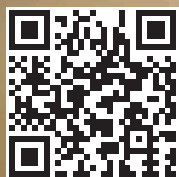


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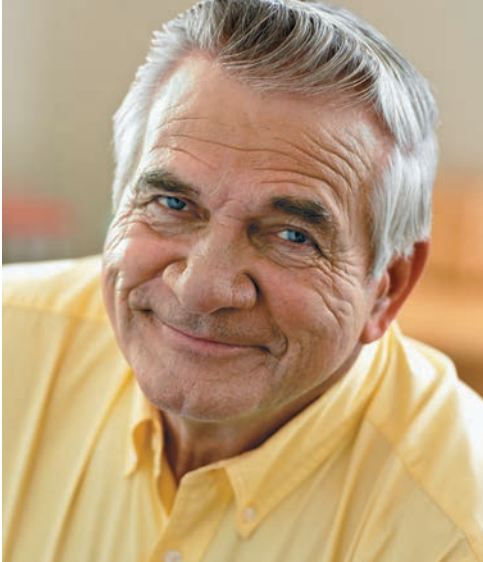
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Welcome To The AgingOptions Resource Guide

The oldest members of the Baby Boom generation started turning 65 beginning Jan. 1, 2011 and for the next 19 years an estimated 10,000 Baby Boomers will do so each day. By 2030, when all the members of the Baby Boomers (26 percent of the population) have celebrated their 65th birthday, fully one-fifth of the U.S. population will be at least 65 years of age.

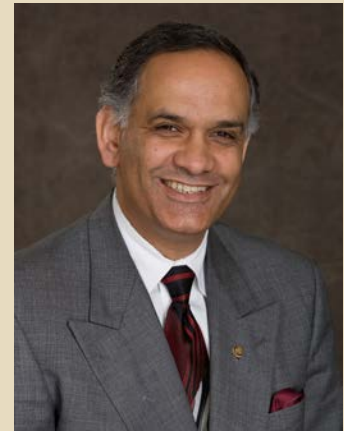
For most Baby Boomers on the threshold of retirement, hitting age 65 represents the end of their working lives and the beginning of a life filled with travel, spending time with family and friends and generally doing the things that their work life got in the way of accomplishing. But, retirement also brings with it worries about losing assets to medical and long term care costs, having to deal with institutional care and becoming a burden on others according to a 2013 Merrill Lynch study. A study in 2009 found that older adults experienced fewer of the benefits of aging than younger adults expect to enjoy when they grow old.

Why is that? About one-in-five Americans 65 and older say they have a serious illness. One-in-six report they can't pay their bills. One-in-seven cannot drive. One-in-ten feel they aren't needed or are a burden to others. Yet few of those problems are planned for in traditional retirement planning. For those who do engage in planning solutions are often fragmented and ineffective.

Proper retirement planning, on the other hand, coordinates a comprehensive array of services to address healthcare, housing, financial and legal issues. Proper planning can help you to:

- Avoid institutional care if possible;
- Choose the most appropriate housing alternative if remaining at home is no longer possible;
- Protect your assets not just from probate and estate taxes but also from uncovered long-term care and medical costs; and
- Avoid becoming a burden on your loved ones should you become incapacitated

This guide is a primer designed to help you identify these issues and help you to develop a comprehensive and meaningful *LifePlan* for a better retirement.



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“ Let our advance worrying become advance thinking and planning. ” ~Winston Churchill

LifePlanning

Because
traditional
planning is a
recipe for disaster
for most retirees



A political cartoon from 2013 showed a map and dozens of pins. Every pin said, “You are here.” When you hire a financial planner and a housing professional and a lawyer and a doctor, that’s the sort of map you’ll get. Everyone thinks they are right when they tell you where you are. No one is necessarily lying. But no one person knows the entire story. It’s like the children’s story about the elephant and the six blind men. Each man believes he is right and the others are wrong but each man only has a part of the reality of what an elephant is.

That’s what fragmented planning is. You think you have all the information and have made good solid choices but because you are looking at separate instances you are unaware of how they relate to each other and how a decision in one arena will impact other areas. In contrast, a *LifePlan* is a methodically developed strategy that coordinates the five major aspects of aging (health, housing, finance, legal and family) within a framework designed to: protect your assets from uncovered medical expenses and long term care costs; help you avoid undesirable institutional care; and avoid becoming a burden on loved ones if incapacity strikes.

The goal of *LifePlanning* is to promote and maintain the good health, safety, well-being, and quality of life of elders and their families. Elders and their families get access to a wider variety of options for care as well as knowledgeable guidance from a team of compassionate advisors who help them make the right choices about every aspect of their well-being.

LifePlanning Law Firms rely on an inter-disciplinary team that works to identify present and potential future care needs, and locate appropriate high-quality care. This approach relies less on crisis-oriented transactions and more on the development of on-going relationships with families.

The heart of the elder-centered law practice, a *LifePlan* defines, organizes, prioritizes, and mobilizes every aspect of elder care. In addition to traditional asset-focused Elder Law services such as estate planning, asset

preservation, and public benefits qualification, a *LifePlan* typically includes provisions for care coordination, family education, health care and financial decision-making, care advocacy, crisis intervention, support and other services. Every *LifePlan* is designed to achieve three primary objectives:

- Make sure the elder gets appropriate care, whether at home or in a residential facility, to maintain the quality of life that he or she desires.
- Locate public and private sources to help pay for long-term care while resolving issues created by the high cost of care.
- Offer peace of mind that results when the right choices are made to ensure loved ones are safe and getting the right care while preserving family resources.

LifePlanning Law Firms use a model called the Elder Care Continuum to help individuals understand the natural progression of aging.

In this analysis, an individual’s journey might begin with total independence. As his or her health declines however, that independence gradually begins to decline as well. Initially, that decline may only mean the reliance upon additional help to make meals or maintain mobility. At some point, the decline begins to impact activities of daily living (frequently referred to as ADLs). ADLs involve physical functions such as being able to bathe or toilet. It may also become difficult to continue socializing with others without assistance due to inability to drive. As each of these areas declines, it impacts the health, mobility, housing and financial resources of the individual.

Your initial meeting with a *LifePlanning* Law Firm may focus on your place on each line of the Elder Care Continuum. Gaps in care can then be identified and solutions discussed for closing those gaps. When your customized *LifePlan* is developed, it defines, organizes, prioritizes, and mobilizes every aspect of care, to maintain the quality of life that you desire.

Who needs a *LifePlan*™?

If you're a Baby Boomer, you will

By 2050 there will be 2 billion people over the age of 60 in the world, meaning there will be more old people than there will be children under the age of 15. By then, 65 countries will have populations in which the elderly will make up 30 percent or more of the population and 80 percent of those elderly will live in emerging and developing economies according to the World Health Organization (WHO).

In a global survey, the United States ranked number 8 in a comparison of 91 countries, came in 36th for income security and 2nd for employment and education. To keep things in perspective, the percentages were a great deal poorer. If we think of those percentages as grades, the United States never scored better than a C+/B- for any of the criteria.

The world's governments are failing on so many levels to prepare for a future dominated by the need to care for a growing elderly population. All of which is to say that if you are hoping Uncle Sam will help you with the aging process, you've only to look at our recent stall out in the government to realize that you're best off with an alternative plan and if you are hoping to leave American soil for greener pastures you really have very few options. Which puts the ball right back in your court.

So how will you plan for a time in which you will need more resources, better health and better access to the help you need? We must choose to look at the future and realize that our families will need to be a part of our future care and that for that to happen they need to be a part of the discussion now while that care and those resources aren't needed. And we can recognize that the choices we make today will impact us for the rest of our lives. Those choices include when to take Social Security, where to live, how we care for our health and yes even how we spend or save our money in order to start the journey towards our best life and death.

For most Americans, planning for the end of life will rank right up there cost-wise to purchasing their last

home. The average cost of final arrangements for a loved one in the United States is around \$10,000. Making legal arrangements for disposition of assets, powers of attorney, trusts and/or other estate planning documents may cost tens of thousands more depending on the estate. Yet, contrasts those cost with the costs of having a loved one spend one year in a nursing home which starts on the low end at around \$80,000 and proceeds quickly to \$100,000 or more. The national average for assisted living facilities runs around \$3,550 a month. At home care is in comparison a more reasonable average of \$42,000 a year for full time care but still well outside the average family's abilities. And scarily, those costs have only to do with housing costs and nothing whatsoever to do with the health care costs associated with medications, medical procedures or hospitalizations.

A recent study from the Center for a Secure Retirement found that Baby Boomers are "largely uninformed and unprepared for the day-to-day care they may need in retirement" with nearly three-fourths of middle-income Boomers having no plan for their retirement care and only 20 percent having a rough idea for how they'll receive care. Nearly half of middle-income Boomers have not discussed how they wish to receive care and 56 percent haven't talked about how they'll pay for it. That last shouldn't come as a surprise as most of them significantly underestimate the likelihood of needing long term care and most haven't a clue as to how much all that care will cost and a significant (78 percent) share of them think that Medicare will pay for long term care and 34 percent have never heard the term long term care insurance. Frankly, that's a lot of things to get wrong about something that is just on the horizon for a large share of our population.

Throughout this magazine, we'll look at how a LifePlan can change the conversation about retirement, both the good and bad of it, to give you proactive and productive steps that put you in charge of your future.

Six steps to take while planning for retirement

Retirement is one of the most important things you'll ever do. Because many of the decisions you make for retirement will affect you for decades, it's a good idea to approach it with checklist in hand. Here is a list of things you should do before retiring.

- 1. Check to make sure retiring is really what you want to do.** For many people, retirement isn't something they look forward to and if you're one of those, finding a way to remain at your current employment or finding a substitute either through volunteering, beginning a business or starting a new career can provide the stimulation to make retirement fun. In addition, delaying retirement can allow you to continue to add to your 401(k) or at least put off getting disbursements from it, and it can delay your need to begin collecting Social Security so you can maximize those benefits. If you're not sure that retirement is for you, some places allow you to cut back without completely leaving the workplace. In effect, they give you the opportunity to try out retirement without committing to it.
- 2. Decide if you can afford it.** Some people will reach retirement age and have to retire, either because they are ill or because their spouse is ill. For everyone else, retirement shouldn't just be a date on the calendar, it should be when you have the finances and the desire to allow you to do so. Create a retirement plan and test it by trying to live off what you'll be receiving in benefits. Check with Social Security to find out what your benefits will be from them. Then look at 401(k) plans, pension, savings and other retirement accounts. From that figure, determine whether you can live on those funds or if you would be better off postponing retirement for a time. Remember that these funds are likely going to have to fund not just today but a tomorrow that is likely decades down the road. If you're healthy now, you may not be at some future date and you should plan around that. Financial experts project that the average couple will need \$250,000 for healthcare costs alone and those costs are above and beyond the costs associated with long-term care. If you

don't already have a financial planner, hiring one now can make sure you haven't missed something crucial in your planning and can help keep you on track.

- 3. Figure out what your retirement expenses will be.** If your retirement plan includes traveling, keep that in mind when you're budgeting for retirement. The cost of retirement can drop a bit when you are no longer commuting to work or paying for lunches, work attire etc but other costs can rise such as health care costs that are being partially or fully shouldered by an employer now but won't be in the future. Be realistic in what you'll save and what will replace those costs.
- 4. Plan for two phases of retirement—when both spouses are living and when only one survives.** Some pension and retirement plans die out when the beneficiary dies. That can mean a substantial cut in income and benefits when one or the other spouse dies.
- 5. Revisit your housing situation.** When you initially purchased your home it was probably to make sure your kids could go to the best schools or because it was within commuting distance from work. Now that those original reasons for choosing your home no longer exist, take another look at your current housing choice but look at it with an eye to how much it costs to remain there, whether it fits your current and future lifestyle, whether its location will allow you to pursue new interests and of course whether or not you can comfortably age in it. Retirement is a good time to reassess your living arrangements and make a change if one is needed.
- 6. Look for options for staying busy.** You can only sit on the couch and veg for so long. Then you'll want to have something to do to stay busy, active and engaged. Plan accordingly so you'll have options for doing so. Spend time seriously contemplating what you would do with an open horizon of time and how that time can be used to fulfill your retirement hopes.

“Every financial worry you want to banish and financial dream you want to achieve comes from taking tiny steps today that put you on a path toward your goals.”
~Suze Orman

If you think only the wealthy need financial planners, think again. Anyone who has spent a sleepless night worrying about whether or not they've socked enough away for their child's college fund, or their own retirement account or how a parent's sudden downturn in health will affect their own finances knows you don't have to be rich to need a trusted advisor.

The trouble is anyone can call themselves a financial planner. What you want is a Certified Financial Planner (C.F.P.). That's a person who has met educational and experience requirements and has passed an exam on an array of financial topics.

To find a C.F.P., ask people you trust for recommendations. Keep in mind that a young family's needs will be different than a retiree's, so ask someone with similar needs and lifestyle as your own.

You can also go online to search a database of people who have passed the C.F.P. standards. And of course you can also find a listing of trusted business partners such as the Preferred Partners program at AgingOptions.

Most C.F.P.s earn their salary one of two ways. They either get paid a flat fee by you for their time and advice or they earn commissions on products they sell. Some earn money both ways. Planners that earn commissions may or may not be acting in your best interest. If you decide you wish to work with someone who earns commissions, make sure you ask them if they intend to operate as a fiduciary. A fiduciary is a legal term requiring a C.F.P. to recommend the best product for you even if it earns them less money. Get it in writing if they are going to be a fiduciary.

Some C.F.P.s believe so strongly that commissions create a conflict of interest that they belong to the National Association of Personal Financial Advisors (www.napfa.org/), an organization of more than 1,300 fee-only financial planners.



Hiring a Financial Planner

Once you've put together a list of potential C.F.P.s, call each planner's office to find out if they work with people at your financial level. Set up a meeting with at least three of your choices and bring a list of questions to determine whether the relationship would be beneficial to you.

So how do you go about hiring a financial planner or financial advisor rather than hiring a highly paid salesperson? Expect to interview several prospects. Here are some questions to ask before you hire someone:

- What services do you provide?
- What types of clients do you specialize in?
- Can I see a sample of a financial plan?
- What is your investment approach?
- How much contact do you have with clients?
- What other costs will I incur?
- How did your investment solutions change after the 2008 crisis?
- If something happens to you, what happens to me?
- Do you do background checks on your staff?

It's just as important to look at how your potential advisor reacts to being questioned as it is to look at what his/her answers are.

The point of hiring a financial planner is to hire someone who presumably has more time and definitely more expertise to...well...plan your finances.

If you think of financial planning as a five-course meal at a fine restaurant says elder law attorney, Rajiv Nagaich, the menu may say it has five-courses to it and it may even charge as if it is a five-course meal. But when it comes time for actually sitting down in the restaurant there is no salad, there is no dessert, there's only the main course and to top it off you get what the restaurant wants to bring you rather than what you ordered. Financial planning involves multiple layers of planning but the majority of the people doing financial planning out there are just giving you the main course.

That's not to say that there aren't capable advisors working at banks and brokerage firms or even that you can't find high quality advisors at places with bad reputations. It does mean that you need to shop carefully for an individual (rather than a company) that you can work with.



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Veterans benefits can help pay for long term care

The VA offers veterans and survivors two categories of benefit programs.

The first is the Veterans Pension which provides veterans and their families tax-free supplemental income to assist them with coping with financial challenges. To be eligible for the program the veteran must have at least 90 days of active duty service with at least one of those days during a wartime period. Veterans who entered active duty after Sept. 7, 1980 generally need to have served at least 24 months with at least one day during a wartime period (see note below).

Eligibility for most VA benefits is based on discharge from active military service under other than dishonorable conditions. In addition, the veteran must be either : 65 or older; totally and permanently disabled; a patient in a nursing home receiving skilled nursing care; receiving Social Security Disability Insurance; or receiving Supplemental Security Income; and a family income less than the amount set by Congress.

The second benefit program is the Survivors Pension benefit (Death Pension) which is a tax-free monetary benefit payable to a low income, un-remarried surviving spouse and/or unmarried children of a deceased veteran with wartime service. The un-remarried spouse may be any age but a child must be either: under 18, under age 23 if attending a VA-approved school, or permanently incapable of self-support due to a disability before age 18.

If you are eligible for the pension, you may also be eligible for two supplemental (Improved) pension programs designed for veterans and their spouses should they need assistance with Activities of Daily Living (ADL) such as bathing, dressing, eating due to the beneficiary having physical or mental limitations.

HOUSEBOUND BENEFITS:

This benefit is available to eligible veterans and their spouses who live at home. The benefit is available to qualifying veterans and spouses who reside in an assisted living facility or in their own home. To meet

the qualifications for household benefits, the veterans must have a single disability rated at 100 percent and have other disabilities rated independently at 60 percent or more or be permanently housebound due to the disabilities. Medical evidence of the disability is required. The veteran or the spouse cannot receive both Aid & Attendance and Housebound benefits at the same time.

AID & ATTENDANCE BENEFITS:

If the veteran requires the aid of another person in order to perform ADLs or if the veteran is bedridden due to disabilities or the veteran is a patient in a nursing home due to mental or physical incapacity or the veteran has eyesight that is corrected to 5/200 or less in both eyes or has concentric contraction of the visual field to 5 degrees or less, an increased monthly pension amount may be added to the monthly pension.

To apply for Veterans Benefits for the first time, the veteran must submit a copy of their DD-214, DD-215 or for WWII veterans their WD form. To request your military records, you'll need access to a printer and have Adobe Acrobat Reader software.

Benefits are technically available the day after a veteran transfers assets to meet financial requirements, however

It is critical to speak with an elder law attorney before transferring any assets as transferring access may impact your ability to receive Medicaid benefits.

A wartime period is at least one of the following:

- World War I (April 6, 1917 – November 11, 1918)
- World War II (December 7, 1941 – December 31, 1946)
- Korean conflict (June 27, 1950 – January 31, 1955)
- Vietnam era (February 28, 1961 – May 7, 1975 for Veterans who served in the Republic of Vietnam during that period; otherwise August 5, 1964 – May 7, 1975)
- Gulf War (August 2, 1990 – through a future date to be set by law or Presidential Proclamation)

Do retirement calculators have a place in your retirement plans?

How much money do you need to save for retirement? That's one of those questions that cause people to jump online to find the answer. The reality is that there is no right answer or perhaps there are many right answers. During a Preferred Partner meeting, one of the financial experts stood up and said something to the effect of, "if you can tell me exactly how long you'll live I can tell you how much you need to save." If a financial planner, who can sit down with you and ask you about your spending/saving habits, and about your goals is unable to give you more than a rough estimate of how much you'll need to have saved in order to retire, a calculator can't hope to project a true answer.

Which is why it's extremely important to understand that online calculators only provide a rough estimate of how much to save, not an exact figure. A Wall Street Journal article compares those calculators to compasses (notice not to a GPS) to give you some idea if you are headed in the right direction.

So why use a calculator at all if they aren't very precise? "Retirement confidence is strongly related to retirement plan participation," notes Jack VanDerhei, EBRI research director, and co-author of EBRI's 2014 Retirement Confidence Survey. Among the major findings in this year's report is that only 44 percent of workers report they and/or their spouse have tried to calculate how much money they will need to have saved by the time they retire so that they can live comfortably in retirement.

If you compare getting ready for retirement with getting ready for a vacation, you can see that it isn't just the destination you have to plan for, it's how much it will cost once you reach that destination and what other steps you need to take to be prepared for the event. If you haven't taken that first step to planning your retirement, consider attending a *LifePlanning* seminar. It will give you a start on understanding what all you will need to plan for as your retirement draws near.

Planning your retirement doesn't have to be **puzzling**.

