The COLORADO GUIDE to

Hospice and Palliative Care

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Including a Discussion about
Probate,
Living Wills,
Durable Powers of Attorney,
Wills, Trusts and Medicaid

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The History of Hospice

Today, more than 3,000 hospice programs service communities in the United States, Puerto Rico, and Guam. In 2002 alone, hospice programs treated more than 885,000 dying Americans, according to the National Hospice and Palliative Care Organization. Also, according to that organization, about 70% percent of American hospice programs are not-for-profit, 27% are for profit, and 3% are government owned.

Hospices are designed after the first modern program, St. Christopher's Hospice, which was established by physician Dame Cicely Saunders in the London suburbs in 1967. She adopted the word hospice to describe the program of specialized care for dying patients. The name derives from the Latin word for guesthouse, *hospitium*. In Medieval times, the word hospice referred to a sheltered rest stop for ill or tired travelers returning from religious pilgrimages. Modern hospice also offers comfort to those on a different kind of journey.

Dr. Saunders introduced her concept in the United States in a lecture to medical students, nurses, social workers and chaplains at Yale University in 1963. She returned to Yale as a visiting faculty member in 1965. Three years later, Florence Wald, Dean of the Yale School of Nursing, took a sabbatical to work at St. Christopher's.

Interest in care for dying patients increased on both sides of the Atlantic in 1969 when Dr. Elizabeth Kubler-Ross published On Death and Dying, an international best-seller. The book defined five stages of dying gleaned from Dr. Kubler-Ross's interviews with more than 500 terminally ill patients. An important feature of the book was the author's recommendation that patients with terminal illness be allowed to participate in decisions about their medical treatment and be offered the choice of continuing treatment at home instead of in an institutional setting.

Three years later, Dr. Kubler-Ross told the U.S. Senate Special Committee on Aging, "We should not institutionalize people. We can give families more help with home care and visiting nurses, giving the families and the patients the spiritual, emotional, and financial help in order to facilitate the final care at home."

Unfortunately, subsequent legislation proposing federal funds for hospice programs failed. However, with funding from the National Cancer Institute (NCI), The Connecticut Hospice Inc. in Branford, Connecticut, opened in 1974. The funding covered the first three years of operation, so the program could serve as a national demonstration center. Between 1978 and 1980, the NCI supported additional hospices.

Because of the initial support of the NCI, many people today mistakenly think that hospice programs support only cancer patients. In fact, hospice is available to patients of any age, race, or religion with any illness. Today, about 70 % of hospice patients have cancer. Other frequent diagnoses include Alzheimer's, Parkinson's, Emphysema and AIDS, as well as infectious and parasitic diseases and diseases of the circulatory, nervous and respiratory systems.

Between 1978 and 1986, government entities such as the U.S. Department of Health, Education, and Welfare and the Health Care Financing Administration conducted studies, investigations, and demonstration programs to evaluate the feasibility of paying for hospice care and to develop standards for hospice accreditation.

In 1986, the U.S. Congress made hospice care a permanent Medicare benefit. Congress also gave states the option of adding hospice benefits to Medicaid programs. In 1991 Congress added hospice to benefits for military patients as well as those covered by CHSMPUS, the health benefits program for retired military personnel and dependents of active-duty, retired and deceased military personnel.

In addition to these programs, many Health Management Organizations (HMOs) and managed care organization (MCOs) cover hospice care for patients not eligible Medicare, Medicaid, or CHAMPUS benefits. Additional funding for hospice comes from community contributions, memorial donations, and foundations gifts. Some hospice programs use a sliding fee scale based on a patient's ability to pay without such benefit packages.

My Doctor Recommended Palliative Care or Hospice Care. Now What?

You've probably heard of palliative care or hospice care, but you may be unfamiliar with the details concerning the philosophy of this type of care. If your physician has recommended hospice for you or a family member, you most likely have lots of questions. What is palliative and hospice care? How does one enroll? How much does it cost? Where is hospice? This guide will help you understand.

What is Palliative Care?

