



Test Your Current Knowledge

#1

Who needs long-term care most often?
Men OR women?

#2

What costs more?
1-year college in-state tuition (+ room & board) OR one year of nursing home care?

#3

What is an “Advance Directive?”
A Living Will OR
Medical Power of Attorney
OR Both

#4

Which option is NOT a source for paying for daily care that lasts 3+ months?
L-T Care Insurance OR
Medicare OR Medicaid

#5

What is the best place to keep your Advance Directive?

#6

Once you finish executing a living will and a health care power of attorney, you are finished with planning.

Don't Forget the "You" in Your Planning

"Long-term care does not start with a place or a payment mechanism or set of services – it starts with a person"

Carol Levine, Director
Families & Health Care Project
United Hospital Fund

Be Proactive About Long-Term Care Decisions (otherwise someone may be making them for you.....)



Three Primary Concerns of Elderly Family Members

- Remaining independent in their home without the intervention of others
- Maintaining good health and receiving adequate healthcare
- Having enough money for everyday needs and not outliving assets and income

Long-term care choices can have either a positive or negative impact on these goals

What Is The State of Long-Term Care In The United States?

- Medicaid funds the largest share of long-term care at 40%
- Long-term care receives far less US policy attention than health care
- Pressure to improve the system will grow as the population ages
- Key policy issues include:
 - Balance of institutional versus non-institutional care
 - State and federal responsibilities
 - Integration of acute and long-term care
 - Financing mechanisms to provide affordable protection

Long-Term Care Defined

- A range of services and support for personal care needs that in most cases, does not include medical care.
- Typically provided to permanently disabled or elderly individuals, who can no longer take care of their own needs

Long-Term Care Services

The services usually provided are sometimes called Activities of Daily Living (ADLs)

PRIMARY SERVICES(ADLs)

- Bathing
- Dressing
- Toileting
- Transferring (to/from bed or chair)
- Caring for incontinence
- Feeding

ADDITIONAL SERVICES (IADLs)

- Housework
- Managing money
- Taking medication
- Preparing meals & cleaning up
- Shopping for groceries/clothes
- Using the phone/other devices
- Caring for pets
- Responding to emergency situations

Who Will Need Care?

Seventy percent of people turning 65, today, can expect to use some form of long-term care during their lives.

Factors That Affect The Possibility You Will Need Care

Age	The older you are, the more likely you'll need LT care
Gender	Women outlive men by about five years on average, so are more likely to live at home alone
Situation	If you live alone, you're more likely to need paid care
Disability	Accidents or chronic illness cause need for care
Health	Family history, poor diet and exercise habits contribute to the likelihood you will need care

Source: US Department of Health and Human Services

Why Planning for Long-Term Care Is So Critical

- We are living longer.
 - Fifty percent of those over 85 receive some sort of long-term care.
- The older the person, the more likely the risk of dementia.
 - Forty-six percent of the population over 85.
- About forty percent of the population is single and have no child or spousal support.
- Fewer extended families live in proximity to each other.
- Obesity is increasing dramatically, leading to poor health.
- US policymakers seem disinclined to provide government support.

Why Families Don't Anticipate The Need Early Enough

- The healthier people are, the more likely they are to put off planning
- Aging in the US is seen as a “necessary evil” and society tends to avoid thinking about the aging process
- The cost of long-term care is viewed as significant and delays the planning process
- According to a 2013 NORC Center for Public Affairs research study, only 25% of respondents thought they would need long-term care

Reasons Given For Not Planning for Long-Term Care The “Deniers”

- *“My family has a history of longevity...I won’t need it.”*
- *“If that happens, take me out and shoot me.”*
- *“My daughter is a nurse. I won’t have to worry about it.”*
- *“I can give away all my assets and the government will pay for it.”*
- *“I’ll have my wife call Dr. Kevorkian.”*
- *“I’m a veteran. The VA will take care of me.”*

AND LAST, BUT MOST FREQUENT...

- *“My kids will take care of me.”*

Where Is Care Given?

Number of long-term care providers

22,200 residential care communities

15,700 nursing homes

12,200 home health agencies

4,800 day service centers

3,700 hospices

People were served by these providers

Home health agencies 4.7 million

Nursing homes 1.4 million

Hospices 1.3 million

Residential care 713 thous.

Day service centers 273 thous

How Much Care Will You Need?

The length and level of long-term care will vary among people and often change over time.

- Three years is the average duration of care needed.
- Most care recipients live in unpaid home situations.
- The types of care most needed, in order of importance, are bathing, dressing, toileting and eating.
- Approximately 75% of caregiving is provided by family members.

Sources: longtermcare.gov; US Department of Health and Human Services; Family Caregiver Allianz

An Overview of Long-Term Care Costs

- Annual costs of long-term health care in the US in 2017:

FACILITY	COST
NURSING HOME CARE(PRIVATE ROOM) 365 Days	\$92,378
HOME CARE 44 Hours/Week for 52 Weeks	\$46,332
ASSISTED LIVING 12 Months/One Bedroom	\$43,530
DAY CARE 5 DAYS/WEEK	\$17,680

- Costs increase 57% for the final five years of care for individuals with dementia compared to those without: \$341,651 vs. \$217,820.