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- Ensuring that your loved ones are taken care of
- Incorporating charitable gifting into your financial planning

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Reverse mortgages

Using your home to help you “age in place”

For most Americans, their house is their most important asset. Not only from a financial point of view in that it can be worth more than what you paid for it but also from an emotional point of view. For those and other reasons, nearly 90 percent of Americans 65 and over view their home as the place they want to live in as long as possible and 80 percent believe their current residence is where they’ll always live according to AARP.

Most people will need to be able to draw from Social Security, savings and retirement plans to finance their retirement. But sometimes unexpected expenses come up. If your health makes living in your home unsafe or a health problem (even one that you fully recover from) leaves you with a large bill and not enough income to pay that bill how do you unlock the equity you’ve built up to handle those kinds of crises? That’s the sort of question that reverse mortgages otherwise known as Home Equity Conversion Mortgage (HECM) loans were created to answer.

Traditional loans versus reverse mortgages

In a traditional loan situation, a homeowner owes a debt to a bank and over time gradually pays that debt down resulting in the homeowner having equity in the home. Lenders offering traditional loans verify income and perform a credit check to ensure that the borrower can make monthly payments. Those monthly payments gradually pay down the debt and the homeowner’s value in the home increases. That increase is called equity.

Contrast that method to a reverse mortgage. Unlike a traditional home loan, the loans are available only to homeowners at least 62 years old or older and they turn

the concept of a loan on its head by having the equity decrease over time by cashing out that equity rather than increasing it and also by not requiring repayment from mortgage borrowers until the homeowner sells the home, dies, fails to pay property tax or insurance premiums or moves. The amount the borrower owes continues to grow and the value of the equity shrinks. By not requiring payment, homeowners don’t have to pass credit checks nor do they have to have income. At least that has been the case until changes Congress put into place via the Reverse Mortgage Stabilization Act take affect.

That act amended the National Housing Act with respect to reverse mortgages to authorize Housing and Urban Development (HUD) to establish additional requirements as necessary to improve the fiscal safety of the reverse mortgage program. Additional requirements include requiring homeowners to undergo a financial review before being approved for a loan and requiring a set-aside for taxes and insurance.

For a number of reasons but primarily because home loan requirements have eased to the point that people now buy more expensive homes with a lot less down, retirees often enter retirement still owing money on their homes. Over half of the American population age 55 to 64 carries a home mortgage according to a paper released at the 15th Annual Joint Conference of the Retirement Research Consortium. The percentage of people with debt who were on the verge of retirement rose from 64 percent in 1992 to 71 percent by 2008 and the value of that debt rose from \$6,200 in 1992 to \$19,100 in the same time frame.

Loan of last resort

Originally reverse mortgages were designed to help cash-poor older people stay in their homes, as a loan of “last resort.” But boomers ages 62 to 64 now represent 20 percent of prospective borrowers (62 is the earliest age you can apply), according to a recent survey by MetLife Mature Market Institute. Two-thirds of people considering a reverse mortgage today are under 70. The current average age of reverse mortgage borrowers dropped by nearly four years since 1990. The loss of pensions, the downturn in the economy in 2008, and inadequate savings have all impacted the ability of many retirees to meet the financial demands of retirement. According to the National Council on Aging (NCOA), about 44 percent of reverse mortgage borrowers have incomes under 200 percent of the federal poverty level (\$22,980 for a single individual). Increasingly, reverse mortgages are becoming part of retirement planning.

Before reverse mortgages, if a homeowner needed funds, he or she could access the equity in their home either by selling the home or borrowing against the home. Neither option appealed to many older homeowners. A

reverse mortgage provides a third option for people not planning on leaving their homes to their children.

Getting a reverse mortgage is a decision that should be weighed carefully. For one thing, just like a mortgage, reverse mortgages have fees associated with closing costs such as a loan origination fee, appraisal, title search and insurance, surveys, inspections, recording fees and other fees. Those fees are relatively high—as much as 5 percent of the loan amount. Another reason to be careful before choosing to get a reverse mortgage is that getting a reverse mortgage may impact your ability to access government programs such as Medicaid and VA benefits and community programs since these programs use income and or other means-tested criteria for determining eligibility.

An elder law attorney or financial advisor with experience in these areas should be consulted prior to taking out a reverse mortgage. That said, a reverse mortgage can be the vehicle that allows you to continue to age in your own home. To read more on reverse mortgages, ask for our white paper on the topic.



Do you have a LifePlan?

A plan which includes the key factors in your aging and retirement plan such as Health, Housing, Financial and Legal, and how they impact you and your family? If not, then you should visit

us online to learn more about it:

AgingOptions.com



AgingOptions

PROTECTING ASSETS • PRESERVING QUALITY OF LIFE

Pre-planning Your Funeral: Eliminating the Guess Work For Your Family

About two million Americans die each year. For many of them, someone—a family member or possibly a friend—will have to plan a funeral while also handling the grief and stress brought on by death. You can reduce the impact your death brings on your loved ones by pre-planning and even pre-paying for your funeral.

Pre-planning your funeral

Pre-planning funeral arrangements allows time for you to shop around to discover what options you consider important and determine who can provide you those options at the most reasonable cost.

Even if you make no other arrangement, talking to your family members about your final wishes at a time when your death is not imminent can relieve future stress and even provide a measure of reassurance when the time comes to enact the plans.

Make sure you have a good understanding about your rights before you buy any funeral products. One of the first places to begin looking is with your state's licensing board. In Washington, that board is the Washington State Attorney General's office.

Some things to consider while planning your funeral are:

Final disposition-Depending upon your religious beliefs, customs and personal beliefs your choice might be a full service, immediate burial or direct cremation.

Your finances-Funeral and cremation costs can vary considerably even within the same town. Under the "Funeral Rule," the Federal Trade Commission requires that funeral directors provide itemized prices. You can find more information at <http://www.ftc.gov/>.

Veterans-All veterans, some civilians with military-related service and some public health service personnel are entitled to a free burial and grave marker in a national cemetery. Spouses and dependent children are also entitled to a lot and a marker when buried in a national cemetery. You can

find a list of national and state cemeteries at http://www.cem.va.gov/cem/grants/veterans_cemeteries.asp.

Prepaying your funeral arrangement

Some buyers see prepaid funerals or products as an inflation hedge as the cost of funerals in recent years has risen faster than the Consumer Price Index. Generally, you have two choices for prepaying a funeral.

Pre-need trust-Similar to a life insurance policy, a pre-need trust generally has a term of three, five or ten years for example. The caveat here is that if you have a terminal disease, you may not be insurable and if you die before paying the account in full, your loved ones will need to cover the remainder of the funeral costs.

Funeral insurance-This policy covers you the moment you sign. The benefit to this option is that these accounts are generally not taxable; many insurance policies accrue interest, which guarantees your costs against inflation. One advantage in purchasing funeral insurance is that the insurance is not counted as an asset when determining eligibility for Medicaid. The disadvantages include that funeral insurance is often overpriced as compared to other forms of insurance and the benefits may be variable or decrease drastically once you reach a certain age.

Another option-A POD (payable on death) account (also known as Transferable on Death) allows you to name a beneficiary on your bank account or other assets such as stocks, bonds and mutual funds.

Whatever your decision about planning for a funeral, make sure that your family is aware of your decisions and that they are up to date to avoid them duplicating your efforts (and potentially your costs as well). Keep funeral information in a location easy to access and avoid a safe deposit box (people rarely die on a bank's time schedule).

evergreen **WASHELLI** SEATTLE BRIER BOTHELL

“Every Life Has A Story”



Washelli



Abbey View, Brier



Columbarium

Final decisions tend to be colored by grief, not by reason

Why So Many People Choose To Plan Ahead...

Joint Decision Making

Important decisions about cemetery options and funeral services are made clearly together, not alone in a time of grief.

Peace of Mind

You will be secure in knowing that your expressed wishes will be carried out and your survivors will not face undue financial burdens.

Reduced Cost

Arrangements can be selected carefully at today's prices, eliminating tomorrow's costs. Freeze cost at today's price, guaranteed.

Payment Terms

Convenient monthly terms are available to match any budget and offer financial flexibility.

Asset Protection

By planning ahead, personal assets won't need to be exhausted to pay final expenses.

**Call Today to
Receive a FREE
Complimentary
Copy of Your
Personal Planning
Guide**

Evergreen Washelli
11111 Aurora Ave. North
Seattle, WA 98133
(206) 834-1961

Abbey View Memorial Park
3601 Alaska Road
Brier, WA 98036
(206) 834-1961

Evergreen Washelli
18224 103rd Ave NE
Bothell, WA 98011
(206) 834-1961

AgingOptions

RESOURCE GUIDE

Financial Advisors

Name	Addresss	City	Phone
Subeer Manhas (Please see our ad on page 9)	601 108th Ave NE Sste 2000	Bellevue	(425) 990-2772
Terwedo Financial Services, LLC (Please see our ad on page 11)	100 2nd Ave S. Ste 300	Edmonds	(425) 776-0446

Please see our story on page 8 on how to hire a financial planner

Name	City
Amerprise Financial Services	Bothell
Bowman Price Services	Bothell
Country Financial	Bothell
Dmg Investments	Bothell
Duitsman Financial Inc Services	Bothell
Eberle Investments	Bothell
Edward Jones	Bothell
Palisade Investments Pacific	Bothell
Reem Capital Investments	Bothell
Seawest Investment	Bothell
Stein Financial Svc Services	Bothell
Swinomish Capital Partners	Bothell
A.G. Edwards & Sons Incorporated	Edmonds
Briggs Karen	Edmonds
Burk Capital Management	Edmonds
Busy Investor	Edmonds
Cope Financial Services Services	Edmonds
D A Davidson & Co Services	Edmonds
Dream Investment Inc	Edmonds
Edward Jones	Edmonds

Name	City
Financial Strategies Services	Edmonds
Hagen Firm PLLC CPA's	Edmonds
Householder Group Services	Edmonds
Koenig Financial Group	Edmonds
Landa Financial Svc	Edmonds
Landa Financial Svc	Edmonds
McDevitt Capital Management	Edmonds
McRae Capital Management	Edmonds
RBC Wealth Management	Edmonds
Susan Youngsman And Company	Edmonds
Universal Financial Svc Inc	Edmonds
Universal Financial Svc Inc	Edmonds
Wealthstream	Edmonds
Wilson Investments	Edmonds
Cathie Arthurs	Everett
D A Davidson & Co Services	Everett
Dan Russell Services	Everett
Dogan Capital Advisors	Everett
Edward Jones	Everett
Everett Pacif Invest	Everett
Fidelity	Everett

Name	City
Financial Management Service	Everett
Hds Investments	Everett
Jack A Collins Ins & Invest	Everett
K B Investments Inc	Everett
Kms Investments	Everett
Pacific Hospitality Investment Liquidator	Everett
Prostar Financial Group Services	Everett
Raymond James Services	Everett
Route 526 Investors	Everett
Silver Firs Investments	Everett
Silver Firs Investments	Everett
Streich Financial Service Inc Services	Everett
Ameriprise Financial Advisors Services	Lynnwood
Chaney Capital Services	Lynnwood
Comprehensive Wealth Management Services	Lynnwood
D Squared Investments	Lynnwood
Edward Jones	Lynnwood
Fidelity Investments	Lynnwood
Fife Properly Investments Inc	Lynnwood
K M S Financial Services Inc	Lynnwood
Matthias Investments	Lynnwood

Name	City
Puget Sound Investment Group Inc	Lynnwood
Small Venture Capital Washington Limited	Lynnwood
Sound Financial NW Services	Lynnwood
Stan Corp Insurance Co	Lynnwood
Stein Financial Services	Lynnwood
Susan Youngsman And Company Services	Lynnwood
The Mutual Fund Store Services	Lynnwood
The Standard	Lynnwood
Waddell & Reed Services	Lynnwood
Wise Capital	Lynnwood
American Express Q S C Services	Marysville
Bonebrake's Funding Solutions	Marysville
Comprehensive Risk Management Services	Marysville
Country Financial	Marysville
Country Financial	Marysville
Debt Consolidation Services	Marysville

Name	City
Edward Jones	Marysville
Emerald Investments	Marysville
GE Financial	Marysville
Hayes Financial	Marysville
Home Financing and Tax Service	Marysville
JRM Financial Advisors Services	Marysville
Jtn Investments Inc	Marysville
Leader One Financial	Marysville
McKeon Financial Services	Marysville
Primerica Services	Marysville
Puget Sound Investment Solutions	Marysville
Sound Insurance Group Services	Marysville
Wellspring Financial Services	Marysville
Williams Investments	Marysville
Diversified Financial Advisors Services	Mountlake Terrace
Edward Jones	Mountlake Terrace
Suarez Gerard Services	Mountlake Terrace

Name	City
Weidner Investment	Mountlake Terrace
ACS Financial Services	Shoreline
Chipper Investments	Shoreline
Edward Jones	Shoreline
Edward Jones	Shoreline
Edward Jones	Shoreline
Edward Jones	Shoreline
Eisma Investments	Shoreline
Evergreen Financial Service	Shoreline
Fagerbiz	Shoreline
Ironwood Investments Services	Shoreline
Jeffrey Talbot Services	Shoreline
Kimm's & Associates	Shoreline
Market Street Investment Grp	Shoreline
O T B Investments	Shoreline
Pearson Family Investments	Shoreline
Tradewinds Capital Management	Shoreline
Northern Investors	Woodway

To Check the Disciplinary History of a Financial Adviser

North American Securities Administrators Association
202-737-0900 • www.nasaa.org

National Association of Insurance Commissioners
816-783-8500 • www.naic.org

Financial Industry Regulatory Authority
800-289-9999 • www.finra.org

Securities and Exchange Commission
800-732-0330 • www.sec.gov

Funeral & Pre-Planning

Name	Address	City	Phone
Evergreen Washelli (Please see our ad on pg 15)	11111 Aurora Ave N	Seattle	(206) 362-5200

Name	City
Bothell Funeral & Cremation	Bothell
Chapel-Resurrection Mausoleum	Bothell

Name	City
Evergreen Washelli Funeral Homes Crematory And Cemeteries	Bothell
Abbey View Memorial Park	Brier

Name	City
Abbey View Memorial Park	Brier
Evergreen Washelli Funeral Homes Crematory And Cemeteries	Brier

Name	City
A Sacred Moment	Everett
American Memorial Assoc Inc	Everett
C Benson Smith Funeral Director	Everett
Choice Cremation of the Cascades	Everett
Cypress Lawn Memorial Park	Everett
Cypress Lawn Memorial Park	Everett
Dignity Memorial	Everett
Evergreen Funeral Home And Cemetery	Everett
Evergreen Funeral Home And Cemetery	Everett
Linde Family Funeral Service	Everett
Purdy & Walters With Cassidy	Everett

Name	City
Purdy & Walters With Cassidy	Everett
Purdy Ellsworth L Funrl Dirctr	Everett
Solie Funeral Home & Crematory	Everett
Barton Family Funeral Service	Kirkland
Holyrood Catholic Cemetery	Lynnwood
Holyrood Catholic Cemetery	Lynnwood
Purdy & Walters At Floral Hills	Lynnwood
Cremation & Casket Alliance	Marysville
Funeral Alternative Of Sno Co	Marysville
Marysville Cemetery	Marysville
Schaefer-Shipman Funeral Home	Marysville

Name	City
Dignity Memorial	Monroe
Purdy & Kerr With Dawson Funeral Home	Monroe
Significant Ceremonies Nrthwst	Mountlake Terrace
Cedar Lawns Memorial Park	Redmond
Acacia Memorial Park & Funeral Home	Shoreline
Bauer Funeral Chapel	Snohomish
GAR Cemetery	Snohomish
Snohomish Cemetery	Snohomish
Woodlawn Cemeteries	Snohomish
Common Sense Cremation	Woodinville
Linde Family Funeral Service	

Social Security

Name	Addresss	City	Phone
Social Security Office	Ste 100 636 120th Ave NE	1-800-772-1213	Bellevue
Social Security Office	TTY	1-800-325-0778	Bellevue
Social Security Office	3809 Broadway	1-800-772-1213	Everett
Social Security Office	TTY	1-800-325-0778	Everett
Social Security Office	Ste 207, 18905 33rd Ave W	1-800-772-1214	Lynnwood
Social Security Office	TTY	1-800-325-0779	Lynnwood

Please check out our website at AgingOptions.com for dozens of stories about Social Security benefits or ask us about our Social Security White Papers.

Tax & Accounting

Name	City
BCFS Accounting & Tax Sltn	Lynnwood
Genes Accounting Tax Financial	Lake Forest Park

Name	City
Accounting Consulting & Tax	Bothell
Gpl Tax & Accounting Inc	Kirkland

Name	City
P & K Accounting & Tax Services	Marysville
Duce Tax & Accounting Service	Marysville

Name	City	Name	City	Name	City
Kazen Accounting & Tax	Marysville	Pearson Accounting Tax	Stanwood	Genes Accounting Tax Financial	Lake Forest Park
Estes Sandra CPA Lake Stevens Accounting & Tax	Lake Stevens	Snohomish & Monroe Accounting & Tax Service	Monroe	Gpl Tax & Accounting Inc	Kirkland
Mobile Taxes & Accounting Services	Snohomish	Lewis Tamera Tax & Accounting Service	Freeland	Bear's Accounting & Tax Services	Mount Vernon
BCFS Accounting & Tax Sltn	Lynnwood	Accounting Consulting & Tax	Bothell	Chaudhry Tax & Accounting	Edmonds

Veterans Benefits

Name	Addresss	City	Phone
MEDICAL FACILITIES			
Valor Healthcare-North Seattle	12360 Lake City Way NE, Suite 200	206-384-4382	Seattle
Seattle Vet Center	4735 E Marginal Way S, Room 1102	206-553-2706/877-927-8387	Seattle
Everett Vet Center	3311 Wetmore Avenue	425-252-9701/425-252-9701	Everett
Valor Healthcare-Bellevue	13033 Bel-Red Road Suite 210	425-214-105/425-214-1055	Bellevue
VA Puget Sound Health Care System	1660 S. Columbian Way	206-762-1010/206-762-1010	Seattle
CEMETERIES			
Tahoma National Cemetery	18600 SE 240th Street	425-413-9614	Kent
BENEFITS OFFICES			
Seattle Regional Benefit Office	915 2nd Avenue	800-827-1000	Seattle
VISN OFFICES			
Northwest Network	1601 4th Plain Blvd, Bld 17 4th Floor, Ste 402	360-619-5925	Vancouver
VET CENTERS			
Everett Vet Center	3311 Wetmore Avenue	425-252-9701	Seattle
Seattle Vet Center	4735 E Marginal Way S, Room 1102	206-553-2706/877-927-8387	Seattle
VETERANS ORGANIZATIONS			
VFW Post 2100	2711 Oakes Ave	425-257-2100	Everett
VFW Post 1040	PO Box 45	425-697-4102	Lynnwood
VFW Post 3348	PO Box 55164	425-766-5987	Seattle

Please see our story on page 10 on how Veterans Benefits can help pay for long-term care.

“It is health that is real wealth and not pieces of gold and silver.”
~Mahatma Gandhi

Your Health

Promotes
independence
and saves money

Why should an elder law attorney be concerned about your health? Everything to do with aging is wrapped around whether or not you remain healthy as you age.

Will you run out of money? The chance that you will increase dramatically if you need to move to specialized housing or need specialized care of any sort.

Will you be able to remain in your home? People with two or more chronic diseases often find that they cannot.

Will you be a burden on your children? It depends upon what you consider a burden but the chances increase that your children will be involved in the financial, housing, legal or health areas of your life if you allow your health to slide to the point that you yourself cannot remain in charge of them.

