

AgingOptions

RESOURCE GUIDE
2011-2012 SOUTH KING COUNTY EDITION

SURVIVING & THRIVING

Moving Beyond Traditional Planning

SENIOR HOUSING

*The most complete
resource around*
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INVESTMENT STYLES

How to pick your advisor
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HEALTHY EATING

- After 50
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Special Note from the Publisher and Editor-in-Chief

Welcome To The AgingOptions Resource Guide

Beginning January 1, 2011, each day 10,000 Americans will turn age 65. Are you one of them? Or perhaps you are already there.

Chances are that you will live longer than your parents. That's great news! The flip side of that, however, is longer life spans and unprecedented incidence of chronic illness that will tax your retirement resources to the hilt. Retirement goals should be centered around:

- Never running out of money
- Not becoming a burden on your loved ones
- Being able to age in non-institutional care settings

Though that may be your goal, it has the real potential of not coming true for more than half of Americans who will deal with dementia issues stemming from Alzheimer's or end up caring for someone who does. What will start out being a medical diagnosis will soon become a housing challenge, a financial issue, and lead to legal solutions you may not even have comprehended ahead of time.

The good news is that with foresight into what many of us will eventually deal with, we can engage not in fragmented planning but in comprehensive planning around these vital issues: health, housing, finance, and legal. Comprehensive planning can allow you to boldly plan on being able to age in non-institutional care settings, not go broke paying for expensive uncovered medical and long-term care costs, and not become a burden on your loved ones because you took the steps to provide for the necessary intervention ahead of time. That is the story of AgingOptions — comprehensive planning which is not the norm but should be. This guide will provide you with the steps necessary to help you achieve these goals.



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Surviving and Thriving

Move Beyond Traditional Planning

Each day in the United States, 10,000 people become eligible to retire. For these individuals, and the thousands of others already retired, retirement issues loom large. Though visions of retirement for most start out as a joyous anticipation of being engaged in activities we did not have time for when working, re-engaging with friends and family, visiting new and exotic places and the like, these visions can be short-lived for many unprepared retirees.

The primary reason? An episode with illness (such as a stroke, heart attack, cancer, or a diagnosis of Alzheimer's, Parkinson's, or other form of dementia, among the several illnesses that can strike at the most inopportune time) can leave the whole family in chaos and render the ill person a huge burden on loved ones. Unplanned illness can lead to many undesirable outcomes, including:

- A forced and unwelcome move to an institutional care setting;
- Loss of assets to cover the high cost of care not covered by Medicare; and,
- A significant burden being placed on loved ones of the ill person.

This reality is quite visible to aging Americans who harbor significant anxieties over these issues. The concerns are well founded because of the fact that half of all Americans over 85 will deal with dementia-related challenges that will render us

unable to care for our own needs without the assistance of others. For most, this will be the time when we will realize that Medicare does NOT cover long-term care needs in any meaningful fashion.

All this leads to the fact that a bout with illness can quickly render traditional retirement planning ineffective in addressing the most critical retirement concerns aging Americans harbor; however, the good news is with proper planning these concerns can be addressed.

So what is proper planning?

It is coordinated and comprehensive planning around healthcare, housing, financial, and legal issues. It is planning that can help you:

- Avoid institutional care if that is at all possible;
- Protect your assets not only from probate costs and estate taxes, but from uncovered long-term care and medical costs as well; and,
- Not become a burden on your loved ones in case of incapacity.

The AgingOptions Resource Guide is a primer on these issues and how to develop a plan to have a better retirement than might be possible. By following the guidance provided here you should be able to develop a comprehensive and meaningful LifePlan™ which will serve you well.

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How Traditional Estate Planning Fails Seniors



In January 2010 the Seattle Times ran several stories under the following headings:

“Seniors for Sale”

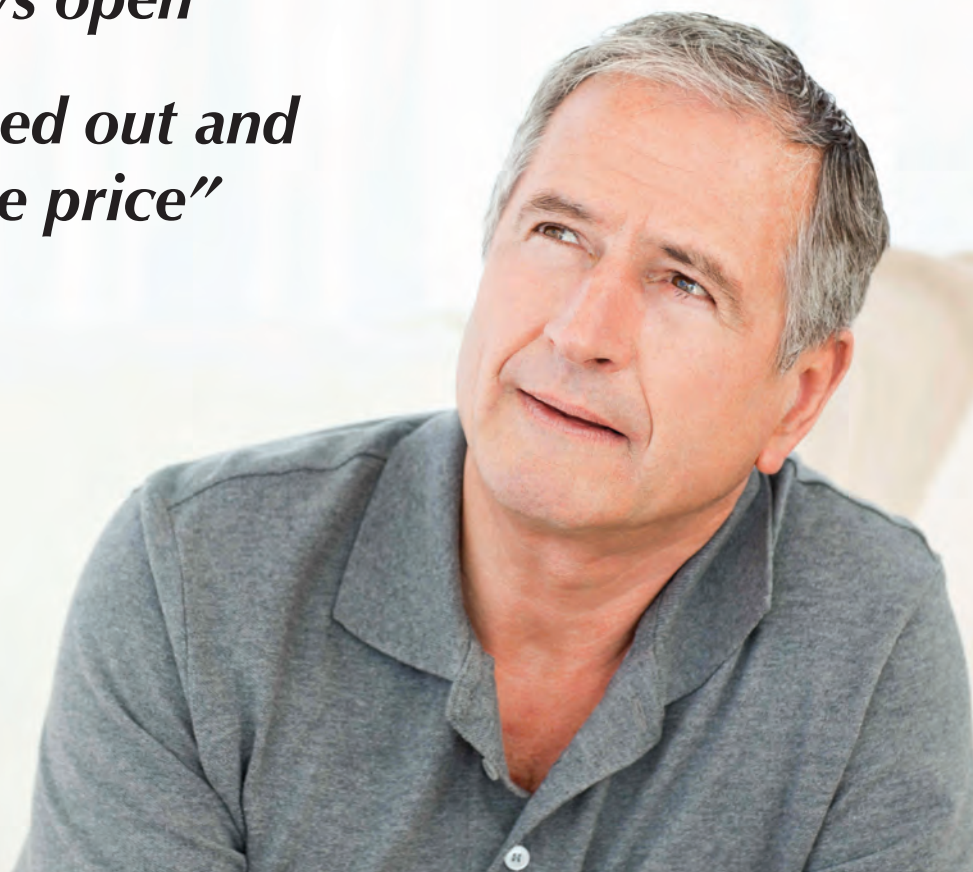
“Neglect and death, but home stays open”

“Fragile pushed out and paying the price”

These are shocking headlines — almost unbelievable. The stories behind the headlines uncovered details of incapacitated individuals and their families finding themselves living nightmares of gigantic proportions when they turned to the institutional care industry for help with the care of their loved ones. It is not uncommon to hear people share their frustration over how the long-term care industry treats their loved ones. What is seldom discussed is the abdication of the role of family members to care for those who are increasingly reliant on institutional care providers for their care needs. Those who try often find themselves having to overcome significant odds.

We also do not discuss the role of other professionals — such as lawyers — whose services are actively sought by individuals and families to assist with the development of estate planning or healthcare related documents. Both these factors play a significant role in the outcomes we all seem to complain so loudly about.

In a not very distant past in the history of our nation, we had the institutions of joint family systems where support would have been provided by family members. However, over time, particularly after the enactment of Medicare and Medicaid, institutional care has become the preferred delivery system of care for incapacitated individuals. This is so, primarily because financial burden to access such care shifted from families to Medicare, Medicaid, and Veterans Administration-



sponsored programs covering such costs. Well-meaning seniors — desiring not to be a burden on their loved ones due to incapacity — and family members who strive to provide adequate care for incapacitated loved ones while maintaining their own lives, were encouraged to look to institutional care providers for assistance with the care of the incapacitated family member. To be sure, these institutional care providers, largely moved by profit motives, turned the care business into a money-making venture where lower costs are pursued at all costs despite significant regulations being added on each year by regulators, both at the federal and state levels.

However, as the reported stories unravel, family members may be out of their element when dealing with such institutional care centers. They may not know how to pick the appropriate care setting or how to monitor their loved one's care adequately to be able to make a difference. In the words of Elaine Matsuda, one of the daughters of Nadra McSherry, speaking about her mother's situation, "[W]e didn't know, and I didn't complain early enough to save her."

Nadra McSherry, was placed by the family in an adult family home. The story reports that Elaine and her sisters visited their mother on an almost daily basis but were unable to discover bedsores about two inches in size, and almost to the bone. By the time Nadra McSherry was taken to the hospital it was too late for her. Imagine the guilt of the family and the plight of the mother who suffered!

Who is to Blame?

Michael Berens of the *Seattle Times* researched and reported on the issue at some length. His conclusion was that the Department of Social and Health Services (DSHS) was the primary culprit; however, I do not believe that the problem is solely a DSHS problem.

The root cause of the problem is lack of understanding of the issues incapacity creates and the solutions that exist to tackle these issues. Make no mistake about it, there is no reason why Nadra McSherry's situation could not have been better managed. The answer to the question what went wrong lies not in blaming DSHS; rather, it starts with individuals planning ahead for this possibility and estate planning practitioners helping to shape the conversation to facilitate planning geared towards potential future incapacity issues.

Though the *Seattle Times* story does not make clear whether or not the subjects of the stories had engaged in any estate planning, from experience I would not be wrong in assuming that many of the individuals featured in the stories likely had some estate planning in place. At the very least, there likely existed a Will or Trust, Power of Attorney, and Living Will. The irony is that though such planning does a lot to address post-death issues, and gives family members the authority to act on behalf of the incapacitated individuals like Nadra McSherry, it completely fails to incorporate provisions around long-term care issues caused by incapacity.

Assuming Nadra McSherry engaged in any estate planning at

all, it is likely that she had a Will, Trust, Power of Attorney and/or Living Will in place. The issue at the center of the story, as it is for an ever-increasing number of families today, is how to deal with incapacity issues beyond simply creating a Power of Attorney and calling the task accomplished which, in most instances, is inaccurate.

Let us start with the proposition that no parent wants to be a burden on a child, and no child wants to abandon a parent. This was evidenced by the children of Nadra McSherry reportedly visiting her daily in the adult family home they had selected with care. The fact that the story reports that the family selected the care facility would indicate that they had the legal authority to act on behalf of Nadra McSherry. The fact that the daughters reportedly visited their mother on a regular basis shows that they did not just place their mother in the adult family home only to forget her. Also recognize that the task of finding a home, making time to visit their mom daily, and otherwise dealing with the mom's financial and health care affairs was likely a significant burden that the children had to bear, no matter how much Nadra McSherry may have desired not to become a burden on her children.

How this Planning Failed Nadra McSherry

The headline says it all — neglect and death, but home stays open.



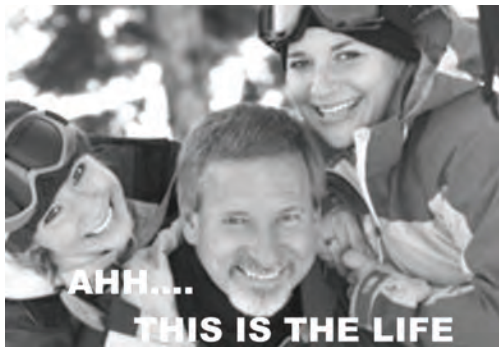
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Life, Well Planned

Nadra McSherry's family recognized that their mother could not live alone without putting her health in jeopardy. They turned to find a place that would provide the care their mother needed and found an adult family home with a nurse looking after the needs of the residents. It turned out that the home, though shiny and clean on the surface, lacked adequate care after Nadra McSherry moved in. At the time of the move the home had a nurse who was the wife of the owner. Later, the nurse separated from her husband, and the home no longer had any qualified supervision to address basic medical issues. Nadra McSherry developed bedsores, which went untreated, despite the fact that the children visited the home almost daily. By the time the bedsores were detected, they were about two inches wide and had eaten her flesh away almost to the bone. Nadra McSherry was then transferred to a nursing home where she succumbed to the infections her body was too frail to fight.

With their mother gone, the children now recognized that they had been in over their heads and did not know how they could have prevented the outcome; assuming they had a power of attorney, and could have made preventative decisions, it did nothing to prepare them for the issues they were to face, though it could have. That is the reason why traditional estate planning routinely fails people like Nadra McSherry and her family members.

What Could Have Been Done Differently?

Nadra McSherry could have been educated about issues of incapacity and counseled not to assume that her chosen fiduciaries would be able to navigate the long-term care maze effectively without assistance. The estate-planning practitioner should be expected to anticipate issues his or her clients will face and appropriately educate their clients so they can make an informed decision.

This proposition starts with taking into account that, in America, we have the resources and the sophisticated system necessary for people to age in place at home when there is a desire on the part of the incapacitated, and resources are made available — that system is called hospice. If a person is diagnosed to be terminally ill (i.e., has less than six months to live), our medical community will offer the terminally ill patient hospice services.

What is Hospice?

Generally it is a concept that involves a team effort. It usually starts with a social worker who will work with the medical team to determine what services would be needed to allow the patient to age at home. Once that is determined, an effort will be made to make those services available to the patient and can include very elaborate plans, including sophisticated equipment (such as respirators, automatic pain medication dispensing machines, feeding tubes, hospital beds, other home medical equipment, etc.) Additionally, human services (such as bath aides, visiting nurses, spiritual advisors, etc.) will also be co-opted in the plan to allow the terminally ill patient to remain at home.

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Yet no one seems to discuss these services if hospice is not part of the equation. Why? The only explanation I can come up with is that the assumption is made that most people would not value such services if there were no insurance or government benefits that would cover the costs. In my experience this is a false assumption, and one that places the family members of individuals such as Nadra McSherry at a total disadvantage. Who we are talking about outside of the hospice context is a Geriatric Care Manager.

Who is a Geriatric Care Manager?

These are usually nurses or social workers that have experience working in hospitals or nursing homes, and have inside knowledge of how these institutions work. They are also able to understand and identify the services that can allow one to remain at home, and if that is not a viable or acceptable solution, then they can help identify and locate the least restrictive housing alternative that would be available to the patient. Once the services are identified or placement secured, the Geriatric Care Manager can help monitor the care the patient is receiving. This need not happen on a daily basis but on an as-needed basis.

Had Nadra McSherry made provisions in her power of attorney that would have required the agent to work with a qualified Geriatric Care Manager, her outcome likely would have been very different.

From strictly a legal viewpoint, one can ask whether or not an estate-planning attorney should have any role in counseling a client as regards Geriatric Care Managers. Where legal counsel is charged with assisting a client plan for various eventualities, it is only appropriate that the estate planners understand the emerging risks and offer advice to clients on how they can mitigate the risks. Until estate planners catch on, this remains the province of elder law attorneys, who are generally quite familiar with these concepts.

While the client will be the final arbiter of determining whether or not such provisions are appropriate, the attorney can at least make the client aware of the issues. In the case of Nadra McSherry, it would have been immensely beneficial for the family to know what to do when they needed to get involved on account of their mother's incapacity.