Sources: Genworth Financial 2017 Study; Alzheimer's Association

How Much Does it Cost?

Genworth 2017 Cost of Care Survey National Median

Annual Cost	2017	5-Year Annualized Growth
Home Health Care		
Homemaker Services	\$47,934	+3%
Homemaker Health Aide	\$49,192	+3%

Based on 44 hours per week by 52 weeks

Adult Day Health Care		
Adult Day Health Care	\$18,200	+3%

Based on 5 days per week by 52 weeks

How Much Does it Cost?

Genworth 2017 Cost of Care Survey National Median

Annual Cost	2017	5-Year Annualized Growth
Nursing Home Care		
Semi-Private Room	\$85,775	+3%
Private Room	\$97,455	+4%

Based on 365 days of care

Assisted Living Facility		
Private One Bedroom	\$45,000	+3%

Based on 12 months of care, private, one bedroom

How Much Does it Cost?

Genworth 2017 Cost of Care Survey Texas Median

Annual Cost	2017	5-Year Annualized Growth
Home Health Care		
Homemaker Services	\$44,616	+3%
Homemaker Health Aide	\$45,760	+2%

Based on 44 hours per week by 52 weeks

Adult Day Health Care		
Adult Day Health Care	\$9,100	+1%

Based on 5 days per week by 52 weeks

How Much Does it Cost?

Genworth 2017 Cost of Care Survey Texas Median

Annual Cost	2017	5-Year Annualized Growth
Nursing Home Care		
Semi-Private Room	\$54,750	+3%
Private Room	\$72,635	+2%

Based on 365 days of care

Assisted Living Facility		
Private One Bedroom	\$42,000	+2%

Based on 12 months of care, private, one bedroom

Projected Long-Term Care Costs

Based on today's 60-year-old, who will need long-term health care beginning at the age of 85:

National:

<u>Care-Giving Situation</u>	<u>Annual Cost</u>	<u>Monthly Cost</u>
Care in the Home	\$102,893	\$8,575
Assisted Living:	\$ 94,220	\$7,852
Nursing Home:	\$204,050	\$17,000

Texas:

<u>Care-Giving Situation</u>	<u>Annual Cost</u>	<u>Monthly Cost</u>
Care in the Home	\$ 95,812	\$7,985
Assisted Living:	\$ 87,939	\$7,329
Nursing Home:	\$152,082	\$12,674

Using 3% Inflation Rate

Five Questions To Ask Yourself

- What is the likelihood that you or a family member will need long-term care?
- Do you have a plan in place?
- Have you thought about the consequences of long-term care on your finances and your family?
- How will you pay for care, if needed?
- Have you thought about working with a long-term care expert to help you plan?

Options for Long-Term Care

*“Age is an issue of mind over matter. If you don’t mind,
it don’t matter.”*

Mark Twain

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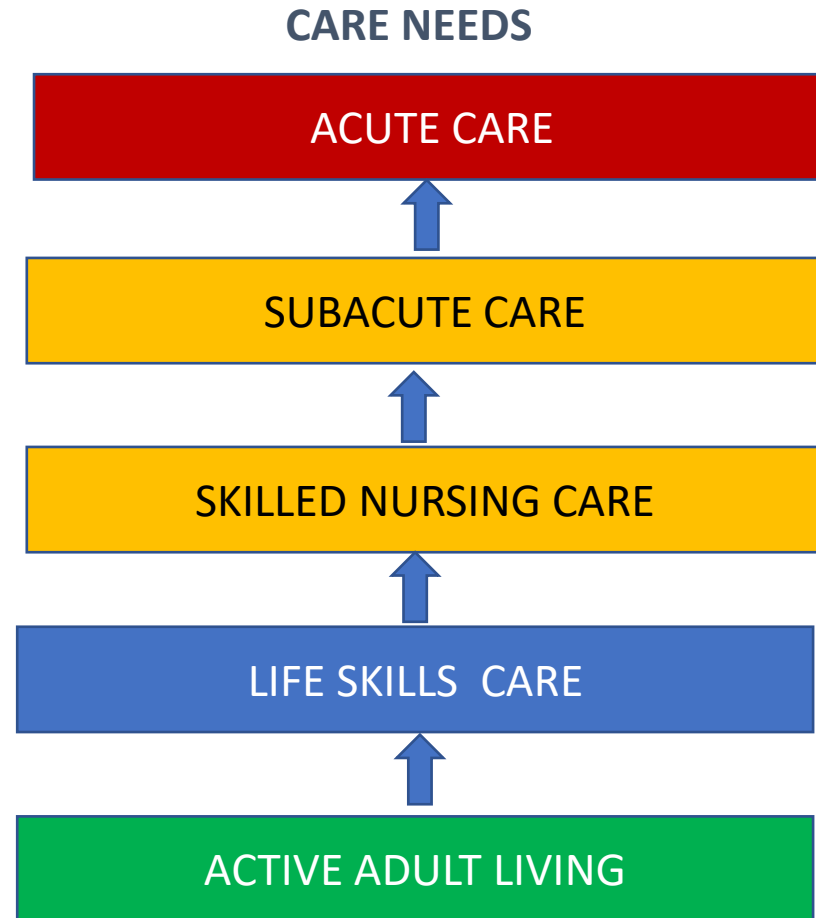
Baldwin



“You seem quieter tonight. Did they give you something to help you relax?”