From what we now know, good health isn't something you start at 60. That's not to say you can't start at 60 and see some real benefits. You can start at 93 and see some benefits. For the optimum amount of benefits though, you need to start being concerned about and working at being healthy when you are in your 20s, 30s and 40s. Barring that, you should start today.



Our lifestyles are killing Americans

Less than half of all Americans meet the federal guidelines for activity. Unfortunately, even those adults that meet the guideline often negate the benefits of their activity by pursuing long periods of inactivity either through work (by sitting at a desk all day or commuting) or in their leisure time (by watching television, playing on the computer etc.). A 2012 study found that people spent an average of 64 hours a week sitting even when they met the federal guidelines for activity. While activity is good, each hour of sitting erases nearly 10 percent of the health benefit of an hour of running. This means that an individual that runs an hour each day can easily lose as much as 80 percent or more of the health benefits from commuting and being a desk jockey. If your exercise program is less rigorous, say for instance you do a brisk walk, the effect is even more scandalous. A moderate-intensity exercise program loses its benefit at a rate of 16 percent per hour of sitting.

The bad news is that the more you sit the greater your risk that your life will be shorter and that you'll have poorer health (and therefore reduce the likelihood of being able to live independently). At least one doctor has compared the effects of sitting to smoking. Just as

with smoking, researchers found that being sedentary increases your risk of death and disease even if you meet the current physical activity guidelines. Another study found that people who work out are 30 percent less active than their inactive counterparts are on the days they don't work out, evidently in the belief that since

they've worked out, they don't need to do any more. Researchers call individuals that exercise but who lead otherwise inactive lifestyles, active couch potatoes. They've found that exercise won't compensate for too much sitting. The good news is that standing and other movements appear to trigger processes related to

the breakdown of fats and sugars in the body. Those breaks can be as short as a minute and as easy to accomplish as a change in posture.

Do you have what it takes to be considered active? Adults up to age 64 need at least 2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity (i.e., brisk walking) and two or more days of weight training muscle-strengthening activities that work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms) each week.

“We’ve become so sedentary that 30 minutes a day at the gym may not counteract the detrimental effects of 8, 9 or 10 hours of sitting.”

~ Genevieve Healy, PhD



Staying healthy means eating right, exercising, getting enough sleep and staying socially engaged.

Avoiding falls, maintaining independence

“Falls are a critical part of assessments,” said Janessa Shagena, a Geriatric Care Manager with Better Care Management. “I tell caregivers to treat people with cognitive decline as if they can’t see below their knees. That’s why they shuffle and that shuffle often leads to falls.” Shagena performs assessments of clients and their home environment. The assessments help care managers understand the needs of the client and draw up customized care plans to allow care providers to perform services specifically for their loved ones. Care plans provide a detailed look at resources, recommendations and referrals.

Those plans are not strictly for people with dementia nor are falls specifically associated with dementia cases. Nor are they, as many people mistakenly believe, a natural part of the aging process. In fact, a fall can result in loss of independence and even death. Instead, falls are a symptom of other problems such as loss of balance, a problem with medication or even vision issues. One benefit of having a Care Manager perform an assessment is that they are trained to recognize certain dangers and help put in place systems to protect the health and well-being of a loved one.

While there are certainly environmental problems within a home that can lead to falls such as loose cords or poor lighting and a Care Manager can point them out, falls are more often the result of an individual’s physical condition. Physical impairments that increase the risk of falling include the use of medications for depression or anxiety or those that lower blood pressure. Those physical impairments can increase the likelihood of a fall due to environmental hazards, when the individual doesn’t respond quickly enough to a hazard.

Here are some myths about falls. Understanding how falls happen and what they can mean is a major step to avoiding them and the resulting injury or loss of independence.

They happen to other people. In fact, falls happen to 1 out of 3 older adults every year—about 12 million people. As we age, our ability to recover from falls

decreases. Injuries are often more severe. About 2 percent of falls result in broken hips while an additional 5 percent result in other broken bones.

People with dementia are four to five times more likely to experience falls than people without cognitive impairment. Rehabilitation for dementia patients is more difficult because along with their cognitive dysfunction they also experience problems with orientation, perception, judgment, calculation and motor skills. However, they aren’t the only individuals that experience falls nor are people safer in an institutional setting. About 1,800 people in nursing homes die each year from injuries associated with falls. Those who survive often sustain injuries that result in permanent disability and reduced quality of life.

Falling is a natural part of the aging process. There are steps everyone can take to reduce the likelihood of falling. They include exercises that help build strength, balance and range of motions, managing medications, having your vision and hearing checked and ensuring that your physical environment is safe. As you age, part of your regular checkup should include a falls risk assessment.

Limiting my activity will limit my exposure to falls risk. In fact, it actually works the other way around. Many people experience a fall and became too afraid to expose themselves to more risk. It creates a downward spiral that perpetuates a loss of mobility over time. Social and physical activities build up immunity to falls. Talk to your medical provider to ensure that you are getting the proper amount of vitamin D and calcium to slow bone loss. Know what to do in case you fall. The added confidence will help to lessen the effects of any fall and help you safely handle potentially hazardous situations when you have little control over them.

Over half of all falls occur in the home, so look for potential risks and fix them. Problems that regularly occur in homes include clutter, loose throw rugs, and poor lighting. By installing grab bars, hand rails and non-slip paint on outdoor steps, you can take care of

those environmental challenges that you can change.

There's nothing I can do to maintain my strength and flexibility. While you'll never be 20 again, there's no reason that you can't restore some flexibility and strength. It's never too late to begin exercising. Even people in their 90s have found that beginning an exercise program can help them lead healthier lives and increase flexibility, strength and stamina.

I correctly take my medication so I should be fine.

Some medications tell you outright that they affect balance or sleepiness. Especially as we age, our dependence upon several medications often increases, leaving us open to drug interactions. Make sure you understand any possible potential side effects such as drowsiness, dizziness, hypotension, Parkinsonian effects, ataxia/gait disturbance or vision disturbance. In addition, some side effects increase the risk of a higher level of injury due to falls include those that affect bone density or hemorrhaging.

My eyes are fine so I don't need to get my vision checked every year. People with vision problems are twice as likely to fall as those that don't have problems. Keep your eyeglasses updated and get your eyes checked once a year. If you have vision problems, make use of assistive devices. Not only does poor vision hurt your ability to see, it can also disturb your balance. As those with bifocals and trifocals can attest, the use of multifocal lenses can add to this risk by impairing contrast sensitivity, depth perception, and your ability

to negotiate obstacles.

Using a walker or a cane is for other people. That's not to say they can't be used incorrectly and result in accidents. A 2009 study found that walkers and other assistive devices resulted in 47,000 trips to the emergency room for older adults. Assistive devices that can help improve or maintain an individual's mobility can prolong your independence as long as they are properly fitted and used.

It's no one else's business if I have concerns about falling (or if I'm concerned about someone else falling). Talking about your concerns about your own potential for falling or a loved one's potential for falling is the first step in finding measures to cut that risk. Whether you talk with a doctor, spouse or parent, that discussion can begin the process of removing hazards, finding a falls prevention course in your community or getting medical help for a physical or cognitive problem. Most falls prevention steps are relatively pain free while also providing a measure of safety for both you and a loved one. One of the easiest steps to take to begin that journey is to hire a Geriatric Care Manager to do a thorough assessment of your home environment and your own health situation. Some relatively minor corrections to a home that can improve a home's safety include cordless phones to limit the need to rush to answer a phone, eliminating throw rugs and moving electrical or extension cords out of main walking areas, having sturdy furniture that doesn't move when it is pushed on, and nightlights.



Medigap or Medicare Advantage?

Medicare Advantage and Medicare Supplement (also called Medigap) are two entirely different things but many people confuse the two of them. Choosing which one will work best for you will depend upon your needs and circumstances as well as how much effort you want to put in to the process of selecting a plan.

MEDIGAP

Medigap has been around since Medicare and refers to the plan's ability to fill the "gaps in protection from original Medicare (Part A and Part B).

Medigap plans are standardized in that each Plan A covers the same things as any other Plan A and so on and provides a uniformity of coverage in the 47 states that offer it. (Massachusetts, Minnesota and Wisconsin offer their own programs.) So if you choose a more expensive plan, you are paying strictly for a perception (either rightly or wrongly) of better service.

Part A and Part D together make up original Medicare, which covers benefits on a fee for service (FSS) basis.

Medigap only covers the gaps in covered expenses. This means that it does not cover uncovered expenses such as dental, vision or hearing.

Medigap also does not cover prescription drug coverage needs. Those who have a need for prescription drug coverage need to purchase Part D (except with the rare exception of some early Medicare beneficiaries). If you exclude drug coverage from the comparison between Medigap plans and Medicare Advantage plans, any standard Medigap plan will contain more benefits than any standard Medicare Advantage plan, however, some Medicare Advantage programs offer benefits beyond those found in Part A and Part B.

Medigap plans always require an additional monthly premium. But because the plans are much more comprehensive than Medicare Advantage they are significantly less risky for those who may have major medical needs or have lower incomes allowing them to budget for out-of-pocket expenses.

One other thing that differentiates Medigap from Medicare Advantage is that Medigap has no network. This means that individuals are able to go to any provider that accepts Medicare and be covered.

MEDICARE ADVANTAGE

Medicare Advantage plans provide an alternative to Medigap plans.

They are private insurance company contracts that provide Medicare Part A and Part B coverage but depending upon the insurer and the specific plan may also include additional benefits not offered under Medigap. Most Medicare Advantage plans offer a prescription drug program and may also offer additional benefits such as dental, vision, hearing, gym memberships, discounts for some medical supplies and transportation to and from medical appointments. Some may even waive the three midnight hospital stay requirement before approving nursing home coverage.

Medicare Advantage plans are often but not always cheaper than Medigap plans at least on paper and sometimes there are no monthly premiums for Medicare Advantage plans. The plans are a vital source of coverage for low-income beneficiaries. Forty-two percent of Medicare Advantage plans had incomes below \$20,000 and most (35 percent) cite the lower costs as the reason for choosing Medicare Advantage Coverage.²

Medicare Advantage plans are not standardized and they are often network-based meaning that you must see their providers usually through one or more of the following options: An HMO or health maintenance organization that uses a primary care physician to coordinate patient care;

A PPO or preferred provider organization similar to an HMO but not requiring a primary care physician and offering more flexible options around out-of-network care;

That network may mean that if you are traveling out of network that you may be subjected to additional

fees and/or may not get support for non-emergency care. There is almost never coverage for traveling outside the United States.

And finally a PFFS or private fee-for-service that does not limit care to networks but offers no guarantee that a doctor or hospital will accept the plan.

That network may mean that if you are traveling out of network that you may be subjected to additional fees and/or may not get support for non-emergency care. There is almost never coverage for traveling outside the United States.

CHOOSING BETWEEN MEDIGAP AND MEDICARE ADVANTAGE PLANS

Before making a decision between Medigap and Medicare Advantage plans you'll need to research the benefits of every plan that you are considering on these merits:

- Monthly premium
- Deductibles
- Provider restrictions

- Benefits
- Anticipated costs associated with your typical use of any healthcare options (doctors, hospitalizations, prescription drugs, preventative care, etc.)

Making a decision between types of plans or between Medigap and Medicare Advantage plans can be daunting. Healthcare is a major financial decision for people 65 and over and likely to impact them the rest of their lives. In cases where a person's health takes a major downturn, that choice may be more or less permanent. If you are either unwilling or unable to put the effort into comparing all the variables, your best bet will be Medigap rather than Medicare Advantage.

Choosing which type of plan to go with does not have to be done alone. In fact, a *reviewjournal.com* article suggested that all healthcare enrollees, regardless of their age should consult a financial advisor before choosing a plan.

For more information on Medicare and Medigap, ask for our white papers on these topics.

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How you live determines how you age

Cell aging could be slowed with lifestyle changes

It's no secret that a healthy life is a product of eating right, getting enough sleep, reducing stress and exercising but most studies look at how those changes impact your weight or your heart or some other major system. Now there's a study at the cellular level that found that lifestyle changes that included eating more fruits and vegetables, spending time meditating or doing yoga and managing stress increased the length of telomeres.

Telomeres are the caps on our chromosomes that block the ends of the enzymes. Dr. Dean Ornish, founder of the Preventive Medicine Institute and lead researcher in the study likens them to the plastic caps on our shoelaces. As we age, those caps get smaller. What the study tried to do was look at telomeres in individuals who didn't change their lifestyles and also at telomeres in individuals who did change their lifestyles and found that those that made changes had an increased length in their telomeres. The more changes people made to their lifestyle, the more changes were evident in the telomeres. Since shorter telomeres are associated with increased risk of developing chronic diseases and also of decreased lifespan, the study authors hoped to show that increasing the length of the telomeres showed the opposite response.

In some respects, the study doesn't tell us anything we don't already know. Ask any doctor, regardless of specialty or even lack of specialty and they'll tell you not to smoke, eliminate any excess weight, get regular

exercise and regular sleep, eat right, be socially engaged, and reduce stress. That message hasn't changed much in decades. But, one study says it's within our ability to change at least some of that engineering, re-engineering if you will that part of us that has seemed unchangeable.

More studies would have to be undertaken to corroborate any sort of conclusions that can be drawn from the study. Still, it's interesting that long term (the study was for 5-years) changes in lifestyle affected cells in such a way that those changes could potentially prevent or even reverse some common chronic diseases such as heart disease, early-stage prostate cancer, and type 2 diabetes.

If you are like most people approaching retirement or already in retirement, you hope to spend those years traveling, enjoying your family and otherwise making use of the extra time you have available but those dreams depend upon having your health. Retirement is made up of many aspects but without health you'll be forced to accept something less. For instance, if you're not healthy, you may be forced to move somewhere that provides help or you may have to pay for help in the home. Those costs add up. Meaning that, the cost of not caring for your health can be the financially equivalent to choosing to not be able to take a cruise or choosing not to be able to visit where your great-great-grandfather was buried. Your health is your greatest asset. Protecting it should be your greatest priority.

Concierge medicine offers another option to the traditional approach to health

It's often called concierge, boutique, retainer, or subscription-based medicine but whatever it's called, it's a direct health care practice that's becoming more popular with physicians. There are 28 practices or individuals currently offering this service in Washington. In 2013, the Washington state Office of the Insurance Commissioner reported that 13,373 patients in the state had enrolled in direct practice.

Concierge medicine used to be a bastion for the wealthy, but it's going blue-collar as a growing number of doctors are moving into membership-based practices that charge on average from \$50 a month and up. For physicians, Concierge medicine offers more time to work with individual patients, lower case loads and less insurance paperwork (some still take some insurance patients).

So why choose to pay an additional \$25 to \$72 or more per month for care when you already pay for insurance? Part of the answer is that the doctors using this business model have far fewer patients and can provide more in-depth preventive care to their patients. That additional time to educate and talk to patients about prevention can pay off in better overall health.

It's not just patients who need better care. The Affordable Care Act aggravated an already dire situation by bringing even more patients into a mix in which huge numbers of doctors retire (because they are Baby Boomers and would have anyway), not enough doctors are being given residencies and poor work situations brought on by low reimbursement rates have combined to create a perfect storm.

One way that doctors have responded is that an increasing number of them have chosen to open Concierge medical practices. For the patient, Concierge Medicine offers an option to protect against those looming doctor shortages and provide additional services. Patients pay a monthly fee for enhanced services such as 24/7 access, e-mail consultations, longer appointments and same day appointments. "The recipe and mechanism for these improved metrics is quite simply the much better doctor-patient relationship and unrestrained

access and communication that is generally "standard" within these concierge models," said Dr. Rob Emerick of Choice Cardiovascular in Gig Harbor. Dr. Emerick left traditional medicine to start his own clinic where his goal is to have no more than 150 patients. In contrast, the average U.S. primary care physician carries 2,300 cases in the traditional medical system.

Most Concierge physicians don't replace their patient's primary care physician but rather they coordinate their efforts with that primary care physician. Still, a significant portion of America's Concierge doctors are filling the shoes of primary care physicians rather than specialists. An estimated 1.5 million Americans are under the care of a private-physician. That's a fairly insignificant percentage of the entire population as of yet but for doctors and patients the outcomes include better doctor-patient relationships (doctors in private pay practices have more time to spend with patients and can offer extensive annual physicals) and lower costs.

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Beating fatigue starts with realizing it's not normal just because you're aging

If you've found that your workout isn't working out for you any more, it may be because of your age. At least that's what some so-called experts will say. But, if you feel more tired or take longer to recover after a workout, here's some of the factors besides age that may be at play:

Your medications. The list of side effects for many medications include fatigue. You'll see it listed on medications for blood pressure, allergies, and insomnia among other things. According to Dr. Carolyn Dean, the author of "The Magnesium Miracle," the worst offenders are antibiotics. If you believe your medications are playing a role in your fatigue, ask your doctor for an alternative option.

You're anemic. Low levels of hemoglobin caused by chronic diseases, GI bleeding disorders, malabsorption issues and an iron-deficient diet can rob your blood of the ability to carry oxygen from the lungs to other parts of the body. According to WebMD, roughly 13 percent of people over the age of 70 are anemic.

You're dehydrated. Seniors and individuals with chronic disease are more prone to dehydration as your sense of thirst becomes less acute as you age and you're less able to respond to changes in temperature. Older adults also eat less or forget to eat altogether. People with chronic diseases such as uncontrolled or untreated diabetes, kidney disease and heart failure are more at risk of becoming dehydrated. A cold or fever may increase your susceptibility to dehydration because some people

feel less inclined to eat or drink when they are ill.

You didn't fully recover from your last workout. Recovery time increases as we age. If you find that your body hasn't recovered from your last workout, either take the additional time necessary to recover or try a less strenuous form of exercise such as Pilates or yoga during your rest days.

You have sleep apnea. If you wake feeling nearly as tired as when you went to bed, you may have sleep apnea. Sleep apnea is a disorder that causes people's breathing to pause while they are sleeping. Those pauses can last anywhere from a couple seconds to a couple minutes and occur frequently. Those frequent breathing breaks cause people to move from deep sleep to a light sleep, which is what causes you to feel so tired the next morning.

You don't breathe right. Shallow breathing allows your body to take in too much carbon dioxide and may make you feel as if you are hyperventilating. Yoga can improve your mindfulness about your breathing.

Your eating habits hurt you. High blood sugar levels and a diet in refined carbs can cause fatigue. Eating healthy is important at any age but wholesome foods will help to keep your body strong and work to keep your energy levels up as you age. A balanced diet contributes to a higher quality of life and enhanced independence as you age.

Why Bother Hiring A Geriatric Physician?

If it made sense to hire a pediatrician for your children's health doesn't it make sense to hire a geriatrician for the health of a geriatric?

If you want the best care for whatever stage of life your body is in, you need to hire someone who specializes in that stage of care. If you don't already have a Geriatric Physician, consider switching to one. A comprehensive geriatric assessment is often considered impractical in a primary care setting but can be essential to an older patient's success in remaining at home and independent.

Geriatric physicians have completed a residency in either Internal Medicine or Family Medicine but in addition have one to two years in the study of the medical, social and psychological issues of individuals 65 and over. Rather than concentrating on just the treatment of physical problems, geriatricians address issues such as memory loss, arthritis, osteoporosis and mobility issues and recognize how those health conditions an older adult on a social and emotional level.

There are only about 9,000 Geriatricians in the United States. That amounts to one doctor for every 3,000 older adults (as compared to the much cited one doctor for every 300 patients overall), according to the Washington Care Planning Council. The result of that shortage is that even as the population of the world ages, we have little information about what constitutes a healthy older adult as there simply isn't enough geriatricians to do the research.

