

# Estate Planning for the Chronically Ill, Aging, and Otherwise Vulnerable or Isolated Client

By Martin M. Shenkman

**A**ttorneys routinely build flexibility into their documents to address the uncertainty of future tax laws. This same care can be applied to helping clients deal with the uncertainties aging and chronic disease may bring. Certain clients are more vulnerable to financial abuse and other gaps in their estate planning safety nets. This heightened risk may be because of the challenges of aging, chronic illness, and other similar circumstances. Those clients who require extra precautions in the planning process will be referred to as "vulnerable clients." This article will explore four key points of planning for vulnerable clients:

- Some practitioners seem to assume that planning for the aging and those with chronic diseases is identical to Medicaid planning. Whether or not Medicaid planning is relevant, many other issues remain that aging or chronically ill clients, even those with substantial net worth, should address. Thus, a different approach and focus to planning is called for.
- Professional literature, although addressing how clients need specialized estate planning to address human vulnerabilities arising out of the aging process, rarely addresses the needs of the much wider array of clients who are affected beyond their normal aging, such as those living with chronic illness. This is

important to consider because the planning for such persons may differ. What is sometimes referred to as "later life" planning in the literature is just as applicable to younger clients facing the challenges of chronic diseases.

- The traditional or typical estate plan often is inadequate to provide for the safety and human needs of many vulnerable, aging clients or those with chronic diseases. This article will discuss the scope of those needs with a particular emphasis on the chronically ill client. This article then will provide practical suggestions to enhance traditional planning and documents by incorporating additional safeguards. As a result, readers should gain an increased appreciation for dealing in a broader way with the challenges of what typically has been viewed as estate planning.
- Traditional estate planning relies to a significant extent on naming family fiduciaries as the primary means of providing protection from life's challenges, for example, a health-care agent or agent under a financial power of attorney. Elderly and chronically ill clients without the safety net of a spouse, siblings, or other close family member on whom to rely for help need a different approach to planning, one component of which may be to designate outside fiduciaries. Such clients are referred to as "isolated" vulnerable clients, and planning for them is different and requires

special documentation. This article will offer suggestions on how to plan estates and craft documents for these isolated vulnerable clients.

## Aging: A Growing Number of Clients Are Affected

Although the aging of the population is common knowledge, the magnitude of this event may not be:

- 5 million baby boomers will retire every year for the next 15 years. Retirement is a major life inflection point that will have many of these people reconsidering their estate plans.
- By 2050, people age 65 and older are expected to constitute 20% of the total U.S. population.
- The fastest growing demographic segment of the American population is those age 85 and older. In 2010, 5.8 million people were age 85 or older. By 2050, it is estimated that 19 million people will be in this group. Considering that approximately half of them will have some degree of cognitive impairment, planning for this client segment needs to be more robust than merely using a durable power of attorney. Further, if almost half of those age 85 and older face some cognitive impairment, many of those without such impairment will find themselves cast in the role of a caregiver. The caregiver's needs also must be addressed when crafting an estate plan. Naming each spouse as the primary fiduciary for the other is certainly appropriate (and

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customary) for many clients, but is it truly realistic and protective of older clients?

The effects of aging alone do not illustrate the full range of challenges faced by the aging client. Notably, the number of divorces among older Americans has grown rapidly, and such divorces even have earned a nickname, the "silver divorce." Since 1990, the divorce rate has doubled for Americans over age 50, and more than doubled for those over age 65. This trend suggests that careful consideration of the possibility of divorce is a factor when designing an older client's estate plan, in particular as it relates to the selection of agents. If an older client is likely to be divorced, is it reasonable or safe to rely on the current spouse to serve as a fiduciary? If divorce is so common, is it really advisable to fund a spousal lifetime access trust, one to which the donor spouse will have no direct access? Perhaps a "floating spouse" clause, which is one that defines a beneficiary spouse as whomever the client is married to at the time of a distribution, rather than by a spouse's name, should be more commonly used for older clients.