The state of Colorado recently placed into law a definition of palliative care:

> *Palliative care means specialized medical care for people with serious illness. This type of care is focused on providing patients with relief from the symptoms, pain and stress of serious illness, whatever the diagnoses. The goal is to improve the quality of life for both the patient and family. Palliative care is provided by a team of physicians, nurses and other specialists who work with the patient's other care providers to provide an extra layer of support. Palliative care is appropriate at any age and at any stage in a serious illness and be provided together with curative treatment. Hospice providers may perform palliative care services that are separate and distinct from hospice care services.*
>
> – Colorado Department of Public Health and Environment, September, 2012

Palliative care is considered supportive care – the Palliative care teams work with people who have a serious or chronic illness like lung disease, cancer, heart disease, kidney disease, arthritis, or chronic pain. Palliative care also focuses on those who are experiencing a medical crisis or a life changing event who need support, working with the primary care doctor to make sure all needs are identified and met.

Symptom and Pain Management in Palliative Care:

- Sometimes it seems like nothing will make the nagging symptoms go away. The palliative team will perform an assessment to help identify the cause of the problems, no matter what troubles you. Pain, shortness of breath, constipation, or poor appetite are just a few things that are taken into full consideration to address a solution to the problem.

- These assessments are done with the physician's involvement.

Goals for Care:

- From time to time the palliative team needs help in deciding which route is the best to take, especially as we get older and are faced with new challenge every day. The team will help clarify your goals for care, and assist you in preparing for those goals. It is important to have family involved in these decisions, and sometime the conversation is difficult.

Support:

- Sometimes we all need someone to talk to, bounce off ideas, to help get us a clear perspective. A palliative care team provides support to people who are experiencing life's changes and assist loved ones in having that "tough conversation" about Advance Directives and other important documents. Often our family members struggle with the changes in wellness of our loved ones – palliative care embraces the whole family.

What is Hospice Anyway?

Rather than a place to receive medical care, hospice is an approach to medical care for patients nearing the end of life. Its goal is to enhance the quality of life for patients with terminal illness.

Hospice focuses on pain management and symptom relief while addressing the patient's emotional, social, and spiritual needs as well as those of family members. Hospice lets patients and families share the "end-of-life" experience with dignity and, in most cases, in the comfort of their own homes.

Each person entering a hospice program gets an individualized care plan. This plan is developed by a team of professionals and trained volunteers working with the patient and family members. Depending on the patient's needs, the team may consist of the patient's primary care physician, a hospice physician (or medical director), nurses, home health aides, social workers, clergy, trained volunteers and speech, physical and occupational therapists.

Why Should I Choose Hospice?

A patient with a life-threatening illness may reach a point where he or she no longer responds to treatments aimed at curing the disease. At that time, the physician may recommend a shift in focus from curing the disease to making the patient as comfortable as possible. This shift from palliative care is "comfort-oriented" rather than "cure oriented." It is medical treatment that seeks to control symptoms and manage pain. When the physician's estimation of the patient's life expectancy is six months or less, hospice care is often the best option.

Although some hospice care is administered in assisted living facilities, nursing homes, hospice centers and inpatient settings, approximately 80 to 90 percent of hospice services occur in the patient's own home. That's partly because advances in technology have made it possible to operate much medical equipment in a home setting. It's also because hospice team members and volunteers are available to provide services as needed, including:

- Pain and symptom management
- Assistance with the emotional, psychological, social and spiritual needs
- Drugs, medical supplies and equipment
- Training for family caregivers
- Speech, physical and occupational therapy
- Arrangement for respite care
- Bereavement counseling for surviving family members and friends
- Help with day-to-day chores and activities of daily living
- Experienced counsel for end-of-life decisions
- 24-hour on-call availability

Most hospice companies customize care for every situation. When a person is nearing the end of life they often want to remain in the comfort of their own homes – wherever than home may be, All hospices take into account the individual circumstance of each patient and family to ensure all their needs are met.

If a patient needs continuous care due to a change in medical status or symptoms become more acute, the hospice staff usually can provide shifts in the home for up to 24 hours. This may allow seriously ill patients to stay at home until their conditions stabilize, and can prevent hospitalization.

If a patient needs care beyond that which can be provided in a home setting, some hospices have a "free-standing" facility where care can be provided until it is possible to return home.

All hospice organizations are reimbursed in the same way, so they do not compete on cost. Therefore, it is only the quality of the service and spectrum of choices that differentiate one hospice from another.

If your health improves or if you choose, you may stop hospice care at any time. As long as you meet the eligibility criteria, you can turn to hospice care. Individuals who exceed the life expectancy may receive hospice services beyond six months. There is no penalty for extended benefits.

Who Pays for Hospice Services?