Some tests and procedures that make sense for younger members of society not only don't make sense any longer but actually pose a risk for the elderly. You can read more about how some of those studies in the article, "Five recommendations for treatment for older adults with chronic diseases," later in this guide.

You can find a list of the Beers Criteria for Potentially Inappropriate Medications for Older Adults on our website-www.agingoptions.com.

For more articles about the benefits of hiring a Geriatric Physician, please see our website, www.agingoptions.com

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RESOURCE GUIDE

Audiologists

Name	City
All American Hearing	Arlington
Cascade Ear Nose & Throat Center	Arlington
Communication Center For Kids	Arlington
McLaughlin Pediatric Irna Speech Pathologist	Arlington
Western Washington Medical Group	Bothell
Advanced Hearing Systems Inc	Edmonds
Beltone	Edmonds
Flynn, Dale T	Edmonds
Puget Sound Ear Nose & Throat	Edmonds
Sonus Hearing Care Professionals	Edmonds
Total Hearing Care	Edmonds
Beltone	Everett

Name	City
Connect Hearing	Everett
Crane's All Ears Hearing Center	Everett
Everett Clinic	Everett
Hearing & Balance Lab	Everett
Johnson, Kevin C	Everett
Listen Audiology Services	Everett
Luna Family Hearing	Everett
Miracle-Ear Hearing Aid Center	Everett
Sonus Hearing Care Ctr	Everett
Sonus Hearing Care Ctr	Everett
Western Washington Medical Group	Everett
Island Family Hearing Clinic	Freeland
Island Prosthetics & Orthotics	Freeland

Name	City
Beltone	Marysville
Hearing & Balance Lab	Mill Creek
Lynnwood Speech and Language Services	Mountlake Terrace
Miracle-Ear	Shoreline
Rite Care Of Washington	Shoreline
Audio Hearing Aid Center Inc	Woodinville
Bear Creek Speech Therapy	Woodinville
Christen Shannon Dr.	Woodinville
Dawn S Blomberg Ccc Slp	Woodinville
Hearing Advancement Center	Woodinville
Kingsgate Speech Language	Woodinville

Concierge Doctors

Name	City
PartnerMD	Bothell
Charis Family Clinic PLLC	Edmonds
MD2	Bellevue

Name	City
Guardian Family Care	Mill Creek
Anchor Medical Clinic	Mukilteo

Name	City
Home Towne Family Medicine	Burien
Robert Scarr, MD	Lynnwood
Qliance Medical Group	Edmonds

Geriatric Doctors

Name	City
Dr. Peter V. Sefton, MD	Bothell
Dr. Sudha Elangovan, MD	Bothell
Dr. Wayne T. Dodge, MD	Bothell
Dr. Chin Lee, MD	Everett

Name	City
Dr. Frederick C. Manning III, MD	Everett
Dr. Laird A. Findlay, MD	Everett
Dr. Neeta Bhogal, MD	Everett

Name	City
Dr. Ruben Contreras, MD	Everett
Dr. Susan O. Tiu, MD	Everett
Dr. Connie J. Smith, MD	Kirkland

Name	City
Dr. Elizabeth K. Kiyasu, MD	Kirkland
Dr. Mary Ann S. Pefanco, MD	Kirkland
Dr. Paul E. Buehrens, MD	Kirkland
Dr. Reza Tabibi, MD	Kirkland
Dr. Valeria A. Siemion, MD	Kirkland

Name	City
Dr. Vernan I. Atienza, MD	Kirkland
Dr. Victor W. Lee, MD	Kirkland
Dr. Victoria L. Marxen, MD	Kirkland
Dr. Yen-Tsun Lai, MD	Kirkland
Dr. Mohinder S. Cheema, MD	Lake Forest Park

Name	City
Dr. James C. Freier, MD	Lynnwood
Dr. Howard L. Lichtenstein, MD	Marysville
Dr. Richard Terry, MD	Marysville
Dr. Thomas E. Phillips, MD	Shoreline
Dr. Yaquta Patni, MD	Shoreline

Hospitals

Name	City
Highline Medical Center	Burien
Swedish Medical	Edmonds

Name	City
Providence Regional Medical Center	Everett
Valley General Hospital	Monroe

Name	City
Snoqualmie Valley	Snoqualmie

In-Home Care & Home Health

Name	Address	Phone	City
Homewatch CareGivers (Please see our ad on page 29)	www.homewatchcaregivers.com/seattle	(425) 889-2627	Seattle
Freedom Home Care (Please see our ad on page 27)	freedomhomecare.info	(425) 742-0904	King & Snohomish Counties

Name	City
All About Care	Bothell
At-Home Program Specialist	Bothell
Clean Health	Bothell
Georgia's Angels	Bothell
Healthteam Northwest	Bothell
Home Health Care Aide	Bothell
Homewell of Northshore Inc	Bothell
In Home Loyal Care	Bothell
Kind Care Employment Inc.	Bothell
Sound Sleep Services	Bothell
Tinas TLC	Bothell
Happy At Home Inc	Edmonds

Name	City
Home Instead Senior Care	Edmonds
Companion Care Inc	Everett
Everett Gold Care	Everett
Gentiva Health Care	Everett
Home Instead Senior Care	Everett
ResCare HomeCare	Everett
Right At Home	Everett
Serendipity At Home Care	Everett
Visiting Angels	Everett
A Caring Touch Senior Solutions and Adult Family Homes	Kenmore
ComForcare Senior Services	Kirkland

Name	City
Visiting Angels	Kirkland
Home Helpers	Lynnwood
ResCare HomeCare	Lynnwood
Crystal's HomeCare	Marysville
Heartland Home Health Care & Hospice	Marysville
ResCare HomeCare	Marysville
SYNERGY HomeCare	Marysville
Comprehensive Home and Companion Services	Mountlake Terrace
Busy Bee Nursing	Snohomish
Golden Hearts In-Home Care	Snohomish
Peace of Mind Home Health	Woodinville

Insurance

Name	Address	City	Phone
United Health Care (Please see our ad on page 2)	EnrollUHCMedicare.com		1 (866) 579-8771

Name	City
AetnaServices	Bothell
Allstate Insurance Company	Bothell
John A Hunter Insurance Agency	Bothell
Meier Insurance Agency Inc	Bothell
Allstate Insurance Company	Edmonds
Kohout Insurance Agency	Edmonds
National Health Insurance Co	Edmonds
Radwick Lightle	Edmonds
The Henry Agency	Edmonds
Tripple Tripple & Tripple	Edmonds
Allstate Insurance Company	Everett
Allstate Insurance Company	Everett
Allstate Insurance Company	Everett
Allstate Insurance Company	Everett
Allstate Insurance Company	Everett
Allstate Insurance Company	Everett
Allstate Insurance Company	Everett
Allstate Insurance Company	Everett
Doron Yaniv Agency	Everett

Name	City
Drivers World Insurance	Everett
Epic Insurance	Everett
Health Insurance Advocates	Everett
Miller Connection	Everett
Nationwide Insurance	Everett
Palmer, Steve	Everett
Phil Ryba Insurance	Everett
Sexton Agency	Everett
Stupey AgencyServices	Everett
The Miller Insurance Agency	Everett
Whitfield's United Insurance Agencies, Inc	Everett
The Rotherick Agency	Lake Stevens
American Senior Insurance Services Inc.	Lynnwood
CFS Planning Resources	Lynnwood
Farmers Insurance	Lynnwood
National Health Insurance Co	Lynnwood
Sound Benefit Plans Inc	Lynnwood
Tiffany Faller Agency	Lynnwood
Vern Fonk Insurance	Lynnwood
Wellpoint	Lynnwood
Almli Tom Insurance Agency	Marysville
American Family Insurance	Marysville

Name	City
American National Insurance	Marysville
Carl Davis Insurance Agency	Marysville
CIGNA	Marysville
Esurance	Marysville
Gilmore InsuranceServices	Marysville
Karla Potter Insurance	Marysville
Liberty Mutual	Marysville
Marysville Anderson Insurance	Marysville
Mega Life & Health Insurance	Marysville
MetLife	Marysville
SelectQuote Senior	Marysville
State Farm	Marysville
The Wellness Connection	Marysville
UnitedHealthcare Medicare Solutions	Marysville
Vern Fonk Insurance	Marysville
Walker Insurance AgenciesServices	Marysville
Wingert Insurance Agency	Mill Creek
Allstate Insurance	Shoreline
Blue Cross & Blue Shield	Shoreline
Woodward Scott Agency	Shoreline
Tony Edwards Agency	Woodinville

Medical Supplies

Name	City
Axon Medical	Burien
Evergreen Ophthalmics Inc	Burien
Liberty Medical	Burien
Simple Step	Burien
Diabetes Care Club	Federal Way
Discount Medical	Federal Way

Name	City
Federal Way Muscular Therapy, Inc.	Federal Way
Md Medical Supplies	Federal Way
Norco Medical	Federal Way
RampArts	Federal Way
Wheelchair Haven Inc	Federal Way
Americare Respiratory Services	Puget Sound Area

Name	City
Douglass Certified Prosthetics & Orthotics Inc	Puget Sound Area
Liberator Medical Supply	Puget Sound Area
Medical Guardian	Puget Sound Area
Preferred Orthotic & Prosthetic Services	Puget Sound Area

Nutritionists & Dieticians

Name	City
Annaka C. Femrite, RD	Arlington
Dolores A. Thomson, RD	Arlington
Karen K. Dorsing, RD	Arlington
Yes You Can Health and Fitness	Arlington
Barbara J. Hoppe, MS	Brier
Barbara A. Menia, RD	Edmonds
Chelsea Murphy, MS	Edmonds
Erin M. Schmidt, RD	Edmonds
Gretchen Gruender, MS	Edmonds
Jennifer B. Campbell, RD	Edmonds
Karen Lamphere, MS	Edmonds
Meaghan Ormsby, RD	Edmonds
Megan E. Moore, RD	Edmonds
Melanie Machado	Edmonds
Nicole E. Anderson, RD	Edmonds
Sherrie L. Shelley	Edmonds
Amy C. Storrs, RD	Everett
Angela M. Olszewski, RD	Everett

Name	City
Audrienne E. Palma, CDR	Everett
Cheryl Crance, RD	Everett
Coty Anderson, RD	Everett
Deborah A. McGrath-Zehm, RD	Everett
Denae R. Bastian, RD	Everett
Diane L. Jackson	Everett
Diane Summers Nutrition Counseling LLC	Everett
Jessica R. Marie, RD	Everett
Jessica Rangaram	Everett
Jody Byrne, DI	Everett
Julie A. Shevlin, RD	Everett
Kara A. Dacquisto, RD	Everett
Karen E. Van Hoose	Everett
Kathleen A. Whalen, RD	Everett
Linda H. Persson, RD	Everett
Monica A. Pfaff, RD	Everett
Nancy C. Lowell, RD	Everett
Paula J. Hanes, RD	Everett
Rose M. Brown	Everett
Sudha N. Nandiga, RD	Everett

Name	City
Sydney Costello, RD	Everett
Cheryl S. Decker, MS	Lake Forest Park
Alyson Mace	Lake Stevens
Well Balanced Nutrition & More	Lake Stevens
Anne Katterman	Lynnwood
Kristal A. Lowe, RD	Lynnwood
Sierra J. Stamm	Lynnwood
Kasra Pournadeali Services	Marysville
Mountainview Daycare Nutrition	Marysville
Rebecca Dirks Services	Marysville
Sandra Aramburu, RD	Marysville
Dr. Tung T. Tran, DC	Mountlake Terrace
Isabel A. Soley, RD	Shoreline
Katherine E. Kaczor, RD	Shoreline
Megan M. Ellison, MS	Shoreline
Patricia A. Clement, RD	Shoreline
Petra E. Eichelsdoerfer, RPH	Tulalip
Sara S. Pattison, RD	Tulalip

Opticians

Name	City
Alpine Vision Clinic	Arlington
American Family Vision	Arlington
Hansen, Britta L	Arlington
Lueth Brian D MD	Arlington
Alan P Pearson OD PHD	Bothell
Alderwood Vision Source	Bothell
Barnhart, Lee	Bothell
Barton Douglas C	Bothell
Bella Vision	Bothell
Bothell Vision Center	Bothell
Canyon Park Dental	Bothell
Canyon Park Vision Clinic	Bothell
Comfort Vision	Bothell
Dote, Lisa N	Bothell
Fiber Optic Technologies	Bothell
Pearson, Alan P	Bothell
Wahl Diana M	Bothell
Woodlawn Optical	Bothell
Church WM S OD & P	Everett
Eye Doctors LTD Ps	Everett
Harris, David E	Everett

Name	City
Li, Yi	Everett
Loneragan, Mark J	Everett
Northwest Washington Eye Specialists	Everett
Coverdale, C Ron	Kenmore
Davis Optical & Family Eye Health Center	Kenmore
McFarland Diana O.D.	Kenmore
Evergreen Optical	Kirkland
Eye Associates Northwest PC	Kirkland
Juanita Vision Clinic	Kirkland
Jue, Justin B	Kirkland
Lam, Anita S	Kirkland
Northwest Vision Institute	Kirkland
Optical Images	Kirkland
Ross Cusic OD	Kirkland
Lake Forest Vision	Lake Forest Park
Everett Clinic	Lake Stevens
Fleming, Michael J	Lake Stevens
Sears Optical	Lake Stevens
Target Optical	Lake Stevens
Cotter Susan & Associates	Lynnwood

Name	City
Daniel D Samaniego OD	Marysville
Daniel D Samaniego OD	Marysville
Dennis Gustafson OD	Marysville
Eye Doctors Limited Ps	Marysville
Hettinger, Christine	Marysville
James OD Mccrum PS	Marysville
Kron, Kim M	Marysville
Lasik Vision Institute	Marysville
Marysville Vision Source	Marysville
National Vision	Marysville
Spillane, Rachel	Marysville
State Avenue Vision Clinic	Marysville
Vista Optical	Marysville
Weisenbach, James H	Marysville
Walmart - Vision Center	Tualip
Advanced Eyecare Solutions	Woodinville
Eagle Eye Vision Care	Woodinville
Lasik Vision Institute	

Personal Trainers

Name	City
Kent McCann	Arlington
Cheree Brodrick	Edmonds
Jennifer Johnson	Edmonds
Kimberly Dye	Edmonds
Lisa Brudvik	Edmonds
Lori Dubois	Edmonds

Name	City
Nichole Sargent	Edmonds
Patricia Steele-Smith	Edmonds
Peggy McCartney	Edmonds
Sarah Kukes	Edmonds
Brandi Ohlsen	Kirkland
Jon Sherman	Kirkland

Name	City
Natalie Westbrook	Lake Forest Park
Pam McCammon	Lynnwood
Shari Kagachi	Mountlake Terrace
Slade O'Neill	Mountlake Terrace
Hilary Ryan-Norcross	Shoreline

Pharmacies

Name	City	Name	City	Name	City
Arlington Prime Care Pharmacy	Arlington	Community Health Center of Snohomish County Everett-North	Everett	QFC	Lynnwood
Aahl, Steven	Bothell	Everett Clinic	Everett	Remedies Pharmacy & Drug Store	Lynnwood
Albertsons	Bothell	Ferreira, Teri L	Everett	Rite Aid	Lynnwood
Bartell Drugs	Bothell	National Healthcare Card	Everett	Sav-On Pharmacy	Lynnwood
Elim Pharmaceutical Conslns	Bothell	QFC Broadway Pharmacy	Everett	Sturigs, Melissa L	Lynnwood
Fred Meyer	Bothell	Stanislaw, Kari	Everett	Target - Pharmacy	Lynnwood
Jackson, Diane M	Bothell	Target - Pharmacy	Everett	Walgreens	Lynnwood
Oncogenex Pharmaceuticals Inc	Bothell	Valley View Clinical Phrmcst	Everett	Walmart - Pharmacy	Lynnwood
Pharmacare Specialty Pharmacy	Bothell	Youngquist Pharmacies Inc	Everett	Albertsons	Marysville
QFC Pharmacy	Bothell	Integrarx Prescription Drugs Associates	Kenmore	Bartell Drugs	Marysville
Rite Aid	Bothell	Ostroms Drug & Gift	Kenmore	Fred Meyer	Marysville
Scolr Pharma Inc	Bothell	Rite Aid	Kenmore	Haggen Food & Pharmacy	Marysville
Walgreens	Bothell	Juanita Bay Pharmacy	Kirkland	Hilton Pharmacy	Marysville
Wang, Dimay	Bothell	Rite Aid	Kirkland	Marysville Pharmacy	Marysville
Community Health Center of Snohomish County	Edmonds	Haggen Food & Pharmacy	Lake Stevens	Rite Aid	Marysville
Edmonds Pharmacy	Edmonds	Pershall, Trent	Lake Stevens	Sav-On Pharmacy	Marysville
Family Pharmacy	Edmonds	QFC - Quality Food Centers	Lake Stevens	Walgreens	Marysville
Hadfield's Pharmacy-Stevens	Edmonds	Rite Aid	Lake Stevens	Mercury Pharmacy Svc	Mountlake Terrace
Highland Pharmacy	Edmonds	AlbertsonsProducts	Lynnwood	Tulalip Tribes	Tulalip
Parker, Erika M	Edmonds	Bartell Drugs	Lynnwood	Walmart - Pharmacy	Tulalip
Pavilion Homecare Pharmacy	Edmonds	Bethel Pharmacy	Lynnwood	Activ-Rx	Woodinville
Rite Aid	Edmonds	Costco	Lynnwood	Bellegrove Pharmacy	Woodinville
Top Food & Drug	Edmonds	Dynasty Rx	Lynnwood	Briggs, William S	Woodinville
Clinic Pharmacy	Everett	Fred Meyer	Lynnwood	Homed Therapeutic Products Inc	Woodinville
		Pharmacy Care	Lynnwood	Rite Aid	Woodinville
				Target - Pharmacy	Woodinville
				Top Food & Drug	Woodinville

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 Please let us know if any of our listings contain typographical errors, inaccuracies, or omissions.
 Thank you ~ editorial@agingoptions.com

“The home should be the treasure chest of living.” ~Le Corbusier



Move By Choice Rather Than By Crisis

It used to be that the choice of where you wanted to age was pretty simple. You could choose to remain at home, move in with a family member or go to a nursing home. Today, the options can be overwhelming. That's why it's important to begin the process of looking at where you intend to spend your last days early on because even the old choices have gotten complicated.

Take for instance the concept of staying at home. Sounds simple except how does that look? Does it refer to the current home you're living in, a different home you'll have time to create memories and friendships in, or does it involve having a child or other family member move in with you? If you stay in your current home, what changes need to be made to make it safer for you to remain or does your home already make safe aging possible? Will you hire someone to care for you, become part of a village concept and pay a fee for services or join formally or informally with your neighbors to care for each other? If the people in your neighborhood move or die, will you still want to live in that neighborhood?

These are a lot of questions. Then you add on things like transportation, meals and costs and suddenly the world opens up to a dizzying amount of information.

In the next few pages, you'll find information about these housing options:

- NORCs (Naturally Occurring Retirement Community)
- Village Concept (connecting neighbors to services)
- Walkable Neighborhoods (getting around)
- Moving to the city

Other options include Adult Family Homes, Independent or Assisted Living Facilities, and Adult Communities. Please visit our website for additional housing stories but whatever you do begin the conversation today about what retirement looks like from the housing point of view because if you wait until you can't wait any more, your options are likely to be very much limited, costly and likely less than what you hoped for.

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Paying the caregiver

Almost 30 percent of Americans provide care for someone who is ill, disabled or aged according to the Family Caregiver Alliance.