### **Chronic Disease: A Large Number of Clients Are Affected**

The incidence of chronic disease is far more prevalent than most practitioners realize. In part, this is because 96% of the symptoms of chronic illness, such as chronic fatigue and chronic pain, are invisible. This lack of awareness is compounded by the reality that many clients facing the challenges of chronic disease do not understand the need to be open about their symptoms and disease course even though such disclosure is essential to their attorney tailoring an estate plan for them. Chronic illness is by no means limited to the elderly. It is just that the incidence of chronic disease increases as people age. Chronic disease must be factored into planning because of the effect it has on the lives of those affected. For example, 26% of those ages 65 to 74 are living with a chronic illness that

has a significant effect on their lives. For older clients the statistics are worse.

Consider the following:

- 130 million Americans are already living with a chronic disease.
- 5 million Americans are estimated to have Alzheimer's disease.
- 60 million Americans now suffer from multiple chronic conditions.
- 400,000 Americans are now living with multiple sclerosis.
- 12 million Americans are living with chronic obstructive pulmonary disease.
- 1 million Americans are living with Parkinson's disease.

The clear implication of these statistics is that a substantial number of clients are living with chronic illness, but practitioners may not become aware of it when meeting with them. In sum, the implications of the increased rates of divorce and chronic illness must be factored in when planning for aging clients. Many clients living with chronic illness, regardless of their age, will be isolated, vulnerable, or both, and planning for their estates must address the issues these clients currently face, or which they may confront as their disease progresses. Merely completing the traditional array of estate planning documents is not sufficient to provide these clients with adequate protection. More is necessary.

### **Financial Abuse Is Important to Address**

Elder financial abuse is a significant problem for the aging client, and, as more clients continue to age, the statistics will grow worse in the absence of good planning. According to one study, major financial exploitation occurs at a rate of 41 per 1,000. Practitioners proactively need to help clients build a planning team and address this widespread risk. For example, a common tool used in committing elder financial abuse is the ubiquitous power of attorney. In

many cases after the agent has made transfers or payments, it is uncertain whether the principal intended those transactions. When the agent's actions were inappropriate, redress is often impractical or impossible. Creating a broader-based and more comprehensive plan may offer the needed protection, not only for the vulnerable or isolated client but also for all clients. This is important to consider because there is no certainty which client will become vulnerable or when.

### **Financial Abuse Is Not Just "Elder"**

The phrase "elder financial abuse" is inappropriate and should never have been coined. It detracts from the broader challenges because it suggests that only those of advanced age are taken advantage of financially. The reality is that anyone with an infirmity, weakness, or dependency, whether because of the challenges of aging, chronic illness, mental illness, disability, or other incapacity, faces an increased risk of financial abuse. A young client facing challenges brought about by young onset Parkinson's disease (YOPD) deserves the same attention and protection from possible financial abuse as does an elderly client. The message is that the possibility of financial abuse affects not only the elderly, but also other vulnerable clients, and practitioners need to guide all of these clients on what can be done to protect against such abuse. Commentators should broaden the scope of their discussions about financial abuse by eliminating the misleading modifier "elderly." Doing so might encourage more estate practitioners and advisors to reach a more realistic view of this significant issue and address these risks as they affect a larger class of their clients.

### **Broaden the Scope of Services Provided**

Many practitioners, even those aware of the challenges faced by a vulnerable or isolated client, do not sufficiently guide that client on some of the protective steps that are

available. These practitioners do not expand beyond using what are typically described as "traditional" estate planning documents. Although the approaches taken in the traditional documents clearly are helpful, they fail to use a number of techniques that would more fully protect such a client. A broader perspective is essential for the client's benefit. It also will lead to a larger array of services that can be offered by practitioners and can emphasize the estate planner's importance to such clients, especially as estate tax planning concerns become less important with the current inflation-adjusted exemptions.