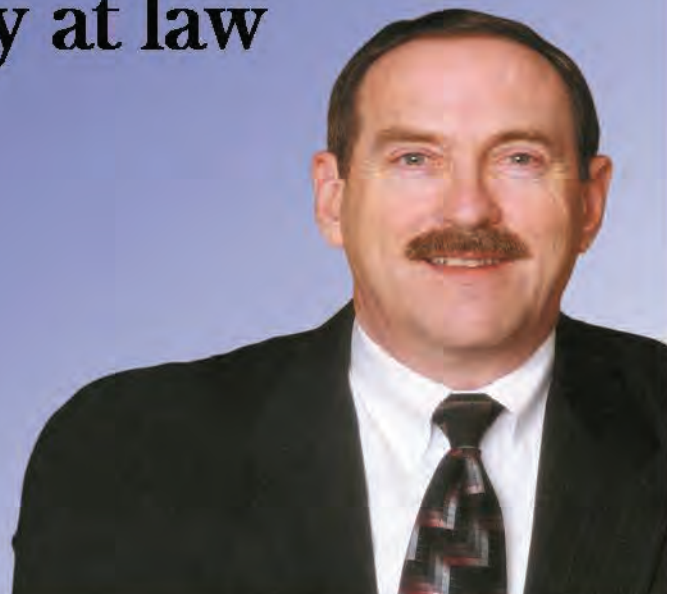
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Overcoming the Shortcomings of Traditional Planning –

Develop a LifePlan™

A LifePlan™ is a methodically developed strategy that strives to coordinate the efforts of your health care, housing, financial, and legal professionals to develop a framework within which you can achieve your goals:

- Protect your hard-earned assets from uncovered medical and long-term care costs.
- Avoid undesirable institutional care.
- Avoid becoming a burden on loved ones if incapacity strikes.

Components of a LifePlan™

HEALTH. A stroke-related incident may leave a person incapacitated and unable to care for his or her own needs. The medical community today will likely be able to save a person's life, but do little more than to recommend institutional care for ongoing needs once medicine has reached its limits. Similarly, a diagnosis of Alzheimer's or dementia will produce few answers other than to seek assistance of either home health or institutional care.

HOUSING. An overwhelmingly number of retirees will want to age in place. Hospitalized patients being discharged, desperately wanting to go back home, may not be able to because their home may not be safe for them to return to, due to the physical layout or lack of informal support systems needed to safely thrive at home. Most retirees, not desiring to be a burden on loved ones, will begrudgingly accept the fate of institutionalized care, despite the fact that with proper resources, home care can and does allow access to medical care at home. However, the cost of home care can, at times, be more expensive than nursing home care, and that reality will drive more families to accept institutional care. A health concern that became a housing issue quickly morphed into a financial issue, only because Medicare and health insurance plans don't provide for home care in any meaningful way.

FINANCIAL. For most retirees, Social Security and Medicare benefits make retirement possible. Without these two institutions, many could not retire. This is especially true for Medicare which, starting at age 65, becomes the primary source of health insurance for retirees; however, Medicare only covers those needs for which there is a recognized medical solution, leaving experimental treatment, home health, and care accessed in assisted living facilities and nursing homes uncovered in any meaningful way. Still, there is hope. Where Medicare leaves off, VA and Medicaid provide coverage that can help families cope with the very high cost of uncovered medical and long-term care costs. Qualification requires legal planning, which is easily accessed.

LEGAL. Elder Law attorneys are trained by education and experience to be able to assist families and individuals in rearranging their estates so as to be able to access VA and Medicaid to cover the very high uncovered medical and long-term care costs; however, the distinction is generally lost on consumers who rely heavily on their trusted legal counsel to provide solutions that the legal council may not even be best suited to provide. Elder Law is a specialty in legal circles, just as Geriatrics is in medicine. Both disciplines do not have enough professionals dedicated to the needs of retirees as distinct from the needs of younger individuals. This one fact means that consumers are reaching out to traditional estate planning attorneys who may not even fully understand the scope of the issues retirees will likely face in later years, and therefore, will have no solutions to address these yet undiscovered needs. A comprehensive and coordinated plan is a basic necessity that must be developed, hopefully well before catastrophe strikes.

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RETIREMENT FRIENDLY - LEGAL PLANNING

*Ask Any Retiree or
Aspiring Retiree -*

*“What Keeps You Up
At Night?”*

You Are Likely To Hear:

*FEAR OF
LOSING CONTROL*

*FEAR OF RUNNING
OUT OF MONEY*

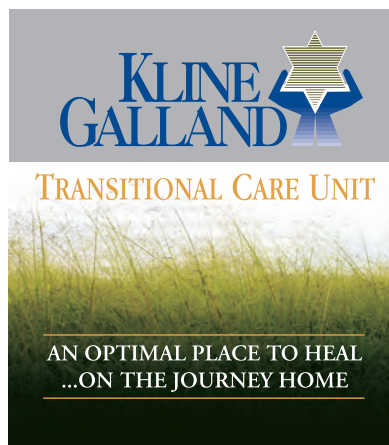
*But Above All —
FEAR OF HAVING TO GO
TO A NURSING HOME*

*Is That You?
If So, Read On . . .*

Isn't it curious that if we fear nursing homes so much, why are nursing homes full, and new ones keep popping up? What plans do we make to avoid going broke or ending up in a nursing home other than hoping, wishing, thinking, and praying (loudly) that we are lucky enough to avoid these two fates?

We are all aging, but not necessarily aging well. One out of eight of us over the age of sixty-five (65), and one out of two of us over the age of eighty-five (85) will be dealing with incapacity issues which will render us unable to care for our own needs independently. That is where nursing homes come in, and the fact that these long-term care costs will only be covered minimally by our health insurance, leaves even modest size estates vulnerable to getting decimated paying for these costs.





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Teach us to use all of our days, that we may attain a heart of wisdom... – Psalm 90:12

If you are in the camp that aspires to not spending any of your retirement years in a nursing home, and seeks to avoid spending your hard-earned assets on long-term care costs, a good starting point will be to look at your estate plan and understand the inadequacies of that plan. Outlined below is a primer discussing how to approach estate planning differently now that you are either retired or actively thinking about retirement.

Traditional Estate Planning and Its Inadequacies

Estate Tax avoidance arguably is the biggest motivator to move one to engage in estate planning. Others find it compelling to provide the legal framework necessary to spare their surviving loved ones the angst and frustrations that can come when one becomes incapacitated without having ever executed powers of attorney (subjecting their estates and loved ones through the expensive, complicated and frustrating journey of securing a guardianship) or when one dies without a will leaving the loved ones scrambling to figure out what is in the estate and how it is to be distributed. Incapacity and death inevitably affect all family members, sometimes with devastating results. Traditional Estate Planning and its Inadequacies is based on the misguided notion that the only issue you have to worry about is the inconvenience and costs your heirs will face as a result of your demise. Estate planning involves preparation of wills or trusts, powers of attorney, living wills, community property agreements or property status agreements, directive to physicians, directive for disposition of remains, among other documents. These documents are generally based on the notion that one day you will go to sleep and never wake up, and the biggest issue you need to address is to make it easier for your loved ones to administer your estate. To be fair, traditional estate planning does cover the other possibility of you becoming incapacitated, and is under the notion that your agents will need to have the authority to act on your behalf, but it assumes that your agents will have the skills and experience necessary to make very difficult and complicated decisions that have to do with your health care needs.

Long-Term Care Issues Generally Not Covered by Traditional Estate Planning Solutions

This does not mean that traditional estate plans are not good; they just may not be appropriate for your particular needs. Estate tax issues will no longer touch most estates. In a climate of ever-increasing estate tax exemption limits, an estate currently valued at up to \$4,000,000 will easily be able to avoid any incidence of estate taxes. The real threat to an estate today, therefore, is not the incidence of estate tax. Rather, it is the threat of uncovered long-term care costs which most of us will face before we pass away. The reality today is that one in eight people over the age of sixty-five, and one in two people over the age of eighty-five will have to deal with dementia related incapacities, which neither Medicare nor any health insurance will cover, exposing the estate to cover these very expensive and sometimes lengthy chronic care needs. Today, many estates will be depleted paying for these costs, rendering the owner of a once healthy estate dependent on Medicaid. Once on Medicaid, you will be able to live, as Medicaid will provide food, medicine, and shelter, but make no mistake that Medicaid will not be concerned about the quality of life you will experience because all your assets have been depleted.

Although traditional estate planning covers the possibility of you becoming incapacitated by offering, as a solution, your right to execute powers of attorney, it does so under the notion that all your agents who have the authority to act on your behalf will have the skills and experience necessary to make very difficult and complicated decisions concerning your health care needs. The only decision you are asked to make, under traditional estate planning schemes, is whether or not you would desire artificial means of life support should you find yourself unable to sustain life without these interventions. The truth is that your agents may not always have the skills or knowledge to make decisions about your quality of life, nor do they always have the time necessary to study the issues and make informed decisions. Consequently, your quality of life



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can suffer and, equally important, your loved one's quality of life can also suffer as they try to fit complicated issues that needs their attention into their own busy life.

What You Want Your Estate Plan to Deliver

Understanding that the role of estate planning documents is to evaluate potential threats to your estate and afford protective measures, they fall short of providing any real guidance or assistance to those you leave in charge on how the protected assets should be used to look after your quality of life as well as those whose lives are impacted by you. In the context of long-term care issues we face today your estate plan should help you to protect your assets from uncovered long-term care costs while requiring that these protected assets be used to help keep you out of nursing homes without making you a burden on those you entrust your estate and health care decisions to.

Issues a Good Estate Plan Should Consider

Long-term Care Costs, Medicare, VA, and Medicaid. Medicare has very limited coverage for long-term care needs you will likely face during your retirement years. Simply stated, Medicare will cover those bills that come from conditions for which there is a medical cure. For example, Medicare will cover, quite generously, treatment costs stemming from cancer, heart attack, stroke, blood pressure issues, broken bones, etc. But, if what you have cannot be addressed by medicine, then Medicare will generally have no coverage for the condition. Examples of such conditions include incapacity issues relating to Alzheimer's, Parkinson's, Dementia, or being lucky to live long enough to blow out a hundred candles on your birthday cake, yet be too frail to have the wind to blow out the first three candles let alone the rest of them. These conditions require you to seek the assistance of others to help you live. You will find some financial assistance under either the VA program

Once on Medicaid, you will be able to live, as Medicaid will provide food, medicine, and shelter, but make no mistake that Medicaid will not be concerned about the quality of life you will experience because all your assets have been depleted.

or Medicaid; however, neither VA nor Medicaid will come to your rescue if you have more than a minimal amount of assets to your name. This means that if you have engaged in traditional estate planning where you leave your estate to your spouse or to another who is incapacitated, you have an outdated estate plan. The reasons are discussed below.

Quality of Life and the Nursing Home Issue. As discussed in greater detail below, the typical plan to deal with incapacity has to do with the preparation of a Power of Attorney whereby you

will delegate decision-making authority to someone you love and trust to do the right thing. When you become incapacitated your trusted appointee will likely turn to the doctor or the clergy for advice on what to do next. Both these professionals are generally ill-equipped to understand how to keep people at home. In the case of doctors, they simply do not have the time to evaluate all that can be done to keep you out of a nursing home and at home. It takes investigation which takes time. Busy doctors have little time, so they are more likely to advise your appointee to look into assisted living or nursing home situations. Your chosen appointee will, more likely than not, follow the directions. Ask yourself, if you were expected to live less than six months why do people immediately look to hospice as a way to keep you at home? But if you are expected to live more than six months, there is no mention of hospice. Hospice is simply a service where individuals have training and experience in understanding the services that can be tapped in order to keep you safe and comfortable at home. Why not go to these same professionals and ask them to develop a plan of care to allow you to age at home even if you have a life span of more than six months. Read on and you will know where to find these professionals, and how to properly prepare a Power of Attorney that prevents making you a burden on your appointee.

A Long-term Care Friendly Estate Plan Last Will and Testament.

To begin with, a proper Estate Plan should recognize that a primary issue to be considered is the viability and appropriateness of Medicaid benefits. Knowing that qualification for Medicaid benefits requires the applicant to have no more than \$2,000 to his/her name, and using the Community Property Laws to your advantage, your estate plan deviates from the normal procedure of directing your share of the community estate to the surviving spouse and directs it instead to a **"Safe Harbor Trust,"** also called the *"Special Needs Trust,"* created for the exclusive benefit of your surviving spouse. Assets that are directed to this trust will not be counted as owned by your surviving spouse and therefore will not need to be spent down to the \$2,000 level for your surviving spouse to qualify for Medicaid to pay for your long-term care services. Understanding that the trustees you have named may not necessarily have the knowledge or skills to make an

informed decision about the types of services available to you with the intent of keeping you at home, or in a lesser restrictive environment than the nursing home, your trust requires that your trustee engage the services of a *Geriatric Care Manager* who will be able to assist the trustee in ascertaining your needs and how to best address those needs without resorting to drastic measures such as nursing home placement. The Geriatric Care Manager is compensated with the assets that have been protected by the Safe Harbor Trust; thus, is not a burden to your family members. Your family members reap additional benefits as they do not have to spend the extraordinary amount of time and effort that is needed to understand these issues.

**"Your Power of Attorney
should anticipate that there
may come a time when you
are unable to care for
your own needs"**

Powers of Attorney.

Next, your Power of Attorney should make similar provisions. They should anticipate that there may come a time when you are unable to care for your own needs and may need your agent to step in and provide the necessary care. As discussed above, your agent



may not have the training, skills, or knowledge to triage the situation, and may not know what can be done to provide you the needed care at home or in a setting other than a nursing home. They may also find themselves struggling to find the time and resources necessary to monitor your care once you are being cared for by others, or they may not have the skills to know if you are being over medicated, ill-treated or the like. To that end, your Power of Attorney provides that if your agent feels you are unable to manage your own care needs, they should use the assets in the estate to hire the services of a Geriatric Care Manager to, at the very least, get an initial assessment and care plan prepared so the agent will have some direction as to the resources available to manage your quality of life issues.

Your Power of Attorney should also prohibit your agent from being able to agree to sign a voluntary arbitration agreement. This agreement is generally placed in front of you or your family members when your mind is on other more stressful matters stemming from having to move to an assisted living facility or a nursing home, thus losing your freedom. The arbitration agreement is meant to have you give up your right to sue the facility in case of negligence on their part which leads to your injury. Usually, it is not in your best interest to enter into such an agreement. In the majority of cases it is your agent who will sign the papers to admit you to the

facility. Taking away the authority of your agent to enter into such an agreement makes the arbitration agreement, if signed by your agents, null and void.

Living Will.

Finally, in light of the Shiao case (Florida) where Terri Shiao was in a coma and a battle ensued over whether or not she should be allowed to have the life support system removed, we have revised our Living Wills. The Shiao battle lasted years and culminated in a high stakes drama that took the case from the Florida Court system all the way to the U.S. Supreme Court, and from there to the Legislature and the White House. A good Living Will will take this into account and refer to the thinking that not only should one look at the medical status of the person (whether the person is in a persistent vegetative state or terminally ill) but should also look to quality of life indicators when making a determination whether or not to allow the removal of the artificial means of life support.

In summary, a properly crafted Estate Plan is as much about your quality of life issues as it is about making sure your heirs and family members will not have to suffer through either the court system or a bureaucracy because of lack of a proper legal authority.

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Planning Options: Qualifying for **Medicaid** or **VA Benefits**

Qualifying for Medicaid or VA benefits is not automatic and requires a keen understanding of the rules that govern eligibility. What may seem to be a relatively simple process can turn out to be a complicated mess if a mistake is made. Even though the information below should prove to be a good guide in understanding planning options it is NOT designed to replace a qualified elder law attorney and other related professionals who can make the journey easier to navigate.

SPEND DOWN.