Informal caregivers shoulder a greater and greater portion of care for their loved ones as hospitals shorten the lengths of stays, medications and therapies provide better management of chronic conditions and the health care field experiences a shortage of available personnel to care for individuals. The result is that the time spent caring for someone needing care has grown and the types of care requires more skill than simple companionship and meals. The impact to the life of the caregiver is a wearing away of their own health and their finances.

Generally the caregiver is a woman and women face an uphill climb financially already due to lower wages and longer lives. Taking time off to provide care might seem logical as well as nurturing however, the long term affect is an average \$324,000 in lost wages, Social Security and pension benefits over a lifetime according to a MetLife and Caregiving Alliance 2011 study.

Even in-home care can be tremendously expensive. Many people think that choosing to either provide for care or to pay for care are the only two options. But, there are other options that won't decimate either your health or your finances as much.

State Medicaid programs are required to recover certain Medicaid benefits paid on behalf of an individual for services such as nursing home services, home and community-based services and related hospital and prescription drug services. They may also have the option of recovering payments for other Medicaid

services. In Washington, DSHS may file a lien or make a claim against any property including real property in order to repay the state for payments associated with Medicaid and long-term care services. However, like most rules associated with the federal and state governments, there are exceptions. For instance, a home can be transferred without penalty to a:

- Spouse,
- Any sibling with an equity interest in the home who has lived for at least one year in the home prior to the date of Medicaid eligibility,
- Dependent children under the age of 21
- A blind or disabled child

The Medicaid recipient does not need to be living in the home at the time of the transfer and DSHS cannot recover property solely owned by either a spouse or a child.

There is one other time that a transfer can be made without penalty. Individuals with more than one or more chronic conditions and who would otherwise be moved into a nursing home but are able to remain at home due to the care of a child who has lived at home for a period of two years prior to the date of COPES coverage or institutionalization may also have a home transferred to that child in exchange for that period of care. However, making an incorrect transfer can potentially cost you the money you thought you might save so it's best to get professional help either through a geriatric care manager or an elder law attorney.

Should an age-restricted community be your final housing choice?

A few years ago, there was a big debate over whether it was healthier or better to live in an age-restricted community.

People supporting living in communities where no one under 55 live cited the lack of blaring music, the sound of babies crying or the problems you might expect with pre-pubescent miscreants. With a community dedicated to an older crowd, neighborhoods could focus on activities that a particular age would enjoy such as golf or designed around providing easier access for people using assistive devices.

People against the communities generally find the monoculture of a single aged group boring, lacking the energy and vitality that younger people bring to the community. Age-restrictions can mean that grandchildren and children cannot live with residents or that you are constantly confronted by their own mortality as they watch emergency vehicles make regular stops at neighbors' homes.

Despite those concerns, demand for housing in age-restricted communities is on the rise. One option that has popped up recently is the multigenerational community. These communities are built close to old neighborhoods so seniors can continue to participate in events and programs they're already familiar with. The neighborhoods continue to be age-restricted but they are nestled close to neighborhoods that are not so that there is more diversity in communal areas such as shopping areas and more options to participate in with younger members of the community. The new communities also place more emphasis on physical activities while continuing to offer features such as single level housing.

Whatever your thoughts about age-restricted versus the general community, making a decision about where you'll live in the last three decades or so of your life should happen while you have a choice. Choose early and choose wisely.

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Senior housing options

There's no place like home but where will your home be when you retire?

It isn't always the best option to stay in your current home nor is it always possible. Long-term care can be expensive regardless of where you get it. You'll need to balance your future and current care needs with your budget to find appropriate housing.

About 75 percent of boomers currently live in single family homes but those numbers are likely to change in the next few years. For one thing, while we were in the midst of the "Great Recession" many seniors hunkered down and stayed in the homes they raised their families in but as the housing market climbs out of its dive and it's possible once again to sell a house, more and more seniors are likely to be looking to make the move to a continuing care community, assisted living or some other senior housing situation. They all have one thing in common. Whatever flavor housing you're looking at, you'll need to carefully assess the costs and conditions before signing on the dotted line.

Senior housing has its major pluses as indicated by the annual 5.2 percent growth that industry is expected to see in the next few years. If you are an active senior, having someone else take care of the day-to-day maintenance and repair on your home and yard, providing activities and trips and even the social interactions that might be more difficult to access from your stand-alone home is one reason this industry continues to grow. If you've

slowed down a bit, having someone around in case of an emergency, having access to care and having access to the amenities that are usually very close by is yet another. If you've ever been on a cruise ship or spent time in a luxury resort and thought this is the life, that's what many equate moving to senior retirement communities as.

Regardless of whether you stay put or move to some sort of senior living option, you'll need to make a careful evaluation of your budget. Before you buy into a community make sure you do your due diligence and get a solid idea of what foreclosures and dues defaults are like.

Retirement communities come in all shapes and sizes. They can run the gamut between mobile homes to Continuing Care Retirement Communities (CCRCs) and everything in between. Making a budget of your anticipated expenses can help you narrow down your choices. If you had someone come in to do an assessment of your home and based on that discussion you are considering moving, or you've talked to a geriatric care manager, you can narrow down your choices to what makes a better fit for you. Here's a list of the major types of senior housing and a brief description of each.

Independent living communities

Like the name suggests, don't look to independent

living communities for assistance with activities for daily living (ADL) although you can bring such help in. Beyond that the sky is really the limit. They range from apartment complexes to houses (in this area they are often called cottages) and come in a wide array of costs from subsidized and on up. Some communities are designed around hobbies such as golf, many have spas, pools, classes, lectures or are designed around a theme such as Asian culture and the list goes on. If you have an interest, you're sure to find it reflected in an independent living facility. If you look around an independent living community you'll quickly realize that everyone in the community is in the same age. Typically, the average cost of independent living facilities starts at about \$2,000 a month and go up from there. Before you make the move to independent living other things to consider are:

- Whether your health will make this your last move or one of several moves. If you think this might be the first of several moves, consider a Continuing Care Retirement Community (CCRCs)
- Are you comfortable with both the initial investment and monthly fees which can include homeowners association fees? Check to see how much will it cost to add on services you might need later on.
- How long will it take to be able to make the move? Even in this economy, there is often a waiting list and you may need to wait months to get in.

Assisted living communities

For people needing help with some ADLs, including help with medications or housekeeping, an assisted living community can provide the reassurance of 24-hour staffing. Depending on the type of housing options you want you may have a small kitchen in your residence or the meals may all be served in a group dining area. Usually there are common areas for socializing where you can find libraries, computer rooms and other recreational pursuits. An assisted living community is a good choice if you don't need round the clock care and supervision but you need more assistance than can be accessed either in an independent living community or in a home.

Costs for assisted living vary with the residence, apartment size and the types of additional services you need. It's often less expensive than home health care or nursing care in the same location. Nationally, the average monthly charge is around \$3,500. Additional



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charges may include laundry and housekeeping, although some providers include those items with the base charge. While assisted living is generally paid for privately, there are veterans subsidies and section 8 housing subsidies that can help pay for a portion of the housing costs.

Continuing Care Retirement Communities (CCRCs)

These are also known as fee-for-service continuing care retirement communities. They offer residents the option of independent living, assisted living, nursing care and other long-term care services under one contract. Most CCRCs include an entrance fee of usually \$100,000 or more and a monthly fee that will depend upon the needs of the resident, the type of service contract, additional services provided. Additionally, residents generally experience a 3 percent to 6 percent increase in monthly fees each year. They offer various payment plans which include:

- Life Care: The most expensive option but like the name suggests it offers unlimited assisted living, medical treatment and skilled nursing care without additional charges.
- Modified: This contract offers a set of services for a specified period of time. When the time expires, other services can be obtained but for a higher monthly fee.
- Pay as you go: The initial enrollment fee is generally lower but assisted living and skilled nursing care are charged at their market rates.

One risk is that most CCRCs will only refund a portion of the fee or none at all if the resident changes their mind and wishes to leave the community or dies. In response, some CCRCs now offer guarantee refunds at a certain percent based on the entry fee you pay. Another risk is that since the resident is paying for future services, it will be important to ensure that the CCRC will still be operating and able to provide the care already paid for. AARP offers a list of things to look for if you are looking at the CCRC option.

About 75 percent of boomers currently live in single family homes but those numbers are

likely to change in the next few years. For one thing, while we were in the midst of the “Great Recession” many seniors hunkered down and stayed in the homes they raised their families in but as the housing market climbs out of its dive and it’s possible once again to sell a house, more and more seniors are likely to be looking to make the move to a continuing care community, assisted living or some other senior housing situation. They all have one thing in common. Whatever flavor housing you’re looking at, you’ll need to carefully assess the costs and conditions before signing on the dotted line.

Multigenerational Households

Over 51 million Americans live with at least two generations of adults under one roof. That’s a 60 percent increase in multigenerational households since 1990 according to the U.S. Census Bureau. Americans on the whole haven’t lived in multigenerational families since the end of World War II but a combination of our current economic woes, a rapidly aging society and a shifting demographic has caused many to take another look at it as a viable option.

Multigenerational families can pool resources and share costs, provide opportunities for increased educational opportunities and allow the generations to spend time and really get to know each other. Researchers in one study found that 82 percent of individuals living in multigenerational households felt that it “enhanced family bonds.”



Choosing to age in place means choosing to live where you can walk

Is your neighborhood walkable? That question has become more and more of a selling point for people looking to move. There is a growing interest in having neighborhoods and cities become more walkable and because people are often willing to pay more for housing in areas that embrace walkability, there is growing economic reasons for developers to build those types of communities.

A walkable city is one where daily errands do not require a car. Sanjeev Sanyal, president of the Sustainable Planet Institute and Global Strategist at Deutsche Bank defines it as “allowing an average citizen to use walking as an important, if not dominant mode of transport for work and leisure.” It may seem odd to have the president of a global bank talking about walkability but according to Sanyal, walkable neighborhoods provide cheap, low technology solutions to issues of environmental, economic and social sustainability while also generating more economic value to a successful city.

It's not just that walkable cities are healthier—people in walkable neighborhoods weigh 6 to 10 pounds less than those who don't according to www.walkscore.com. But people who walk in their neighborhoods are more likely to know their neighbors, be actively involved in their community and be happier and healthier. People who live in walkable communities feel that they have more friends, feel their neighborhoods are safer and are more active.

What makes a city or neighborhood walkable? The most critical factor is sidewalks or walking paths. Other criteria are: crime rate (perceived or real), aesthetics, distance to destinations such as shopping areas, parks or playgrounds, and comfort (are there benches and shelters for instance). According to another study, the average age at which driving was given up was 72 years but the average age people intended to give up driving was 79 years. If your neighborhood isn't walkable, how do you propose to age in place?

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Is a move the best option?

Balancing the elder's need for security, comfort and routine with the younger generation's need to ensure safety and peace of mind

Daily routines bring comfort. Changing things up often brings stress even if the reason for the change is a good one. Let's face it, on the job, we talk about how change is a good thing (and secretly wonder if it's so wonderful why anybody has to tell us so) but once we're home, we get comfortable in the fact that Junior has baseball practice on Tuesdays so we all eat at the pizza place on the way home every Tuesday.

Why should it be any different when it involves a parent or our own aging? We look around and suddenly recognize that Mom can't see well enough to drive any more. Dad's fallen twice in the last month. These are serious issues that often cause the adult children of seniors to begin looking at alternative housing arrangements often to the dismay of their parent who enjoys the feeling of independence and control over their environment that they get living at home. So how do you balance the elder's need for security, comfort and routine with the younger generation's need to ensure safety and peace of mind?

Many families simply don't. Rather than trying to create plans when siblings can't agree on even minor things or finding options when an elder draws a hard line in the sand, some families avoid those uncomfortable topics altogether until a crisis forces action. That's not to say that a crisis will occur or that a move is imminent but realistically, for most people a health crisis will occur and if the current place of residence is not capable of providing a safe, secure, accessible environment, a move will occur at significant financial and emotional costs to the family and afford little to no opportunity to seek expert advice.

Ideally, before a crisis occurs, a conversation (more likely several) has occurred to begin the process of identifying how the elder wants their needs met and siblings, no matter how antagonistic their relationships with each other, have put aside their differences in order to do what's best for their parent. Unfortunately, we don't live in that ideal world. However, there are ways to move closer towards it.

Our homes weren't originally built with older bodies in mind. A typical senior today lives in a 1970s-style home, often with multiple floor levels. To allow seniors to remain at home, most homes will need to be retrofitted with ramps, grab bars, chairlifts for stairs, easy access showers and other accommodations. Houses aren't the only things that will need modifications. Sidewalks need access for wheelchairs and walkers, stairs need two sets of rails and lighting needs to be brighter just about everywhere.

Dr. Mark Lachs, in his book "Treat Me, Not My Age" wrote "We've been building things for generations expecting few people to live past fifty but when they do we're surprised when the environment becomes unmanageable." He goes on to say that "most dwellings in existence today can be modified to meet the needs of just about everyone at every age." That's not to say that he doesn't believe that a move shouldn't be in the future of some people. Sometimes modifications can simply be outstripped by overwhelming physical or mental issues.

Moving is stressful. It is about loss—the loss of friends, familiar places, family members, even our identity. A move eliminates our ability to know where everything is in our universe and causes us to become disoriented. This is especially true as we age.

Increasing attention has been paid to the stress caused by moving. Enough so that it even has its own name: Relocation Stress Syndrome (RSS). RSS is a formal nursing diagnosis characterized by physiologic and psychologic disturbances that occur as a result of a patient being transferred and was formerly used when discussing changes such as a move to a nursing home or assisted living facility without the consent of the individual. But according to an article at *Caring.com*, RSS affects people regardless of whether or not the move comes as a result of their own decision or in response to medical or mental needs. RSS can occur even if the move is from one room to another.

The symptoms of RSS include exhaustion, sleep

disturbance, anxiety, grief and loss, depression and disorientation and may lead to increased falls, self-care deficits and weight loss. It's important to keep in mind that by remaining too long in a home that isn't appropriate for remaining in seniors may be increasing their discomfort and negatively impacting their health when they are ultimately forced to make the move anyway.

Even worse, according to a 2010 MetLife Report called "Rethinking Solutions to the Home Care Challenge" the problem with many senior housing situations is that they are "organized to provide care at a certain level of need, sometimes too much or too little for a particular individual. As a result, a housing arrangement often becomes a poor match, requiring residents to move multiple times, such as from a home to a hospital because of a health episode, then to a nursing home for rehabilitation, then back to the home, then on to assisted living for longer term care, etc." So that even a decision that seemed right at the time can become less appropriate as time goes on.

The point isn't to discourage people from making a move or even making the move to stay but to avoid

trivializing what a move means to the individual making (or not making) the decision to move. It's an important decision with potentially life-altering ramifications and should take into consideration as much as possible all the parties involved. Questions to ask before making the jump to moving include:

Is there a way to improve safety in the home?

Universal Design is the concept of designing a home to meet the need for safety, comfort and convenience of everyone regardless of age, size or ability. Some components of a universal design home are no-step entries, wide doorways and hallways, reachable controls and switches, easy-to-use handles and controls, low or no-threshold showers with built-in benches or seats. If an individual wants to remain living in a home but is open to moving to a new home built with Universal Design practices in mind, it's usually less expensive to make those changes pre-construction than as a result of remodeling a home with traditional design features. Universal Design concepts can improve the livability of a home environment by designing a home that is environmentally friendly, requires less maintenance and is easily adaptable.

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Could someone move in with them or could they move in with someone? Living alone can be dangerous to your health. Apart from the effects of loneliness which are dire enough, scientists found that those living alone had significantly higher risks for death and cardiovascular death. Other problems that arise from living alone include an increased risk of poverty, trip and fall risks without a means of alerting others should they experience trauma, and difficulty getting around running errands. A growing number of people are choosing and thriving in multi-generational housing.

Can a home care service provide the necessary services to keep a loved one safe and healthy? If it's a matter of laundry needing to be done, dishes washed, a reminder to take medication, meals prepared or checkbooks balanced, there are private enterprises that will address them for a fee that isn't likely to rival the price of moving.

Do they need someone to actually provide medicine to them or do they just need a reminder? Home care will provide reminders and handle what is referred to as non-skilled care but which means care that doesn't require a nursing degree of some sort. Home health care on the other hand can provide the kind of care you might see in a hospital or nursing care environment such as wound care, injections, intravenous therapy and health monitoring such as blood pressure checks, heart rate and temperature checks. Review medical needs and health conditions to see if your loved one really needs around the clock care.

Warning signs that the current situation is no longer safe for an older adult:

- Medication management issues
- Poor eyesight
- Social isolation
- Forgetting appointments
- Unable to keep up with daily chores and housekeeping
- Poor nutrition or malnutrition
- Home safety hazards such as poor lighting and loose carpeting
- Unable to pay bills on time

Takeaways for family members:

If you are a family member working to move a senior, make sure to incorporate the senior into the planning of the move both from the decision to move and in the actual process. Don't negate their concerns. Keep them informed about why they are moving and point out positive aspects of the move. Provide time for the senior to get used to the idea and listen to their input.

Be flexible. Even if you just love an option, honor the senior's preferences and need to maintain control over their own life.

For family members and seniors:

Do a thorough assessment of options. Take into consideration current health and possible future health issues. Many healthcare organizations can help make assessments of an individual's current and future healthcare or housing needs.

Whether it is you or someone you love who is moving, blunt the impact of the move by trying to keep a schedule that is as normal as possible. Make sure family and friends know about the move and ensure that things like utilities and phone service are available immediately.

Take special care of any personal objects that have special meaning or significance and will be making the move. Take care when broaching the subject about any sorting, donating or cleaning that may need to be done. Start with a little bit at a time. Consider starting somewhere that has less meaning such as a bathroom or kitchen.

Plan the move so that it doesn't feel rushed and so that there is plenty of time to handle emotional moments.

Consider hiring someone to help. A move to live with a relative or other caregiver or to senior residential housing will likely require downsizing and leaving behind prized belongings, a process that can be overwhelming and emotional. One way to make the transition easier and to eliminate family dynamics is to hire a professional senior move manager.

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Medicaid and the middle class

Two populations of middle-class Americans benefit from Medicaid: the elderly and children with disabilities. Congress created Medicaid as an entitlement program in 1965 to provide low-income families and individuals with medical coverage. By the 1980s, Americans were living longer but with diseases that resulted in nursing home stays that bankrupted middle class families. As a result, new laws were put into place that turned Medicaid into a program to protect middle class couples from being forced into poverty.

That's what we have today. Those laws made it possible for a spouse to retain assets and income to preserve some of a couple's life savings. Only a very small percent of the population can afford the staggering cost of a nursing home for the average two-to-three year nursing home stay.

In his 2012 Convention speech, Bill Clinton differentiated Medicaid from Welfare calling it, "a vital safety-net for middle-class families." Total Medicaid spending in 2010 was a little under \$400 billion but \$123 billion (about one-third) paid for nursing home care. A Kaiser Health Tracking Poll asked people how important Medicaid was for them, and of the 61 percent of individuals who said it was important to them, 49 percent said it was because either they or someone they knew depended on Medicaid to pay for long-term nursing care.

So why do Elder Law Attorneys provide Medicaid planning? Most states require nursing home residents to spend virtually all their money before they can qualify for assistance. Because the government doesn't want to pay for care if the individual has funds of their own to pay for it, there is a period of time in which asset transfers or gifts are looked at. A person with moderate income who must enter a nursing home may eventually need to rely on Medicaid to pay for care. But many states leave the well spouse with too little in protected assets to provide them with enough resources to continue to live at home. Medicaid planning then is about moving assets either by spending them down or by transferring them in order to qualify for Medicaid

Medicaid is "a vital safety-net for middle-class families."

and still compensate for care or provide for the other spouse.