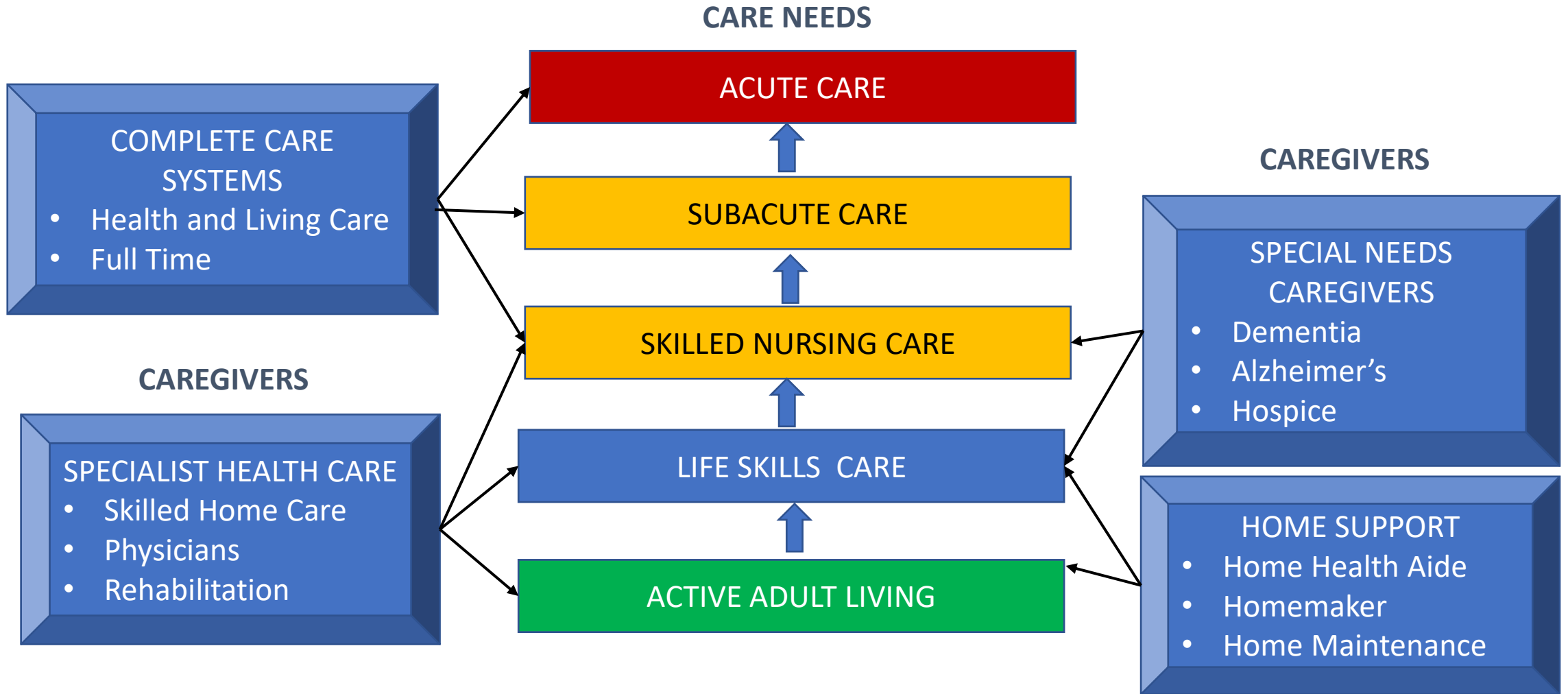
The Long-Term Care Continuum – “WHAT” Care Is Needed

A long term acute care facility is a specialty-care hospital designed for patients with serious medical problems that require intense, special treatment for an extended period of time-usually 20 to 30 days.



Subacute care is a niche in the inpatient delivery of intensive rehabilitative medical care that offers services that fall somewhere between skilled nursing and acute hospital care.

The Long-Term Care Continuum – “WHO” Provides The Care



“WHO” Provides the Care: Caregivers are the Driving Force

A caregiver can be your family member, partner, friend or neighbor who helps care for you while you live at home. About 80% of care at home is provided by unpaid caregivers and may include an array of emotional, financial, nursing, social, homemaking and other services. On average caregivers spend 20 hours per week giving care. More than 58% have intensive caregiving responsibilities that may include assisting with personal care activity, such as bathing and feeding.

Long-term care services and support typically come from:

- An unpaid caregiver who may be a family member or friend
- A nurse, home health or home care aide and/or therapist who come into the home
- Adult day services in the area
- A variety of long-term care facilities

“WHO” Provides the Care: Caregivers are the Driving Force

Profiles of caregivers indicates that:

- About 65.7 million people in the US (one in four adults) were unpaid family caregivers to an adult or child in 2009
- About two-thirds are women
- Fourteen percent, who care for older adults, are themselves age 65 or more
- Most people can live at home for many years with help from unpaid family and friends, and from other paid community support

Personal Factors To Consider in Decision-Making

- Health Care Needs
 - Overall health, mobility, medications, mental health, etc.
- Family Involvement
 - Overall relationship, proximity, communication, etc.
- Personal Preferences
 - Religion, privacy, social ease, cleanliness, etc.
- Money Matters
 - Ability to manage, spending habits, contributions, family concerns, etc.