Medicaid applicants are allowed to retain ownership of certain exempt assets. Exempt assets include one primary residence

of any value; one car of any value; cash value of up to \$1,500 in life insurance policy(ies) if the face value of all life policies does not exceed \$1,500; burial fund of up to \$1,500 for the applicant and, if married, the spouse OR the applicant and spouse can have a prepaid burial plan of reasonable value; and unlimited amounts of personal property. Applying these rules, most applicants should have ample opportunity to spend excess resources down by acquiring burial plans, acquiring burial plots for themselves and all family members, repairing or improving a home, etc. An applicant should also anticipate the future need for personal property items such as toiletries, clothes, etc. and spend the money to acquire those items.

See related articles:
Understanding Medicaid p. 23
Veteran Benefits p. 26

This is not legal advice. Please seek assistance from a qualified attorney

SPEND UP.

Similar to spending the excess resources down, occasionally there might be the opportunity to acquire exempt assets (primarily the home) of greater value. Since each applicant is allowed to have one home with \$500,000 equity, an applicant with excess resources might trade up before moving out. A side benefit of doing so is that once the applicant is on Medicaid, the facility will be the lower Medicaid rates for care services provided rather than private pay rates. The logical consequence of such a plan would be that, compared to the private pay rates, the estate recovery would be based on lower rates and the payment would be deferred, giving the applicant the opportunity to realize market appreciation in the meantime.

GIFT RESOURCES.

Reducing your estate through gifting is one way to prepare for future VA and Medicaid eligibility. Gifting property means completely giving up control over that property to the person receiving the gift. The goal accomplished with gifting is to preserve those assets, so they are available to supplement the needs that Medicaid will not cover. This goal is only accomplished if the assets you gifted are then made available for your benefit by the recipient. However, when you make a gift to qualify for VA and Medicaid there are qualification ramifications you need to be aware of.

For VA purposes, if the gift is made prior to the application, then generally there are no negative consequences. However, if the application is made before the gift has been made then the VA application will likely be denied and a subsequent application will be subject to additional scrutiny, which could be easily avoided by gifting the assets before applying for VA benefits.

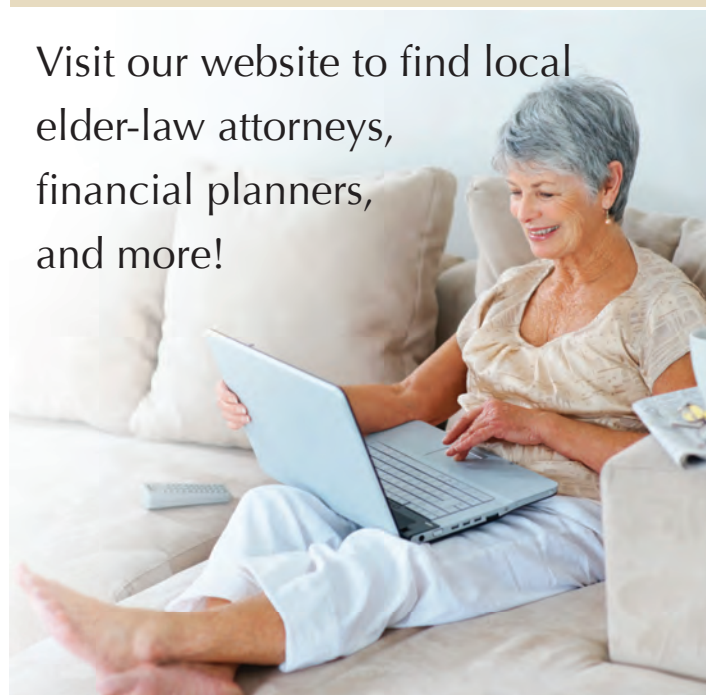
Gifting of assets results in a period of ineligibility during which the applicant will be unable to apply for Medicaid benefits. The transfer penalty is calculated by dividing the fair market value of the gifted asset(s) by the statewide average daily private rate in a nursing facility, currently \$238/day. The result is rounded down and this is the number of days during which the applicant would remain ineligible to receive Medicaid benefits.

The resulting penalty period is to be distinguished from the look-back period (60 months). The look-back period determines whether or not the transfer should be viewed as a transfer which would trigger a penalty. If the transfer falls outside the look-back period, no inquiry shall be made as to the amount of the transfer or the corresponding ineligibility period. On the other hand, if the transfer is within the look-back period, the ineligibility period will be determined by using the aforementioned formula and, conceivably, the ineligibility period could far exceed the 60 month look-back period.

CAUTION. Gifting has some significant hidden traps for

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the unwary. Suppose you made a gift of \$70,000 in 2009 and applied for Medicaid benefits in 2010, you will become ineligible for Medicaid benefits for about ten (10) months, which ineligibility will begin after the application has been submitted and acted upon by the Department of Social and Health Services (DSHS). But, if you apply for Medicaid three years after having made a gift of \$350,000, the penalty of about five years will make the actual penalty closer to eight years from the date of the gift rather than the five years you may expect the penalty to last, making asset protection almost impossible.

You should be very cautious when considering whether or not to gift property

Although your hope may be that those being gifted your assets will protect the assets for your benefit, there is absolutely no guarantee or duty of the person receiving the gift, to make them available to you in the future, and you can have no expectation that the person establishes such a trust for your benefit. Further, the recipient's creditors will have the right to attach a lien to the assets in case of a divorce, judgment, or other legal misfortunes.

GIFTING SOONER RATHER THAN LATER. 2011 and 2012 tax laws allow you to gift up to \$5 million during your lifetime without penalty, although this would reduce dollar-for-dollar the amount you could transfer tax-free at your death. Keep in mind that any gifting will cause a period of ineligibility during which you will not be eligible to receive any Long-term Care Medicaid benefits. Because of this period of ineligibility, it is recommended that you make lifetime gifts before you require long-term health care coverage. The period is based on the amount of the gift and will begin on the date that you would otherwise become eligible for benefits. The Medicaid application requires the disclosure of any gifts you have made within the past sixty months. However you are not required to report gifts made prior to the sixty month look-back period. Therefore, if you gift the assets and wait five years before applying for Medicaid, you will qualify in sixty months from the day of the last gift. Gifting at a time when you do not need to qualify for Long-term Medicaid benefits will help to preserve your assets in case they are needed in the future.

WHAT TO GIFT. Any assets that are gifted are subject to the look-back period described above, after the period of ineligibility, all assets that are gifted would be exempt from Medicaid because you would no longer be the owner of those assets. The amount you decide to gift should reflect however much you wish to protect against the potential future cost of long-term care, balanced with your level of comfort in giving up control of those assets. Here are some alternatives for you to consider:

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1. **GIFT ALL ASSETS, KEEPING BEHIND A SMALL AMOUNT.**

By gifting virtually all of your assets, your entire estate would be protected from having to be spent down in order to qualify for benefits. As explained above, these assets would be available to you if the person receiving the gift then establishes a Safe Harbor Trust for your benefit. Once the trust is established, you would have access to these funds only through the Trustee, but the trust funds could be used for any purpose while you are not receiving benefits. If you need to qualify for Medicaid in the future, the funds would be used to supplement the benefits you receive through the government program.

2. **GIFT ALL ASSETS OTHER THAN YOUR RESIDENCE.**

You may want to retain ownership in your house, for tax reasons, outlined in the next section. Gifting your remaining assets would protect them, as outlined above. If you need to qualify for benefits in the future, it may be possible to transfer ownership in your home under the "two-year rule". It would involve one of your children living with you in your home for at least two years prior to applying for benefits. Under the Medicaid asset transfer rules, if one of your children lives with you for two years, and that child provides you with assistance that keeps you out of a nursing home setting during that time, there is no penalty for transferring your interest in that home to your caregiving

3. **IF ASSISTANCE IS NEEDED DURING THE PERIOD OF INELIGIBILITY.**

It is possible that you may need Medicaid assistance before any period of ineligibility ends, but after gifting resources. If this were to occur, all gifts made during that time would count against your qualifying for benefits. In order to qualify for benefits it may be necessary to have those gifts returned to your estate, and start the qualification process under a different strategy.

GIFT OF HOME. The general rule is that when a person makes a gift they will be denied Medicaid benefits for a period of time unless an exception applies. The following transfers are exempted from transfer penalties and do not result in periods of ineligibility for the applicant:

- Transfer of the family home to a community spouse is considered to be an exempt transfer;
- Transfer of the family home to a disabled or minor child is considered to be an exempt transfer;
- Transfer of the home to a child who has lived in the home for at least two years immediately before the client's current period of institutional status, and provided care that enabled the client to remain in the home is considered to be an exempt transfer; and,
- Transfer of the home to a sibling who has an equity interest in the home, and has lived in the home for at least one year immediately before the client's current period of institutional status.

DIVORCE/LEGAL SEPARATION

This is one of the most drastic of legal options that is available to the lawyer to help a client achieve Medicaid eligibility. Fortunately, the only cases that warrant this remedy are where the applicant is a married individual, has an income of over the COPES threshold, and desires to access care in a setting other than a skilled nursing facility. The income rule will make the applicant ineligible for COPES benefits and will, therefore, rob the applicant's spouse of the statutory safe harbors available to corresponding community spouses where the applicant qualifies for COPES benefits (community resource allowance, minimum monthly income allowance, etc.). In such a situation, a legal separation or a decree of dissolution, pursuant to which a court awards the resources and income to the community spouse, will allow the applicant to reduce his/her assets to the requisite level and the assets transferred to the community spouse will not be considered to be available assets.

LIFE INSURANCE

Though under state and federal rules, life insurance values are protected from creditors, they are considered to be available assets under Medicaid rules. This being the case, the options available include: counting the cash value towards the resource allowance; cash the life policy and annuitize the proceeds; or, take a loan to the maximum value. The third option makes sense if the face value exceeds the loan value and sufficient policy value exists to support the policy even after the loan has exhausted the majority of the policy value. For example, where a \$100,000 face value life policy has a policy value of \$78,000, a loan/surrender value of \$70,000, and monthly costs of the policy are \$30: under these facts it might be appropriate for the applicant to request a loan of the \$70,000, which proceeds can be annuitized using a Medicaid qualifying annuity. The loan will generate interest payments due the insurance company, (likely at 8%), but the underlying cash values will continue to generate a return on investment (likely less than the 8% interest cost), which will mean that the monthly \$30 costs will increase to reflect the added interest costs. However, the policy still has \$8,000 in value that is not affected by the loan and that cash can be used to pay the monthly costs for several years before the policy lapses. The advantage of going through this tortured process is obvious: the applicant can access the cash to qualify for Medicaid, and should the institutionalized spouse die before the policy lapses for want of premiums, the difference between the face value and the amount loaned against the policy will still be payable to the estate (subject to state recovery unless ownership of the policy is transferred to the spouse.)

RETIREMENT ACCOUNTS

In Washington, for Medicaid purposes, retirement accounts are considered to be available resources. Therefore, in most cases, the retirement account needs to be exhausted (often at great tax cost) before the applicant will qualify for Medicaid benefits. However, as is the case with life insurance policy proceeds, excess non-exempt assets (belonging to a married applicant

for Medicaid benefits) locked in retirement accounts can be annuitized using a Medicaid qualifying annuity. In order to defer the tax consequences to the maximum extent possible, the annuity can be a qualified annuity with distributions being made to the spouse and the State of Washington being named as the secondary beneficiary. Example: applicant has \$150,000 in a Boeing VIP account. The money needs to be drawn down. Should the applicant withdraw the entire sum, he/she will pay the maximum tax on the withdrawal and incur a tax liability close to \$50,000 (unless enough medical expenses exist in the year of withdrawal to offset the income as a result of the withdrawal). As an alternative, the applicant could place the \$150,000 in a qualified annuity and direct that the sum is distributed to his/her spouse over the spouse's lifetime, in which case only the withdrawals will be subject to the resulting income tax. Clearly, involvement of a CPA is warranted in such situations. The CPA could analyze the tax consequences of the applicant based on the medical expenses and other deductions available.

TAX TRAPS

INCOME TAX: One big problem in Washington is that the state considers all assets, qualified and non-qualified, to be available assets, which means that assets within an IRA, 401-K plan, Boeing VIP plan, etc., are all available. Subject to the restrictions of the allowable resource limits, this often means that the clients have to liquidate the assets within qualified funds, often at huge tax costs. An alternative to such a liquidation is to have the qualified resource annuitized with the well spouse as the payee. The tax burden, therefore, can be spread over a longer period of time, though the health of the community spouse will have a lot to do with whether or not this technique is a viable technique. Another point to bear in mind is that the tax implication stemming from cashing of a qualified fund should be balanced with the offsetting medical expenses triggered by the long-term care needs of the ill spouse.

CAPITAL GAINS TAX: Medicaid planning often involves transfer of resources to family members. Transfer of assets prevents the recipient from benefiting from the step up in basis that follows an inheritance. The built in gains, therefore, should be considered and balanced against the long-term care costs involved. There may be times when forgoing Medicaid benefits in order to preserve the tax benefits may be the right move.

GIFT TAX: As discussed above, most Medicaid planning techniques involve gifting of assets to family members. This also is the most misunderstood aspect of Medicaid planning, at least on the part of clients. The donees are usually concerned about the tax ramifications as most confuse the gift as a taxable receipt. For most clients, gift tax issue is a nonissue. Under IRC 2505, one can use the lifetime exemption of one million dollars and escape all tax consequences, if the total amount gifted to any one single person exceeds the annual gift limit of \$12,000 under IRC 2503. As an elder law attorney, it is important that the client be advised of the need to file an IRS

form 709, which is an informational form and will not trigger any tax liability unless the lifetime amount gifted by the donor exceeds the million dollar threshold.

REVISING ESTATE PLANNING ISSUES AFTER MEDICAID BENEFITS HAVE BEEN APPROVED

WILLS: Achieving Medicaid eligibility means that the client has taken the steps necessary to reach financial eligibility by transferring assets out, or by other means. In a married client's context, nothing could be more disheartening than to go through the hoops of qualifying for Medicaid and later become disqualified from the benefit because the community spouse died leaving the remaining estate to the institutionalized spouse, raising the institutionalized spouse's assets over the Medicaid \$2,000 threshold. Therefore, in the context of a married client, it becomes imperative for the lawyer to recommend that the community spouse's Will be changed to include a testamentary Special Needs Trust for the benefit of the institutionalized spouse so long as he/she is living, with the remainder to go to the children or another designated beneficiary. Statutes allow trusts, created for the benefit of an institutionalized spouse, under a will to be not deemed an available asset. Reason would dictate that a remainder beneficiary not be named as a trustee because of the obvious conflict of interest. But, should one be named, a "trust protector" ought to be considered, who could be the check and balance between the interests of the institutionalized spouse and the remainder beneficiary trustee.

POWERS OF ATTORNEY AND ADVANCE DIRECTIVES: The lawyer would be advised to review the existing documents to make sure that alternative agents are named under the documents, and perhaps recommend that the community spouse's documents not name the institutionalized spouse as the agent. The other area to look for is the requisite gifting powers, and other powers that are specifically required to be listed in the powers of attorney under RCW 11.94.050. Occasionally, the lawyer might find that the powers are not listed, in which case the lawyer should consider filing a petition with the court requesting modification of the documents to add the needed powers.

COMMUNITY PROPERTY AGREEMENTS (CPA): Since CPAs supersede a will, amending a Will to leave a community spouse's estate to a special needs trust would be defeated if a community property agreement exists. The lawyer must check to see if one exists and, if it does, whether there is language in the CPA which gives the community spouse the ability to cancel the agreement unilaterally. If the document does not give the community spouse such a power, the lawyer will have no choice but to petition the court to authorize the cancellation of the CPA.

