

MAXBEN



PrepareForElderCare.com tm

MAXBEN is a unique and comprehensive needs assessment which systematically determines a senior's *Beneficial Status* which is a measure of how well he or she is currently addressing each of the five core areas of aging: Health, Financial, Wellness, Legal and Spiritual.

Once the combined *Overall Beneficial Status* is established for these core areas, our advice and counsel will focus on how to maximize how you are addressing these five core areas. The end result will be your **Maximum Beneficial Status**.

MAXBEN helps you *prepare for eldercare* – just planning is no longer enough.

MAXBEN is the only standardized tool that helps seniors *prepare for eldercare*. sm

Name: _____

Date: _____

<u>OBS</u>	<u>OMBS</u>
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An introduction to the Five ElderCare Needs:



Health

Health is included in our Maxben Senior Status Assessment as most, if not all, physicians agree that minimizing, if not avoiding altogether, physical and cognitive disease and disability is crucial to successfully navigating the aging process and maintaining a quality of life. The ability to improve your resiliency, overcome disease and minimize frailty and disability has proven to benefit seniors tremendously.



Financial

The ability to afford the necessities of life such as housing, medical care, insurance, prescriptions, and of course food are essential and cannot be overlooked in any eldercare situation. Moreover, it has been proven by studies that our financial security directly affects our health and wellness needs. Preserving the assets that a client has spent a lifetime earning directly relates to well-being and security.



Wellness

Emotional and mental wellness has come to the forefront of concerns as research studies continue to reveal that our emotional state can detract from our health primarily through the presence of stress. Since 70-80% of all visits to the doctor are for stress-related illnesses and 73% of Americans name money as the number one factor that affects their stress level, wellness is a need that must be addressed when preparing for eldercare. Understanding how stress and other emotional factors can harm us while pursuing peace of mind can only help the senior adult and their family.



Legal

The field of elder law is not defined by a specific area of law but rather by the overall needs of the client. The only proper way to represent and truly assist a client is to utilize a comprehensive whole-person approach as expressed in this Assessment. For example, the Aspirational Standards established by the National Academy of Elder Law Attorneys states that the elder law attorney is to “approach a client matter in a holistic manner”. Actually helping the client understand the various needs and organize their specific issues through advice and the creation of a plan allows them to prepare and make themselves ready by protecting their desires and wishes.



Spiritual

This section is voluntary. If not completed, your Status will be based on 4 sections only. This section is included for two reasons. First, a substantial part of preparing for eldercare is the implementation of a health care advance directive known as a Living Will. This document will serve as guidance for your health care agent and physicians if end-of-life medical decisions need to be made. As an overwhelming majority of statistics show that spirituality often guides a person at that time, we include this section to learn if your spirituality plays an important role for you in coping with illness, to determine what kind of support systems exist for you in the community and lastly, to also determine if you have any strongly held beliefs that might influence future medical care and end-of-life decisions. Secondly, numerous medical research studies and articles, such as those published in *The American Journal of Geriatric Psychiatry*, *The Gerontologist* and *The American Family Physician*, have shown that spiritual health correlates with both physical and mental health. For example, studies have shown that those who attend a religious service weekly, participate in devotional prayer and study, and who use positive religious coping habits, have: fewer hospital admissions, fewer days in the hospital, 50% less depression, better mental health and less severe medical illnesses.

NEED
HEALTH

GOAL
QUALITY OF LIFE

- | | | | |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Are you in good health and free from any medical condition or illness? | YES | NO |
| 2. | Do you either live with another person that can help in an emergency or have a "life alert pendant"? | YES | NO |
| 3. | Do you have someone consistently available to help you with transportation to and from doctor appointments? | YES | NO |
| 4. | Have you had a complete medical exam and blood work-up in the last 12 months? | YES | NO |
| 5. | Do you exercise regularly? | YES | NO |
| 6. | Are you free from pain and frailty? | YES | NO |
| 7. | Are you able to take part in all normal physical activities on your own? | YES | NO |
| 8. | Do you have one doctor which manages all of the prescriptions and medications you take? | YES | NO |
| 9. | If you take prescription medications, do you have a daily reminder system? (If you do not take any medications, circle both 'Yes' and 'No') | YES | NO |
| 10. | Do you find the health care system (including Medicare) easy to use and understand? | YES | NO |