The “**WHERE**” of Long-term Care

Five general living situations are available and each offers its own unique benefits:

1. Independent Living at Home
2. Continuing Care Retirement Communities
3. Assisted Living in Group Residences
4. Full-Time Care in a Nursing Home Facility
5. Various Group Living Arrangements
6. Veteran Health Administration Facilities

These options vary dramatically in cost, social interaction, privacy and health care.

Option #1: Independent Living At Home

Definition

The ability to live in one's own home and community safely, independently and comfortably, regardless of age, income or ability level. (CDC Definition)

Pros

- Choice of living arrangements; remain in familiar surroundings
- Continued independence and privacy
- Less costly

Cons

- Safety issues in home
- May be alone in emergency situation
- Limited daily social interaction

Option #2: Assisted Living Facilities

Definition

The Assisted Living Federation of America defines assisted living as: “A housing and health-care option that combines independence and personal care in a residential setting.

Pros

- Safe, private and flexible environment
- Assistance with daily activities, if needed
- Social opportunities and activities
- Less expensive than a nursing home

Cons

- Less privacy and independence than staying in home
- Higher cost than independent living
- Limited health care for medical conditions

Option #3: Nursing Home Facilities

Definition

A facility that offers 24-hour room, board and health-care services including nursing care, rehabilitation therapies and short- or long-term stays

Pros

- Access to around-the-clock health care and licensed care-givers
- Care provided by professionals including doctors, nurses and therapists. Most day-to-day care is provided by certified nursing assistants
- Social interaction, sense of community and proximity to family
- Safe, clean environment

Cons

- Difficult transition directly from home
- Lack of privacy and independence
- High cost
- Feelings of loneliness and isolation

Sources: www.senioradvisor.com , www.familymattershc.com

Option #4: Group Living Arrangements

Definition

A wide range of independent group living arrangements that vary in the structure, organization and support provided.

Pros

- Independence, privacy and companionship
- Living with people with similar demographics and interests
- Cost sharing
- Allow for living with family members
- Health and safety

Cons

- Less structured than traditional choices
- Minimal or no medical services
- Dependent on mutual commitment
- Quality standards may fluctuate (care, cleanliness, etc.)

Option #5: Veterans' Health Administration Facilities

Definition

The Veterans Administration operates 132 community living centers (nursing homes) that provide 24-hour skilled nursing care, access to social-work services and geriatric management. In addition, the VA offers a range of other options for long-term care as described in the following pages.

Pros

- Provides a wide range of facilities
- Simple eligibility – military service
- Not subject to poverty guidelines

Cons

- Cost often higher than private sector
- Outdated facilities
- Long wait times
- Overcrowded conditions
- Facilities not available in all communities
- Vets sometimes unaware of their benefits

Adult Day Care Centers

Definition

A daytime program for functioning, impaired adults that provides a variety of social and related support services in a protective setting

Pros

- Social environment
- Cognitive stimulation
- Mental training
- Meals may be provided
- Specialized dementia and Alzheimer's care in some cases

Cons

- No 24/7 medical support
- Transportation required
- Varying levels of care
- Only available during the day

Sources: www.seniorliving.org , www.payingforseniorcare.com

Home Care Agencies

Definition

Licensed businesses that employ caregivers and send them to the home to provide in-home care.

Pros

- Maintains in-home familiarity and privacy.
- Focuses on personal care (ADL's), in most cases.
- Provides companionship.
- Has liability insurance.
- Manages caregiver employees and their payroll/records.
- Usually covered by Medicaid.

Cons

- Typically work on an hourly basis.
- Some employees may not have professional training.
- More expensive than family/friend caregivers (2017 average cost of \$20 per hour.)
- Can be "hit or miss."

Sources: www.payingforseniorcare.com

Hospice Care Services

RESPECT – DIGNITY – CARE
(HOLISTIC APPROACH)

Compassionate care for people facing a life-limiting illness by providing medical care, pain management and emotional and spiritual support

