmm. Yes. So the personality of the agent really does come into play, doesn't it? You need somebody who's good in a crisis

**Christine Davis:** who's able to function when they're sad or upset.

**Candace Dellacona:** Really good. Really good and true. Yes.

**Christine Davis:** That's when you're going to have to be making these

**Candace Dellacona:** decisions. So a calm, cool, collected person. Who will allow your words to move through them essentially. Right. And not substitute their desire for yours. Correct.

**Christine Davis:** Yeah. That's how it has to happen. That's the whole premise of this document.

**Christine Davis:** So choose somebody who you respect and who respects you in

**Candace Dellacona:** return. Right? And so when one enters into sort of the healthcare arena. You can just bring a copy of the healthcare proxy, is that right? And show it to your care providers.

**Christine Davis:** Yeah, exactly. In fact, it's very good practice to make lots of copies of that thing, that healthcare proxy form when you've done it so that you can have one on file at your primary physician's office, right?

**Christine Davis:** One at your file somewhere, and you can hand them out. With very little trouble to whoever needs one in whatever situation it is. Yeah, because I wouldn't rely on hospitals to transfer that kind of information. It gets buried.

**Candace Dellacona:** I think that's a great, great bit of advice. I've also heard from physicians that it makes sense if you are the agent for someone to take a photo of the proxy and keep it in your phone.

**Candace Dellacona:** That's,

**Christine Davis:** um, the, one of the wonderful things that technology offers us, doesn't it? Yeah. I walk around with my phone and I just have

**Candace Dellacona:** data information for people. Absolutely. Especially in a time of crisis. It's nice to have that document ready and available, uh, to show to care providers. So, so healthcare proxy, and then number two, let's talk about what a living will is.

**Candace Dellacona:** Yes, a living will. Is it gets confused with an actual bill

**Christine Davis:** in his number. Yes, yes. People get that confused all the time. Well, that's fine. Yes. The concept of it is, it is incredibly simple. It's just a couple of pages, not even of, these are the things that are important to me, the way that I wanna live.

**Christine Davis:** Right? So this is where you talk about, I wouldn't want to live if I'm in this condition, and then it outlines if I'm not. Pain-free or if I'm not going to improve, if I'm gonna live in a constant vegetative state like it's right. And attorneys like you are so good at outlining those forms so that you capture the true essence of ways to live well and ways that people can capture well, and this is how it needs to be for me.

**Christine Davis:** Yeah. Yeah. It's, it's, it's on paper. For that healthcare agent. Right. Look and base decisions on that, because that's what you said you wanted.

**Candace Dellacona:** Yeah. I mean, I, I look at it and, and tell me if I'm, if I'm correct, you know, you as the care manager, you'd be the expert, but I, I try to explain the living will to my clients as that's the illustration of what you'd want, where the proxy is the person to make the decision, but they get to use the living will as their guide.

**Candace Dellacona:** Is that an accurate statement? That's absolutely

**Christine Davis:** accurate. Yes. Because the healthcare proxy document is really just a form signing over to you as a decision maker. Right. But when do you make decisions? You make

**Candace Dellacona:** a living will. Right. It's definitely helpful. And you know, I will say that as an attorney, I do struggle with the language in a living will.

**Candace Dellacona:** A, because it's so personal, and B, because it's really hard to fully articulate. The type of life that one really wants to live, especially in the face of real medical issue, right? Whether it's traumatic health event or a degenerative disease that has led you down a particular path. And so for our listeners out there, you know, certainly the things that you should probably talk about in a living will that I, I do with my clients.

**Candace Dellacona:** I ask them questions like, if you were probably not going to recover. Do you want things like heroic measures? So heroic measures, right, Christine are what would be intervention with eating and breathing. Yeah. Right. Heroic measures

**Christine Davis:** to save my, well, there there's, there's heroic measures which we would consider CPR.

**Christine Davis:** Okay. CDDR, right. Activated. Yeah. So that there's something artificial. Keeping you alive. Got it. And, and, and when healthcare professionals are talking to you about no heroic measures taken, they basically mean, uh, should I resuscitate you? Or, okay. Okay. So sometimes people have a, that's not such a hard conversation as far as specific wishes.