### 1. Selection of Potential Fiduciaries for Vulnerable or Isolated Clients

Although every practitioner is knowledgeable about the characteristics of a "good" fiduciary, more discussion about the selection of fiduciaries would be beneficial, especially in light of the risks of chronic disease and aging. How often is a client who names a spouse, followed by a sibling, as agent engaged in a discussion about the health and age of such potential fiduciaries? With the growth of silver divorce, it may not be appropriate to name a client's spouse in many instances. A common scenario, and one that will become more common as our population ages, is the client with no spouse or partner, no children, and no siblings. Traditional planning will not suffice if a client is single, perhaps has no immediate family, or, if there is some family, the family members live too far away or, even if geographically close, are not appropriate for the client to rely on. Planning for someone without relationships that safely can be tapped for fiduciaries presents unique challenges. The modifications or additional steps to better safeguard vulnerable or isolated clients can be viewed as comprising four different categories.

**Family Fiduciary Risks.** Conventional estate planning often presumes that the client has a safety net and several trustworthy family members to designate as fiduciaries. The reality is often quite different. Consider:

- Only about 20% of people currently live in a nuclear family (married with children). Much of estate planning literature presumes the presence of nuclear families. This, in fact, has not been the norm for quite some time. As family structures evolve, more focus is needed when creating a safety net for the vulnerable or isolated client.
- Single women over 85 are one of the fastest growing demographic categories in the United States. According to the U.S. Census Bureau, about 700,000 women are widowed each year, and they will be widows for an average of 14 years. Men also are becoming widowers at increasingly higher rates. With advancing age, widowers and widows will find that their friends and siblings also are dying or are facing the same health or aging challenges as they are. As a result, many of those facing the challenges of chronic illness or aging, or, as often will be the case, both, will have few or no close family members and are otherwise becoming increasingly isolated from their wider family.
- The burgeoning growth in elder financial abuse, most of which is committed by family members, highlights the importance of proper precautionary measures. Practitioners need to more carefully guide clients in their selection of agents and other fiduciaries and design safeguards against abuse by those eventually selected. The reality of financial abuse should call into question the common default practice of automatically designating family members as fiduciaries.

**Conversation About Individual Fiduciary Candidates.** Even with clients who suggest that their spouse, child, nephew, or cousin be designated as an agent, it becomes incumbent on the practitioner to engage those clients in a conversation

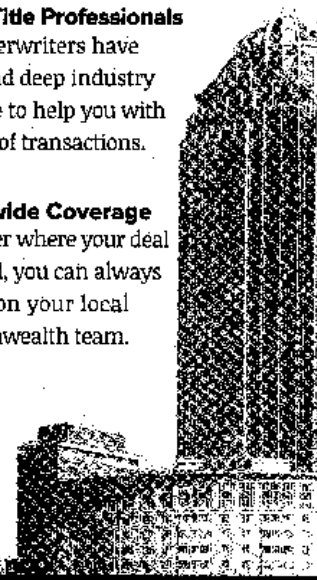
about the advisability of choosing such a person to serve in such a powerful capacity. How long has the client had a relationship with the proposed agent? What is his financial status? Does the candidate-agent have drug, gambling, criminal, or other issues that might make him inadvisable? Is the client's relationship with the candidate-agent realistically close? Does the candidate-agent have the sophistication to serve? What is the candidate's age and health status? Vulnerable clients need to consider seriously the use of


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**Consideration of Corporate Fiduciaries.** Many clients have an initial negative reaction to naming a corporate fiduciary. Often their concern is based on a perception about the incremental costs or a corporate fiduciary's rigidity. These perceived issues are ones practitioners aptly can address by educating clients about how corporate fiduciaries approach their job and what can be included in estate planning documents to guide such fiduciaries in their decision making.

For many vulnerable clients, relying on family members (assuming they even exist) alone can be a mistake. The statistics about the prevalence of financial abuse, especially in the use of powers of attorney, should be a warning to such clients. Also, depending on the age and health of family members sought to be named as an agent or fiduciary, is it really practical for them to take on the responsibilities the vulnerable client will need addressed? Handling all the financial affairs for someone who might live for decades with a chronic illness is a very significant commitment. For these reasons, in many instances, naming family members together with a corporate fiduciary will provide a vital safeguard. In fact, for clients facing the challenges of isolation as well as those of vulnerability, a corporate trustee may be the only wise choice.