PROVIDED IN HOME, SPECIALIZED
FACILITY OR HOSPITAL

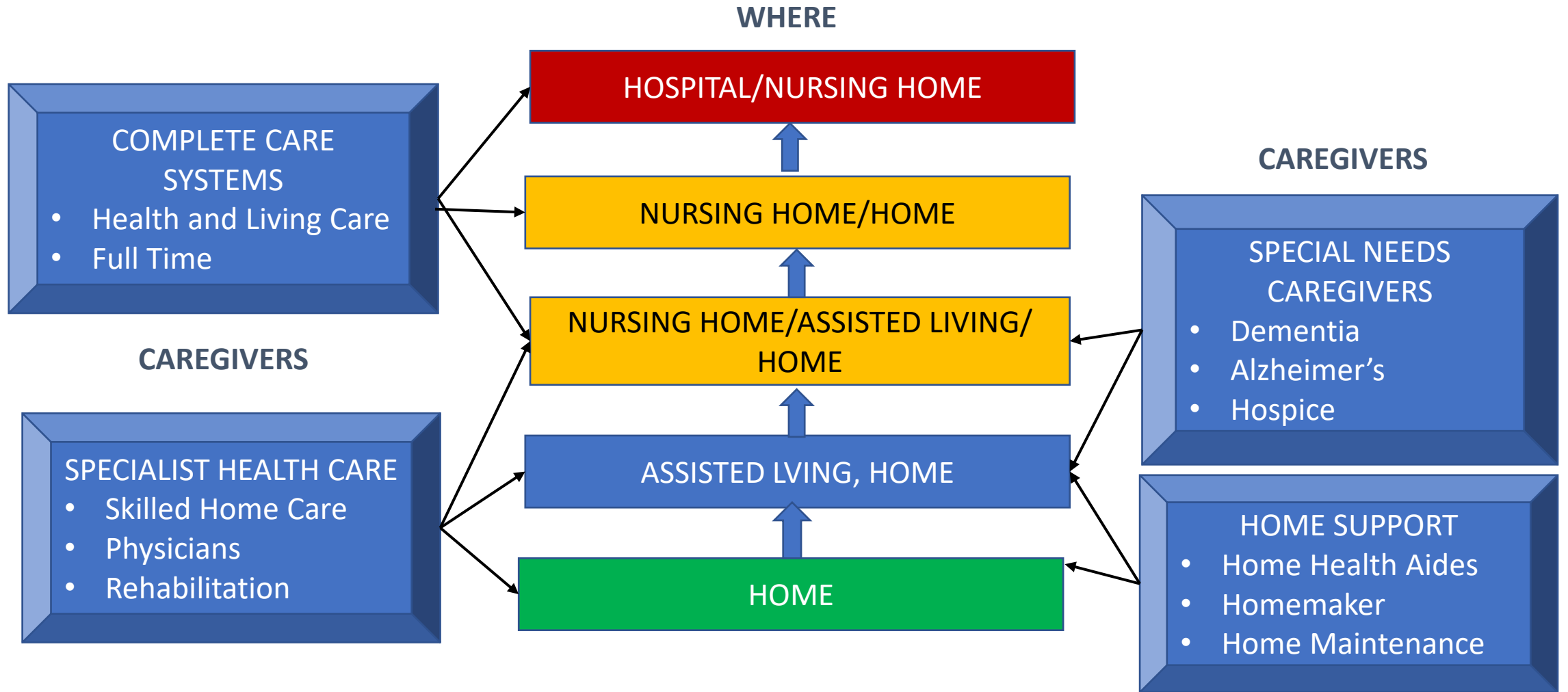
- Specialized 24/7 care
- Primarily at home
- Provide counselling and grief support
- Covered by Medicare Part A

END OF LIFE PROGRAM

- Eliminates future diagnostic tests
- Further hospitalization is discouraged

Source: national hospice and palliative care organization;
www.verywell.health.com

The Long-Term Care Continuum – The “WHO” & The “WHERE”



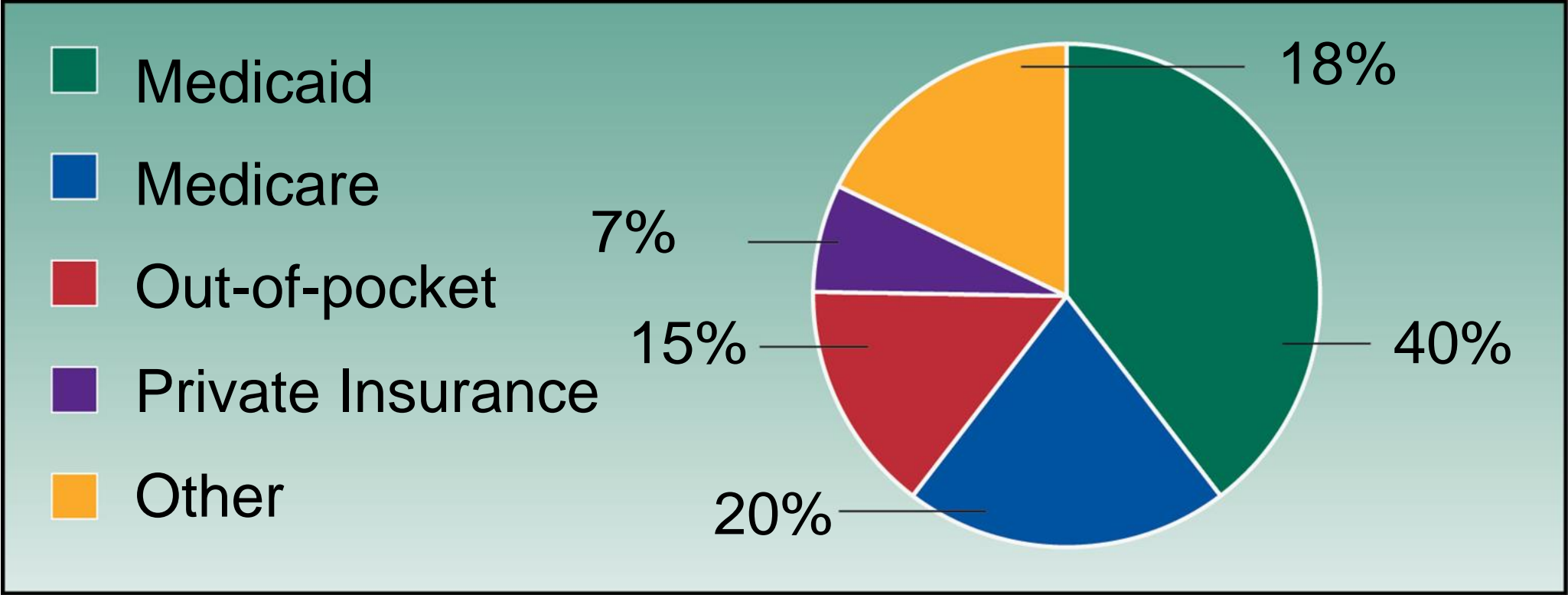
When All Else Fails...