**Christine Davis:** You, you had the opportunity to talk about whether you would. Want to have a feeding tube placed. What's the pros and cons of that? Artificial hydration. And that's a fancy way of saying, do you want an iv? Yeah. And what are the pros and cons of that? Sure. Yeah. And these are conversations actually that need to originate with your provider, right.

**Christine Davis:** Conversation and that the individual takes the information. To you, Candace, or to me, and we put that into the documents.

**Candace Dellacona:** I mean, I definitely try my best. I'll tell you the other sort of tips that I sort of give to clients to say, why don't you think about this and let me know how you feel and we'll put it into the document.

**Candace Dellacona:** Do you prefer to die at home? Some people say yes, some people say no, it's true.

**Christine Davis:** And these were some of the most meaningful conversations in our world happened. Yeah. You know, where if you knew that this was going to happen. What's a good death for you? What does that look like?

**Candace Dellacona:** Well, you know, for our listeners, we recently had on Eileen Spillane from Befriending Death, this amazing organization, and that's one of the things that she talks about, finding out what a good death is for you.

**Candace Dellacona:** So for any listeners who are interested in that topic, you can feel free to listen to episode 10. But, um, I really think you're right, Christine, that. You know, you have to think about things that are important to you and the standard of life that you wish to live, and make sure that it's fully expressed in that document.

**Candace Dellacona:** One of the things I also add is talking about pain management and palliative care and how that looks.

**Christine Davis:** And so when we start to talk about the more clinical pieces, these wishes, that's where the document that exists to collect that information is the medical orders for life sustaining treatment. Perfect segue.

**Christine Davis:** Mention that. Let's talk about

**Candace Dellacona:** that.

**Christine Davis:** Yeah. It's, it's a New York State form. Yes. It's online a lot now, but if you ever see it on paper, you won't miss it. It's a bright fuchsia pink cardboard designed to never be missed in a,

**Candace Dellacona:** and for our listeners, it's M-O-L-S-T. It's an acronym. Most we call it it's Medical Orders for Life Sustaining Treatment.

**Candace Dellacona:** If you're in another state, it might be

**Christine Davis:** physician's orders for Less sustaining treatment. So it could be pulses, but it's a version of this. Most states, I think probably all of them now have adopted this in their different versions, but it allows you to collect all in one document what all these medical wishes are.

**Christine Davis:** So there's a living will that talks about things in general, and it's a little bit more conversational in a paragraph. Yeah. Form has little check boxes. Sure. You choose DNR or CPR, you choose IV hydration or a trial of IV hydration or a feeding tube or a trial. You're able to outline specifics of pain management if you are at home or in a skilled nursing facility, when would you wanna go to a hospital?

**Christine Davis:** Right. Or would you not wanna go to a hospital for any reason? So it gets really granular that Yeah, really gets granular and, yeah, very specific. And the nice thing about this is



that they've taken a lot of the emotion out of it. You just like check the boxes and you gotta think about it. But yeah, it doesn't take long to complete.

**Christine Davis:** Then it's there and it really

**Candace Dellacona:** does help. And is that a form, Christine, that you receive from your physician? Where? Where can our listeners get a mosts? For your doctor's office. Doctor's

**Christine Davis:** office. Okay. And if heaven forbid you in a hospital for any reason, they'll always have one. And it's a great opportunity to kick it off.

**Candace Dellacona:** And so having that MOLST form, you fill it out, let's say in a hospital, it's a portable document that can follow you through. You own it, you can leave the hospital with

**Christine Davis:** it, it belongs to you. Got it. Okay. That's really, yeah. And you can make copies of that. Yeah. And similar to the, to your healthcare proxy in your living will, you can include that all together in a little package and hand it to whoever needs

**Candace Dellacona:** to see it.

**Candace Dellacona:** That's great. So for our listeners, that's three documents from a healthcare perspective, um, that I'm going to just segue and talk about quickly. The power of attorney. And a lot of times people think that in many ways it doesn't have a lot to do with your care. And I actually say the opposite because sometimes the power of attorney can be the key to you qualifying for.

