

Vandenack Weaver Truhlsen – S1-E32-Rachel Truhlsen Life Care Planning

Speaker 1: ([00:03](#))

Welcome to the Vandenack Weaver, Truhlsen legal visionaries podcast brought to you by interactive legal here's your host Mary Vandenack.

Speaker 2: ([00:12](#))

Welcome to today's episode of Vandenack Weaver, Truhlsen law visionaries, a weekly podcast discussing updated legal, new news, as well as evolving methods of providing legal service. My name is Mary Vandenack, founder, CEO, and managing partner at Vandenack Weaver, LLC. I will be your host as we talk to experts from around the country about closely held businesses, tax trust, and estates, legal technology, law firm, leaders, and wellbeing for lawyers. Before we start today's episode, I want to thank our sponsor. Here's a message from interactive legal.

Speaker 3: ([00:52](#))

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Speaker 2: ([01:42](#))

This episode is on care management services. My guest today is Rachel Truhlsen. Rachel is a special attorney to me. We got to work together early in our careers, and then she went established a great estate planning practice business practice. Rachel became very passionate about the care management services today's podcast is about that. So, thanks Rachel for joining us.

Speaker 4: ([02:08](#))

Thanks for inviting me.

Speaker 2: ([02:08](#))

So can you Rachel tell us, I mean, you're absolutely passionate about the life care planning services that you've started for elder law. Can you start by just giving us an idea about how your passion evolved and, and how you decided to develop this area? Right.

Speaker 4: ([02:26](#))

Well, and like you said, I've been doing estate planning for, all of my law practice years and so that's 26 years. I've developed a lot of great relationships along the way and over time I probably over the last five to six years, I saw more of a transition in my clients as they aged as I aged. We developed those relationships where they needed other type of planning and I was able to help them with the estate planning side of it, but I was never able to address those issues related to their aging process and that

just became more apparent to me as time went on and as a lawyer and as you know, we're problem solvers. And so, when our clients come to our office with the hope that we can help them address those issues, and we feel like we're not well equipped to do that. I just saw that that was a gap in my practice where I needed to address those issues. So, I educated myself on elder law and then went on from there and more of the life care planning too. So, when clients came in and had questions about how do I pay for care? I have a loved one at home with dementia or chronic us. And how do I pay for that? How do I find the resources?

Speaker 2: [\(03:43\)](#)

So you back in, so what you're doing is you've kind of said, Hey, I've been doing estate planning and your practice is what I would describe as relational, right? So, some lawyers in estate planning do what they call a transactional practice. It's like up, here's your estate plan, here's your brochure, go on, you know, call me and file five years, right? Here's your letter that says, I have no further responsibility. You instead have taken a different path and said, look, I've been doing this 26 year is what you said. Right. Right, right. And your practice, as I understand, it is a lot of people that came to see you 26 years ago, you've either handled their estates because they died, right. Are still working with them and they're aging. Right. And what you wanted to do was kind of connect the dots between here's the estate planning and here's implementation right.

Speaker 2: [\(04:30\)](#)

Of the planning right. In the form of life care planning. So can you speak to, because I have sent some clients and I'll tell you that Sherry DIA, that we work with thin marketing and I were at the college series the other night with a client, who's just, you know, one of your glowing, you, she should, she should write a testimonial for you because, you know, you stepped in at a time when she was caring for a family member who was gonna pass away, did pass away and your care and management team came in and helped. So, can you just talk about, you know, what exactly does it mean care management, especially in the context of being in an estate planning law firm? I just don't think a lot of people connect that with law firms and you, part of who I asked you is, you know, this is law visionaries, and I think it's really visionary and extremely important what you're doing right.

Speaker 4: [\(05:20\)](#)

Well, and that's, we run into that a lot because we have a health, healthcare, professional and staff. So, we have an elder care coordinator who happens to be an occupational therapist. So, she has that health background. So, when people would come to the office with questions about care, I'm just a lawyer. And so, I don't know how to advise them on the care issues. I can prepare the estate planning documents; we can do asset protection. We can also find the resources to help them pay for the care. But navigating the medical side of that is where that healthcare professional really comes into play and they just come alongside the family, plug them into whatever resources they need primarily to keep someone at home for as long as home is the safe place to be, and they can be successful in that environment so we've got, myself at the office, who's the elder law attorney, our elder care coordinator, who's our healthcare professional. And then folks in the office who are medical, or I'm sorry, our government benefit specialists.

Speaker 2: [\(06:18\)](#)

And as I understand it, the reason the model works is the healthcare licensing and the legal licensing are two different things, right? And that somebody couldn't provide healthcare licensing things within the scope of their license for a law firm, but that the care management a little bit different role. So, they're not actually providing healthcare services. They're helping clients find healthcare services that they

need. Is that a fair way to characterize that? And that's a good distinction.