Acting as an executor, an initial trustee, initial co-trustee, or successor trustee for a revocable trust is a familiar role for a corporate trustee. Even so, additional steps in the creation of estate planning documents are advisable. Such steps will be described later.

Existing, long-term relationships between a client and a bank or trust company with a full array of fiduciary services can serve as the keystone of the vulnerable or isolated client's safety net. In such cases, the practitioner needs to take advantage of, and expand on, the use of such services. The gist of such planning is to put a structure in place to address

the added and changing needs of the client if and as aging or the progression of a chronic disease worsens. The traditional paradigm of a well client who suddenly becomes incapacitated, while applicable to an acute medical event or injury, is simply the wrong construct to understand or plan for aging or chronic illness. The reality is often a slow, erratic loss of capabilities. As that progression occurs, at some range of points, the involvement of the institution could steadily grow. With proper planning, a reputable bank or trust company can be placed in a position to assist with many aspects of that client's finances, from bill-paying and managing credit cards, to more services as are appropriate for any particular phase of the client's aging or disease.

If a client is so isolated that he has no individual to name as the agent under a power of attorney, then a fully-funded revocable trust could be the keystone of that client's estate plan. Even then, employing a durable power of attorney to catch assets or matters that were not transferred to the revocable trust should be incorporated into the plan. If the client is unable to select a reliable agent, appointing an institutional agent is a potential solution. Not all corporate fiduciaries, however, are familiar or comfortable with acting in such a capacity and may decline such an assignment, at least when initially approached.

If a corporate fiduciary's initial response is to decline, what can be done to give a corporate trustee comfort to act as an agent?

- If the keystone of the estate plan is a funded revocable trust and a corporate trustee is named as a current or successor trustee, it may be feasible to name the corporate trustee as agent under the durable power of attorney. If the corporate trustee is serving as trustee of the revocable trust, it may be more inclined to view serving under the same client's power of attorney as merely an extension of its role as trustee of the trust.

- If the client fully funds the revocable trust with all of her assets, the role of the agent is greatly reduced. Perhaps the sole remaining duty of the corporate trustee as agent under the power of attorney would be to transfer any assets to the subsequently acquired trust. The corporate fiduciary then would handle the assets as the trustee and not as attorney-in-fact.
- The corporate trustee might prefer a clear event to trigger the beginning of its service as attorney-in-fact, such as a notice from the client or designated person. In this event, the corporate trustee could minimize or avoid liability exposure before it knowingly accepts an active role as agent.
- The corporate agent could be given an unrestricted right to resign at any time.

**Professional Health-Care Surrogate.** If state law permits, an isolated client with no family member or friend to name as an agent may be able to hire (contractually designate) a professional, paid health-care agent to act on his or her behalf. If this approach is used, the revocable trust could direct the successor trustee to pay the fees of, and costs incurred by, such a professional health-care surrogate in carrying out the client's wishes. Such wishes should be specified in the agreement with the hired surrogate and also included in the client's living will.

## 2. Document Modifications for the Vulnerable or Isolated Client

To better protect and safeguard an isolated client, that is, one without a closely known fiduciary to nominate, consider the following suggestions.

