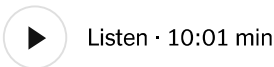


How to Help Your Aging Loved Ones Plan for the Future

Learn as much as you can about setting up the financial, legal and medical components of late-in-life care — and do it earlier than you might think.



By Elie Levine

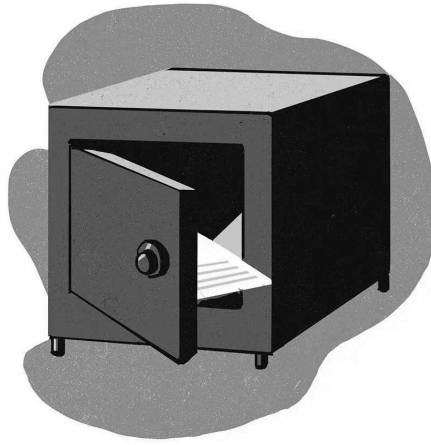
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Making end-of-life plans for your loved ones can feel like a burden. It is, almost by definition, complicated, and it might require having difficult conversations and sorting through a seemingly endless stream of forms and terminology. But it's essential to your family's well-being — and it's worth doing earlier than you might think.

The first thing to know: There's no one-size-fits-all approach to planning. But think of this as a starter kit that covers how to handle your parents' current or future health challenges, and how they'll pay for medical care. (Knowing about their medications, current finances and living situation can also help you prepare for an emergency medical situation.) Below are some of the questions to consider and discuss with your loved ones.



Jovana Mugosa

What is a will, and how is it different from a trust?

A **will** designates who will inherit assets and take care of young children and pets after one's death.

“If we don't have anything in place, then we are leaving it up to the state, and that can be really harmful when thinking about legacy in families,” said Whitney Knox Lee, the founding attorney of Wills for the People, an estate law firm.

A **living trust** also distributes property, but, unlike a will, it provides the opportunity to place more guardrails around one's assets. It might ensure, for example, that young children cannot access large sums of money until they are older. (Parents should also look into 529 plans, tax-advantaged investment accounts for education.)

While a trust is more expensive to set up than a will, it gives you “a lot more control from beyond the grave,” said Michael Pevney, who has an estate planning law practice in California.

A simple estate plan involving a will can cost \$500 to \$1,000, while a more involved plan with a trust can cost \$3,000 to \$5,000. Knox Lee said that in cities like Atlanta, where she works, and New York, fees are higher. And the price can rise depending on how many assets a person has.

Jovana Mugosa

Do I need to hire a lawyer?

It helps to have a lawyer set up a will or a trust, but you generally won't need one to handle other important documents. Many states offer planning forms online.

Still, professionals can provide support. Pamela Wilson, a caregiving expert, said it was helpful to work with a specialist in elder law, probate law or estate planning. "I don't recommend family law or your realtor attorney or your friend who's an attorney, because if your situation is very complicated, those attorneys are going to miss out on the nuances," she said.

Every state has law offices that provide free consultations, though they can be hard to qualify for, Knox Lee said. (You can search online for free legal services available locally.)

"I have seen legal ChatGPT wills, and when you're thinking about cost and value, keep in mind that what is at stake is everything that matters to you in your life, including your children," she said.

Jovana Mugosa

What about other financial documents?

A **power of attorney** is a document that allows someone else to make financial decisions on your behalf. A durable power of attorney is effective immediately after it is signed, and it remains in effect in the event of incapacity. A springing power of attorney takes effect only under certain conditions, such as when one becomes medically incapacitated.

Make sure that beneficiaries are listed on life insurance policies, retirement accounts and payable-on-death bank accounts, or turn them into joint accounts. (Codifying a beneficiary will override a will.)

Jovana Mugosa

What medical arrangements should my parents make?

Start with an **advance health care directive**, a legal document that outlines end-of-life care decisions. In New York, there are three types of advance directives: a **health care proxy**, a **living will** and a **do not resuscitate order**, or **D.N.R.**, though the paperwork differs from state to state.

A **health care proxy** is someone who can make decisions when the patient is incapacitated. (States have different names for this; one is health care power of attorney, which may grant broader authority than a health care proxy.) In some states, this will also designate the person who makes funeral arrangements.

Entirely different from a last will and testament, a **living will** is a document stating end-of-life decisions. It has space for patients to provide written instructions for how to carry out their wishes.

A **D.N.R.** states whether health professionals should attempt C.P.R. or allow a natural death after the patient's heart or breathing stops. Some states have a form called a **MOLST**, short for medical orders for life-sustaining treatment. It's a one-page document that covers D.N.R.s, as well as possible medical interventions like feeding tubes and antibiotics. (The form goes by other names, including **POLST** and **POST**; you can find the acronym used by your state online.)