Questions To Ask Yourself

- Have you identified the best long-term living situation for you or a loved one?
- Do you know how to evaluate your options for a long-term living situation?
- What's your most important concern?
- Is relocation an option for you to prepare for the time you'll need long-term care?
- Why would you consider relocating?

Share of Long-Term Care Spending



*Kaiser Family Foundation 2016

Medicare Overview (Medigap and Medicare Advantage)

- Federal health insurance program for people age 65 and older.
 - 50 million Americans are enrolled in Medicare.
 - Medicare has very limited involvement in paying long-term daily living care costs.
- As a rule Medicare does not cover long-term care.
 - Covers the co-pay for day 21-100 in a nursing home after three days in the hospital
 - Limited to short-term, medically-necessary care.

* 2016 Data

Medicare Coverage

- Temporarily covers long-term care up to 100 days in a nursing home facility, after a hospital stay of three days or more.

COVERAGE DATES	PAYMENTS
Days 1-20	Pays all eligible expenses
Days 21-100	Pays all after co-pay of \$164.50/day

- Pays for care, only if patient is improving.
- Pays for skilled services or rehabilitation care only.
- Does not pay for daily living activity care (i.e., assisted living,) that makes up the majority of long-term care services.

Source: medicare.gov

Medicare Coverage (cont.)

- Generally pays for these types of services, outside of a nursing home:
 - Primary care
 - Preventative care
 - Hospital care
 - Post-hospital rehabilitation
 - Chronic conditions
 - Prescription drugs
- Some states may offer services different from the Federal Government.

Source: [medicare.gov](https://www.medicare.gov)

Medicaid Overview

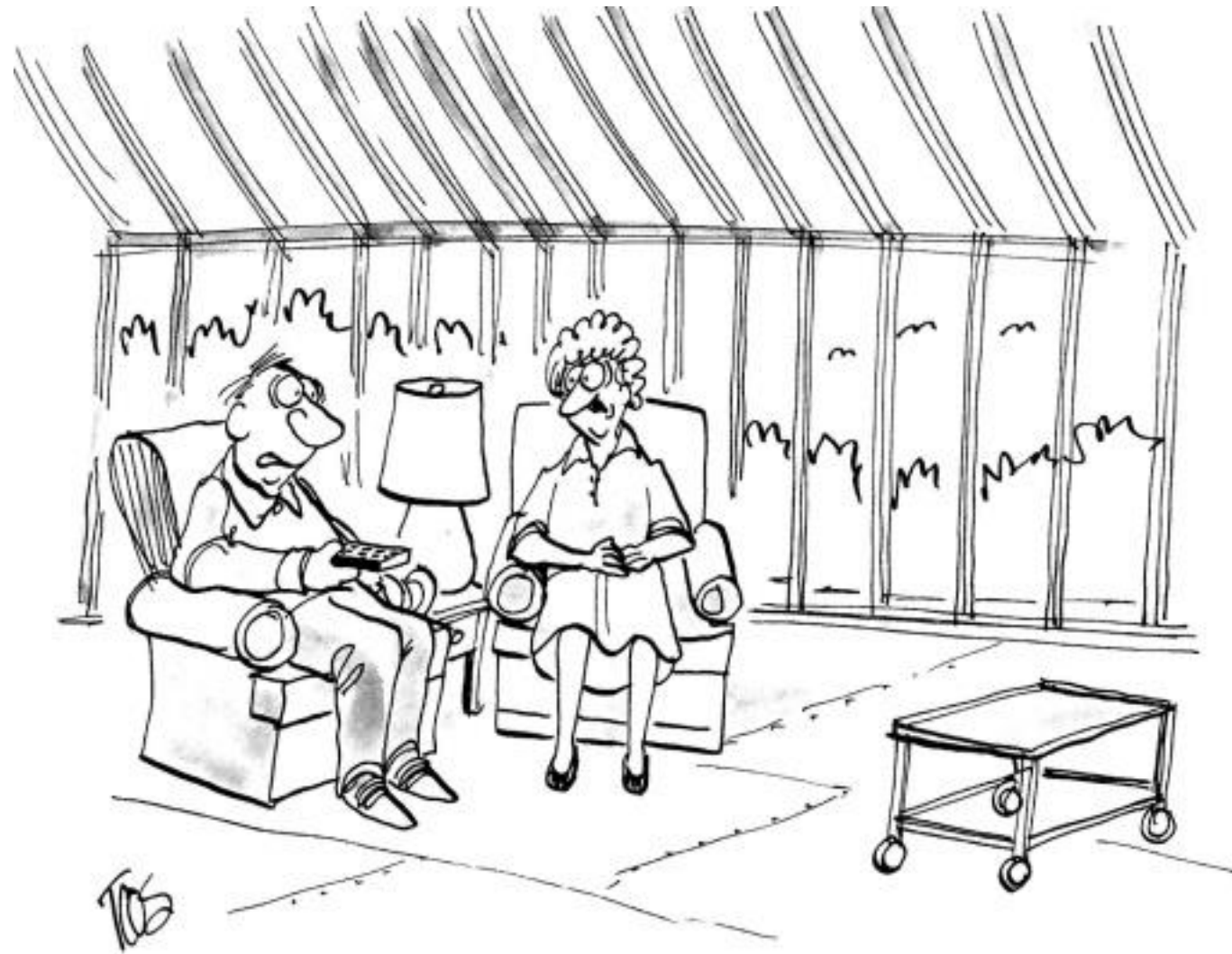
- Publicly-funded Healthcare Program for low-income families and individuals.
- Funded by the Federal and state governments. States have flexibility in designing benefit packages and eligibility rules vary.
- Requires certification from a doctor that recipient needs immediate or skilled nursing care.
- Some states set dollar-income limits, while other states allow income equal to the cost of privately-paid care or local Medicare reimbursement.