Many people try to gift money or property to family members in order to qualify for Medicaid. However, done incorrectly transferred property triggers a sanction period that is not necessarily one-to-one. For instance if the gift was for \$10,000,

Medicaid doesn't make the person ineligible for \$10,000 of nursing home care. Instead the individual might become ineligible for two months of nursing home care based on \$5,000 being the "cost" of one month in the nursing home. But nursing home care for one month might be as high as \$20,000 a month so a two month penalty could cost the family \$40,000 from a \$10,000 transfer.

In addition, the problem with Medicaid is that it doesn't pay for an individual to have a quality life in the nursing home. If assets can be protected, they can then be used to pay for other types of assistance that are considered extras.

Medicaid planning is complex and making the wrong steps can cost you hundreds of thousands of dollars. Talk with an elder law attorney about steps you can take now to protect your assets down the line.



Cost of Alzheimer's expected to skyrocket

The *New England Journal of Medicine* published an article in April 2013 that found that the financial burden along with the number of people projected to get dementia will more than double within the next 30 years. Previous information had mostly come from the advocacy group, the Alzheimer's Association.

The research, led by an economist at the RAND Corporation found that nearly 15 percent of people aged 71 or older have some form of dementia. By 2040, the number of people expected to have Alzheimer's or some other form of dementia will reach 9.1 million people.

One major cause for concern is the Baby Boomer generation had fewer children. According to the Centers for Disease Control and Prevention (CDC), the average number of children per family peaked at 3.7 between 1940 and 1957. However, since 1972, the average family size leveled off to approximately two children per family. In addition, approximately 20 to 25 percent of Baby Boomers are childless. Research in

2010 found that a projected 30 percent of baby boomers who will need assistance will lack care from spouses or adult children. Being unmarried reduces the likelihood of having personal care and increases the likelihood that you will end up in a nursing home.

While it's true that childless and especially childless and unmarried older adults need to proactively find solutions for aging issues, even adults with children may find that the geographical distance from their family members or family dynamics may prevent those children from playing an active role in their caregiving later in life.

Regardless of whether or not you get Alzheimer's, planning for future disability won't ever be a wasted effort. Putting plans in place through living wills, advanced directives, conversations with your support community (family, neighbors etc.), and Powers of Attorney will help to get your legal house in order and relieve stress.



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- ☐ Costs for home care and senior living communities
- ☐ Aging in place



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Bee Cee Homes (Please see our Ad on page 41)	5910 Beverly Way	Everett	(206) 246-9874

Name	Name	Name
Bothell	Cherry Hill AFH	Loving Adult Family Home Unit A
A Loving Heart	Conifer View Adult Family Home	Loving Adult Family Home Unit B
A Place To Go	Country Estate At Canyon Park	Mariallen Company
Abbys Elder Care LLC	Country Hills AFH LLC	Mays Pond Adult Family Home
Anest Adult Family Home	Crystal Springs Adult Family Home LLC	Maywood Hill AFH LLC
Angelas House 2	Dignity Life	Myriams Adult Family Home
Blueberry Gardens 2	Elderly Home Care	Norway Hill AFH
Blueberry Gardens 3	Elisabetas Loving Care	Olgino
Blueberry Gardens 4	Elisabetas Loving Care 2	Olgino 2 Adult Family Home
Blueberry Gardens LLC	Eng'S Adult Family Home LLC	Peace N Comfort
Bothell Best AFH LLC	Evergreen Home Care	Perez AFH
Bothell Care	Finn Hill Park AFH	Queen Hill AFH
Bothell Park Manor Corp	Gardenia AFH, Inc	Rays Of Hope
Bothell Way Lodge	Gentle Care Adult Family Home	Royal Anne Senior Care Home I
Camelias Loving And Caring Adult Family Home	Giulians Adult Family Home	Royal Anne Senior Care Home II
Canyon Park Adult Family Home	Golden Leaf Adult Family Home	Royal Manor AFH LLC
Canyon Park Adult Living Centers II	Halo Hill Homes Inc	Serene Cottage
Canyon Park Home Care	Heart To Heart Loving Care	Sisters AFH
Caring Heart Adult Family Home	Hillside AFH	Sunrise Adult Family Care
Carlson Care Adult Family Home I	Homecomings II AFH	The Promised Land II
Carlson Care Adult Family Home III	Inglewood Heights	Tina'S Tender Loving Care
Carlson Care AFH II	Leanos Adult Family Home LLC	Tophill Home Care LLC
Cedar Park Adult Family Home	Lonas AFH	Tranquility Home Care
	Lotus Care	Wellness Village Adult Care Home

For the complete listing, visit our website AgingOptionsGuide.com

Adult Family Homes-cont'd

Name
West Woods AFH
Whisper Meadows Senior Care
Edmonds
7Th Heaven Elder Care
A Better Homecare LLC
A Kind Heart Inc
Acacia Senior Home
Acacia Senior Home 2
Adult Family Home At Westgate
Amazing Grace AFH
Amazing Grace II AFH Inc
Amazing Grace III
Annies Ocean View AFH LLC
Ardent Adult Family Home Care
Beecee Homes Inc
Better Living Resort
Bitania Adult Family Home
Bright Adult Family Home
Cedar View Adult Family Home IncII
Cedar View AFH
Edmonds Bay Adult Care Home LLC
Edmonds Haven AFH
Edmonds Villa
Edmonds Water View Inc
Emerald Hills AFH
Estrella'S AFH
Genesis AFH LLC
Gold Autumn AFH
Golden Age 3
Grace Cottage
Grace Manor AFH
Happy Days AFH Inc II
Harmony Adult Care
Helen'S AFH

Name
Home Away From Home Adult Family Home
I Care AFH
Lake Serene Adult Family Home Inc
Liberty Adult Family Home
Living In Comfort Adult Family Home
Love And Hope Inc
Murillo Manor
Murillo Villa
New Hope Adult Family Home
Norma Beach Home Care
Ocean Breeze Home Co
Olympic View Home Care
Real Care AFH Inc
Seaview Adult Family Home LLC
Serenity Woods Adult Family Home LLC
Shalom Adult Family Home LLC
Sunset Villa
The Golden Age 2
United Adult Family Home #1
United Adult Homes Inc
Everett
A Beautiful Place Inc
A New Horizon Adult Family Home, Inc
A Place For Mom And Dad Inc
A Place Like Home Inc
A&E Home Care, LLC
Adagio Adult Family Home
Adult Family Home Of The Northwest LLC
Amazing Love Adult Family Home
Amys Adult Care Home
Angel Adult Family Home Care LLC
Angels Adult Family Home

Name
Applewood Homecare
At Maudes Happy Home III Inc
Best Adult Family Home
Beverly Lake Home Care Inc
Cedarwood Home Care
Cline Adult Family Home Inc
Colby AFH
Cole Adult Family Home
Comfort Care Adult Family Home
Compassion Care House LLC
Corner Stone AFH
Cottage Inn Adult Family Home Inc
Covenant Adult Family Home
E AFH LLC
Emma'S Angelic AFH
Everett Gold Care AFH
Everett Quality Care LLC
Four Seasons AFH
Gem Adult Family Home
Glenhaven AFH
Golden Care
Good Samaritan AFH
Good Samaritan AFH 2
Hennas Creekside Adult Home
Idas Adult Care
Intercity II AFH
Jellys Adult Family Home Care
Joy El Bethel AFH LLC
Laila'S Adult Family Home
Lauras Adult Family Home
Lazy Lion Adult Family Home
Lilys Adult Family Home
Loving Care
Lucia's AFH Inc

Adult Family Homes-cont'd

Name
Mach AFH
Marys Home Care
Maximo D Azucena AFH
Monicas Adult Family Home
Nicoles Home Care
North Star Adult Family Home
Paradise Island Adult Family Homes LLC
Perpetual Help AFH LLC
Premier Care Living Adult Family Home
Princess Care Home I
Princess Care Home II
Princess Care Home III
Quality Care For Elderly Inc
Quality Care Inc
Saron Adult Family Home
Seaview Adult Family Home
Serenity Adult Family Home LLC
Shaes Adult Family Home
Silver Lake Family Home Care
Silver Lake Home Care Inc
Silver Lake Senior Care
Silverlake Cottage AFH
St Matthias Adult Family Home
Stair-Way AFH
Summer Breeze Haven Inc
Sunny Side Adult Family Home
Sunrise Meadows Adult Family Home
Sunshine Adult Family Home LLC
Sweet Heart AFH
Sylvan Crest
Taylormade Care
Temperlys Long Term Care Family Home LLC
Tender Care Living II
Top Care Adult Family Home

Name
Two Pines
Us Inns Inc
Valeries Place Inc
Vangies Care AFH
Zincas Adult Family Home Inc
Lynnwood
A Beautiful Living AFH LLC
A Beautiful Living II
A Beautiful Living IV
A Bethel Adult Family Home
A Good Shepherd AFH LLC
A Joyful Heart AFH
A Kind Heart Inc
A Touch Of Comfort
A&D Home Care
Aaron Bahta Best Quality Home Care
Abab Sweet Home
Abby Adult Family Home LLC
Absolute Care Adult Family Home LLC
Abundant Life Lynnwood
Adonai West AFH LLC
Alderwood Adult Family Home
Alderwood Elderly Home Care
Alderwood Manor Adult Family Home
Alliance Nursing
Amen Family Home
Amour Adult Family Home
Andrie Care AFH LLC
Anetas Home
Angelcare AFH
Aquarius Loving Care
Areside AFH
Ariege AFH LLC
Atienza Adult Family Home Inc
Augustae Senior Living Inc

Name
Balkan AFH
Birch Manor
Bitania Adult Family Home II
Blue Hope
Brendas Place
Brier Adult Family Home
Bright Family Home LLC
Bw Heavenly Adult Family Home
Care 4U LLC
Care Skills AFH
Careplus Adult Family Home Inc
Caring First AFH LLC
Cedar Park AFH
Creek View
Cristinas Adult Family Home
David'S Tender Loving Care Adult Family Home
Elena'S Home At Lake Rd
Elenas Home At Lake Road
Ella Blla LLC
Evergreen AFH
Evergreen AFH 36
Evergreen Family Homecare
Fabians Adult Family Home LLC
Faithful AFH
Florinas Senior Care AFH
Forever Young Adult Family Home
Glorias Care Home
Goldenville Adult Family Home I
Goldenville Adult Family Home II
Good Faith Adult Family Home Inc
Good Remedy Adult Family Home
Halls Lake Adult Family Home LLC
Hanna Home Care III
Harmony Place Adult Family Home LLC
Haven AFH

Adult Family Homes-cont'd

Name
Highland House Adult Family Home LLC
Hilltop Adult Family Home
Home Sweet Home Adult Family Home
Homecomings Adult Family Home
Homecomings Iv Adult Family Home
Hope Adult Family Home
Horizon Adult Family Home 2
Horizon AFH
Jennys Home
Joy Family Home LLC
Julies AFH Inc
Kide Dessie AFH
Kidy Heaven AFH
Kiya Adult Family Home
Lake Serene Adult Care LLC
Laura Raica Home Care
Lauren'S Adult Family Home Inc
Lovely Adult Family Home
Loving And Caring Adult Family Home LLC
Loving And Caring Adult Family Home LLC #2
Loving Care AFH
Madison Adult Family Home
Manor Villa
Maple Road Adult Family Home LLC
Maple Villa Adult Family Home
Marias Best Care
Martha Lake Adult Family Home
Martha Lake Adult Family Home LLC
Martha Lake View AFH LLC
Marthas Landing AFH LLC
Maudes Happy AFH II
Meadow Adult Family Home
MiLLCreek AFH Inc V
MiLLCreek AFH Iv

Name
North Creek Manor AFH
Northwest Home Care
Novel Adult Family Home LLC
Our House AFH LLC
Peacetime Adult Family Home
Prosperity And Quality Adult Family Home
Sacred Heart Home Care
San Jose AFH
Serenity Heights
Serenity Heights AFH
Shangri La Home Care LLC
Silk Life AFH
St Jude Thaddeus Adult Family Home Llp
St Mary Adult Family Home LLC
Sun Shine Adult Family Home
Sunny Hill Home Care B
Sunny Loving Care Adult Family Home
Sunrays Family Home LLC
Texas Adult Care Home Inc
The Good Shepherd Of Lynnwood AFH LLC
The Sun Adult Family Home
Westgate Siesta Home Care Inc
Win Adult Family Home
Woodhaven AFH
Marysville
#2 Saron Adult Family Home
A Holistic Adult Family Home
A Holistic Adult Family Home II
A R Care Adult Family Home LLC
Abode Senior Care
Abundant Living Adult Family Care
April House Inc
Ashleys Adult Family Home
Belle'S Cottage Inc

Name
Benevita Adult Family Home LLC
Benevita AFH LLC
Candlelight Cove
Cedar Creek Adult Family Home LLC
Cedar House An Adult Family Home
Cedarcrest AFH
Comfort House
Dee'S Nursing Care
Eagle'S Nest
Harmony Adult Family Home LLC
Hawthorn House
Hidden Creek AFH, LLC
Home Sweet Home
Jocel AFH
Las Orquidias Adult Family Homes Inc
Marysville Adult Family Home
Morgan Cottage
Oasis Care Inc
Paradise AFH
Quilceda Creek Manor II LLC
Quilceda Creek Manor, LLC
Sahara Adult Family Home Inc
Sandy'S Adult Family Home
The Haven Care Inc
The Lighthouse
Winged Angels Adult Family Home
Young At Heart A Marz Family Home
Your Bayview Home B
Shoreline
A Little Piece Of Heaven
A Water View Adult Family Home
Alianas Home Care
All About Seniors Two
Alliance Care Family Home Inc
Amen AFH

Adult Family Homes-cont'd

Name	Name	Name
Amen AFH	Good Shepherd AFH LLC #2	Rimas Adult Family Home Inc
American Association Adult Home Care	Good Shepherd AFH LLC #3	Rimas Adult Family Home Inc
Ancas AFH	Good Shepherd AFH LLC #4	River Of Life Home Care
Anderson Adult Family Home	Good Shepherd Home Inc	San Antonio Ltf Inc
Anderson Adult Family Home II	Happy Family Adult Family Home #2	Sarausad Homes Inc
Angelina's Place	Hiljay Home	Sarausad Homes Inc.
Applewood Shoreline	Hillwood Senior Care	Shangri La Home Care LLC
Aracelis Home Care	Hillwood Senior Care 2	Shekinah Place Care Home
Barnas AFH LLC	Home Again	Shi'S Home
Bcm AFH	Home Sweet Home	Shoreline Gardens Senior Care
Best Care	Intal Adult Family Home	Sound View Adult Family Home
Broadview Adult Family Home	Jcb Adult Family Home	St Anthony AFH #1
Calderon Adult Family Home Inc	Jcb Adult Family Home LLC	St Anthony AFH II
Calderon Adult Family Home Inc	Jcb II Adult Family Home	St Expeditus AFH Inc 1
Ceesays Adult Care Family Home	Jirah Home Care	St Jude Adult Family Home
Charity AFH 2	Joy Adult Family Home	St Mary'S AFH
Diamond AFH	Lifeline Nw Inc	St Mary'S AFH
Divine Adult Family Home	Maple Leaf Home II	St. Joseph Adult Family Home
Echo Lake Adult Family Home LLC	Marvi Home Care	Steluta Adult Family Home
Eco'S Adult Family Home	Midvale Adult Family Home	Sum'S Adult Family Home
Enguerras Adult Home Care	MiLLCreek AFH III	Summer Haven Adult Family Home
Erp Adult Family Home Inc	Mnb Adult Family Home	Sunrise Adult Family Home II LLC
Evans Home	Morales Adult Family Home	Sunrise Adult Family Home LLC
Firland AFH	Mountforest View	Tanyas Adult Family Home LLC
For Seniors Sake	Nden AFH	The Bergs Adult Family Home
For Seniors Sake Inc	New Hope Adult Family Home Inc	The Great Shepherd'S AFH 2
For Seniors Sake Inc North City	New Life Home Care Inc	The Great Shepherds AFH
Garden View Residential Care Facilities Inc	Nica Adult Family Home LLC	The Great Shepherds AFH 1
Garden View Residential Care Facility	North Ridge House	The Perpetual Help Adult Family Home
Genesis Homecare Adult Family Home LLC	Ocean View Home Care Center	Van Patten AFH
Golden Hill AFH	Omna Adult Family Home	Villa AFH
Good Shepherd AFH	Over The Rainbow AFH LLC	Washington Care Adult Family Home
Good Shepherd AFH LLC	Perkins Senior Care Services	
	Richmond Care Inc	

We do our best to provide you with accurate and up to date information.
Please let us know if any of our listings contain typographical errors, inaccuracies, or omissions.
Thank you ~ editorial@agingoptions.com

Alzheimer's/Memory Care

Name	
Heritage Court	Everett
Cascade Valley Senior Living	Arlington
Heritage Court Assisted Living	Everett

Name	
The Cottages At Marysville	Marysville
The Cottages At Mill Creek	Mill Creek

Assisted Living

Name	Address	City	Phone
Edmonds Landing (Please see our ad on page 39)	180 2nd Ave S	Edmonds	(425) 744-1181
Quail Park (Please see our ad on page 37)	4015 164th St SW	Lynnwood	(425) 640-8529

Name	City
Clare Bridge At Silver Lake	Arlington
Olympic Place	Arlington
Riverside East	Arlington
Aegis Assisted Living Of Shoreline	Bothell
Haven House	Bothell
Heritage Court Assisted Living	Bothell
Rosewood Courte Memory Care Community	Bothell
Vineyard Park At Bothell Landing	Bothell
Aegis Senior Living Of Lynnwood	Edmonds
Everett Plaza	Edmonds
South Pointe Assisted Living	Edmonds
Sunrise Of Edmonds	Edmonds
Aegis Assisted Living Of Shoreline	Everett
Bethany at Silver Crest	Everett
Chateau Pacific Retirement Community	Everett

Name	City
Emeritus At Lynnwood	Everett
Fairwinds - Brighton Court	Everett
Garden Court Senior Living	Everett
Inglewood Group Home	Everett
Smithwright Estates Group Home	Everett
South Pointe	Everett
Sunrise View	Everett
Sunrise View Retirement Villa	Everett
The Terrace At Beverly Lake	Kenmore
Washington Oakes	Lynnwood
Clare Bridge Of Lynnwood	Kenmore
Edmonds Landing Assisted Living	Arlington
Emeritus at Spring Estates	Kenmore
Grandview Village Retirement Community	Lynnwood
Aegis Assisted Living Of Bothell	Lynnwood

Name	City
Aegis Senior Inn Of Edmonds	Lynnwood
Emeritus At Spring Estates	Lynnwood
Fairwinds - Brighton Court	Lynnwood
Quail Park At Lynnwood	Lynnwood
Scriber Gardens Llc	Marysville
Welcome Home	Marysville
Bethany At Silver Crest	Marysville
Emeritus At Marysville	Marysville
The Cottages At Marysville	Marysville
Aegis Senior Living Of Shoreline	Shoreline
Cascade Valley Senior Living	Arlington
Chateau At Bothell Landing Retirement Community	Kenmore
North Creek Retirement & Assisted Living Community	Shoreline

Continuing Care Retirement Communities (CCRCs)

Name	Address	City	Phone
Aljoya Thornton Place	450 NE 100th St	Northgate	(206) 452-3186
Emerald Heights	10901 176th Circle NE	Redmond	(425) 556-8100
Warm Beach Senior Community	20420 Marine Drive Northwest	Stanwood	(360) 652-7585

For information on CCRCs and other housing options, see the story on page 40 or contact our office for a white paper for more in-depth information.