Though advance directives are most important for patients who are seriously ill, it's a good idea for anyone with health issues to have them; they can be tricky to obtain, so the earlier, the better. Depending on the state you live in, you might need to have it signed by a witness or two, or get it notarized. Make sure any advance directives are on file with your loved ones' primary care provider, specialists and any local E.R.s. At home, paramedics are trained to look at or even *in* the refrigerator; you can try attaching a copy of the D.N.R. or MOLST there.

Jovana Mugosa

What are the options for living arrangements?

Activities of daily living, known as A.D.L.s — like getting dressed, sorting medications and even moving from a bed to a chair — tend to get more difficult with age. But your loved ones might want to stay in their home. There are two types of **home care**: **nonmedical**, which provides companionship and assistance with A.D.L.s, and **medical**, which includes nursing service.

- **Independent living facilities** offer in-house activities and a sense of community in a campuslike environment. They're best for active, healthy older adults.
- **Assisted living facilities** often have the look and feel of independent living, but they offer more help with A.D.L.s. They're best for people who don't need round-the-clock nursing care, but who require some supervision.
- **Personal care homes** are small, with only two to 12 residents. They assist with A.D.L.s.
- **Memory care** units cater to the needs of patients with memory loss and are usually attached to assisted living facilities. Reminiscence therapy, for example, uses prompts and objects to spark conversation about the past.
- **Continuing care retirement communities**, or C.C.R.C.s, are also known as life plan communities. They combine multiple services, such as independent living, assisted living and memory care. The advantage of a C.C.R.C. is the continuum of

care it provides; patients stay in the facility and progress may progress to the next level if needed. Some C.C.R.C.s offer short-term **rehabilitation** for patients who are recovering from injuries or surgery.

- **Nursing homes** provide care for people with more serious health conditions and help with A.D.L.s.
- **Hospice care** is specialized end-of-life care. Its goal is to manage patients' symptoms and keep them comfortable for the time they have left. In order for a patient to qualify for hospice care, a doctor must certify that the patient has six months or less to live. Hospice care can happen in the home (the most common setting), in a hospital or in a dedicated facility. People who receive hospice care still need a primary caregiver, usually a friend or family member, though a full-time aide can also be an option, albeit an expensive one.

When you're looking for at-home hospice care, make sure to ask questions. Find out when and how often the hospice nurse will visit, and whether your loved one will have just one nurse or a team.

The same goes for all types of inpatient care. Your responsibility doesn't end when you place your loved ones in a facility. Keep an eye on whether the facility is meeting their needs and your standards.

Jovana Mugosa

How will my parents pay for care?

Medicare and Medicaid can help with late-in-life care, but can also be confusing to navigate. Medicare doesn't cover assistance with ADLs, though it typically does cover short-term nursing-home care after a qualifying hospital stay. If your parents have Original Medicare, they can go to any nursing home; if they have an Advantage plan, their options are more limited.

Medicaid, however, *does* cover care in an institutional or at-home setting. The income limit in most states is \$2,982 per month (\$5,964 for couples). If they make more than that, they can "spend down" their income to qualify. As long as they spend the surplus on medical care, Medicaid covers their care.

Keep in mind that many states require Medicaid to recover the payments when your parents die. Medicaid might do this by filing a lawsuit against their estate, Knox Lee said.

"What that means is that grieving families are getting a letter in the mail saying, 'The person who passed away owes us \$150,000,'" Knox Lee said.

If your parents have the means, they might be able to fund their own care out-of-pocket, but they'll need to draw from a substantial store of money, whether that's a health savings account, short-term bonds, a retirement account or cash. Another option is to invest in a private long-term care insurance policy, but by the time most people are thinking about long-term care insurance, it's often too late to find an affordable policy, said Knox Lee: The cost of premiums is based on age, so the younger and healthier they are when they buy insurance, the better.

Jovana Mugosa

When should I start the conversation around long-term planning?

Take the initiative and act early.

Jacquelyn J. Revere moved across the country to care for both her mother and grandmother when she was 29. She now leads an online community called the Care Den, providing caregivers the support she wishes she had.

“No meaningful decisions can be made if the paperwork hasn’t been put into place,” she said. “Learn as much as you can and then get the paperwork in order.”

A correction was made on April 9, 2026: An earlier version of this article referred incompletely to Medicare coverage at long-term care facilities. It typically covers only short-term nursing-home care after a qualifying hospital stay.

When we learn of a mistake, we acknowledge it with a correction. If you spot an error, please let us know at corrections@nytimes.com. [Learn more](#)

Elie Levine, who normally works on The Times’s Games team, is currently on assignment as a reporter.