There is no need to defer hospice care due to financial concerns. Most hospices accept these forms of reimbursement for services:

- Private Insurance: Each insurance company has its own coverage related to hospice. The hospice will contact the insurer to ask about hospice coverage.

- Medicare/Medicaid: Most accept Medicare and Medicaid as 100% coverage for its hospice services. There are no out of pocket expenses to patients. You can get the Medicare hospice benefit if you are eligible for Medicare A, you doctor will certify that your life expectancy is six months or less, or you wish to receive palliative, not treatments aimed at a cure.

What is the Difference Between Palliative Care and Hospice Care?

Who can benefit?

Palliative Care	Hospice Care
Anyone with a chronic illness regardless of prognosis	Someone with a terminal illness with a life expectancy of 6 months or less

Can the patient receive aggressive treatment?

Palliative Care	Hospice Care
Yes.	No, not related to the definition of terminal illness

How does a patient get linked to care?

Palliative Care	Hospice Care
Anyone can make a referral: Patient, caregiver, MD, Case Manager.	Physician order, certification of terminal illness and prognosis by 2 physicians; patient "elects" the benefit and foregoes traditional Medicare for the terminal illness

Where is care provided?

Palliative Care	Hospice Care
Wherever the patient resides or *is* at the time of consult. Home, hospital, nursing facility or assisted living.	Wherever the patient resides or *is* at the time of service. Home, nursing center, assisted living or hospital

What is provided?

Palliative Care	Hospice Care
Support, pain, symptom management and psychosocial care; working in conjunction with the patient's PCP. Goals for care are explored and defined, and Advanced Directives formulated. A Social Worker is called in as needed for assistance by the Palliative Care provider. Assistance with referrals for care, DME, financial resources/support as necessary	An interdisciplinary approach to end of live care; team members provide support, pain, symptom management and psychosocial care. Bereavement counseling is available for patient's family.

How long can care continue?

Palliative Care	Hospice Care
Indefinitely, as long as patient requires support	As long as patient is considered terminally ill

How is the service covered financially?

Palliative Care	Hospice Care
Medicare Part B/private insurance	Medicare Part A /Medicaid/private insurance

How frequently are visits made?

Palliative Care	Hospice Care
Depends on the patient's needs and wishes; visits typically occur less than hospice	Per hospice plan of care

Living Well

Patients and families who face a terminal illness may at first focus on the impending loss of life; however, hospice programs encourage them to make the most of living and enjoying what may be the patient's last months. Staying in the home lets patients reunite with friends and family members. It gives everyone a chance to reminisce and laugh together, despite the sadness, anger, and pain that often accompany death. Hospice lets patients enjoy life to its fullest potential.

Levels of Care and Medicare Eligibility Requirements

Medicare pays a great deal of the services provided by hospice throughout the country. In order to be eligible, a patient must be covered under Medicare A and must also have a certification from a physician that the patient's life expectancy is 6 months or less, assuming the illness runs its normal course. There is a great deal of confusion about the 6 month standard. It does not mean that the patient will lose his or her hospice benefits after 6 months. Instead, it simply means that in order to be eligible, there must be a 6 month life expectancy.

To enroll in hospice, the patient must sign a statement electing the hospice benefit. This is perhaps the most difficult step for many families to take since this election shifts the course of treatment from curative (i.e., intending to help the patient get better).

The question frequently arises....does hospice pay nursing home care? If the patient is a nursing home resident, there will be hospice benefits available, much like if the resident were at home. The Medicare hospice benefit will not cover the costs of room and board at the nursing facility. It will, however, continue to cover the types of services mentioned earlier.

What if the patient is not eligible for Medicare Part A? Are there other ways to pay?

In additional to Medicare, there are many ways that hospice care may be paid. Often, Health Maintenance Organizations (HMOs) and managed care organizations cover the cost of hospice care. CHAMPUS (the health benefits program for retired military personnel and dependents) will frequently cover the cost of hospice. Additional funding for hospice also comes from community contributions, memorial donations, and foundation gifts.

I've Elected to Enroll in Hospice. Are There Other Steps I Should Take?

Once the decision is made to move from curative medical care to hospice care, patients often begin to wonder if there are additional steps they should take. And while hospice treatment, in some cases, can go on for years, in reality the patient is dealing with a terminal illness and they need to get their affairs in order.

There are steps which should be taken. Some of the recommended steps should be taken by everyone, while others may or may not be necessary, depending upon the particular situation.