HBss

NEED
FINANCIAL

GOAL
PRESERVE MY ASSETS

- | | | | |
|-----|------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Do you have long term care insurance? | YES | NO |
| 2. | Do you have Medicare Supplemental Insurance? | YES | NO |
| 3. | Do you have enough money in savings to pay for all of your current expenses for one year? | YES | NO |
| 4. | Do you physically pay your own bills by the due date and reconcile your accounts on a monthly basis? | YES | NO |
| 5. | Is your home in good repair and <i>not</i> in need of remodeling for accessibility purposes? | YES | NO |
| 6. | Are you free from credit card debt? | YES | NO |
| 7. | Do you receive enough income/money to pay all of your monthly bills? | YES | NO |
| 8. | Do you have prescription drug coverage (either Medicare Part D, EPIC or Employer)? | YES | NO |
| 9. | Do you have IRA's or other retirement accounts with current beneficiaries? | YES | NO |
| 10. | Do you maintain an accurate statement of your assets and liabilities? | YES | NO |

FBss

NEED
WELLNESS

GOAL
PEACE OF MIND

- | | | | |
|-----|----------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Do you have friends and family that you see at least weekly? | YES | NO |
| 2. | Are you free from worry and fear? | YES | NO |
| 3. | Do you believe you have maintained your independence and productivity? | YES | NO |
| 4. | Do you have a well-balanced diet consisting of fresh, nutritional food & do you drink a lot of water each day? | YES | NO |
| 5. | Are you happy with your living arrangements? | YES | NO |
| 6. | Do you consider your memory, mood, understanding and patience to be as good as they used to be? | YES | NO |
| 7. | Do you have a spiritual source of strength and hope to rely upon during stressful and difficult times? | YES | NO |
| 8. | Do you have close friends or family that you can honestly and safely share your feelings with? | YES | NO |
| 9. | Are you hopeful of the future? | YES | NO |
| 10. | Are you free from family conflict? | YES | NO |

WBss

NEED
LEGAL

GOAL
PROTECT MY WISHES

- | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Do you have an expanded Durable Power of Attorney on the proper New York State form? | YES | NO |
| 2. | Do you have a Health Care Proxy and HIPAA Privacy Authorization? | YES | NO |
| 3. | Do you have a Living Will that reflects your values and specific wishes? | YES | NO |
| 4. | Is any of your property in a Trust? | YES | NO |
| 5. | Have you protected your home? | YES | NO |
| 6. | Have you protected any money, land or business interests? | YES | NO |
| 7. | Have you prepared to avoid the Probate process? | YES | NO |
| 8. | Does your Health Care Agent know your specific wishes for medical treatments? | YES | NO |
| 9. | Have you considered charitable giving in your estate plan? | YES | NO |
| 10. | Have you calculated the costs should you require long term health care services at home and in a nursing facility? | YES | NO |

LBss

NEED
SPIRITUAL

GOAL
PEACE & COMFORT

- | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Is faith (spirituality/religion) important to you? | YES | NO |
| 2. | Has faith been important to you at other times in your life? | YES | NO |
| 3. | Do you draw hope, strength, comfort and peace from faith? | YES | NO |
| 4. | Do you have spiritual beliefs that would influence your medical decisions if you become gravely ill? | YES | NO |
| 5. | Does your faith help you cope with stress and illness? | YES | NO |
| 6. | Do you consider yourself part of an organized Religion, denomination or group? | YES | NO |
| 7. | Do you attend a religious service or spiritual study on a weekly basis? | YES | NO |
| 8. | Do you have daily prayer time and devotional habits? | YES | NO |
| 9. | Do you belong to a faith community that is a source of strength and support for you? | YES | NO |
| 10. | Do your health care providers know your specific spiritual/religious beliefs as they would pertain to possible future medical decisions? | YES | NO |

SBss

Disclaimer: *Our purpose is to demonstrate how prepared one may be as they enter the realm of eldercare and what further steps that person could take to help them prepare for the common transitions and challenges often faced during the aging and caregiving process. Brian Andrew Tully Esq., and his staff are not health care providers, accountants, financial/insurance/investment advisors or clergy. You must consult with your physician or mental health provider for specifics regarding any diagnosis, prognosis, treatments or medications. You must consult with your tax accountant regarding any specific tax advice prior to taking any action. You must speak with your financial/investment/insurance advisor prior to taking any action on existing insurance or financial investments you own. Lastly, you must speak with your own Pastor/Priest/Rabbi/Clergy for your personal spiritual guidance. The Maxben System is a unique tool and guide to help seniors, families and caregivers - by no means does it replace the advice of the appropriate professionals and it should not be relied upon solely.*

version 3.1 5908

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