Geriatric Care Manager

Name	Address	City	Phone
Better Care Management (Please see our ad on page 25)	31919 6th Avenue S	(253) 941-7200	Federal Way

Name	Name
Barbara Bridges Susan "Sam" Miller	Kim Nicholas Lynnwood

Independent Living

Name	Address	City	Phone
Edmonds Landing (Please see our ad on page 39)	180 Second Avenue S	(425) 744-1181	Edmonds

Name	City
Olympic Place	Arlington
Chateau At Bothell Landing Rtr	Bothell
Emeritus at Mill Creek	Bothell
Foundation House At Bothell	Bothell
Riverside East	Bothell
Edmonds Landing	Edmonds
Sunrise of Edmonds	Edmonds
Garden Court Senior Living	Everett
South Pointe	Everett
Washington Oaks	Everett

Name	City
GenCare Granite Falls at the Village	Granite Falls
Emeritus at Spring Estates	Kenmore
Sequoia Senior Apartments	Kenmore
Danmor Co	Kirkland
German-American Retirement Home	Kirkland
Good Rest Home Care, Inc.	Kirkland
Life Care Center Of Kirkland	Kirkland
Madison House-Totem Lake	Kirkland

Name	City
Merrill Gardens at Kirkland	Kirkland
Barclay Group Home	Lake Forest Park
Ashley Pointe	Lake Stevens
Alderwood Court	Lynnwood
Chateau Pacific	Lynnwood
Cypress House	Lynnwood
Emeritus at Lynnwood	Lynnwood
Quail Park of Lynnwood	Lynnwood
Emeritus at Marysville	Marysville
Grandview Village	Marysville

Name	City
Mountlake Terrace Plaza	Mountlake Terrace
Anderson House	Shoreline
Cristwood Apartments	Shoreline

Name	City
Emeritus at Snohomish	Snohomish
Fairwinds - Brittany Park Retirement...	Woodinville
Hacienda Del Sol	Woodinville

Name	City
The Creekside	Woodinville

Placement Services

Name	Address	City	Phone
Better Care Management (Please see our ad on page 25)	31919 6th Avenue S	(253) 941-7200	Federal Way

Name	City
Aging Well, LLC	Edmonds
CareForce	Lynnwood
Lyric's Hope Eldercare Consultants	Marysville
BJB Geriatric Services	Mill Creek

Name	City
Loving Options	Mill Creek
Elder Care Options	Shoreline
Senior Advisor	Snohomish
A Place For Mom	

Senior Real Estate Specialists

Name	Address	Phone	City
Edmonds Realty (Please see our ad on page 43)	180 Second Avenue S	(425) 744-1181	Edmonds
Karal Cox (Please see our ad on page 47)	karalcox@windermere.com	(425) 890-0065	
Kevin Scott (Please see our ad on page 47)	kscott@windermere.com	(206) 412-1118	
Red Door Team (Please see our ad on page 49)	22614 Bothell Everett Hwy	(425) 408-9681	Bothell

Skilled Nursing Facilities

Name	City
Bothell Health Care	Bothell
Aldercrest Health And Rehabilitation Center	Edmonds
Bethany At Pacific	Everett
Bethany At Silver Lake	Everett
Everett Center	Everett

Name	City
Everett Transitional Care Services	Everett
Forest View Transitional Health Center	Everett
Sunrise View Convalescent Center	Everett
Emerald Hills Rehabilitation And Skilled Nursing	Lynnwood

Name	City
Manor Care Health Services (Lynnwood)	Lynnwood
Marysville Care Center	Marysville
Mountain View Rehabilitation And Care Center	Marysville

We're online!
www.AgingOptionsGuide.com

“Old age is like everything else. To make a success of it, you’ve got to start young.” Theodore Roosevelt

A photograph showing a woman in a grey suit, likely a lawyer, sitting at a desk and talking to an older couple. The woman is smiling and looking at the couple. The couple, a man and a woman, are also smiling and looking at the lawyer. They are sitting at a desk with a laptop and some papers. The woman is wearing a leopard print top and a necklace. The man is wearing a light blue shirt and a striped tie. The text "Should you hire an elder law attorney?" is overlaid on the image in large white letters.

Should
you hire an
elder law
attorney?

It's been at least 10 years since every news agency in the nation began proclaiming the approaching Boomer retirement wave. So by now you are not surprised that the fastest growing segment of Americans is the elderly. What that means to those of us who are prone to cynicism is that there are a lot of people looking to aging individuals for their paychecks.

Some of those people, and I would suggest that it's most of those people, are legitimate businesses recognizing a need and wanting to provide a service. Still, it's tough to not wonder what is chaff and what is wheat. Your grandfather for instance probably never hired an elder law attorney so the question you might ask is what about today's environment would suggest that you should hire one?

Elder law focuses on parts of the law pertaining to seniors but what does that mean exactly. Why, for instance, can't you hire any lawyer to create your will and draw up your estate plan? And the answer is that you can. However, someone who isn't versed in things like Medicare and Medicaid can actually cause unintended affects that can harm your estate.

Medicaid has complex rules and provisions that are ill-understood by the majority of lawyers so that something as run of the mill as a trust requires specific language to withstand a Medicaid examination. Why should anyone care about Medicaid? You probably don't if you have several million dollars in assets but if you are like most of us, the specter of long term care is hovering over your shoulder. An uncovered span of time in a nursing home can cost upwards of \$100,000 a year or more. With so many people living 20, 30 or more years after retirement, having one spouse impoverishing the remaining spouse after a long term stay in a nursing home is often sadly reality. Planning the transfer of assets to preserve them without undercutting Medicaid benefits for the remaining spouse requires in-depth knowledge of the process.

No one used to spend any time at all looking at Social

Security benefits. You came of age to claim and then poof like magic you claimed. But suddenly making an ill-timed decision on when to claim benefits or whose benefits to claim can cost you hundreds of thousands of dollars.

Long term care insurance costs insurance companies and policy holders a great deal of money and aren't always a great deal for either one so having someone knowledgeable about reading long term policies and making recommendations isn't just useful, it's a priority.

Americans often spend 10 years or more with disabilities before we die. Nursing home policies can reduce patient's rights but often get signed when patients or their family members are under great duress from sudden health issues.

Elder law attorneys approach the law holistically usually incorporating aspects of planning from several professions beyond the legal field including housing, financial, quality of life, long term care and health. One significant difference between an elder law attorney and an estate planning attorney is that an elder law attorney seeks to preserve your assets for your benefit while you are still alive rather than trying to make sure that your children get the biggest inheritance possible.

Hiring a lawyer of any sort can be a major project in and of itself. It is even more so with Elder Law Attorneys because many people wait until they are in an emotional crisis situation before looking for professional assistance.

If you are looking to hire an elder law attorney, ask your friends if they have hired one and get referrals. Contact the National Academy of Elder Law Attorneys (NAELA) and once you get a few names, speak with the lawyer directly to find out how long he or she has been practicing, whether or not elder law is the attorney's specialty and whether there is a consultation fee. You can also go online and find the attorney's website and find out what review sites such as Avvo.com and LawyerRatingz.com have to say about them. Do your research before you hire.

Preparing for Probate

Anyone with property has an estate. The point of probate is to legally clarify the ownership of that property in order to distribute the title of the property when you die.

Any asset that has a document to establish the identity of the owner (title to a car, deed to a house, account ownership papers for bank accounts, application for life insurance policies etc.), but does not establish who should inherit the asset upon death of the owner of the asset is defined as a probate asset. A title to a car; a bank account without a payable on death designation; or a deed to a house naming the husband and wife as owners are all examples of probate assets. In contrast, a life insurance policy with a beneficiary designation, a deed with survivorship language, and a bank account with payable on death designation are all good examples of non-probate assets.

Why is it important to understand what an estate is?

Because, if an estate exists, when someone dies—with some exceptions—their estate will have to go through probate regardless of whether or not you have a Will.

Categories of property:

- The probate estate includes items named in a Will or if the person dies intestate (without a Will) according to state law.
- A trust estate includes all the property placed in a trust through a living trust.
- A taxable estate includes those assets that can be taxed by the state and federal government.

Most states allow a certain amount of property to either go free of probate or through a simplified probate procedure. Whether or not probate is necessary depends on the property: what property is owned and the laws of the state where the decedent held property and/or died. For instance, in Washington, estates generally do not need to go through probate if they are worth less than \$100,000. One way to avoid probate then is to create a trust, which is recognized as a legal entity under law. The next thing to do is to transfer all probate assets out to the trust. This way, when a person dies it can be said that the person died with less than \$100,000 to his/her name and therefore a probate is not necessary.

Probate is required if no other name is attached to

property or to remove the decedent's name from a property and transfer his or her ownership into the names of the beneficiary. Most people find the idea of probate scary, but it's really just an orderly way to pay off your debts and taxes before distributing your remaining assets to your heirs. Still there are some situations when you will want to avoid probate, for instance:

• **When the cost of probate is a percentage of your gross estate.** The cost of probate in California is 5 percent of the gross value of the estate. Even a modest estate can end up paying tens of thousands of dollars in California, whereas in the state of Washington, most estates settle for somewhere between \$3,000 and \$5,000.

• **When the estate is valued at more than \$2.012 million (in the state of Washington).** Some level of planning is required for estates that exceed \$2.012 million to avoid any incidence of state estate taxes.

• **If you own property in more than one state.** For each state that you own property in, your heirs will have to pay estate taxes. The costs in time and resources associated with multiple probate processes may make it worthwhile to avoid probate.

• **Having a trust-based plan.** A trust-based plan rather than one based on a Will is a good way to title assets you do not wish to co-mingle with the assets of a spouse if you are in a second (or more) marriage situation.

• **If privacy is paramount.** You may want privacy if your heirs are likely to feud or if you wish to avoid letting others know who the members of your family are or who you loved. One way that a Will differs from a Trust is that a Will is made public (and therefore available to dispute) and a Trust is not.

Complications that come with trusts:

• **They must be maintained.** What many people do not understand is that a trust must be funded. Funding a trust is taking the time to transfer each probate asset (bank account, car title, deed to the house and other real property etc.) and getting the ownership changed to the trust. If the trust is created but not funded, you will not only have to deal with the trust at the end of the day, but also have to go through a probate process if you died owning more than \$100,000 in probate assets. It costs time and money to get the trust funded. You can

always fund the trust yourself and save costs, but it will still cost you time.

•**Refinancing can add additional costs.** Refinancing companies require you to first take the property out of the trust before they will refinance the house. Homeowners sometimes aren't even aware that it happened as the paperwork is included with all the refinancing paperwork. After a refinance, if you want to keep your trust current you will then have to have a new deed prepared to put the house back in the trust.

•**Safe Harbor Trusts in Living Trusts can be disallowed.** A Safe Harbor Trust provides a means to protect your assets from uncovered medical and long term care costs by accessing Medicaid benefits. But, federal and state statutes that enable the creation of the trust require that the Safe Harbor Trust be created inside of a 'Will.' This means that Safe Harbor Trusts created inside Living Trusts could theoretically be set aside by Medicaid (although this has not happened yet).

•**They are expensive to create.** Finally, if a trust is created by competent counsel and not a trust mill, it will be more expensive than creating a Will-based plan. Essentially, you will be prepaying part of the probate costs.

If your loved one's property must go through probate, these are the steps for doing so:

•**Inventory the assets**-It makes sense that if assets are to be distributed, first someone must know what assets exist. A list must be made of everything owned by the decedent. Everything means things like bank accounts, personal property, debts, credit cards, medical bills, funeral expenses investments, etc. The inventory must also include how that property was owned. Then the assets must be categorized as to whether they are in the probate estate or distributed outside the probate estate. Property in a trust is not part of the probate estate but still must be managed.

~Locate the Will if it exists.

~Go to court-The probate court determines the validity of the Will, who will be in charge of settling the affairs, identifies heirs, inventories the probate assets, determines claims against the estate, distributes the remaining assets and appoints the executor.

~The executor must inventory the assets, have them appraised, pay taxes and bills, publish notices, prepare the final income tax return, document any major financial gifts and file inventories and accountings

with the court.

~Follow a letter of instruction-This informal document may be attached to at Will and will provide information about the funeral. The second part of the letter involves how to divide items with little to no monetary value such as collections, pictures, jewelry or items passed down from a previous generation. Transfer probate assets to beneficiaries.

•**Document major financial gifts.** Gifts are taxable unless they are:

~Not more than the annual exclusion for the calendar year (\$14,000 in 2014).

~Tuition or medical expenses you pay for someone (the educational and medical exclusions).

~Gifts to your spouse.

~Gifts to a political organization for its use.

•**Hire a lawyer.** The major expenses in settling an estate are for lawyer, real estate agent, appraiser, and accountant fees. In the state of Washington, if the value of decedent's entire estate does not exceed \$100,000, then personal property in the estate may pass to its successors by Affidavit or Declaration. In such a case, a lawyer isn't needed but even some small estates may benefit from consulting with an experienced attorney.

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Avoiding running afoul of the tax man when you hire a caregiver

Are you an employer and don't know it? You might reasonably wonder how you could possibly fail to recognize when you hired your first employee but if you have hired a senior caregiver you are in jeopardy of running afoul of the IRS.

The IRS considers tax evasion a serious problem—so much so that the IRS and the Department of Labor (DOL) have announced enhanced enforcement and collection efforts with one of their primary targets being domestic employment. Let's back up a moment and look at how you could possibly be an employer without realizing it and then what you do about it.

First, how do you know you have hired an employee? Say that Mom needs a bit of help around the house. Maybe she needs someone to do the heavier housework, drive her to the doctor and the grocery store and provide some companionship. As a result, you hire someone to come in for a few hours every day. Did you hire someone through a home health agency? It's important to ask that agency if they file taxes for their caregivers. If the answer is yes, you have no liability when it comes to reporting or remitting any taxes so you're okay and that would be the end of this story. If instead the answer is that you are responsible for taxes or you hired someone who "works for themselves," you have hired an employee.

You might ask yourself why your new employee isn't an independent contractor rather than an employee. That's a common mistake. An independent contractor might put a new roof on your home or do lawn maintenance but the law determines a worker's independence by the use of a test. That test examines how much control the employer has over the worker. If you have the right to determine who cares for your

mom, how that person performs the job, when that person works, in other words if you have control over an individual's work environment, you are the employer because ultimately you call the shots. An independent contractor, by contrast, is hired to complete a specific task and gets to make the decisions necessary for completion of that job, the task is limited in scope and is as needed.

As mentioned before, not filing correctly is considered tax evasion. Tax evasion comes with back taxes and penalties. You have four primary tax duties if you hire an employee.

- You must withhold Social Security and Medicare taxes from paychecks each pay period. You are not required to withhold Federal Income tax but doing so protects your employee from a large tax burden at the end of the year.
- You must file tax forms with the Washington Employment Security Department and with the IRS on a quarterly basis.
- You must pay the employer's portion of Social Security and Medicare as well as federal and Washington unemployment insurance taxes as well as a small employment administration fund tax.

- You must prepare a W-2 at the end of each year and distribute it to each employee. You must also file Form W-2 Copy A and Form W-3 with the Social Security Administration and file Schedule H with your personal income tax return.

You can find a tax and labor summary for the state of Washington at <http://www.breedlove.com/Answers/State-Nanny-Tax/WA/Overview>.

In addition, if your employee becomes injured while working for you, you'd be held liable for any



costs related to an injury including medical expenses and disability payments.

Gotcha 1: For families that have a small business, it might be tempting to put your caregiver on the company payroll. This would allow you to make use of procedures that are already in place but alas there's a problem. The first is that businesses take tax exemptions for employees so the language of the law requires those employees to be "direct contributors" to the success of the business. The IRS has ruled that caregivers are not direct contributors and thus has determined that taking deductions for a caregiver constitutes an illegal tax deduction. It is also illegal to put a caregiver on the company's insurance plan.

Gotcha 2: Household employees are considered non-exempt and are therefore entitled to earn overtime pay for all hours over 40 hours in a seven-day work week. There are two exemptions to this. You can hire live-in employees in some states without paying overtime and employees that provide companion care are exempt (but the rules for this are going to change in 2015). There are

likely additional changes in the works as some states are looking at and passing domestic workers bill of rights.

Why would anyone choose to hire a caregiver independent of an agency if all these rules apply? By the time you hire a caregiver legally, you may not save any money. Therefore, the benefit lies in the degree of control you have over the situation. You might already know someone that you trust who would be a great fit for your mom, or you may just like the control that comes from knowing that it's easy to get rid of someone you don't like or to hold onto someone that you do like. Depending upon the agency you hire, some chores you might want done can run outside of the agency's scope and they won't perform them. It's important to weigh the benefits of one over the other and if you decide you want to hire an employee rather than a firm, get advice from a good elder law attorney on how to proceed. You can also find accounting firms that will help small employers with the tax and financial obligations you incur when you hire an employee. An elder law attorney can help you find help there as well.



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Annuities

Annuities have been around since the Middle Ages when Dutch and German cities and monasteries raised money by the sale of life annuities.



Annuities are a financial contract in the form of an insurance product between an individual and an insurance company in which the seller (the insurance company) provides a series of future payments in exchange for an immediate lump sum payment or a series of regular payments prior to the paying out of the annuity.

Dennis Miller, in an Investopedia article, wrote that “you are better off with no annuity as opposed to the wrong one.” That isn’t to say that he doesn’t believe they are ever appropriate. Simply put, you shouldn’t buy an annuity unless it will work for you and for many people it isn’t the right tool.

THE GOOD

At one time, annuities were sold as a vehicle to make it possible for anyone to have a pension. Annuities can offer a degree of certainty to retirees by paying out a fixed stream of payments over a specified period of time. They were simple enough to make them useful for people who wanted absolutely nothing to do with managing their own finances. According to Fool.com, for those who fear the potential loss of all their money because of poor investments choices, that guarantee can be very important. Other good things about annuities are that there are no heavy record-keeping requirements and there are no investment limits.

Desirable if:

- IRAs, 401(k) and other tax deferral plans have been maxed out
- You will keep it for at least 15 to 20 years
- You are in a 28 percent tax bracket or higher today but

expect to be in a lower income tax bracket at retirement.

- You need a “guaranteed” income for life in retirement

THE BAD

As a Kiplinger article says, “Seniors are often bombarded with pitches for annuities, and there’s a reason for that: Annuities can be extremely profitable for the agent who sells them.” Over the years, annuities lost their “glow” for a variety of reasons. Chief among them:

• **Market performance**-You can still lose money according to the Washington State Insurance Commission. Most insurance companies only guarantee you will receive 90 percent of the premiums you paid plus interest at a specified minimum rate. If you didn’t earn enough you could lose some of your paid premium.

• **Too expensive**-An Investopedia article says that the old joke about annuities is that you make a fortune on the headline and the fine print takes it all back. Introductory rates often act as loss leaders and then when rates are adjusted and the fees kick in all the benefits disappear. Annuities in the past were prone to hidden fees and as a result many states now regulate the percentage of annuities you can hold in your portfolio.

The state of Washington has a pamphlet on what you need to know before buying an annuity. You can find that here. Here’s a list of fees you’re likely to run across:

- **Commission**-People think of annuities as an investment, but they are actually an insurance policy and the nice person selling you the annuity is getting a cut of your return or principle for selling it to you.