Among those things which are appropriate for everyone, is to have proper powers of attorney in place.

A ***power of attorney*** is a document that gives a person of your choice the legal authority to make decisions for you if you cannot make decisions for yourself. There are separate powers of attorney for ***financial matters*** and ***healthcare*** issues.

The **healthcare power of attorney** allows someone to make decisions for you (when you can't) concerning doctors, hospitals, medication, and other healthcare issues. People often say...."My husband and I have been married for 40 years. Can't I just make decisions for him?" Unfortunately, the law presumes that, no matter how long you've been married or no matter how close you are to your loved one, if you have not given them authority to act for you under a proper power of attorney, then you must have meant **not** to give them permission to act for you.

Parents are the legal guardians of their minor children and decisions which need to be made up until the child turns 18 can legally be made by the parent. Once that child is no longer a minor, then the parent loses the legal authority to make those decisions.

Having powers of attorney in place is crucial when you or a loved one is on hospice, since health may deteriorate to the point where your loved one can no longer communicate.

If your loved one loses the ability to give you authority to act under a power of attorney, (i.e., if he can no longer understand and sign the documents) and decisions need to be made, you will have to go to court and begin a costly legal process to be named legal guardian and/ or conservator.

The reason people don't have powers of attorney in place is usually because they didn't know they needed them, It comes as a shock when they learn that, they have no legal authority to make decisions for their spouse or parents.

The other type of power of attorney is a **financial power of attorney.** This document covers a whole host of situations, from handling real estate, to dealing with bank accounts, to paying taxes, to almost anything you can think of from a financial standpoint.

Having the appropriate financial and healthcare powers of attorney in place is the critical first step. Next, depending upon the specific situation, other legal issues related to end-of-life planning may arise. After executing durable powers of attorney for finances, health care and a health-care-treatment directive (i.e., living will), you and your family may need to consider other legal planning.

Revising wills and trusts. Whenever a "major life event" occurs, attorneys recommend that you review your wills and trusts. Your current legal documents may no longer be appropriate. You may want to make changes that reflect the new circumstance. Having a life- threatening illness is a "major life event" worthy of review. The plans that were put into place when everyone was healthy may no longer be appropriate.

Many clients set up what are called "sweetheart wills" in which each spouse leaves everything to the other, and then at the death of the second spouse, to the children. That may be exactly the wrong way to set things up now, given one spouse's illness. It may be necessary to arrange things in a better fashion so that if the "healthy spouse" passes away first, the assets can be put into a trust to benefit the spouse who is on hospice...or perhaps part of the assets should be passed on down to the children to protect those assets from spend down. This is where specific legal planning with an attorney experienced in dealing with patients on hospice is critical.

Changing property titles. The way in which your real estate is titled can be critically important. If things aren't handled properly now, it may be necessary to transfer title to the beneficiaries through probate court—an expensive proposition at best. Get legal counsel early to avoid this problem, where appropriate.

Strategies for financial gifts. Consulting a knowledgeable attorney is especially important before you transfer any property or make any gifts. The attorney can help you review your financial situation to determine whether a gifting program or other financial strategy is appropriate. Making gifts can protect your family and help save your estate, but acting improperly can have severe legal consequences and can even make you ineligible for Medicaid or other government benefits. Thus, it is crucial that you have sound advice in the event that long-term care is needed.

Long-term care strategies. In addition, you may want to consider the benefits programs that are available. For instance, Medicaid may pay some health care costs (assistance with bathing, light housekeeping, cooking, laundry and others) while an eligible patient remains at home. But there are strict rules about how you can qualify for Medicaid and what benefits may be available.

The Basics of Medicaid

In order to understand Medicaid qualification, you first need to know how Medicaid treats your assets.

Basically, Medicaid breaks your assets down into two separate categories. The first are those assets which are exempt and the second are those assets which are nonexempt, or countable.

Exempt assets are those which Medicaid will not take into account at this time. Generally, the following assets are exempt:

- **Home**, up to $543,000 in equity. The home must be the principal place of residence and the resident may be required to show some intent to "return home" even if this never actually takes place.
- **Household and personal belongings** such as furniture, appliances, jewelry, and clothing.
- **One vehicle** (a car or truck or van)
- **Pre-paid funeral plans and burial plots**
- **Cash value of life insurance policies** – Up to $1,500 in cash surrender values may be exempt, along with term life insurance, depending upon your situation.
- **Cash** (e.g., a small checking or savings account), not to exceed $2,000.