**Candace Dellacona:** Programs like Medicaid or having access to money to pay for that care later on. So let's talk a little bit about the interplay with the power of attorney too, as well, Christine.

**Christine Davis:** Yes, absolutely. Well, we've learned over the course of our work that not every power of attorney is the same, and so what we're looking, amen.

**Christine Davis:** Yeah. So there's power of attorneys that deal strictly with finances, but then the good ones that have. The medical clause in there too, that really add the extra support for the individual who can make some decisions. It's really an extra support to those other medical documents that you already have.

**Christine Davis:** Yes. The absence of those other medical documents, if wishes are outlined in a power of attorney, it is incredibly helpful for us to work with.

**Candace Dellacona:** In New York as an attorney, when I prepare a power of attorney, thankfully we have this amazing general obligations law that was authored by some really terrific elder law attorneys that advocated at the state level to make sure that we had these modifications in our power of attorney to help support the elderly New Yorkers in our midst.

**Candace Dellacona:** And what you're referring to, Christine, is a couple of things. Our powers of attorney in New York, you can give your agent the power to make. Decisions related to Medicaid and do Medicaid planning for you, ensure that medical records are provided to your agent so that they can advocate. So while powers of attorney really tends to be in more of the financial arena, it bleeds over into the care piece quite often, doesn't it, Christine?

**Candace Dellacona:** It does. It absolutely does. And making sure that you have appointed an agent. Under your power of attorney is in many ways almost as important as your healthcare proxy, because that's gonna be the person who's gonna make sure that the care can be paid for, whether through your own assets or through the government.

**Candace Dellacona:** Absolutely. This is one

**Christine Davis:** area when it's not planned for well enough, can stop care in its tracks and it takes a lot of effort to work around it. Yeah. Yeah. Care in this country requires finances, requires sources, and when there aren't enough resources and there frequently aren't enough financial resources to pay for care that people need, then there's Medicaid.

**Christine Davis:** But yeah, you get Medicaid, you need to have somebody to do it with you. And oftentimes you need to have that power of attorney to work the system and. You know, that's unfortunately a pretty common issue. Yeah. Yeah. So it is working on the financial aspect of getting care that people need. It's one thing to know exactly what you want.

**Christine Davis:** It's quite another to access it, and that's really where we get into the weeds with people and make things happen.

**Candace Dellacona:** Absolutely. And you know, again, it's a testament to the plan, right. And, and understanding ahead of time before you're in a time of crisis. A, what you can afford and what care is available to you because that is going to set the stage for the options that you have.

**Christine Davis:** It does. And, and to understand not just the care that you think you'll need. I think I'll need somebody 12 hours a day. Well understand, also do a bit of research or talk to us because we know what it costs.

**Candace Dellacona:** Yeah.

**Christine Davis:** And we can, um, provide that information. There will be some sticker shock, especially in New York City.

**Christine Davis:** Yeah. But to be able to. Look down the football field. Yes. How far you have to go. Yes. And see, and and, and to work with attorneys like you, Candice, to figure out that pathway.

**Candace Dellacona:** Yeah.

**Christine Davis:** And it's true. Yeah.

**Candace Dellacona:** And, and helping clients find the path through. 'cause there is a path through and it's definitely not all doo and gloom.

**Candace Dellacona:** You and I really have been involved even together in some cases on some really good outcomes where we were really able to help. Families, even families who haven't done the right planning. But you know, this was a great conversation for our listeners to hear about how to set up a plan and what documents are so important to have in place and, and professionals like yourself, Christine, that can be such a resource.

**Candace Dellacona:** So I'm so grateful that you joined us again to have another conversation about the role of the care manager and help us prepare our listeners and our families. So thank you again so much for joining us, Christine. Thanks you for having me, Candace. It is a pleasure. Yeah, you're welcome. And you know, for our listeners, I'm gonna make sure to have Christine's links in our bio and we'll include all of that information so that if you'd like to get in touch with Christine and you wanna start your care plan, you have the tools to do so.

**Candace Dellacona:** Thanks so much for listening everyone.