- **Underwriting-Fees** for those who take a risk on the benefits
- **Fund management-management fees** for any investment in mutual funds
- **Penalties**-If you pull your contributions out before you are 59 ½, the IRS will get 10 percent and a surrender charge of between 5 percent and 10 percent will be charged. You can transfer your annuity from one insurance company to another but if the check comes to you while in the process of transferring, you could be stuck with fees there as well. Because of surrender charges, any annuity should be considered a long term investment. If you decide to replace your annuity, the agent must provide a notice on the pros and cons of doing so.
- **Tax opportunity cost**-Your 401(k) is a better option for tax deferral unless you have maxed out your contributions to it. During the accumulation phase, annuities provide a tax advantage however annuity gains are taxed at ordinary tax rates. If your income tax rate will have dropped during the period of time that the annuity is accumulating, you could still come out on top but that's an individual determination.
- **Tax on Beneficiaries**-Assets which appreciate over time have what is called a step-up in basis when they are left to beneficiaries. Basically, that assigns a new value to the asset based on the market price at the time of transfer. However, annuities don't offer the same protection and your beneficiaries are likely to be charged taxes on gains.
- **Lack liquidity**-If you die, you die but what if instead you live and now you can't work or you have high medical costs. Now you have a greater need for the money you don't have access to.
- **Lack of security**-Annuities were created to provide just that but if the insurance company goes under, your money may be lost. You can check on an insurer's rating at on the Washington State Insurance Commissioners website to make sure an insurance company has a rating of at least A+.

Medicaid

For those facing the possibility of long-term care and who may eventually have to rely on Medicaid to pay part or all the costs of care, annuities must qualify as Medicaid-friendly in order to generally be counted as income rather than as an asset (assets are subject to spend down for Medicaid). Those qualifications are:

- Income must begin being distributed immediately;
- The annuity contract must be irrevocable and must be set up with a non assignable settlement option;
- The income payout must be constant; and
- The state must be named as beneficiary.

Other Issues

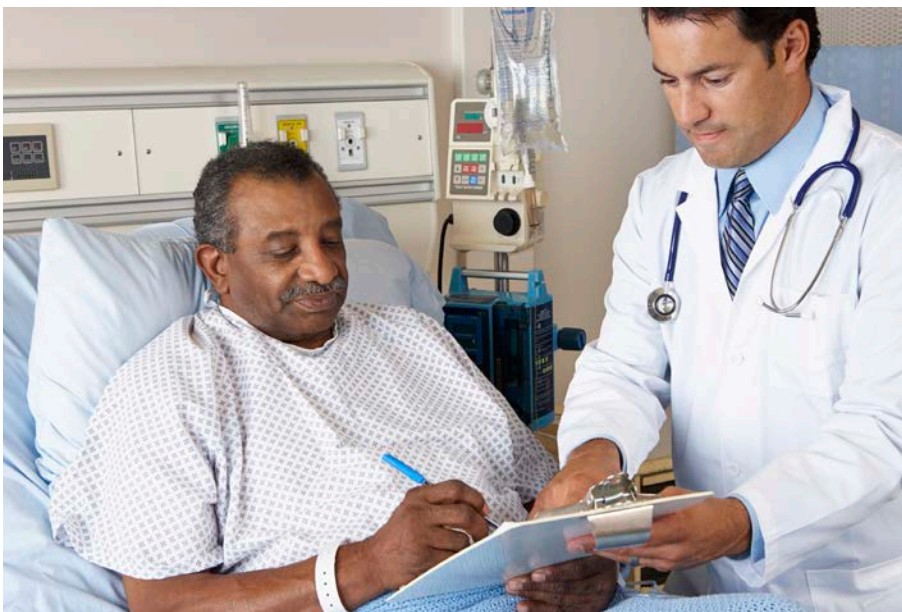
• **Limited ability to pass on wealth to heirs**-In a report out by the Congressional Budget Office, the authors wrote, "Economic modeling dating back to Yaari (1965) shows that individuals who do not aim to leave bequests to future generations should put all of their investments into annuities rather than alternatives such as bonds." The paper goes on to say, "This paper models decisions about purchasing annuities in a context where individuals learn new information about their health status over time (that is, with stochastic mortality risk). In that context, the value of an annuity declines when an individual experiences an adverse health shock that lowers her life expectancy. Because of that valuation risk, risk-averse individuals will not want to fully annuitize their investments when they face higher costs or lower income in bad health. We find that most households should not annuitize any wealth. The optimal level of aggregate net annuity holdings is likely even negative."(emphasis added)

• **Investment limitations**-According to the Motley Fool, "We strongly believe that Foolish investors can generally do far better for themselves elsewhere." Actually they call the investment choices "so-so, ho-hum, quasi-mutual fund subaccounts."

Options

So if you choose not to buy an annuity, what other options do you have?

- **Wait on Uncle Sam.** If you have other income, it's best to wait as long as possible to collect on Social Security. Those benefits act as an inflation-adjusted annuity without all the fees. If you think of Social Security as an annuity, says the author of "Should You Buy An Annuity From Social Security?" the increases earned from claiming at a later age are designed to be "actuarially fair" whereas commercial annuities have marketing, management and risk bearing costs that must be added to the actuarial price.
- **Get professional help.** Check out our Preferred Partners list for professionals in the financial industry who understand how financial decisions can impact your eligibility for government benefits.



Should you sign a Nursing Home Admission Agreement?

Admitting a loved one to a nursing home can be very stressful. In addition to dealing with a sick family member and managing all the details involved with the move, you must decide whether to sign all the papers the nursing home is giving you. Nursing home admission agreements can be complicated and confusing, so what do you do?

If possible, have your attorney review the agreement before signing it. Read the agreement carefully because it could contain illegal or misleading provisions. Try not to sign the agreement until after the resident has moved into the facility. Even if you have to sign the agreement before the resident moves in, you should still request that the nursing home delete any illegal or unfair terms.

Two items commonly found in these agreements to pay close attention to are a requirement that you be liable for the resident's expenses and a binding arbitration agreement.

A nursing home may try to get you to sign the agreement as the "responsible party." It is very important that you do not agree to this. Nursing homes are prohibited from requiring third parties to guarantee payment of nursing home bills, but many try to get family members to voluntarily agree to pay the bills.

Signing the agreement as a responsible party may obligate you to pay the nursing home if the nursing resident is unable to. If possible, the resident should sign the agreement him- or herself. If the resident is incapacitated, you may sign the agreement, but be clear you are signing as the resident's agent. Look over the

agreement for the term "responsible party," "guarantor," "financial agent," or anything similar. Before signing, cross out any terms that indicate you will be responsible for payment and clearly indicate that you are only agreeing to use the resident's income and resources.

Many nursing home admission agreements contain a provision stating that all disputes regarding the resident's care will be decided through arbitration. By signing it, you are giving up your right to go to court to resolve a dispute with the facility. The nursing home cannot require you to sign an arbitration provision, and you should cross out the arbitration language before signing.

The following are some other provisions to look out for in a nursing home admission agreement.

- **Private pay requirement.** It is illegal for the nursing home to require a Medicare or Medicaid recipient to pay the private rate for a period of time. The nursing home also cannot require a resident to affirm that he or she is not eligible for Medicare or Medicaid.
- **Eviction procedures.** It is illegal for the nursing home to authorize eviction for any reason other than the following: the nursing home cannot meet the resident's needs, the resident's health has improved, the resident's presence is endangering other residents, the resident has not paid, or the nursing home is ceasing operations.
- **Waiver of rights.** Any provision that waives the nursing home's liability for lost or stolen personal items is illegal. It is also illegal for the nursing home to waive liability for the resident's health.

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Consumer Protection

Name	Business Name	Name	Business Name	Name	Business Name
Better Business Bureau	206-431-2222	Do Not Call Registry	1-888-382-1222	Senior Rights Assistance (SRA)	(206) 448-5720
Certified Financial Planners	(800) 487-1497	Federal Government Waste, Fraud & Abuse Hotline	www.ignet.gov/igs/homepage1.html	Utility / Transportation Complaints	(888) 333-9882
Consumer Complaints and Information	(800) 945-9722	Health Facilities and Services Complaint Hotline	(360) 236-2620	Washington State Medical Quality Assurance Commission	(800) 525-0127
Consumer Product Safety Hotline	(800) 638-2772	Residential Care Services Complaint Line	(800) 562-6078	Wise Giving Alliance	www.bbb.org/us/Charity-Complaints
Consumer Services	1-877-382-4357				
DMACHoice Mail Preference Service	www.dmachoice.org/				

Elder Law Attorneys

Name	Business Name	Address	City	Phone
John Hugg (Please see our ad on page 39)	Hugg & Associates, PLLC	10308 NE 183rd St	Bothell	(425) 483-5878
Rajiv Nagaich (Please see our ad on page 72)	Johnson & Nagaich	31919 6th Ave S	Federal Way	(253) 941-7200
Lawrence Dolan	Attorney at Law	19109 36th Ave W #204	Lynnwood	(425) 775-5423

Name	Business Name	Address	Name	Business Name	Address
Leigh Bennett	Bennett & Bennett	Edmonds	Mary Kooistra	Berkey & Kooistra	Kirkland
James Bates	Johnson and Nagaich, P.S.	Edmonds	Richard Gregorek	Gregorek and Associates, PLLC	Kirkland
Marilyn Kliman	Marilyn J. Kliman Law, PLLC	Edmonds	Jacob Menashe	Hickman Menashe, PS	Lynnwood
Margaret Sanders	Peggy L. Sanders, Attorney at Law, PLLC	Edmonds	William Hickman	Hickman Menashe, PS	Lynnwood
Sarah Duncan	Adams & Duncan, Inc., P.S.	Everett	Paul McConnell	Hansen, McConnell, Pellegrini, PLLC	Marysville

Guardians

Name	Business Name	Name	Business Name	Name	Business Name
Ethicare Guardianship Service	Lake Stevens	Charge' D' Affaires Guardian Associates Inc	Mukilteo	Carol's Quality Care Services, Inc.	Snohomish

“The opposite of play is not work. It’s depression.” ~Brian Sutton-Smith (Contemporary American folklorist)



Staying Engaged With Life

“Leisure, by most accepted definitions, is time separated from the normal routine of work, business and chores. As a means by which individuals realize meaning, leisure encompasses a wide spectrum of activities that are physical (i.e., gardening, playing sports), cognitive (i.e., reading, playing chess), and/or social (i.e., social conversations).” That’s a quote from a research paper in 2012 that looked at competitive sports for older adults as a means to promote successful aging. As the quote suggests, healthy aging is not only a function of exercise, it’s about a balance of activities that promote growth, self esteem and increased vitality the frequency of which was a significant factor in predicting life satisfaction.

In 1994, a study noted that variety, frequency and the perceived benefits of leisure activities were positively correlated with life satisfaction and that older adults should be actively involved in planning leisure activities that fit their preferences and capabilities to help enhance their well-being. Yet another study, two years earlier linked serious leisure activities to a career due to the combination of special skills, knowledge and experience

pursued by the individuals involved.

An English proverb goes, “All work and no play make Jack a dull boy.” The expression was originally used to warn parents not to work their children too hard or they would become dull (stupid). Today, we most often hear it as a reference to adults where dull has changed its meaning to boring rather than stupid. However it’s meant and whomever it refers to, it continues to be as relevant today as it was then. Having leisure activities as a dedicated part of life will help you to remain vital and functionally young. That’s something we all need.





Living longer

The good life must include a sense of purpose

We often envision retirement as a time of leisure but Dan Buettner says in a *Ted Talk* on living to 100 that the two most dangerous years of your life are the year you are born and the year you retire.

You've successfully navigated the first but avoiding the dangerous coastline of the second requires consciously choosing to live healthier and that doesn't just mean eating right, getting plenty of sleep and exercise, there's some touchy-feely stuff involved too, in fact quite a bit. Scientific studies have shown some basic factors for long life include: a plant-based diet; regular, low-intensity activity; an investment in family; a sense of faith; and having a purpose. For those on the cusp of retirement it means that while you're planning your retirement, plan how you'll use your retirement.

Dr. Robert Butler, (called the George Washington of Geriatric care) found that people who have a strong sense of purpose in their lives lived longer than those who didn't have a clearly defined purpose. Those who woke up in the morning with clear goals not only lived longer—they lived better. In *Life (Part 2)*, Butler says he

doesn't recommend retirement for anybody. Instead you should retire to something; that you must be productively engaged in doing something meaningful.

The Japanese have one of the highest life expectancies in the world and scientists attribute much of that to their notion of *ikagai*, which is a belief that life is worth living. A study done in the 1990s found that Japanese who said that they did not have *ikagai* or were uncertain if they did were more likely to die than those who did have it and that the lack of *ikagai* was particularly associated with death due to cardiovascular disease. For the Japanese, finding *ikagai* requires contemplation and soul searching because its discovery brought satisfaction and life meaning. One of Japan's areas most studied in longevity studies is Okinawa Island. Okinawa is famous for the longest disability-free life expectancy in the world yet it is the poorest prefectures in Japan. Okinawan's reach ages similar to those in the rest of Japan but they grow older in a much better state of health and scientists attribute that to a social support system that includes hobbies, a social network and a spiritual life.

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In a study out of UCLA's Cousins Center for Psychoneuroimmunology and the University of North Carolina, researchers found that humans have two

types of happiness and that they had surprisingly different effects on the human genome. The first kind of happiness, known as eudaimonic well-being is the kind of happiness found from having a deep sense of purpose and meaning in life. Those people had low levels of inflammatory gene expression and strong expression of antiviral and antibody genes. People with high levels of hedonic well-being, a type of happiness associated with consumption or self-gratification showed the opposite. What's interesting about the study was that people experiencing happiness through either the eudaimonic or hedonic well-being appeared to have the same high levels of positive emotions however, their genomes were responding very differently. The researchers concluded that it isn't happiness that brings benefits to our health but rather having a purpose that does. As one of the researchers, Barbara Frederickson from the University of North Carolina-Chapel Hill said, "Empty positive emotions are about as good for you as adversity."

Having a sense of purpose is not limited to a certain age. A study in 1997 looked at people in a nursing home that were split into three groups. The first was a control group and was given nothing. The second group was given a speech, a movie and a plant. The movie was given on a specific date. A nurse was assigned to care for their plant. The third group was given a speech in which the director told the participants that they had to take responsibility and make decisions for themselves. They were told to attend a movie but they were given the choice of two different nights to see the movie. They too were given a plant but told that they had to take care of the plant. The study looked at the group 18 months later and found that the impact of being given control over their lives lasted 18 months later. The residents in the experimental group were happier and more active than the control groups and they had a lower mortality rate.

Find something you value and focus your energy, your life and your time to it and you'll live longer, live better and enjoy the journey more. If you are a caregiver, recognize those same criteria exist for the person you care for. Giving someone a purpose will improve their well-being and slow their decline.

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Senior Organizations

Name	Addresss	City	Phone
Stillaguamish Senior Center	18308 Smokey Point Blvd	Arlington	(360) 653-4551
Darrington Senior Center	1115 Darrington St	Darrington	(360) 436-0646
South County Senior Center	220 Railroad Ave	Edmonds	(425) 774-5555
Everett Senior Center	Carl Gipson Center 3025 Lombard Ave	Everett	(425) 257-8780
Granite Falls Senior Center	PO Box 714 302 S Granite Ave	Granite Falls	(360) 691-7177
Lake Stevens Senior Center	PO Box 205 1814 124th Ave NE	Lake Stevens	(425) 335-0345
Lynnwood City Senior Center	5800 198th St Sw #9	Lynnwood	(425) 744-6464
Millenia Healthcare, Inc	19730 64th Ave W, Suite 304	Lynnwood	
Baxter Senior Community Center	514 Delta Ave	Marysville	(360) 651-2555
Ken Baxter Senior Community Center	514 Delta Ave	Marysville	
Tulalip Tribal Senior Center	7308 Totem Beach Rd	Marysville	(360) 651-4548
Village Concepts	Grandview Village 5800 64th St NE	Marysville	
East County Senior Center	PO Box 602 276 Sky River Parkway	Monroe	(360) 794-6359
Korean Senior Center	22800 56th Ave W	Mountlake Terrace	(425) 290-1274
Mountlake Terrace Senior	5605 235th St SW	Mountlake Terrace	425-672-2407
Mukilteo Senior Center	304 Lincoln Ave	Mukilteo	(425) 347-5381
Adult Family Home Options	19342 Fremont Ave N	Shoreline	
Snohomish Senior Center	PO Box 1426 171 Cypress Ave	Snohomish	(360) 568-0934
Camwood Senior Center	7430 276th St NW	Stanwood	(360) 652-6545

Senior Organizations

Name	City	Name	City	Name	City
Senior Services of Washington		Senior Services of Snohomish	Everett	Senior Services of Seattle & King County	Carnation
Minor Home Repairs	Seattle	SASH Senior Home Sale Services	Seatac	Senior Services of Island County	Freeland
Senior Services Volunteer Transportation	Seattle	Senior Conceirge Services	Burien		
Senior Shuttles	Seattle				

Additional Resources

Certified Aging in Place Specialists

Company	City	Classification
Albee Interior Design	Bothell	Designer
Chermak Construction Inc.	Edmonds	Designer
Senior Services of Snohomish County	Everett	Consultant
Soleil by Design, LLC	Kenmore	Designer
McAdams Remodeling & Design	Kirkland	Remodeler
Gerlach Construction, Inc.	Lynnwood	Remodeler

Company	City	Classification
Canyon Creek Cabinet Company	Monroe	Designer
Carpentry by Elliott	Shoreline	Remodeler
Irons Brothers Construction, Inc.	Shoreline	Remodeler
Rongve Group, Inc.	Woodinville	Builder
Westhill, Inc.	Woodinville	Remodeler

Support Groups

Name	Phone
Adult Children Caregiver Support Group	(425) 286-1047
Arc Of Snohomish County (The)	425-258-2459 ext. 109
Cancer Caregiver Support Group	(425) 297-5521
Caregiver Resources	(425) 948-7183
Caregiver Support Group	(425) 286-1047
Caregiver Support Group	(425) 335-0345
Dementia Support Group	(425) 252-6873
Dementia Support Group	(425) 259-0966
Dementia Support Group	(425) 335-3414

Name	Phone
Dementia Support Group	(425) 371-3482
Dementia Support Group	800-848-7097 ext 237
Dementia Support Group	800-848-7097 ext 237
Lewy Body Dementia Support Group	(425) 257-8780
Memory Care Support Group	(360) 387-6201
Parkinson Support Group	(425) 317-9103
Parkinson Support Group	(425) 488-4821
Parkinson Support Group (Parkinson's Disease)	(425) 774-5555
Powerful Tools for Caregivers	(425) 286-1035

Transportation Alternatives

Name	Address	Phone	City
Ambulance Service	5801 23rd Dr West, Suite 100	http://www.ruralmetro.com	Everett
Cabulance	6320 Evergreen Way, STE 210	1-877-916-3729	Everett
Catholic Community Services	1918 Everett Avenue	(425) 374-6336	Everett
Dial a Ride Transportation (DART)	11323 Commando Road W	(425) 347-5912 (800) 562-1372	Everett
Everett Paratransit	Everett Station 3201 Smith Avenue	(425) 257-8801	Everett
Everett Station	3201 Smith Avenue	(425) 257-8801	Everett
Pay Your Pal	11323 Commando Rd. W. #215	(425) 265-2226	Everett
Road to Recovery (American Cancer Society)	3120 McDougall Ave Suite 100	(866) 500-3272	Everett
Senior Services of Snohomish County	11323 Commando Road W, #215,	(425) 347-5912	Everett
Veterans Transportation	1918 Everett Avenue	(425) 374-6336	Everett
Stanwood Community and Senior Center	7430 276th Street NW	(360) 629-7403	Stanwood
Diatom Medical Transportation		(425) 350-4249	



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