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Understanding Medicaid

Medicaid is a joint state and federally run program that helps those in need with financial assistance covering basic necessities, such as food, shelter, and medicine. It does not take into account quality of life, but does ensure that your basic needs will be met. The goal of your estate planning is to maximize the opportunity to receive benefits under the Medicaid program, while preserving as much of your assets as possible so that they can be used to supplement those benefits, and assure a greater quality of care. With the above summary of your assets in mind, it would be helpful to review the rules

and restrictions that are involved when qualifying for the Medicaid program before discussing your assets preservation and estate planning options in detail.

Medicaid assistance is generally available in nursing home settings unless the application is made for a waiver program. Waiver programs are referred to as COPES (Community Options Program Entry System) programs and have different rules than institutional care programs. In our state, the institutional care programs are easier to qualify for than waiver programs.

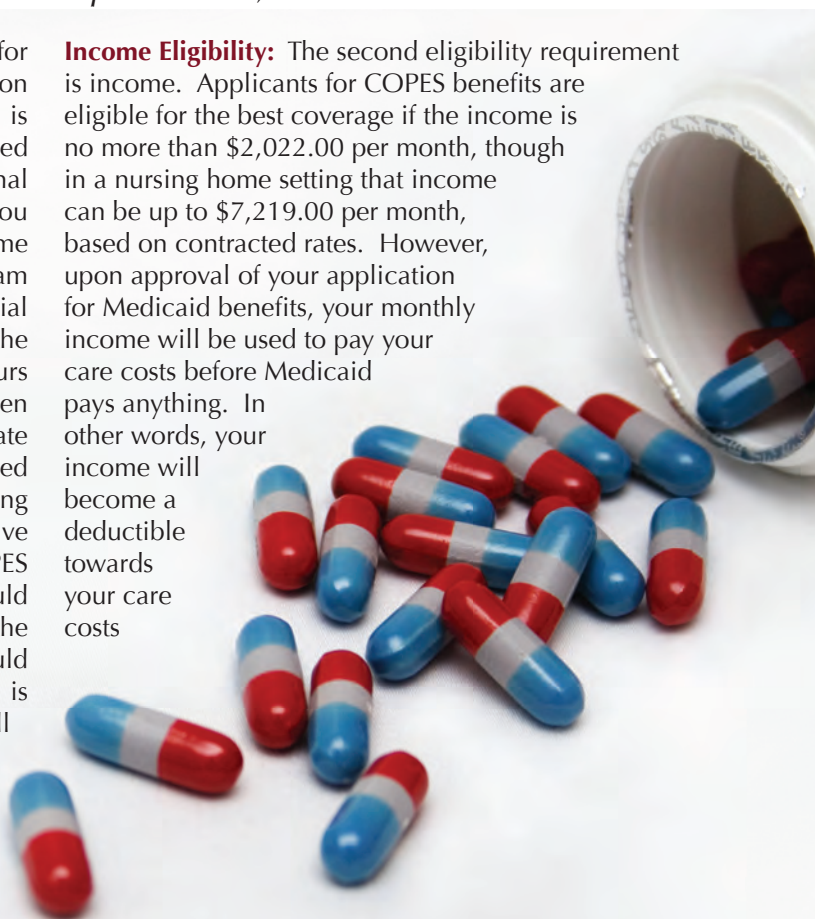


Medicaid Eligibility Rules in Summary

Medicaid eligibility is based on three requirements, each discussed below:

Functional Eligibility: When you look to Medicaid for assistance with your long-term care costs, the first qualification requirement is for you to establish that the applicant is functionally in need of the assistance. If Medicaid is accessed in a nursing home setting, then this inquiry ends as functional eligibility is presumed to have been met. If, however, you choose to access the assistance outside of a nursing home setting, it would be under the Community Options Program Entry System (COPES). Washington's Department of Social and Human Services (DSHS) runs this program and limits the number of hours for care that can be provided. These hours are established through an assessment process undertaken by a state employed social worker. The assessment the State performs is accomplished using a computer program referred to as the CARE program (Comprehensive Assessment Reporting and Evaluation). We have found that this test is very subjective with results depending on the DSHS interviewer. If COPES benefits are to be accessed in your own home, then I would recommend having a Care Manager to assist you with the process, with the goal of maximizing the benefits you would be entitled to under the program. If the COPES program is accessed outside of your home, then the institution will assist you with the process as their payment will be based on the assessment, and they have a financial interest in making sure that the benefits are maximized.

Income Eligibility: The second eligibility requirement is income. Applicants for COPES benefits are eligible for the best coverage if the income is no more than \$2,022.00 per month, though in a nursing home setting that income can be up to \$7,219.00 per month, based on contracted rates. However, upon approval of your application for Medicaid benefits, your monthly income will be used to pay your care costs before Medicaid pays anything. In other words, your income will become a deductible towards your care costs



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with a standard allowance made for personal needs. The current Personal Needs Allowance (PNA) is \$57.28 per month, if the benefits are accessed in a nursing home setting; \$62.79 per month, if the benefits are accessed in an assisted living facility; \$90.00 per month, if the applicant is a veteran and the benefits are accessed in a setting other than at home; and, \$903.00 per month, if COPES benefits are accessed at home. Medicaid rules also allow you to retain income for medical expenses, such as health insurance premiums or other uncovered medical bills.

Resource Eligibility: The third and final eligibility requirement for Medicaid qualification is the resource eligibility. The person applying for Medicaid benefits can have no more than \$2,000.00 by way of assets, though for a single applicant the state will ignore ownership of a home with no more than \$506,000.00 in equity and one automobile needed for medical transportation purposes in addition to sundry other assets. For a married applicant, the spouse is allowed to own a home, an automobile and between \$48,639.00 and \$109,560.00 in other assets, not counting the value of personal property and sundry other assets in small amounts. If the applicant exceeds the resource limit, the applicant will not qualify for benefits without planning. But, contrary to popular belief that you must spend down the money on your long-term care needs, you are allowed to protect your money, discussed below.

Why planning against uncovered medical and long-term care costs makes sense. The need to plan around protecting assets from uncovered medical and long-term care costs is based largely on the fact that Medicare does not cover long-term care costs (home health, assisted living, nursing home, etc.) in any meaningful way. These costs today are substantial and over a period of time will rival even the most aggressive and elaborate acute care costs incurred on account of medical ailments such as heart attack, cancer and the like. Medicaid is the only program that does cover the long-term care costs left uncovered by Medicare, but it is only available to those who have very limited assets to their name at the time of application. Further, life on Medicaid is generally devoid of any quality of life indicators. If you plan ahead however, you might be able to protect some of the assets you currently own in the hands of someone other than yourself. These assets could be the difference between having to endure bare existence as opposed to having some semblance of a quality life with dignity. This is so because the assets you've protected can be used to better your quality of life by making provisions to bring in additional assistance or cover bills that Medicaid will leave uncovered.

VETERAN'S BENEFITS

Aid And Attendance

What Is VA Pension For Veterans?

There are two programs that are often overlooked by veterans who are dealing with long-term care expenses that exceed their incomes: Aid and Attendance, and Housebound benefits. Generally speaking, these programs are available to qualified veterans who physically need the aid and attendance of others with their tasks of daily living and are paying for such care.

Who Qualifies?

If the income of a qualified veteran is not enough to cover otherwise uncovered medical costs, the VA will assist such a veteran or veteran's spouse with the bills, up to a limit. It is not important that the uncovered medical bills are a result of a war-related injury. This allows many veterans the extra financial assistance if they meet all the rules.



What Is The Benefit Amount?

If the veteran's monthly income is less than the total medical expenses, then the VA will pay the qualified veteran an amount up to the following limits:

- Single veteran with no dependents - \$1,644
- Widow of a qualified veteran - \$1,057
- Veteran with spouse or dependent - \$1,949

Who Is A Qualified Veteran?

Generally speaking, a person who has served no less than 90 days (180 days for veterans of the Gulf War) in active service with at least one day during a declared wartime period is considered to be a qualified veteran.

Relevant Declared Wartime Periods:

- **World War I** April 6, 1917 through November 11, 1918 (with certain exceptions)
- **World War II** December 7, 1941 through December 31, 1947 (with certain exceptions)
- **Korean War** June 27, 1950 through January 31, 1955
- **Vietnam War** February 28, 1961 through May 7, 1975 if in theater or from August 5, 1964 through May 7, 1975 if not in theater
- **Persian Gulf War** August 2, 1990 through date to be determined

Asset Requirement

Generally, the benefits are available to those veterans (or widows) who have no more than a reasonable amount of assets, not counting a home and an automobile. The reasonable amount is no more than \$80,000 for a married couple but could be less, and is certainly between \$20,000 to \$80,000 for single applicants. The decision as to whether a claimant's net worth is excessive depends on the facts of each individual case.


Income Requirement


As you may have surmised from the above explanation, it is the net income that counts in determining whether or not this benefit is available to you. If your gross income less your medically deductible expenses, falls below the income thresholds discussed above, then you will qualify for the benefits.

How To Apply For Aid, Attendance and Housebound

You may apply for Aid and Attendance or Housebound benefits by writing to the VA regional office having jurisdiction of the claim. That would be the office where you filed a claim for pension benefits. If the regional office of jurisdiction is not known, you may file the request with any VA regional office. You should include copies of any evidence, preferably a report from an attending physician validating the need for Aid and Attendance, or Housebound type care.



The report should be in sufficient detail to determine whether there is disease or injury resulting in physical or mental impairment, loss of coordination, or conditions affecting the ability to dress and undress, to feed oneself, to attend to sanitary needs, and to keep oneself ordinarily clean and presentable. In addition, it is necessary to determine whether the claimant is confined to the home or immediate premises. Whether the claim is for Aid and Attendance or Housebound, the report should indicate how well the individual gets around, where the individual goes, and what he or she is able to do during a typical day. If you have any questions, please call our toll-free number, 1-800-827-1000, or you may contact the VA electronically via the Internet at <https://iris.va.gov>.






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Financial Considerations

How Do Uncovered And Long-Term Care Costs Figure Into The Equation?

Is a Long-term Care Insurance Policy (LTCI) Suitable for You?

Even though you may never need long-term care insurance, you will want to be prepared in case you ever do. Long-term care is very expensive. Although Medicaid does cover some costs associated with long-term care, there are strict eligibility requirements; for example, you would first have to exhaust a large portion of your life savings. And since HMOs, Medicare, and Medigap do not cover long-term care expenses, you will have to find alternative ways to pay for most long-term expenses. One option is to buy an LTCI policy.

However, LTCI is not for everyone. Whether you should buy one depends on various factors, such as your age and financial circumstances. Consider purchasing an LTCI if the following apply:

- **You are between the ages of 40 and 84**
- **You have significant assets to protect**
- **You can afford to pay the premiums both now and in the future**
- **You are in good health and insurable**

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Designing a Policy that will Work

What Will it Cost?

There's no doubt about it: LTCI is often expensive. Still, the cost of LTCI depends on many factors, including the type of policy that you purchase (e.g., size of benefit, length of benefit period, care options, optional riders). Premium cost is also based in large part on your age at the time you purchase the policy. The younger you are when you purchase a policy, the lower your premiums will be.

What to Buy

If you sit with a salesperson and reach a point where you can't afford the policy you should have, do not bargain down the benefits just to fit the premium into your budget. A partial solution by way of a LTCI is oftentimes no solution at all, because without the ability to get all the bills covered, you may well be looking at Medicaid to have the long-term care bills paid, in which case the payments from the LTCI will be of no assistance to you. It is better to do your homework before inviting a salesperson to visit with you and determine ahead of time the coverage you should have. Here are some rules of thumb to consider:

You should plan on buying enough coverage, which combined with your disposable monthly income, will provide at least \$400 per day of coverage. For example, if your retirement income from all sources is anticipated to be \$150 per day and your anticipated expenses (not including long-term care bills) is \$50 per day, you should allocate the excess \$100 per day toward care costs. In this example, you should procure a policy that will pay \$300 per day in benefits. Since there are many variables at play, careful consideration needs to be given to arriving at the disposable income calculation.

You should buy a policy that pays lifetime benefits. Salespeople will likely try and relate to you that the average person lives in a nursing home less than three years, and they would be correct. However, if a person is dealing with dementia-related issues, the stay will be closer to eight years than three.

You should buy a policy that has a long elimination period. Generally, policies will have an elimination period between zero and ninety days, but most people have the ability to pay

for care needs beyond ninety days, yet largely cannot afford payments for more than a year or two. That means people should buy a policy that will pay a lifetime of benefits, if called for, but will not pay the first six months to a year of payments. The longer elimination period allows you to have a lower premium as well. And though it is likely that the longer elimination period will result in your having to wait for the benefits to begin, it is usually a better way to buy the policy.

Finally, you should buy a rider that will allow the policy benefits to keep up with inflation. There are two types of riders: a compound increase rider or a simple increase rider. Though the compound increase rider may be better, it is important to have some type of rider, even if it is just a simple rider.

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INVESTMENT STYLES: How To Pick Your Advisor

*Who Performs Better,
Manager or the Market?*

Proponents of active management believe that skilled managers can outperform the financial markets through security selection, market timing, and other efforts based on prediction. While the promise of above-market returns is alluring, investors must face the reality that as a group, U.S. based active managers do not consistently deliver on this promise, according to research provided by Standards & Poor's.

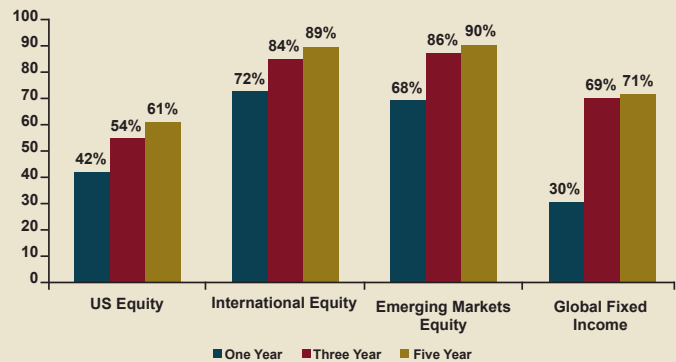
S&P Indices publishes a semi-annual scorecard that compares the performance of actively managed mutual funds to S&P benchmarks. Known as the SPIVA scorecard¹, the report analyzes the returns of U.S. based equity and fixed income managers investing in the U.S., international and emerging markets. The managers' returns come from the CRSP survivors-Bias-Free-U.S. Mutual Fund Database and the managers are grouped according to their Lipper style categories.

The graph below features fund categories from the most recent SPIVA scorecard – all U.S. equity funds, international funds, emerging market funds, and global fixed income funds – and shows the percentage of active managers that were outperformed by the respective S&P Indices in one, three and five year periods. These are only four of thirty-five equity and fixed income categories. But a deeper analysis confirms that the active manager universe usually fails to beat the market benchmarks over longer time horizons. Underperformance of active strategies is particularly strong in the international and emerging markets, where trading costs and other market frictions tend to be higher.

Over the last 5 years, about 60% of actively managed large cap U.S. equity funds have failed to beat the S&P 500; 77% of mid cap funds have failed to beat the S&P 400; and two-thirds of the small cap manager universe have failed to outperform the S&P Small Cap 600 Index. Furthermore, across the thirteen fixed income categories, all but one experienced at least a 70% rate of underperformance over five years.

Active Managers vs. S&P Indexes

Percent of Funds Outperformed by the Respective Category Benchmark. One-, Three-, and Five-Year periods through December 31, 2009



Source: Standard & Poor's Indices versus Active Funds (SPIVA) Scorecard, March 30, 2010. Indexes used for comparison: US Equity Funds-S&P Composites 1500; International-S&P 700; Emerging Markets-S&P-IFCI Composite; Global Fixed Income-Barclays Global Aggregate. Data for the SPIVA study is from the CRSP Survivor-Bias-Free US Mutual Fund Database. Fund returns used are net of fees, excluding loads. Barclays Capital data provided by Barclays Bank PLC.