The assets which are not exempt are then considered countable. This typically includes checking accounts, certificates of deposit, money market accounts, stocks, mutual funds, bonds, IRAs, pension plans, and second cars.

What Married Couples Can Keep

The Spousal Impoverishment provision of the Medicaid law applies only to married couples. The intent of the law was to change the eligibility requirements for Medicaid in situations where one spouse needs nursing home care while the other spouse remains in the community (i.e., at home or in an assisted living facility). Some spouses who are at home may qualify for Medicaid assistance for certain home and community-based services.

The laws are very tricky as to exactly how assets should be spent to qualify for Medicaid. Consider the following types of spend-down items:

- **Purchase pre-paid funeral plan(s)**
- **Purchase a new car**
- **Pay healthcare costs (including nursing home if needed)**
- **Purchase a new, more expensive, home**
- **Make home improvements**
- **Buy household goods or personal effects**
- **Repay debt**

These are not the only appropriate items for spend-down. There are other expenses which would also qualify. The main rule to keep in mind is that whatever goods or services are purchased, they must be purchased at fair market value and must be for the benefit of the patient and/or the spouse.

Some Frequently-Asked Questions

As complicated as Medicaid is, there are certain questions which come up over and over again. While no book will be a substitute for the advice of an experienced attorney who counsels Hospice patients, let's at least review some of the questions that come up most often.

Question: Will I lose my home?

Answer: For many people, the home constitutes much or most of their life savings. Often, it's the only asset that a person has to pass on to his or her children.

Under the Medicaid regulations, the home is generally a "protected" asset. That means it is not taken into account when calculating eligibility for Medicaid. However, the state will try to recover the value of Medicaid payments made to a recipient by filing a claim against the house after the death of the Medicaid recipient. This process is called estate recovery. Estate recovery does not take place until the unmarried recipient of the benefits dies. In the case of a married couple, it occurs after the death of both spouses but only if the second spouse to die was the spouse receiving benefits. You will need assistance from someone knowledgeable about the rules and regulations to determine whether or not there will be estate recovery and whether it can be avoided in any particular situation.

Question: Is it true that a parent cannot make gifts to their children once they are contemplating Medicaid or have even entered a nursing home?

Answer: No. In fact, a proper gifting program can be a great Medicaid planning technique. At the time an applicant applies for Medicaid, the state will "look back" 5 years to see if any gifts have been made. Any financial gifts or transfers for less than fair market value made during the five-year look-back may cause a delay in an applicant's eligibility. New laws make gifting more perilous than ever before.

The change in the starting date of the gifting penalty period is the big problem now and will foil many gifting plans if the new rules are not precisely followed. At any rate, a properly-structured gifting program will take these rules into account and calculate the penalties prior to making gifts.

Question: I've heard that $14,000 is the most an individual can give away if they are going to apply for Medicaid.

Answer: No, the $14,000 is a gift tax figure that is not relevant with respect to Medicaid's specific asset transfer rules. The maximum monetary figure Medicaid applicants need to concern themselves with is the "penalty divisor" for their state. The penalty divisor is the state- determined average monthly cost for nursing home care by which the state assesses Medicaid penalties. The penalty divisor for Colorado is currently $7,112 (2014) Therefore, a gift will cause a penalty of one month for each $7,112 given away.

Question: A Medicaid applicant's house is considered "exempt" under current Medicaid laws. Can an applicant give away the house without incurring penalties?

Answer: No. Any assets which are given away are considered transfers for less than fair market value. If an applicant gives the house away, the state will assess a penalty based on the fair market value of the house at the time the property was transferred.

There are a number of steps which smart families can take to preserve their assets and qualify for benefits. These can range from gifting strategies to personal care contracts to annuities and Medicaid promissory notes. It's important to keep in mind that these laws are constantly changing; the advice you got from a friend or neighbor last year may no longer be relevant or even appropriate. It's also important to understand, however, that with expert advice, you may be able to protect yourself and your loved ones while qualifying for all the benefits the law allows.

What Is Probate And Can I Avoid It?

One of the primary concerns that someone on Hospice faces is how to be sure that their property will pass to their loved ones in the event of their death as efficiently and economically as possible.

There are basically 5 ways an individual can transfer property to their loved ones upon their death. Depending upon the age of the persons who will be receiving property or the dynamics among family members who are receiving the property, it is important to choose your method of transfer very carefully.