**Disability Provisions.** Disability clauses must be treated with particular care. Practitioners too often assume a client will become incapacitated at a discrete point in time and, before such point, will have no challenges. Although this situation might be true in the case of an acute health event or accident, it generally is not

the case for an aging client or one with a chronic disease. The decline from what might be viewed as the client having capacity, to the point at which the client might not be deemed to have capacity, is often a gradual and fuzzy progression. Most importantly, the client may need assistance long before he is incapacitated (or realizes it), and he may never be incapacitated in the sense of not having the intellectual capacity to make decisions. For example, someone living with rheumatoid arthritis in his hand and wrist joints may find it difficult or even impossible to write or handle paperwork. He otherwise is perfectly capable of decision making but still needs assistance with those tasks. Will the disability clause in a springing power of attorney account for that? Many common chronic diseases (for example, COPD, multiple sclerosis, Crohn's disease, and colitis) are typified by attacks or flare-ups. If the client is hospitalized for several weeks, the client may well meet the definition of disability during the period of hospitalization and technically be terminated from serving as a trustee of his or her revocable trust. But when the client is released from the hospital, he or she may be perfectly capable and desirous of resuming management of his or her revocable trust. An on-again/off-again pattern of removal and reinstatement could result. Apart from the sheer awkwardness of such transitions, there could be significant legal concerns. Was the client-trustee incapacitated at the time a particular contract was signed? Modification of standard disability provisions may be vital to protecting the client.

**Physician Orders for Life Sustaining Treatment (POLST).** For an isolated client with no one to name as her health-care agent, using a POLST, if permitted under state law, could be a viable alternative approach. A POLST is a medical order addressing end-of-life treatments and is prepared by the client's physician. One advantage it affords is that the POLST is an actual medical order and will be included in the client's patient chart. It also is binding on emergency

medical workers, such as ambulance personnel, whereas a living will is not. For the isolated client, a POLST affords the important advantage of effectiveness once done and does not require decision making by an agent designated by the client.

**Living Will.** This common document can be of increased importance to the isolated client who does not have a person to designate as a health-care agent. Practitioners should review whatever standard form is used to be certain that it operates independently of a health proxy, which may not exist. If a POLST is used in conjunction with a living will, practitioners should endeavor to make sure the two documents are not inconsistent and that they will operate in concert.

**Power of Attorney.** The real issue of a client's naming a friend or more distant family member as her or his attorney-in-fact is the risk that the appointee's loyalty might prove to be more toward his or her own pocket than to the client's needs. A fully-funded revocable trust and corporate agent could avoid this risk. If a family member or friend is named as agent in a power of attorney, but concerns exist about one or more of a form's typical powers, such as gifting, then those particular powers can be tailored to address such concerns or eliminated. For clients with significant health issues, consider coordinating any financial power of attorney with each of the client's medical documents. Agents controlling financial powers should not be able to override health-care decisions by interposing their beliefs as to end-of-life care by what they will or will not pay for. Estate planners should consider mandating each financial agent to pay for any medical or health-care decision contained in the client's other documents. Practitioners should consider integrating a monitor position into the power of attorney. For example, an independent CPA firm and its successors could be given the role of maintaining records for the agent, thereby introducing a valuable check and balance on the agent.

**Revocable Trust.** For the vulnerable client, estate planners should consider a revocable trust instead of a durable power of attorney to manage the client's financial affairs during incapacity. As discussed above, the use of a revocable trust could permit the naming of a corporate fiduciary as co-trustee or successor trustee. Corporate trustees have the professionalism, safeguards, reporting, and other mandates of which few individual fiduciaries are even aware. Thus, the corporate fiduciary's internal controls and safeguards become those of your client. For the vulnerable client to fully avail himself of these benefits, practitioners should consider some or all of the ancillary steps noted below. Even with the use of a corporate fiduciary, practitioners should consider implementing several different types of monitoring relationships to add checks and balances. For example, perhaps the client has an individual friend or family member who can be given limited powers as a trust protector and, as such, could remove and replace the institutional trustee in the event that the current one is not providing the desired level of service. A trust protector role, rather than a fiduciary, can be a much safer use of such a relationship. It also can provide an important check on the corporate trustee named. In powers of attorney for vulnerable clients, practitioners should consider using a reporting monitor, such as the independent CPA suggested above. Finally, practitioners should consider adding a requirement that the corporate trustee engage an independent care manager to periodically assess the client and issue a written evaluation to the institution and perhaps to a trust protector.