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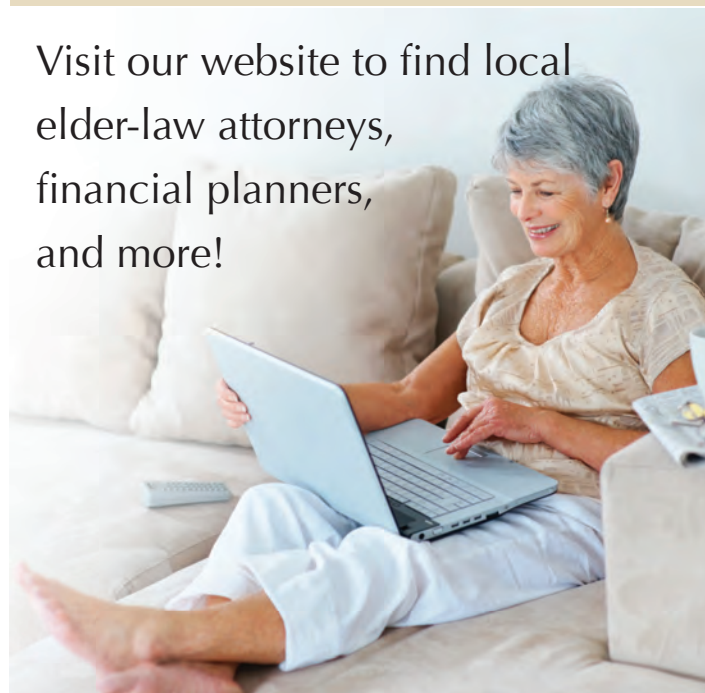
In 2009, active funds experienced more success over a one-year period, and proponents typically highlight those results in the SPIVA scorecard. However, one-year results are not consistently strong from year to year, and investors should not draw conclusions from short-term results. Over three and five year periods, most fund categories have not outperformed the respective benchmarks.

Of course, the results of these studies will fluctuate over time and a majority of funds in a given category might outperform over the short term. But the message is clear, as a group, actively managed funds often struggle to add value relative to an appropriate benchmark – and the longer the time horizon, the greater the challenge for active managers maintain a winning track record.

Past performance is no guarantee of future results. This article is provided for informational purposes only and should not be construed as an offer, solicitation, or a recommendation.

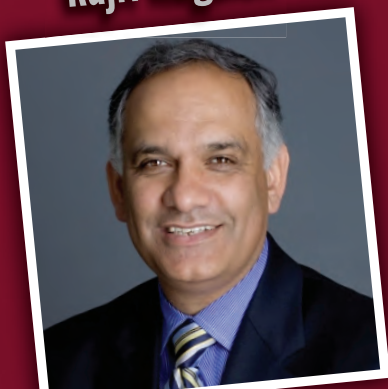
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Use Your Home to Stay at Home

A Guide for Older Homeowners Who Need Help Now

Why Do I Need the Money?

Are you tapping home equity to solve an immediate problem? Or do you need funds for many years to pay ongoing household expenses? When you take out a loan to tap a portion of your home equity, you usually cannot use the remaining equity for other needs until you pay off the loan. It is important to look at your overall financial situation, or you may find yourself stuck with a loan that doesn't fit your changing needs.

Long-term Solution—Reverse Mortgage

If you expect to live in your current home for several years, you could consider a reverse mortgage. Reverse mortgages

are designed for homeowners age 62 and older. These types of loans are called "reverse" mortgages because the lender pays the homeowner. To qualify for this loan, you must live in the home as your main residence. Unlike conventional mortgages, there are no income requirements for these loans. You do not need to make any monthly payments for as long as you (or in the case of multiple homeowners, the last remaining borrower) continue to live in the home. When the last borrower moves out of the home or dies, the loan becomes due. There are several types of reverse mortgages available in the market.



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These include:

Home Equity Conversion Mortgage (HECM). This program is offered by the Department of Housing and Urban Development (HUD) and is insured by the Federal Housing Administration. These are the most popular reverse mortgages, representing about 95% of the market. There are two types of HECM reverse mortgages - the traditional HECM Standard loan, and the new HECM Saver loan. With a HECM Saver loan, borrowers pay lower upfront costs, but do not receive as much money as they would with a HECM Standard loan.

Proprietary Reverse Mortgages. Some banks, credit unions, and other financial companies offer reverse mortgages designed for people with very high value homes. Depending on the type of loan, borrowers may be able to receive payments as a lump sum, line of credit, fixed monthly payment for a specific period or for as long as they live in their homes, or a combination of payment options. The money you receive from a reverse mortgage is tax-free, and can be used for any purpose. Reverse mortgages have unique features:

All homeowners must first meet with a government-approved reverse mortgage counselor before their loan application can be processed (HECM program). Older borrowers may receive more money, because lenders include life expectancy in calculating loan payments. The national limit on the amount you can borrow under the HECM program may change from

year to year. You can check the current national limit at www.HUD.gov. You now may use a HECM reverse mortgage to buy a home.

This can make it easier for you to downsize to a house that better suits your needs, or to move closer to family caregivers. Loan closing costs for a reverse mortgage are the same as what you would pay for a traditional “forward” mortgage. These can include an origination fee, appraisal, and other closing costs (such as title search and insurance, surveys, inspections, recording fees). HECM borrowers also pay a mortgage insurance premium. Most of these upfront costs are regulated, and there are limits on the total fees that can be charged for a reverse mortgage. The origination fee for a HECM loan is capped at 2% of the value of the property up to the first \$200,000 and 1% of the value greater than \$200,000. There is an overall cap on HECM origination fees of \$6,000 and a minimum fee of \$2,500. You can finance these costs as part of the mortgage.

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Disadvantages. Closing costs for a reverse mortgage (origination fee, mortgage insurance premium, appraisal and other up front costs), and the servicing fee can vary considerably by the type of HECM loan, and by lender. Closing costs can be financed into the loan. You may use up a large part of your home equity over time and have less to leave as an inheritance to your family.

If you are the only homeowner and you stay in an assisted living or nursing facility for more than a year, you will be required to repay the balance of the loan. The loan amount can vary by thousands of dollars among different reverse mortgages. So it will be important for you to consider your options carefully when selecting a loan.

How Long will the Reverse Mortgage Last?

Reverse mortgages make the most sense for you if want to stay in your current home for many years. If you have an ongoing health condition, it is important to understand how much money the loan will give you to pay for help over time. Interest rates change frequently, so only a mortgage lender can tell you how much you may get from a reverse mortgage.

Legal issues. Make sure that you have a durable power of attorney that includes real estate. This allows your family or trusted friend to make decisions if you cannot do so.

Title to the home. Understand who owns the home. If you add children or grandchildren to the title, you may not be able to qualify for a reverse mortgage (since all homeowners have to be at least age 62), or sell the house without their consent.

Don't rush into any decision. If you decide to take out a home loan, weigh all the options to find the best solution for you. Shop around with different lenders to check that the interest rate and fees are competitive and fair. Only sign papers that you understand. Ask questions if you are confused. Get help from a trusted family member or friend who understands financial matters. Agencies that offer reverse mortgage counseling can give you independent advice. The only time you need to act fast is if you decide you do not want the loan. Federal law gives you three days to get out of a reverse mortgage or home equity loan contract. You may cancel the loan for any reason, but you must do it in writing within three days.

Information reprinted from National Council on Aging article:
(http://www.ncoa.org/news-ncoa-publications/publications/ncoa_reverse_mortgage_booklet_073109.pdf)

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Aging in Place

Like most Americans, you probably want to stay in your home as you grow older; however, as it gets harder to do things on your own, you may need a helping hand with everyday tasks.

It can be costly to pay for help at home, along with housing modifications and other health needs. Older Americans often hold onto their home as a nest egg in case they need extra money, but when that “rainy day” arrives, how do you tap the equity in your home? Some people may tell you to sell the house and move to assisted living or a nursing home.

There is another option. If you’ve owned your house for many years, it could be worth a lot more than you paid to buy it. Home equity is the difference between the appraised value of your home and what you owe on any mortgages. A reverse mortgage can help you convert some of your home equity into cash and continue to live at home for as long as you want. Using the equity in your home can seem like a good idea, but is it right for you? It is a decision you should consider carefully, because the house may be your most valuable financial asset.

This information will help you understand the benefits and challenges of this funding option. After reading this booklet, you should be better able to:

- **Decide if staying at home is right for you.**
- **Understand the different ways you can pay for help at home.**
- **Know where to go for more information.**

People who need help at home face many challenges. An ongoing health problem can make it hard to know how much longer you can continue to live at home. You should also be aware of government benefits and community programs for seniors, and how a reverse mortgage may affect your eligibility for these programs. It will help you ask the right questions and plan ahead so that you can stay at home as long as possible. Talking with family and a knowledgeable financial advisor can also help.



Challenges of Aging in Place

In the past, when an older person had trouble living alone, that was a signal it was time to move in with family or go to a nursing home. But for most people, this is no longer the case. Today, you can receive a wide range of services and support in your home or community. New advances in medicine and technology are helping people with complex medical problems to stay in their own homes for many years. This is often called “aging in place.”

It is crucial to plan ahead as much as possible. Answering these questions can help you get started: 1) Will living at home work for me?; 2) What resources do I have to help me stay at home?; and, 3) How long can I continue to live at home?

Will Living at Home Work for Me?

First, make sure that your home is safe and comfortable, and fits your needs. Check that the services you want are available in your area. If it is difficult for you to live by yourself, you should consider other options, such as a retirement community or assisted living.

The Right Housing for You

Where you live and the home itself can keep you from aging in place. Think about these factors to see if staying in your home makes sense:

Changing needs—A house that was ideal 30 years ago may now be too difficult to handle alone. Older houses often need a lot of costly maintenance, improvements, or repairs.

Safety—A house with cluttered furniture or steep stairs is an accident waiting to happen. Unsafe neighborhoods may make you afraid to go shopping or attend social activities.

Isolation—A trip to the grocery store, pharmacy, or place of worship can be a problem when you cannot drive. It is easy to feel lonely or trapped when family and friends are far away.

Ease of use—If you need a walker or a wheelchair, it helps to have a bedroom on the first level, grab bars in the bathroom, and ramps for the entrance of the house. You can fix some of these conditions by modifying your home.

Cost of Supportive Services

When you get help at home, usually someone comes into your house from a home health agency. Professional services in your home can be expensive. Some service providers charge by the hour, while others charge for each home visit. While services in the home and community may cost less than in a nursing home, these home-based expenses can add up over time. If you need a few hours of help from a home health aide in the morning and at night, you could easily spend \$76 per day, or \$2,280 per month.



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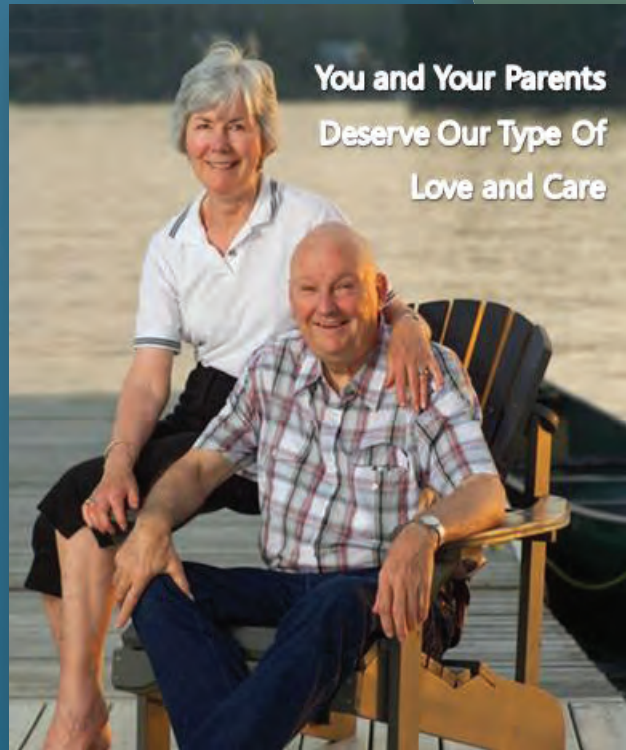
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Support from Others

Most older Americans who have difficulty doing everyday tasks depend on family and friends for help. Children can run errands, provide transportation, and maintain the house. Neighbors may help with yard work or home repairs. A spouse or adult children can also provide a high level of loving care.

Personal Finances

Paying for in-home services and other health-related expenses can quickly use up a big part of a retirement nest egg. Review your finances carefully. They will be an important part of your decision to remain at home. Your finances include income, savings, and investments.

- Estimate your household budget. Work out your income and living expenses, along with the monthly cost of any loans and credit card debt. You also have to budget for home repairs and maintenance, and keep up with insurance and tax payments.
- Keep an eye on cash flow. Make sure you have enough money readily available each month to pay for expenses. Your need for help may vary as your health changes.

If you have financial resources such as stocks, bonds, or property other than your home, you could sell those assets to get more money now. If you own a life insurance policy, you may be able to use part of the death benefit to pay for

supportive services (“accelerated benefit”). If you have very limited finances, you may be eligible for government programs.

Housing Options to Living at Home

Living with an ongoing health condition can be hard. You may need to change your living situation when you experience the following: Cannot take care of yourself or manage the home on your own anymore — have had several falls or other accidents — need round-the-clock supervision (such as in the later stages of Alzheimer’s disease).

One option may be to live with your children. First, think about how this will work. How easy will it be to live together? Will your kids have to make changes to their house, such as adding grab bars or building a ramp? Who will pay for expenses such as rent? You may not want to move because you are afraid of losing your independence.

Today, there are many attractive housing choices where you can get the help you need. Senior housing makes it easier to live independently by offering services such as transportation and social activities. In assisted living, you can live in a private apartment and get help with everyday activities. Continuing Care Retirement Communities (CCRCs), or life care communities, offer a full range of services from independent living, to assisted living, and nursing care.

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Returning Home After A Hospital Stay

Common Sense Solutions To Home Care: Even In A Crisis!

Mildred has lived in her own modest home for over 50 years. She knew every inch of this home, which was critical as she had advancing macular degeneration and now she was legally blind. The family assured Mildred that they would do everything to keep her at home. Mildred did not want to lose her independence but realized she needed some help. With her sight worsening, she knew she could not even go down into the basement to do the laundry. Her two daughters were worried about her and yet they could only help Mildred on weekends as they all had jobs and families to tend to. This is not an unusual situation. Mildred is now vulnerable. Avoiding a crisis is essential to her stability. So where does the family go from here?

Get Advice-Hire a Geriatric Care Manager

First and foremost, **GET ADVICE**. Do not go on the Internet or ask your neighbor for advice. You will quickly confuse yourself and realize the learning curve is steep. Go to experts who are knowledgeable in geriatrics. Hire a Geriatric Care Manager! A Geriatric Care Manager (GCM) is a professional who can quickly assess your individual eldercare situation and arrive at a customized plan that will save you time and money. It is highly recommended to hire a Registered Nurse (RN) with a BSN or a Master's Prepared Social Worker (MSW) who understands the holistic needs of older adults. These professionals also understand local elder care resources and how to navigate the healthcare system.