Speaker 4: (06:46) That's a very good distinction because the elder care coordinator doesn't actually provide the healthcare services herself. She coordinates those. So we have a network of trusted resources that we use, whether it's home health services to plug people in for whatever they might need for activities of daily living, whether it's housework, whether it's bathing, whether it's just helping with those day to day functions, even grocery shopping, whatever that might look like. We also involve their doctors of course, too. So, our elder care coordinator will go to doctor appointments with our clients just to make sure that the right information is being shared and the correct information is being received and then conveyed to the family also. So, she's really that bridge between the healthcare workers and the care that the elders are receiving and the family.

Speaker 2: (07:41)

And so let's say I have an 89 year old mom myself, right. And she's had some recent health issues where she's thinking about it. So, in her case, she's still driving. She was happy when they gave her driver's license again, this last round and she's living independently, but she's just getting a little nervous at home because of some health issues. So, she's gotten frightened a few times, but she can still take care of herself. So can the care manager come in and meet with somebody like her and help evaluate, Hey, what strategies can we take? What things can you implement here in your home, right. To help you stay here and feel more comfortable about it? Absolutely.

Speaker 4: (08:21)

Yeah, absolutely. And because most people want to stay home. I rarely have anyone coming to my office that say they want to move out of their home as quickly as possible. They want to stay there and so we'd plug in those resources and the sooner you plug in resources, the better chance of staying at home longer. And if you plug in the resources from the community can help with those day to activities, whether it's within the home or even outside of the home, whether it's mowing and, and lawn maintenance and home maintenance, all of those types of things, plug those services sooner, plug them in sooner rather than later the chances of staying at home are better and the elder care coordinator will come into the home and evaluate the home and make sure it's a safe place and since my elder care coordinator happens to be an occupational therapist, that's how she's actually specifically trained to look at the home and make it functional for someone to live there safely.

Speaker 4: (09:11)

Then we have resources that we can bring in make the house accessible if there's mobility issues. Also, the next thing is actually putting a plan in place for what does that look like when home is no longer the best place and that involves the decision making of the family and the elder to make those determinations, where do you want to be wherever that next transition looks like? Where do you want to go? or better yet, where do you not want to go? You know, what is your list of needs and wants and needs and find available places for that. We'll tour with the families to go through those facilities, to look at the options and put that next plan in place because home is no longer the safe place. And that could happen very suddenly. You want to have a backup plan in place

Speaker 2: (10:02)

And that plan should be in advance. Right? Absolutely. And I think that's one of the things that I really like about the way you handle your practice is you bring up that long term, those long-term issues. In our early stage, we are going to take a brief break from our episode for a word from one of our sponsors, Carson, private client

Speaker 5: [\(10:20\)](#)

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Speaker 2: [\(11:21\)](#)

Okay, let's continue our episode. Well, let's talk for a minute about there's some other law firms that are doing some life care planning. That's become something that elder law practices have considered. You have kind of a unique model. Can you speak to how your model works?

Speaker 4: [\(11:36\)](#)

Well, our model again, we've got our I'm the attorney in the office and our elder care coordinator and our public benefit specialist. So, when we meet with clients and they decide to do life care planning with us, we do that on an annual contract basis. And the reason we like that, and the reason it's worked so well is because I think lawyers oftentimes get a bad rap with every time you call a lawyer, you get a bill, you get a charge and we don't want to be that way. We want them to call us whenever there's an issue they don't want, I don't want them worried about a bill and that has worked well with our practice and our elder care coordinator. Isn't in the office very often. She's out in the field most of the time, because most of her work is outside of the actual office space and she's involved in the transitioning of all of their care managing that and the family really relies on her fairly heavily and we're, we are open to that and we want that to be the way this relationship works, because that's why we implemented the services and that's, our goal.

Speaker 2: [\(12:44\)](#)

So what you have as a model where a client pays a set amount per year, or is that amount evaluated based on their likely needs or

Speaker 4: [\(12:53\)](#)

It's that it's a flat fee for the first year. And then it renews after the second year. And it's based on what we think their needs might be for the year, because every family's different and every life care plan looks different. So, we evaluate those, and we create those design, those based upon their specific needs and the rates are this at reflect that.

Speaker 2: [\(13:11\)](#)

So there there's somewhat customized in terms of anticipating the needs. It's not just like, Hey, you're gonna pay X amount forever, even though you might not need us for 10 years. It's just sort of like, you have this annuity, I could see that could work either way. So you have to kind of look at that, evaluate that on annual basis on

Speaker 4: [\(13:28\)](#)

Annual Practice perspective.

Speaker 2: [\(13:28\)](#)

Right. Right. When, on your side of the planning where you're connecting the dots, what just, what generally, what planning are you doing in the elderly area?