### 3. Ancillary Planning Steps to Enhance the Document Safety Net

Estate planning documents are not sufficient to serve the vulnerable client. Planning for such a client should include assuring that the client has additional mechanisms to protect him in light of current or anticipated health challenges. Ideally, this type

of planning should be implemented before the client has significantly deteriorated from a chronic illness or the challenges of aging so that the client can test the mechanisms and refine them if desired. Frequently, this type of ancillary planning is vital for allowing the client to retain control of his finances while minimizing the risk of financial abuse and other risks. Unfortunately, this type of planning often is not seen as the primary responsibility of any of the client's advisers, such as the attorney, CPA, or wealth manager, and consequently is often left unaddressed.

**Record Keeping.** Automating the client's checkbook and finances can help address many of the practical issues for the vulnerable client. For example, reminders easily can be set in Quicken and similar programs so that the client does not overlook important bills, tax filing deadlines, and the like. As the client ages or disease progresses, automating reminders (and other important steps) can protect the client. Whether the estate planning attorney assists in setting this up, or involves the client's accountant to handle the entire matter, what is vital to the client is that these matters are addressed proactively. Even wealthy clients require a financial plan to assure there will be adequate resources for what might be decades of post-retirement life. Keep in mind that, although some chronic illnesses reduce one's life expectancy, many do not. So, the assumption that long-term financial planning for chronically ill clients is less important for a particular client should not be made unless the attorney has specific knowledge about how long that client will live. The core of every financial plan is a realistic budget and investment plan built on financial targets (a grandchild's wedding or automating a home to make it accessible in light of the client's deteriorating health). Too often, budgets are based on computerized assumptions or estimates because the client provides no hard data. Once a client's checkbook and other financial transactions are computerized, it becomes a simpler task to generate current and prior year

expenditures by category and use that information to develop a realistic budget. If the client has a particular chronic disease, or is facing the challenges of aging, a care manager can provide a care plan and estimates of the costs that may be incurred in the future. The plan or estimate then can be incorporated into a budget. The practitioner should guide the client to convert to paperless record keeping. The boxes of old bank statements and tax returns so many clients retain in a basement or attic are a tempting target for home health aides, repair persons, and others. Having these documents scanned and then shredded can be a simple, yet powerful safeguard against financial abuse. If the client is not able to handle this, vendors can pick up the documents at the client's home, scan them, shred them, and deliver a DVD or portable hard drive with images of those documents. Although this may be a simple step conceptually, few practitioners view such actions as part of their estate planning responsibility. But not addressing this issue shortchanges their clients.

**Power of Attorney Implementation.** The mere execution of a durable power of attorney will not suffice to protect the vulnerable client. Further steps are advisable. The client should be guided to simplify her financial matters so as to minimize the complexity and challenges that will face an agent having to operate in the future. The consolidation of one's assets into a limited number of institutions will result in less paperwork and the need for fewer approvals an agent must obtain. Basically, consolidation makes an agent's work simpler, easier, and less costly. It will make it easier for a monitor to oversee the agent's activities.

**Funding the Revocable Trust.** Estate planners should guide their clients to create new checking and other accounts in the name of the revocable trust and to transfer appropriate assets to the trust. Consolidating accounts into one institution, especially if it is the institution serving as a current trustee or named as a successor trustee, will provide greater

security for the client. Even switching credit cards to ones issued by the institution named as successor trustee can simplify the work for that trustee and create a readily available record of transactions. Such a record quickly provides data to that institution about the client's spending patterns and standard of living. Each of these steps can make it safer, quicker, and less costly for a successor trustee, especially a corporate one, to step in to assist the client in an emergency. These steps also will make it simpler and more secure when the baton is passed from the client (as initial trustee) to a bank or other corporate trustee (as the successor trustee).

**Residence Considerations.** A corporate trustee might have concerns about holding the client's residence in the revocable trust, especially when the institution is based in a state other than the one where the home is located. A single member limited liability company could be formed to own the home. The home then might be deemed an intangible asset and not subject to the laws of a state other than where the corporate trustee is based. Because a single member LLC is disregarded for tax purposes, the LLC will create no negative income tax effect (although it might adversely affect a senior citizen's property tax discount). Also, the trust instrument could be modified to expressly permit the trust to hold and retain personal use assets, such as a residence.