Consult with the Expert/Have a Family Meeting

Once you have selected the Geriatric Care Manager, you should consult with him/her and bring all the appropriate family members together for a meeting. The Geriatric Care Manager should lead the family meeting so as to avoid difficult family dynamics and to move the process forward efficiently. The meeting should remain focused on the care for Mom or Dad. If the parent is present, honor their wishes, or if they are unable to participate, look at documents which may explain their wishes. If families do not have these, they may have to rely on past conversations with their parents. It is important for all members to be honest about what they can or can't contribute to a plan. Having time limits to the meeting, goals, expected outcomes, and a specific plan are all crucial to moving forward. The Care Manager will educate the family on resources and what to expect when home care is in place. The care manager will then write up the plan detailing **what** members agreed to do, **who** will be the family contact person, and how often the families will receive care reports from the care manager.

Evaluate Needs and Set up a Plan

In order to give the best recommendations for your elder's care, the Geriatric Care Manager must evaluate the older adult in his/her own home. After gathering the information from the older adult, you, the family, and other health care professionals, a plan is written with recommendations that are customized to the exact needs of your loved one. This plan is a roadmap that should be implemented with the idea that the facts can change quickly in this older population, and thus the plan may need to be altered. The care manager will implement the home care plan and bring in resources which will make the person safe and content to remain at home.

Put an Integrated Team in the Home

Do not try hiring a nurse's aide on your own. Rely on agencies that conduct national background checks, supervise, train caregivers, do payroll, are licensed and bonded and are in partnership with the care manager. There are now agencies that use both the professional care manager and the caregiver as an integrated team in the home. This approach allows for more service to your loved one and it helps you, the family member, have peace of mind. While the care manager is looking at the big picture, the day-to-day caregiver will provide companionship, assistance with personal and household tasks, transportation and so much more.

Evaluate Care, Be Flexible and Value Small Gains

All along the way, the care manager will evaluate the elder's plan of care, its relevancy, quality, efficiency, and cost. Both the professional and the family should remain flexible as changes occur.

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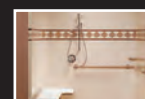
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What if returning home is NOT POSSIBLE?

Many times, returning home may simply not be possible on account of a number of factors. Under these conditions, finding an appropriate nursing home, assisted living community, or adult family home may become necessary.

Generally, the family will find itself spending a lot of time asking for referrals and visiting various options before settling on a solution. And even then there can be no guarantee that the family will have found the perfect solution. An alternative to this is to employ the services of a qualified Placement Agency. Similar in qualifications to a geriatric care manager, a placement agency professional will be in a position to assist a family in finding an appropriate nursing home or rehabilitation facility. They are generally compensated by the facility where they place the client which eliminates any cost to the family. Since the placement agency makes a living by focusing on the needs of the individual client, they will make it their business to come to know the various housing alternatives that exist in the community and be in a better position to make recommendations that will be in keeping with the patient's needs and desires. However, since the placement agency is paid a 'commission' by the facility, they will focus only on those facilities that have agreed to pay them a commission. Most of the time this may not be a problem; but, at times, when the patient may be looking at a long-term stay and in need of accessing Medicaid benefits, a placement agency might not be willing to take the case as generally no commissions are paid unless the patient being placed will be paying privately for at least some period of time.

Institutional Care Options

If continued stay at home is not possible, there are three alternative settings a family might wish to consider: Assisted Living Communities, Adult Family Homes, or Nursing Homes. All these settings have their relative advantages and disadvantages, and one setting that may be good for some may not serve others as well. Having an understanding of the needs and preferences of the patient, and to be able to match them to the least restrictive setting where the assistance can and should be accessed is critical.

Assisted Living Communities

Assisted Living is housing for older individuals who need some

assistance with the activities and needs of daily living and perhaps some medical help, but who do not need the degree of care provided in a nursing home. The goal of an assisted living facility is to help people live as independently as possible. However, it should be understood that

not every Assisted Living Community offers the same level of care. Some will have the ability to care for patients with higher needs while others might ask the patient to move if the needs exceed the community's ability to address this. For this reason it is very important that the patient's future needs are understood and taken into account when selecting an Assisted Living Community.

Common tasks with which an assisted living community can assist include medication management, meal preparation, laundry services, transportation to medical providers, and for other personal needs and the like. Usually, an assisted living community will have rooms equipped with personal emergency response systems that the resident can enable to summon available help. The focus generally is on safety of the resident. Another benefit of living in an assisted living community is that the resident will have access to socialization, which is very important to keep mental decline at bay.

Questions to Ask Before Selecting an Assisted Living Community

Before selecting an assisted living facility, a prospective resident should carefully review the admissions contract. Significant issues to consider in evaluating an admissions contract include:

1. What personal care services are to be provided? Who delivers these services? Is the service provider licensed or certified?
2. What are the monthly or other charges for such services? Are housekeeping services included? How can fees be increased, and what happens if fees are increased and a resident cannot afford the higher fee?

3. In the case of a married couple, what happens upon the death of a spouse? Is a change of living unit required? How would fees be affected?
4. What recreation or cultural activities are available and are they included with the monthly fee?
5. Is transportation provided to such things as doctor appointments, shopping, and community activities? Is a separate fee charged?
6. Are nursing services available at the site? What happens if a resident's health declines? Is the facility responsible for coordinating medical care?
7. How does the facility determine the point at which a resident cannot be served by the facility? What recourse does a resident have to challenge the facility's decision? Is there a grievance process?

Adult Family Homes

The Washington State Residential Care Council of Adult Family Homes aptly states the case that "[M]any of us are looking for the right option for ourselves or our loved ones. For tens of thousands of Washington families, the right choice has been an Adult Family Home. Adult Family Homes are licensed and regulated by the state of Washington. They offer skilled 24-hour care, but in a comfortable home environment, often near family and friends. Adult Family Homes are a wonderful, affordable alternative to more institutional type settings. Is an Adult Family Home right for your family?

Adult family homes are becoming more abundant because they offer an attractive and less expensive alternative to nursing homes. Adult family homes are more homelike in feel and are quite attractive to those who desire a homelike environment. This is because they are generally situated in private dwellings, and by law can only cater to no more than six residents at any given time. The level of care an adult family home can provide is limited only by the qualification of the personnel. A properly staffed adult family home can provide for the care needs of most individuals to the end, barring some very unique situations. The best adult family homes tend to be ones that are owned and run by either physicians, nurses or other medical professionals, or homes that are staffed with proper medical professionals. It is true that there are many homes that are owned and run by individuals who view the care industry as purely a moneymaking operation, and these should be avoided. Adult family homes have had lax oversight by the government in the past and have had many abuses reported. These homes get bought and sold like any other business, making ongoing quality of care being provided uncertain. An adult family home that starts out being an excellent choice can turn to a bad place in a short amount of time; therefore, constant vigil over a loved one in a adult family home is absolutely necessary.



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Nursing Homes

A nursing home is a facility where residents receive round-the-clock nursing care designed to help an individual with the activities and needs of daily living and health care. These residents do not need the kind of acute health care provided in a hospital. A person usually enters a nursing home after all other long-term care options, such as an assisted living facility or living at home with supportive services, are found to be inadequate.

Medicare does not provide substantial coverage for long-term nursing home care. Medicare may pay for a portion of the cost for the first 100 days of a nursing home stay, under very limited circumstances. Those circumstances are: Skilled nursing or rehabilitation services are provided within 30 days of a Medicare-covered hospital stay of more than 3 days — A doctor certifies the resident's need for skilled care on a daily basis — Skilled care is actually received on a daily basis — The facility is Medicare-approved.

If these requirements are met, Medicare will fully cover the first 20 days of skilled care and a portion of the cost for the next 80 days of skilled care. Note that Medicare does not cover custodial care.

A nursing home must inform every resident of their legal rights, orally and in writing, at the time of admission. Washington

maintains an ombudsman program to investigate and resolve complaints made by, or on behalf of, residents of nursing homes and other long-term care facilities. The Area Agency on Aging for each county is designated as the local providers of these ombudsman services.

Financing Long-term Care Costs

Contrary to the common belief that VA and Medicare will provide the needed coverage for all medical needs, Medicare and VA do not provide coverage for long-term care needs for which there is no medical solution in any meaningful manner. Medicare will only cover nursing home and home health needs if the patient needs skilled care such as physical, occupational, or speech therapy. But, if the person only needs assistance with activities of daily living through homecare or in an assisted living facility, nursing home or adult family home, then Medicare does not cover such costs, leaving the family to use private assets or look to VA or Medicaid for assistance.

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Independent Living or a Continued Care Retirement Community?

You made it! You've reached your "golden" years and perhaps you have been contemplating, or wondering, what the next step might be for you when it comes to where, and how, you will live. Seniors today have a plethora of lifestyle choices that it can feel overwhelming and, at the same time, confusing when exploring your options. You may love your home that you've been living in for so many years, yet feel that the time is ripe for a change. Or you may be renting and have a yearning to explore what's out there that may be a better fit for the kind of lifestyle you are looking forward to.

We'll explore two different options — Independent Living and Continuing Care Retirement Communities (CCRCs).

Independent Living

These communities are geared towards seniors who are usually 55 years of age or older. These type of communities appeal to mature adults that are still capable of taking care of themselves and find the idea of living in a community of their peers attractive and comforting.

Independent communities usually offer a variety of amenities to make living there comfortable and convenient. They may have a dining room where you can join others for your daily meals. If you love doing your own cooking, many communities also offer homes or apartments with a kitchen area. Private or on-the-premises laundry facilities is another feature as is



private parking stalls for residents that have their own cars. If you love pets, many will also accommodate pets.

For many seniors that live far away from family or friends, or may feel lonely, living in an independent community may open up a whole new way of experiencing your life. One of the attractive features of this type of lifestyle choice is the social aspect — many independent communities will offer social activities for their residents, providing opportunities to meet others and make new friends. Many offer a variety of daily or weekly activities, and social outings. On-site the community may have a library, movie room, or exercise facility. Many have well cared for landscaping.

Because these communities are geared towards seniors still able to get around and care for themselves, they usually don't offer the same level of health care that a CCRC would; however, should the need arise, staff should be able to contact a medical facility, call a physician, or caregiver.

Continuing Care Retirement Communities

A Continuing Care Retirement Community, or CCRC, has all of the amenities and features that an Independent Community offers, but their focus is geared towards what is referred to as "aging in place", meaning that they are able to assist and accommodate the changing needs of their residents. Beyond what an Independent Community offers, a CCRC will also offer assisted living and 24/7 nursing care. This would be the

type of community you may want to consider if you think you may eventually need medical assistance and/or care and will no longer be able to maintain your lifestyle without help.

There is usually an entry fee as well as monthly rental rates for your unit which is adjusted depending on your level of need for skilled services. Many CCRCs will offer interested visitors a chance to spend a few days there to see if their facility fits with the potential resident's wants and needs.

Regulation of CCRCs varies from state to state so be sure to ask if the facility you're considering is regulated. The Continuing Care Accreditation Commission (CCAC) is the non-profit agency that is responsible for regulating these facilities, but keep in mind that not all states have this regulation in place yet.

If you decide that a CCRC will be a better fit for you than Independent Living, be aware that you will need to sign a contract or agreement before living there. Be sure to consult with your attorney to help you review the documentation before you sign.

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Other Organized Housing Options



Assisted Living/Boarding Homes

Assisted living communities, also referred to as boarding homes, are a growing and popular option for providing care and supervision of aging people. These living options offer a more structured and often a more professional range of services for occupants, including scheduled activities, medical supervision, and an attractive (sometimes upscale) environment.

Costs may be higher in assisted living than at a boarding facility. According to a MetLife Market survey in 2009, the average monthly rent was slightly over \$3,000. Residents usually pay this cost from their pension, savings, or long-term care insurance plan. Certain costs may be reimbursable

under Medicare and Medicaid programs. However, assisted living residences are not governed under national law, and standards may differ from one place to another. The Assisted Living Consumer Alliance (ALCA) is a non-profit agency that advocates consumer protections for residents in assisted living.

Adult Family Homes (Afh)

Similar to boarding homes, an adult family home is licensed to provide housing for up to six individuals. Located in a residential area, these homes provide “home-like” care to residents, along with varying types of medical monitoring and assistance. Some allow pets and provide transportation and services to residents.



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Nursing Homes

Many nursing home selections are made unexpectedly, often during periods of stress, as when an aged relative is discharged from the hospital or exhibits behavior at home that requires a change of care and location. Family members who choose a nursing home frequently lack experience in doing so. As a result, they may inadvertently select a facility that is not the most effective in meeting their loved one's particular needs. Several criteria should be considered in making such an important decision:

Agency credentials and specialization:

Is the facility accredited? Check Medicare's nursing home performance comparisons online at www.medicare.gov/NHCompare/home.asp. Does it provide specific services to meet your loved one's needs (such as Alzheimer's care)? Is it Medicare- and Medicaid-certified? *Location:* Is the facility located close enough for family to conveniently visit or to stop by in case of a problem? Is the neighborhood attractive and secure? *Staff:* Do staff have the required training and certifications? Tour the facility and meet with the director to discuss the facility and its programs. Ask about the plan of care criteria and the physician who is responsible for the facility's operations. The physician is required to evaluate each resident and prescribe a program of medical care that includes medications, therapy, and nutrition. If possible, the prospective resident should come along to tour the building and talk with the administrator.

Who Should Investigate These Alternatives?

Organized housing is appropriate for most Americans who prize independence, but especially individuals for those who do not wish to rely on their children for assistance on account of incapacity, or those who do not have informal support systems by way of children or other family members. Preferably, the senior's family or select group of relatives and friends should collaborate to explore these various lifestyle options. Questions and concerns can be discussed with the family physician or aging services coordinator. A social worker or geriatric care manager may be consulted for assistance.

When Is the Best Time to Consider these Options?

The best time to consider and embrace organized housing is when you have your physical and mental health about you so you can build friendships and relationships that will hopefully last you the rest of your life. For this reason, it is a good idea to begin the planning process before retirement, probably during middle age. This will enable the family to work closely together and make thoughtful decisions rather than a hurried choice. Just as financial planning requires long-term thinking, so does retirement living.