Leave property titled solely in your name (i.e., do nothing to plan for your property at your death). If you do absolutely nothing to plan for the transfer of your assets and if the property is titled only in your name at the time of your death, then your property will go through a process known as probate. This means that a court will order your property to be divided among your surviving relatives according to a scheme set forth in the probate laws. Basically, the courts, will decide who will receive your property if you have done no planning. In essence, the state has written a will for you. It typically says that, at your death, if you have not written

a will, a certain amount will pass to your spouse, if you have one and a certain amount to your children. If there is no spouse or children, then more distant relatives will receive your assets. It usually takes about nine months or longer before all of your assets are distributed. Obviously, most people want to have a greater say in where things go. That's why they take other estate planning measures, such as those described below.

Establish a Last Will and Testament— Establishing a last will and testament allows you to provide written instructions on how your property is to be divided upon your death, but beware—contrary to popular belief, a will does not avoid probate! In your will, you designate an "executor" or "personal representative" of your estate who opens the probate estate. With the supervision of the court, your representative will then distribute your property as you have outlined in your will. A will can sometimes be advantageous since a court will become involved in distribution of your assets. That way you'll be assured things go where you want them to and that the family dynamics will not affect your wishes. If you have one or more minor children, it is critical to have a last will and testament in place so that you can designate who you would like to be the guardian of your children.

Add a joint owner with rights of survivorship to your property— Adding a joint owner with a right of survivorship to your property (a joint tenant) will pass 100% of that property to the joint owner upon your death. There is no probate necessary. This is usually the way spouses choose to title their property. Joint tenancy can, however, be a problem. For instance, if a child is added to an account and that child is later sued (e.g., divorce, car accident, etc.), 100% of that account may be subject to the lawsuit and the parent may be left with no recourse. Joint tenancy "overrides" any last will and testament you may have executed and can cause serious confusion if the terms of the will and the joint-tenant choice differ.

Add beneficiary designations to your property— Adding a beneficiary designation (pay-on-death [POD] or transfer-on-death [TOD]) to your real or personal property is another way to avoid probate. Again, 100% of your property passes to the person(s) you have designated as the beneficiary. Unlike a joint owner, however, the beneficiary has no access to your property until you have passed away, thus avoiding any problems with attachment of your assets by the beneficiary's creditors. Like joint tenancy, however, the beneficiary designations "override" any last will and testament you have executed and can cause serious confusion if the terms of the will and the beneficiary designation differ.

Establish a revocable living trust— A revocable living trust is an estate planning tool that allows an individual to direct another person (the trustee) to distribute property upon his death according to his specific wishes. Unlike a will, however, a revocable living trust is usually not subject to probate. In addition to avoiding probate and the attendant time and expense of a court proceeding, the benefits of a revocable living trust are numerous: the trust insures that your financial affairs will remain private (as court records are open to the public), allows you to retain

control over your property, incorporates planning for you if you become incapacitated and avoids or reduces death taxes.

Proper planning for a Hospice patient regarding legal issues is a must. For instance, if the patient has young children, then it is crucial to have a will and a trust in place. That's because minor children cannot take title to property in their own names.

What's more, it will be important to arrange for the care of the children after the death of the parent by naming a guardian. And it's critical to be sure that the guardian for the children will have access to the funds through a trust to properly care for the children without court controls. In addition, some beneficiaries of any age are not emotionally equipped to handle large sums of money they inherit outright; it's common to see individuals who have received an inheritance to quickly spend that inheritance in a matter of a few short weeks or months. Proper planning with an asset-protection trust can avoid this result and insure that everyone is protected and your life's savings, no matter how large or small, is not squandered.

What Steps Should I Take Now?

You may be torn by the emotional component...thinking that if you put your wishes down in the form of a last will and testament or a trust, you are somehow accelerating your demise.

Actually, our experience as attorneys help families with this type of planning is that the opposite occurs. We find that our clients experience great peace of mind once they have done their planning so that they can concentrate on the other issues they are facing.

When a life-threatening illness strikes, it's the responsibility of the spouse or the family leader to become fully informed about the options.

The time to act is now. With proper planning, you will insure that things are handled according to your wishes, take the best steps possible to protect your loved ones and achieve the peace of mind you deserve.

If you would like guidance in this area of concern, call us at (303) 268-3984. We'll do our best to help you make the correct decisions.

Thank you,

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