#### 4. Collaborative Team Approach

Vulnerable clients are protected by established safeguards, checks and balances, and independent oversight. A powerful way to accomplish these objectives is to form a broad-based, collaborative, advisory team: an estate planning attorney, a trust officer, an insurance consultant, a care manager, wealth manager, a CPA, and others. Such an approach would enable the client's disparate advisers to collectively share information, and, if one adviser is aware of one issue and another adviser is aware of a different issue, the entire picture can be more easily known to the team. A collaborative team effort can greatly reduce the risk of any one adviser missing an

important issue. A collaborative team effort also can minimize the likelihood of an adviser acting alone (the "silo" view of planning) inadvertently permitting abuse of the client. Further, a team approach can reduce the risk of a single adviser actually abusing the client or aiding in the client's abuse.

**Involve a CPA Firm.** Vulnerable clients can use an independent CPA to add safeguards to any plan. As noted above, a CPA could be named in a formal role as the monitor under a power of attorney or revocable trust. The CPA industry promotes CPAs as trusted advisers, and in many instances, they can be preferable to other options clients have. The client should create a relationship with a CPA firm now, even if only to provide simple tax return preparation services at the outset. This relationship should be fostered over the years. Then, if the client ever becomes incapacitated, the then-existing relationship with such an independent CPA would aid the CPA in her role as a monitor, resulting in additional protection

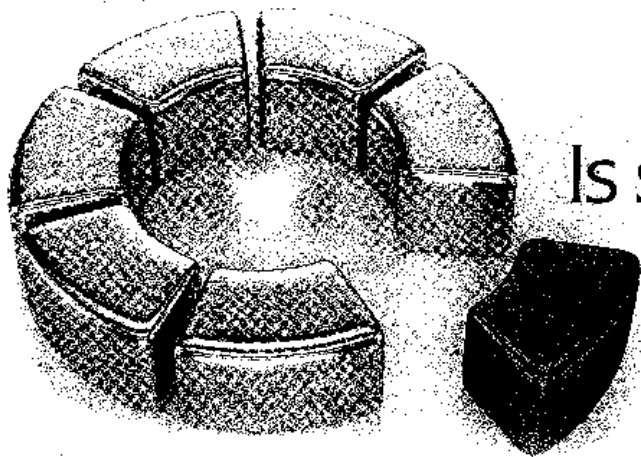
for the client. CPAs have training and experience to serve in the monitoring role and can be part of a program of checks and balances. The CPA should monitor the client's bank accounts, investments, and payment activities, even before such monitoring appears to be needed. Encourage clients to begin developing such a relationship now, well before they require it. Practitioners should consider a provision in the revocable trust mandating that the trustee pay an independent CPA to maintain books and records of the client's finances. This role should not be particularly costly or difficult and can prove to be an invaluable safeguard.

**Care Manager.** Practitioners should incorporate a care manager as an active member of the advisory team. As noted above, practitioners should consider mandating that the trustee of the revocable trust have an independent care manager conduct periodic evaluations and report to the trustee and perhaps to an independent person as well. This allows a

skilled professional to see the vulnerable client in his living environment to identify care, lifestyle, and other issues or concerns that a bank or trust company needs to know but may not have the expertise to observe for itself. The financial planner should obtain specific input from the care manager about large future costs.

### Conclusion

Clients living with chronic illness, or facing the challenges of aging, require enhanced estate planning. Their need for a comprehensive, broad-based estate plan gives practitioners an opportunity to expand the scope of their practices, while providing greater protection to a class of clients much in need of such expanded assistance. Whatever any individual practitioner chooses to do, be assured that the task of addressing the challenges faced by an increasing number of vulnerable and isolated clients is becoming a significant aspect of the estate planning process. ■



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