For additional information see: www.payingforseniorcare.com

Source: healthcare.gov

Medicaid Coverage

- Unlike Medicare, it covers 40% of all US long-term care in nursing homes.
- Federal Government requires states to provide basic services, including:
 - Hospital stays
 - Doctor visits
 - Preventative care
 - Home health services
 - Nursing facility care
- Some states add additional benefits including:
 - Personal care
 - Physical therapy
 - Hospice



"I fondly remember the time before the money ran out."

Medicaid Coverage Depends On What State You Reside In

Medicaid Coverage in Texas (cont.)

Key services covered:

- Care in nursing home or other place of care
- Care in home
- Emergency care
- Doctor and clinic visits
- Hospital visits
- Prescriptions
- Tests and X-rays
- Glasses
- Mental health treatment
- Medical equipment and supplies
- Physical and occupational therapy.

Veterans Coverage

The VA offers two programs that provide additional monetary assistance for Veterans' long-term care:

Aid and Attendance

- Increased monthly pension if one of these requirements is met:
 - Require help performing daily functions
 - Bedridden
 - Nursing home patient
 - Certain eyesight limitations

Housebound

- Qualify for additional pension if recipient is confined to immediate premises because of permanent disability

VA Community and Long-term Home and Community Care

Home Health Care

- Basic medical care
- Treatment team

Homemaker/Health Aid Care

- Health-related
- Minor homemaking services
- Public or private home care agency

Adult Day Health Care

- Group setting during the day
- VA or community setting
- Health maintenance and rehab

Community Residential Care

- Not able to live independently
- Room and Board
- Limited personal care and supervision
- Family cannot provide care

Hospice/Palliative Care

- Comfort-oriented
- Supportive services
- For veterans at the end of life

“By failing to prepare, you are preparing to fail.”

Benjamin Franklin

Chapter Four Content

- Examine various strategies to use both government and private sector approaches to paying for long-term care.
- Identify approaches developed to take advantage of Medicaid's benefits while preserving income, capital or both.
- Consider two approaches to utilizing private capital to pay for long-term care.
- Review insurance strategies for covering long-term care, while preserving assets.

Medicaid Estate Recovery Program

- Effective March 2015
- Complies with Federal Law that allows Texas to recover costs of certain Medicaid benefits received by certain Medicaid recipients.
- Limits estate recovery to the “probate estate” of the Medicaid recipient.
- No recovery claims will be sought if:
 - Causes undue hardship
 - There is a surviving spouse
 - Children under 21
 - Blind or disabled child
 - Unmarried child continuously living in deceased’s homestead for at least one year prior to the recipient’s death.

ELDERLIFE Long-Term Care Loan

- Only loan available for long-term care
- Unsecured short-term bridge loan (i.e., 12 months)
- Up to six family members can share cost
- Interest rate tied to the Prime Rate
- Usually used until permanent financial arrangements are made

Source: www.payingforseniorcare.com

Eligibility for VA Nursing Home Benefits

- 70% disability rank
- 60% disability rank and unemployable or totally disabled
- Clinical disability requiring nursing home care
- Non-service disability who require nursing home care
- Disabilities needing post-acute rehabilitation respite, hospice, geriatric evaluation and management or spinal cord injury.

Source: www.caring.com

Four Private Sector Strategies To Pay for Long-term Care

- Self-Funding
- Reverse Mortgages
- Traditional Long-term Care Insurance
- Asset-Based Hybrids
 - Universal Life Insurance Hybrids
 - Annuity Hybrids

Self-Funding (Use Current Assets to Fund L-T Care)

An option that invests cash, over a period of time, to cover the costs of long-term care

ELIGIBILITY
No Criteria

PROS

- Customizable
- Get care immediately
- Reduces burden on family members, at least short-term

CONS

- Unless the invested cash is very significant, not enough capital can be generated to cover long-term care costs
- Cost of care is expected to continue rising at a faster pace than most investments can match
- In most cases, investable capital will be wiped out before death.

Reverse Mortgages (Use Current Asset to Fund L-T Care)

Type of home equity loan that allows a cash distribution, based on the value of a home without selling it.