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Wesley Homes at Home	815 South 216th Street	Des Moines	206-870-1127
Signature Home Health	33710 9th Ave S Ste 15	Federal Way	253-661-5166
Gentiva Health Services (see our ads on pages 48, 66, 97)	20829 72nd Avenue South, Ste.125	Federal Way	253-395-5133
Comfort Keepers (see our ad on page 73)	28815 Pacific Hwy. S. Suite 7A	Federal Way	253) 941-1400
Home Instead Senior Care (see our ad on the inside cover)	32020 1st Ave S #108	Federal Way	425-282-5505
Kingcare Home Care Services	21301 120th Ave. SE	Kent	425-227-8206
Providence Home Services	2201 Lind Avenue SW, Suite 160	Renton	253-945-1400
Visiting Angels of Renton	450 Park Avenue North #B	Renton	253-943-1603
Trinity Home Care	15 S. Grady Way Ste 533	Renton	253-630-6110

Assisted Living

Name	Address	City	Phone
Auburn Meadows Senior Community	945 22nd Street NE	Auburn	(253) 333-0171
Parkside Retirement Community	2902 I St NE	Auburn	(253) 939-1332
Cascade House	2000 Mountain View Dr	Enumclaw	(360) 802-0177
High Point Village	1777 High Point St	Enumclaw	(360) 825-7780
Living Court Assisted Living Community	2229 Jensen St	Enumclaw	(360) 825-0280
Emeritus Assisted Living	31002 14th Avenue S	Federal Way	(253) 941-0156
Foundation House (see our ads on pages 20, 53)	32290 1st Avenue South	Federal Way	(253) 838-8823
Stafford Suites (see our ad on page 29)	112 Kennbeck Avenue North	Kent	(253) 850-0333
Fountain Court Assisted Living	24200 224th Avenue SE	Maple Valley	(425) 432-3352
Normandy Park Assisted Living (see our ad on page 37)	16625 1st Avenue South	Normandy Park	(206) 241-0821
Emeritus at Renton	71 SW Victoria St	Renton	(425) 226-8977
The Lodge at Eagle Ridge	1600 S Eagle Ridge Drive	Renton	(425) 793-8080
Falcon Ridge Assisted Living	21202 Pacific Highway S	Seatac	(206) 878-0900

Independent Living

Facility	Address	City	Phone
Milestone Adult Family Home	1505 25th Street SE	Auburn	(253) 333-1010
Parkside Retirement Center	2902 I Street NE	Auburn	(253) 939-1332
Wesley Homes	32049 109th Place	Auburn	(206) 876-6000
Ruthaven Inc	15843 SE 256th St	Covington	(253) 631-5600
Simply The Best Adult Home	25001 13th Pl S	Des Moines	(206) 824-2329
Judson Park Retirement Community	26200 Marine View Dr S	Des Moines	(206) 824-4000
Landmark On The Sound	23660 Marine View Dr S	Des Moines	(206) 878-8434
Wesley Homes	815 South 216th St	Des Moines	(206) 824-5000
Cascade House	200 Mountain View Drive	Enumclaw	(360) 802-0177
Expressions At Enumclaw	2454 Cole Street	Enumclaw	(360) 825-4565
High Point Village	1777 Highpoint Street	Enumclaw	(360) 825-7780
Living Court Assisted Living Community	2229 Jensen Street	Enumclaw	(360) 825-0280
Emeritus at Federal Way	31002 14th Avenue South	Federal Way	(253) 941-0150
Foundation House Inc	32290 1 Street Ave S	Federal Way	(253) 838-0985
Meridian Court Apartments	31420 23rd Ave S # 100	Federal Way	(253) 839-8884

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- Senior housing
- Legal matters
- Financial planning
- Health businesses
- And more!



Facility	Address	City	Phone
Village Concepts Inc	909 South 336th St	Federal Way	(253) 838-3460
Village Green Guest House	35419 1st Avenue South	Federal Way	(253) 927-3700
Good Haven AFH	31601 42nd Avenue SW	Federal Way	(253) 838-2051
Farrington Court	516 Kenosia Avenue S	Kent	(253) 852-2737
Radcliffe Place Senior Apts	13510 SE 272nd St	Kent	253) 656-0782
Stafford Suites Assisted Living (see our ad on page 29)	112 Kennebeck Ave N	Kent	(253) 850-0333
Best Care Homes Inc	22028 108th Ave SE	Kent	(253) 813-0559
Fountain Court	24200 224th Avenue SE	Maple Valley	(425) 432-3352
Icma Retirement Corporation	22435 SE 240th St	Maple Valley	(425) 413-0429
Fernwood At The Park Retirement	17623 First Avenue S	Normandy Park	(206) 923-9881
Normandy Park Assisted Living (see our ad on page 37)	16625 1st Avenue South	Normandy Park	(206) 241-0821
Chateau at Valley Center	4450 Davis Ave S	Renton	(425) 251-6677
Lodge At Eagle Ridge	1600 S Eagle Ridge Dr	Renton	(425) 793-8080
Evergreen Place Retirement Residence	1414 Monroe Avenue Ne	Renton	(425) 226-3312
Heritage Home	3630 NE 19th St	Renton	(425) 228-0281
Regency At Renton (see our ad on page 75)	80 South 133rd Street	Renton	(425) 226-4610
Renton Villa Retirement Community	71 SW Victoria St	Renton	(425) 226-8977
Merrill Gardens At Renton Centre	104 Burnett Avenue S	Renton	(425) 272-1193
Des Moines Vista Retirement Center	21202 International Blvd	Seatac	(206) 878-7416
Falcon Ridge Assisted Living	21202 PACIFIC Hwy S	Seatac	(206) 878-0900
Era Living – Lake Lakeshore (see our ad on page 50)	11448 Rainier Avenue S	Seattle	(206) 452-3183



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Nursing Homes

Name	Address	City	Phone
Canterbury House	502 - 29th St SE	Auburn	(253) 939-0090
North Auburn Rehab & Health Center	2830 I Street NE	Auburn	(253) 561-8100
Regency Auburn (see our ad on page 52)	414 17th SE	Auburn	(253) 833-1740
Burien Nursing And Rehab Center (see our ad on page 83)	1031 SW 130th St	Burien	(206) 242-3213
Judson Park Health Center	23620 Marine View Dr S	Des Moines	(206) 824-4000
Stafford Healthcare	2800 S 224th St	Des Moines	(206) 824-0600
Wesley Homes Health Center	1122 South 216th St	Des Moines	(206) 824-3663
Avalon Care Center	135 South 336th St	Federal Way	(253) 835-7453
Garden Terrace Alzheimer's Center (see our ads on pages 59, 69)	491 S. 338th	Federal Way	(253) 661-2226
Hallmark Manor	32300 First Ave S	Federal Way	(253) 874-3580
Life Care Center (see our ad on page 70)	1045 S 308th	Federal Way	(253) 946-2273
Benson Heights Rehab Center	22410 Benson Rd SE	Kent	(253) 852-7755
Sunrise Haven	Po Box 6057	Kent	(253) 813-2096
Regency at Renton Rehab Center (see our ad on page 75)	80 SW Second St	Renton	(425) 226-4610
Talbot Center For Rehab & Healthcare	4430 Talbot Rd S	Renton	(425) 226-7500

CCRCs

Name	Addresss	City	Phone
Wesley Homes Lea Campus	32049 109th Place	Auburn	(206) 873-6000
Judson Park Health Center	23620 Marine View Drive South	Des Moines	(206) 824-4000
Wesley Homes Health Center	1122 South 216th Street	Des Moines	(206) 824-3663
Arbor Village	24121 116th Avenue SE	Kent	(253) 256-1600

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	Address	City	Phone
Auburn Meadows Senior Community	945 22nd Street NE	Auburn	(253) 333-0171
Parkside Retirement Community	2902 I St NE	Auburn	(253) 939-1332
Cascade House	2000 Mountain View Dr	Enumclaw	(360) 802-0177
High Point Village	1777 High Point St	Enumclaw	(360) 825-7780
Living Court Assisted Living Community	2229 Jensen St	Enumclaw	(360) 825-0280
Emeritus Assisted Living	31002 14th Avenue S	Federal Way	(253) 941-0156
Fountain Court Assisted Living	24200 224th Avenue SE	Maple Valley	(425) 432-3352
Normandy Park Assisted Living (see our ad on page 37)	16625 1st Avenue South	Normandy Park	(206) 241-0821
Emeritus at Renton	71 SW Victoria St	Renton	(425) 226-8977
The Lodge at Eagle Ridge	1600 S Eagle Ridge Drive	Renton	(425) 793-8080
Falcon Ridge Assisted Living	21202 Pacific Highway S	Seatac	(206) 878-0900

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Adult Family Homes

Business Name	Address	City	Phone
A Serenity AFH	3020 14th St SE	Auburn	(253) 931-5119
AA Adult Family Home	2705 Forest Ridge Dr SE	Auburn	(253) 288-3812
AA Adult Family Home II	2645 Forest Ridge Dr SE	Auburn	(253) 333-8506
Aloha Home Care LLC	1346 East Main Street	Auburn	(253) 737-5710
Angel Care Adult Family Home Services	502 H Street NE	Auburn	(253) 735-4931
Auburn Adult Family Home LLC	2708 M St SE	Auburn	(253) 939-4789
Bailey Manor Inc	28514 40th AVENUE S	Auburn	(253) 813-3624
Belmanor Adult Family Home	620 47th St SE	Auburn	(253) 929-6943
Benevolence Adult Family Home	32500 107th Ave SE	Auburn	(253) 939-5780
Carol's Country Cottage (see our ad on page 46)	37225 40th Ave S	Auburn	(253) 874-9151
Coras Elder Care AFH	37530 39th Ave S	Auburn	(253) 838-1600
Cozie Adult Family Home	4021 S 294th Street	Auburn	(206) 429-2238
Cozie AFH	29218 45th Pl S	Auburn	(253) 529-2442
Dorothys Angel Haven	1615 4th St NE	Auburn	(253) 833-8271
Dorothys Angel Haven II LLC	1711 4th St NE	Auburn	(253) 833-2513
Fabis Adult Family Home	5206 South 318th Place	Auburn	(253) 939-2510
Faithful House	37630 165th Ave SE	Auburn	(253) 833-8328
Forest Park AFH	17522 SE 338th St	Auburn	(253) 833-4815
Glory AFH Inc	5427 S 296th Court	Auburn	(253) 529-8322
Good Samaritan AFH	31625 51st Ave S	Auburn	(253) 939-5751
Grace House	37820 160th Pl SE	Auburn	(253) 735-0643
Green Grove AFH	29306 45th Pl S	Auburn	(206) 653-7915
Green Sapphire Adult Family Home Inc	1525 25th Street SE	Auburn	(253) 804-2633
Harmony House	3728 S 284th Pl	Auburn	(253) 813-1610
Helping Hands Lmr	31021 42nd Ave S	Auburn	(253) 941-0922
Hildebrandt Adult Family Home	37526 51st Ave S	Auburn	(253) 833-3148
Holmes Sweet Home	30027 55th Pl S	Auburn	(253) 946-0916
Holmes Sweet Home Care Inc	30021 55th Pl S	Auburn	(253) 946-0916
Icare Adult Family Home LLC	3834 I Place NE	Auburn	(253) 797-9342
Jem Care AFH	3511 Orchard Pl SE	Auburn	(253) 833-5026
Joportia Adult Family Home	29005 45th Ave S	Auburn	(253) 839-3138
King And Queen AFH LLC	12601 SE 295th St	Auburn	(253) 277-3799
Lakeland Adult Family Home LLC	1503 53rd St SE	Auburn	(253) 833-2538
Larry Fisher AFH	1420 14th St NE	Auburn	(253) 833-5242
Lords Joy Adult Family Home	3242 S 296th Pl	Auburn	(206) 242-1252

Business Name	Address	City	Phone
Mary Adult Family Home	1438 Dogwood St SE	Auburn	(253) 876-7726
Mimi's Adult Family Home	811 10th St NE	Auburn	(253) 735-6689
Mimo's Adult Family Home	29224 45th Pl S	Auburn	(206) 429-2658
Nanu's Adult Family Home	11633 SE 284th St	Auburn	(253) 277-2413
New Haven Adult Family Home	29902 114th Way SE	Auburn	(253) 288-7684
Panorama View Adult Home	5908 S 295th Pl S	Auburn	(253) 529-3111
Paradise Haven AFH	10824 SE 281st Street	Auburn	(206) 595-0949
Paradise View LLC	29446 59th Ave S	Auburn	(253) 529-3111
Saint Michael Adult Family Home	5304 S 302nd Pl	Auburn	(253) 946-4186
South Brook Manor	4720 S 285th Place	Auburn	(253) 520-1996
SPAH	2500 25th St SE	Auburn	(253) 833-7215
St Joe's Assisted Living Adult Home	2744 Alpine Dr SE	Auburn	(253) 333-9255
Sunraysvilla Adult Family Home	1400 E Main Street	Auburn	(253) 833-3245
Tuscany AFH	1403 Ginkgo Street SW	Auburn	(253) 929-8263
Villa Ocasión Homecare	3039 16th St SE	Auburn	(253) 333-8075



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Business Name	Address	City	Phone
Wisdom House	37902 160th Pl SE	Auburn	(253) 333-1977
A-Z Adult Family Home IV	128 S 168th St	Burien	(206) 402-4707
Bethany Adult Family Group Home	11650 18th Ave SW	Burien	(206) 246-2194
Burien Best Care Homes	302 SW 146th St	Burien	(206) 402-5069
Burien Senior Care	14613 12th Ave SW	Burien	(206) 453-5082
Clark Residence Inc	11650 26th Ave SW	Burien	(206) 246-5581
Heritage Adult Care Services LLC	13606 6th Ave SW	Burien	(206) 243-0494
Heritage Family Homecare Corp	13205 12th Ave SW	Burien	(206) 988-8831
Ivy House AFH	14046 5th Ave S	Burien	(206) 242-4456
JC Adult Family Home	111 SW 130th St	Burien	(206) 241-9387
Ocana Adult Family Home Inc	13104 12th Ave S	Burien	(206) 241-7180
Selam AFH	14423 11th Ave SW	Burien	(206) 246-5334
Taylor's Adult Family Home Inc	639 So 150th St	Burien	(206) 241-2317
Angelas Adult Family Home	26308 185th Ave SE	Covington	(253) 638-8338
Grace Adult Family Home	17113 SE 264th Place	Covington	(253) 638-3434
Prestige Park Adult Family Home	25411 156th Ave SE	Covington	(253) 630-6932
Senior Care Adult Family Home	26609 199th Pl SE	Covington	(253) 630-7705
Vicky's Adult Family Home	27104 211th Ave SE	Covington	(425) 413-1080



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- Nurse Delegation for Diabetes
- 75 Hours Basic Care Giving Training



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Business Name	Address	City	Phone
Amani Adult Family Home	1635 S 264th Place	Des Moines	(253) 945-6797
Angels Care Adult Family Home	26035 14th Ave S	Des Moines	(253) 839-2156
Angelwings Group	103 South 197th Street	Des Moines	(206) 660-5224
Courtly Home	23511 Marine View Dr S	Des Moines	(206) 824-0398
Des Moines Creek Adult Family Home	21238 14th Ave S	Des Moines	(206) 878-3611
Diamond Adult Family Home	26712 17th Pl S	Des Moines	(253) 529-5757
Divino Amore AFH	27501 13th Ave So	Des Moines	(253) 945-0630
DMC Everlasting Home Care II LLC	1210 S 256th Pl	Des Moines	(253) 839-0703
Dreams Adult Family Home	22645 28th Avenue South	Des Moines	(206) 249-8614
Evergreen Care AFS	455 S 199th St	Des Moines	(206) 878-0770
Everlasting Care Adult Family Home	936 South 261st Place	Des Moines	(253) 839-2963
Four J's AFH	1407 S 240th Street	Des Moines	(206) 870-4265
Frances Adult Family Home II	25825 18th Ave S	Des Moines	(206) 271-3220
Frances AFH	25819 18th Ave S	Des Moines	(253) 839-1765
Golden Haven AFH	22865 27th Ave S	Des Moines	(206) 824-4134
Heritage House # 1	22515 10th Ave S	Des Moines	(206) 878-1647
Lina's Adult Family Home	1833 S 243rd St	Des Moines	(206) 824-2623
Loving Care AFH II	20003 4th Pl S	Des Moines	(206) 870-5662
Loving Care AFH III	20011 4th Place S	Des Moines	(206) 870-3885
Mamas Home	23839 14th Ave S	Des Moines	(253) 277-2842
Morning Glory LLC	24182 17th Ave S	Des Moines	(206) 824-2735
Nightingales Adult Family Home	25914 13th Pl S	Des Moines	(253) 945-0745
Procure Adult Family Home	19256 2nd Ave S	Des Moines	(206) 824-1376
Puget Sound Senior Care Inc	25601 16th Ave S	Des Moines	(253) 839-0704
Rainier Home	23819 13th Court South	Des Moines	(206) 429-3645
Saint Annes AFH	1603 South 258th St	Des Moines	(253) 529-7421
Sea Haven Adult Family Home	22715 19th Ave S	Des Moines	(206) 824-6974
Sea Haven II	23436 28th Ave S	Des Moines	(206) 429-2452
Simply The Best Care	19544 4th Ave S	Des Moines	(206) 824-3365
Simply The Best Care II	24737 14th Ave S	Des Moines	(206) 824-1998
Simply The Best Care III	25001 13th Pl S	Des Moines	(206) 853-7457
Sound Living AFH Inc	21234 1st Pl S	Des Moines	(206) 870-2497
Sound TLC AFH	1720 S 227th Pl	Des Moines	(206) 878-7066
The Caring Place	22436 15th Ave South	Des Moines	(206) 824-4287
The Loving Ones Adult Family Home	2315 S 254th Ct	Des Moines	(206) 824-2121
Tjax AFH Care	1312 S 263rd St	Des Moines	(253) 941-1215
Triple D Adult Family Home	1708 South 268th St	Des Moines	(206) 212-6010
Angel's Haven	42421 264th Ave SE	Enumclaw	(360) 825-7244