Speaker 4: [\(13:39\)](#)

I do all the estate planning work and then we also do asset protection. So if we have a Medicaid situation, if we're gonna plan for Medicaid, whether it's a crisis situation or even long term, when we do Medicaid planning, there's two types it's we do crisis planning, which would mean an immediate need. So we have someone that needs to go move to a care facility and qualify for benefits and in that realm, you may have someone that be, would be eligible for Medicaid fairly quickly, just depending on, what their resources look like. They may already be, be below a level where they can actually qualify for medic assistance, or we may have clients who are over resourced and in that case, what can we do at this late stage to protect as much assets as, as we can and still qualify for benefits. So that's our crisis planning.

Speaker 2: [\(14:30\)](#)

And do you, I think you do some VA benefits work as well.

Speaker 4: [\(14:33\)](#)

I MVA accredited so we can help people qualify for aid in attendance benefits.

Speaker 2: [\(14:38\)](#)

So there's an accreditation to work with the VA, is that specifically for lawyers or is

Speaker 4: [\(14:43\)](#)

That can be also lay people they can become accredited also and lawyers are also accredited,

Speaker 2: [\(14:48\)](#)

But for you in designing an elder law firm, what you decided is what are all the service services and the types of places and the types of issues that come up in elder law. And that's kind of what you have targeted. Absolutely both from the legal perspective and the care planning perspective.

Speaker 4: [\(15:03\)](#)

And the other thing that we do, that's fairly unique is we do Medicare consulting and we do that every, open enrollment period, which starts in October ends in December and we've been doing that for the last two years. And last year I believe we saved our clients over \$52,000 in Medicare premiums and that's just with their part D plans. So, it's important for people to review those on an annual basis. The formularies change with their drugs every single year. So, what plan they may be in this year may not be the best plan for them next year. So, it's important to evaluate those and you can change those plans based upon your prescriptions.

Speaker 2: [\(15:43\)](#)

That's an area that you really need to know. Right. I know my mom calls me every year and I'm like, oh, I'm grateful to have the affiliation with you because I'm like, okay, this is going your way this year. Right. Because I look at that stuff and I have to say, I think you must really be on top of it and know it. And as you say, you save clients a lot of money. And I think it's just really, it's sort of like trying to figure out coding in the healthcare world type of

Speaker 4: [\(16:05\)](#)

It's thing's, it's confusing and it changes all the time too.

Speaker 2: [\(16:09\)](#)

Yeah. And I think that's the significant factor. So, you can't decide, Hey, this is what's gonna work for this year and this is what's gonna work for next. Right. Were there, are there any other thoughts you want to just add or elaborate on about the services that you're providing model you're providing or,

Speaker 4: [\(16:24\)](#)

One of the things I do want to just stress is that people don't wait to plan because people tend to wait. And I think when they receive a diagnosis there's a process there that they must go through to accept that and learn to deal with that illness, whatever it is. And I think oftentimes people don't reach out because they think they have it all under control. And I think the sooner that people reach out and ask for help, the sooner we can plug in those resources and become alongside the family and really help them through that. So not only do we provide resources and that support, but we also can educate too. We have clients who we just have a recent client in the last couple weeks who was diagnosed with an illness real years ago, but she was never given the resources to really identify how do we treat this and how can she help herself through this illness?

Speaker 4: [\(17:22\)](#)

So that's what our elder care coordinator is working on right now is providing her with that education and those resources. And I think families, when they get a diagnosis, they almost feel like they don't have any control anymore. So, by offering those resources and that support and letting them know you're still in charge, you're still in control. And these are the decisions that we need to make. It's your choice. These are your options. And how do we move through this process? What do you want to do? What does your plan look like? The sooner they reach out for help, the sooner that we can come alongside and they can, we can make this be a process where the family can work together and not have, have as much caregiver burnout over time.

Speaker 2: [\(18:05\)](#)

And what I think I've seen since we started working with you, is that just communicating about the concept and the possibility of that type of service is important in almost any estate plan meeting. Because what I found is, I can mention it to a 50-year-old, very healthy adult. And maybe that person isn't ready to be thinking about his or her care planning, but suddenly, it's like, oh, that might be useful for my mom. And I should be talking to her because they tend to think of estate planning in a box. And then they only deal with the care management issues when it becomes a significant issue, right?

Speaker 4: [\(18:42\)](#)

And then we're in a crisis situation. And when we're in a crisis, you have less options. It's gonna cost you more and it gonna cause more stress to the family. So the sooner people reach out when there's an issue where there's a diagnosis, the, the more relief that that can be provided over time and the more money that can be saved too

Speaker 2: [\(19:01\)](#)

Well, Rachel, as you know, I have a relational practice too, that goes back quite a few days at this point. And so, I really value your kind of your approach to estate plan and what you've built for the elder law practice and going into the care management. So, I think that's just a phenomenal service to be

providing to that clientele. And so, thanks for being with me today.

Speaker 4: ([19:23](#))

Thank you for asking me to come.

Speaker 2: ([19:24](#))

And so that's all for today. Thanks for listening. Today's episode and stay tuned for our weekly

Speaker 1: ([19:35](#))

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Speaker 6: ([20:13](#))

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