ELIGIBILITY

- Homeowner must be over 62 years-old
- Home must be primary residence
- No income or credit history required

PROS

- Lump sum monthly or line-of-credit disbursement options.
- No restrictions on use of funds.
- Continue to retain ownership.
- Proceeds are not taxable and do not have impact on Social Security/Medicare/Medicaid.

CONS

- Remain responsible for taxes, insurance and upkeep.
- No additional home equity loans can be applied for.
- Limited residual value in home to leave to heirs.

Traditional Long-Term Care Insurance

Unlike traditional health insurance, long-term care insurance covers long-term services and support, including personal and custodial care in a variety of settings.

ELIGIBILITY

Age and health review for coverage

PROS

- Choice & Control of Care
- Maintain Independence
- Preserve Assets
- Customizable
- Get care immediately
- Reduces burden on family members

CONS

- Term and payment limits
- On-going premium payments
- “Use it or lose it”
- Waiting Period
- Increased premiums over time
- Health dependent
- High rejection rate for 70-79 year-olds.

Basics To Know About Long-Term Care Insurance

- You must “health qualify.”
- Coverage can be made affordable
- Costs can vary significantly from one insurer to another
- Health qualification can also vary from one insurer to another
- You’re only going to buy long-term care insurance once

Key Questions to Ask When Buying L-T Care Insurance Coverage

- Care Allowance – amount paid on daily or monthly basis
- Deductible – out-of-pocket expense before coverage begins
- Premiums – older = more expensive
- Elimination Period – waiting period before care begins
- Payout Duration – duration of benefits
- Daily Allowance – how much per day?
- Inflation Protection – coverage you buy today will be valued less in the future
- Cancellation Policy – ability to receive money back, if cancelled. Penalty assessed?
- Non-Care Expenses – coverage of other necessities such as home medical equipment
- Tax Deduction of Premiums – can you deduct them?
- Partnership Plan – impact of partnership insurance coverage?
- Definition of Care – detailed explanation of care including Alzheimer's Care
- Cancellation – can the policy be cancelled? Is renewal guaranteed?

Source: www.payingforseniorcare.com

Asset-Based Hybrid Long-Term Care Strategies

Products created to address shortcomings of traditional long-term care products.

PROS:

- Combines LT care insurance with life insurance policies (like universal life) or annuities.
- Eliminates the “use it or lose it” negative of traditional LT care products.
- If policy holder dies without needing extended long-term care, the heirs receive a death benefit.
- Premium locked in up front.
- Provides two exit scenarios:
 - Cancel (usually after ten years.)
 - Death benefit paid to heirs.
- Easier underwriting.
- Benefits are guaranteed.

CONS:

- Large one time payment.
- Growth is reduced due to long-term care outlay.
- Payments may not be tax-deductible.
- More costly than traditional LT insurance since premiums are paid over shorter time period

Universal Life Insurance With Long-Term Care Rider

Long-term care benefits are added to a life insurance policy, offering two forms of protection in one policy.

PROS:

- Buyer receives return of premium payments, if long-term care is not needed.
- Pays death benefit.
- Immediately worth more than initial deposit
- Full return of premium upon exit after five years
- Tax-free
- Easier to qualify for than traditional long-term care insurance.
- Monthly cash benefit

CONS:

- May be single-payment policy with large upfront payment.
- Need to “health qualify.”
- No in-home coverage.
- Takes money out of death benefit when long-term care is needed.

Annuity With Long-Term Care Rider

Combines a fixed-indexed annuity with long-term care coverage.

PROS:

- Five-year coverage
- Joint coverage is available
- Monthly care budget increases over time
- Tax free
- Benefit can expand up to three times, based on ADL status
- Proceeds pass on to you or your beneficiaries, if not used
- Simple enrollment

CONS:

- Large, single premium upfront

Scoring Four Strategies: The Trade-Offs Between Affording Long-Term Care Costs And Preserving Assets

STRATEGY	PREMIUM/UPFRONT COST	BENEFIT LEVEL/ COVERAGE PERIOD	ASSET PRESERVATION
SELF FUNDED	NONE	AVG	NONE
REVERSE MORTGAGE	NONE	AVG	NONE
TRADITIONAL LONG-TERM CARE INSURANCE	AVG	LOW-HIGH	NONE
ASSET-BASED LONG-TERM CARE HYBRIDS	HIGH	HIGH	HIGH-VERY HIGH
Universal Life Insurance Hybrids	HIGH	AVG-HIGH	HIGH
Annuity Hybrids	HIGH-VERY HIGH	AVG-HIGH	HIGH-VERY HIGH



© Agent Link 2014

Open Communication Prevents Misunderstandings

www.aplaceformom.com suggests this guide to discussing long-term care with parents:

Share your own feelings.

- Be honest about the current situation and your ability to provide care.

Emphasize your role as an advocate.

- You will act in their best interest.

Listen to concerns.

- Don't brush off their anxieties.

Discuss emergencies.

- Locate all financial and health-related information up front.

Next Steps

- **Take action** and move ahead.
- If you still have questions, please ask.
- Isolate your expectations for the future and your plans for long-term care.
- Investigate options for care coverage and associated costs.
- Make a decision and **take action**.