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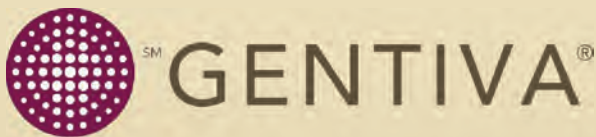


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Business Name	Address	City	Phone
Cascade Caregivers	2885 Elmont Ave	Enumclaw	(360) 825-4514
Imnays Adult Family Home	25811 SE 416th	Enumclaw	(360) 802-3804
Lakeside Manor	19904 SE 416th St	Enumclaw	(360) 825-4602
Serenity In Enumclaw LLC	42721 244th Ave SE	Enumclaw	(360) 802-5398
Vision House	1202 Berilla Dr	Enumclaw	(360) 825-6046
A & D Home Services	1036 S 325th St	Federal Way	(253) 946-4571
A Caring Adult Family Home	33014 41st Way South	Federal Way	(253) 952-1757
A Marine Hills Adult Family Home	29845 6th Ave S	Federal Way	(253) 835-1647
A New Haven AFH	2631 SW 320th Pl	Federal Way	(253) 661-1889
A New Haven AFH II	3641 SW 317th Court	Federal Way	(253) 835-1409
A Plus AFH LLC	1028 S 325th St	Federal Way	(253) 269-6108
Able Care Adult Family Home	30620 8th Place S	Federal Way	(253) 946-2102
Agape Home Care	2635 SW 335th Ct	Federal Way	(253) 838-6468
Algreen House AFH	30612 11th Ave S	Federal Way	(253) 941-2400
Alma Adult Family Home	29933 2nd Place SW	Federal Way	(206) 212-6303
Alpha Adult Family Home	31735 8th Ave S	Federal Way	(206) 271-6252
Alpha Adult Family Home II	30654 11th Avenue S	Federal Way	(206) 271-6252
AMG Family Home Care	32112 32nd Ave SW	Federal Way	(253) 517-3426
Angel House AFH	31903 42nd Ave SW	Federal Way	(253) 517-7815
Bingham Pond AFH	2249 287th St	Federal Way	(253) 946-5012
Caring Abode AFH LLC	33719 32nd Ave SW	Federal Way	(253) 235-5256
Carols Country Cottage 2 (see our ad on page 46)	1805 SW 317th Pl	Federal Way	(253) 946-1497
Casa Blanca AFH	31521 8th Ave S	Federal Way	(253) 945-6450
Cone Adult Family Home	454 S 316th Pl	Federal Way	(253) 941-3874
Cone AFH	2125 SW 338th St	Federal Way	(253) 874-3782
Divine Adult Family Home Care LLC	36202 S 24th Place	Federal Way	(253) 661-3160
Divino Amore Health Care Corp	3018 SW 317th Pl	Federal Way	(253) 815-7777
DMC Everlasting Home Care	1012 S 325th St	Federal Way	(253) 529-1966
Endless Love	608 SW 299th Street	Federal Way	(253) 839-4917
Equi Luv N Care	3202 344th St SW	Federal Way	(253) 719-8664
Equi Luv N Care	2501 SW 323 St	Federal Way	(253) 235-5246
Esther Adult Family Home LLC	29810 4th Ave SW	Federal Way	(253) 449-1818
Evergreen Park 4	142 S 295th Pl	Federal Way	(253) 839-9438
Federal Way Adult Family Home LLC	3251 SW 325th St	Federal Way	(253) 838-4836
Federal Way Adult Family Homes III LLC	32416 29th Ave SW	Federal Way	(253) 838-4836
Federal Way Adult Family Home	31616 13th Avenue SW	Federal Way	(253) 839-2965
Federal Way Quality Care AFH	31205 8th Ave S	Federal Way	(253) 941-7825

Business Name	Address	City	Phone
Fely Miguel Corpuz AFH	34607 11th Ct SW	Federal Way	(253) 661-1628
Gaerlan Adult Family Home	30026 13th Ave S	Federal Way	(206) 992-4602
Golden Age AFH	2923 SW 314th Street	Federal Way	(253) 661-4282
Good Haven AFH	31601 42nd Ave SW	Federal Way	(253) 838-2051
Green Gables AFH Inc	31451 7th Pl SW	Federal Way	(253) 946-4990
Green House Adult Family Home	29654 20th Ave S	Federal Way	(253) 508-8902
Green House AFH	1815 S 290th St	Federal Way	(253) 529-1085
Green Land AFH Care	32019 5th Ave SW	Federal Way	(253) 719-8526
Ivy Hill Adult Family Home Inc	30141 12th Avenue SW	Federal Way	(253) 529-5115
Jordanik Intl Inc	33815 32nd Ct SW	Federal Way	(206) 353-1304
Just Like Home AFH LLC	31420 41st Avenue SW	Federal Way	(253) 517-9119
Karons AFH	31720 7th Ave S	Federal Way	(253) 839-8096
Lakota Hills Adult Family Home	30846 21st Ave SW	Federal Way	(253) 838-4629
Laurelwood Manor AFH LLC	2207 S 291st St	Federal Way	(206) 850-0013
Little Angels Adult Family Home	31416 27th Ave SW	Federal Way	(253) 517-9701
Maggies AFH	805 S 309th Place	Federal Way	(253) 941-3293
Manuels Home AFH	4009 SW 323rd St	Federal Way	(253) 344-1938
Maple Cottage AFH	31428 28th Pl SW	Federal Way	(253) 815-9320



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- Has your medical condition recently changed?
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Business Name	Address	City	Phone
Maple Cottage II	31904 42nd Ave SW	Federal Way	(253) 838-1635
Marine View AFH #3	2804 SW 315th St	Federal Way	(253) 927-0285
Medina Adult Family Home	31026 26th Ave S	Federal Way	(253) 941-1015
Merced AFH Inc	32707 6th Ave SW	Federal Way	(253) 344-1191
Meridian Adult Family Home	5003 SW 325 Pl	Federal Way	(253) 874-2734
Meridian II	4802 SW 325th Place	Federal Way	(253) 517-3420
Miles Adult Family Home	849 S 327th St	Federal Way	(253) 529-8750
New Angel Adult Family Home	31219 7th Ave S	Federal Way	(253) 529-0611
New Day Adult Family Home	31813 10th Pl SW	Federal Way	(253) 945-0875
Northwest Adult Family Home	31218 12th Ave SW	Federal Way	(253) 946-6559
Open Arms Senior Home	3237 SW 325th St	Federal Way	(253) 517-9900
Paradise Care AFH	31614 12th Pl SW	Federal Way	(253) 529-9504
Parklane Adult Family Home	34628 14th Pl SW	Federal Way	(253) 838-1702
Puget Sound AFH, LLC	32318 29th Ave SW	Federal Way	(253) 815-1026
Regency Woods Manor	1925 S 374th Pl	Federal Way	(253) 815-1235
Regina Coeli Adult Family Home	31444 13th Ave SW	Federal Way	(253) 839-1083
Rose AFH	1016 S 327th St	Federal Way	(253) 528-0501
Rosewood AFH	2904 SW 314th Street	Federal Way	(253) 838-0530
Six Star AFH	2213 362nd St S	Federal Way	(253) 874-2669
Sound View	2324 SW 300th St	Federal Way	(253) 815-9495
St Therese Adult Family Home LLC	2715 SW 337th St	Federal Way	(253) 517-3488
Tuscany AFH	608 S 304th St	Federal Way	(253) 946-4888
Twin Lakes Adult Family Home	2701 SW 323rd St	Federal Way	(253) 661-0618
Unique Adult Family Home	31613 8th Ave South	Federal Way	(253) 946-4274
Dahlia's Adult Family Home	32013 41st Ave SW	Federal Way	(253) 838-2803
Pine Woods AFH Inc	2526 SW 323rd St	Federal Way	(253) 815-1505
A Happy Heart Adult Care Services	9821 S 213th Place	Kent	(253) 859-6440
A+ Meridian Villa Estates AFH	23420 124th Ave SE	Kent	(253) 638-0485
Absolute Love And Care AFH	11903 SE 206th St	Kent	(253) 638-1448
Absolute Tender Care LLC	843 Hilltop Ave	Kent	(253) 236-5815
Aloha Care Adult Family Home LLC	13407 SE 209th St	Kent	(253) 277-1545
Always With Love Care	11858 SE 236th St	Kent	(253) 638-1942
Andora Senior Care	12411 SE 201st Pl	Kent	(253) 520-2442
Angelic AFH	717 Alvord Ave N	Kent	(253) 856-7195
Angels Arms LLC	21823 95th Pl S	Kent	(253) 859-6609
Aspen Home Care	23015 100th Ave SE	Kent	(253) 740-0890
Becky's Guests AFH	19407 SE 272nd St	Kent	(253) 639-2232
Bellaire Place	22254 105th Ave SE	Kent	(253) 850-6030

Business Name	Address	City	Phone
Bellaire Place	12636 SE 212th Pl	Kent	(253) 631-3359
Best Care Adult Family Home	9400 S 200th St	Kent	(253) 854-3206
Best Care III	13017 SE 208th St	Kent	(253) 981-3952
Best Care VI	700 2nd Ave S	Kent	(253) 277-0674
Best Care VII	13030 SE 261st Pl	Kent	(253) 639-6100
Birdsong AFH	11701 SE 233rd Pl	Kent	(253) 520-8185
Blessing Adult Family Home II LLC	22534 108th Ave SE	Kent	(253) 520-1843
Blessing Adult Family Home III LLC	22526 108th Ave SE	Kent	(253) 852-5435
Blessing Adult Family Home LLC	10622 SE 226th Street	Kent	(253) 856-2440
Blessing Elderly Care LLC (see our ad on page 66)	24925 116th Ave SE	Kent	(253) 856-1977
Briere Lane Cottage Adult Family Home	10320 SE 228th St	Kent	(253) 856-2536
Brooklyn Manor LLC	11038 213th St SE	Kent	(253) 520-6792
Carepointe Adult Family Home	11308 SE 269th St	Kent	(253) 854-0911
Christian Care Adult Family Home	30524 157th Pl SE	Kent	(253) 639-8674
Crestwood Senior Care LLC	3321 S 252nd Pl	Kent	(253) 670-9239
Crowned In Glory Adult Family Home	27737 131st Ct SE	Kent	(253) 630-1356
D'Ill Washington Adult Family Home	22357 108th Ave SE	Kent	(253) 859-3764
Dianas Home	12836 SE 261st Pl	Kent	(253) 631-0386
Divine Heart	23550 130th Ct SE	Kent	(253) 981-4291
Divine Works Adult Homecare I	22605 105th Ave SE	Kent	(253) 850-6336
DJ's Adult Family Home Inc	10805 SE 232nd Pl	Kent	(253) 520-7050
Eagles Creste AFH	25437 113th Ave SE	Kent	(253) 852-2663
Eagles Creste AFH 1	26123 119th Dr SE	Kent	(253) 981-3236
East Hill AFH	23022 100th Ave SE	Kent	(253) 856-1944
Ed & Nedys Living Well AFH	27929 132nd Ct SE	Kent	(253) 981-4228
Emerald AFH	12029 SE 209th St	Kent	(253) 631-3765
Everest House Of Kent	28009 118th Ave SE	Kent	(253) 638-0954
Evergreen Home Services Corp	9701 S 200th St	Kent	(253) 856-2790
Extended Family Adult Family Home	3422 S 261st Place	Kent	(253) 850-0373
Fritz Care Service	9627 S 241st St	Kent	(253) 859-2009
Fritz Care Services #2	9635 S 241st Street	Kent	(253) 520-3036
Gabrielas Adult Family Home	12908 SE 228th Place	Kent	(253) 631-4449
Garden Court Adult Family Home	12948 SE 259th Pl	Kent	(253) 630-2639
Garden Of Love And Service AFH	12211 SE 259th Pl	Kent	(253) 850-2192
Golden Angel AFH LLC	11606 SE 219th Place	Kent	(253) 631-3663
Golden Care	21203 108th Ave SE	Kent	(253) 854-9100
Golden Wings	22252 104th Pl SE	Kent	(206) 941-0648

Business Name	Address	City	Phone
Green Valley Adult Family Home	10920 SE 235th St	Kent	(206) 551-5264
Hannahs Adult Family Home	11605 SE 258th St	Kent	(253) 520-5063
Happy Caring Adult Family Home LLC	20835 102nd Ave SE	Kent	(253) 277-0020
Happy Home II	10615 SE 226th St	Kent	(253) 850-6178
Happy Home III	22605 108th Ave SE	Kent	(253) 277-1655
Happy Oasis Adult Family Home	10640 SE 213th St	Kent	(253) 277-0942
Happy Oasis Adult Family Home LLC	27607 108th Ave SE	Kent	(253) 277-1197
Harmony & Compassion Adult	23430 98th Ave S	Kent	(253) 277-0234
Harmony Garden AFH Inc	24520 112th Ave SE	Kent	(253) 373-1465
Highlander Elderly Care 24 Hrs	26016 116th Ave SE	Kent	(253) 854-0361
Home Care In Kent II AFH	23821 99th Ave S	Kent	(253) 856-7449
Home Care In Kent Inc AFH	23829 99th Ave S	Kent	(253) 852-0139
Horizon Gardens	304 N Hazel Ave	Kent	(253) 981-3837
Horizon Gardens AFH II	25410 113th Ave SE	Kent	(253) 277-1272
House Of Epiphany	25415 32nd Place S	Kent	(206) 653-7939
J&M Adult Family Home	937 4th Ave N	Kent	(253) 856-3573
Joy Peace & Love AFH	25409 118th Ave SE	Kent	(253) 638-0485
Joyce Adult Family Home	14950 SE 288th St	Kent	(253) 639-5922



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Business Name	Address	City	Phone
Kent Haven Home Care	9226 S 200th St	Kent	(253) 854-6469
Kent Loving Care AFH	25225 32nd Pl S	Kent	(253) 839-0878
Kentridge Elderly Living (see our ad on page 73)	20807 101st Ave SE	Kent	(206) 478-2832
Kentridge Elderly Living 2 (see our ad on page 73)	10235 SE 224th St	Kent	(253) 852-4612
L & P Homecare	15118 SE 276th Pl	Kent	(206) 349-5355
L&P Homecare II	15028 SE 276th Pl	Kent	(206) 349-5355
Lct Spring Home LLC	25327 32nd Place South	Kent	(253) 941-1292
Like Home AFH	9505 South 207th Place	Kent	(253) 520-4929
Lina's Adult Family Home #2	25039 21st Ave South	Kent	(206) 824-2429
Linax Adult Family Home Inc #3	2005 S 250th St	Kent	(206) 878-1211
Longevity Adult Family Home	10817 SE 232nd St	Kent	(253) 856-2305
Loving Care Adult Family Home	21202 97th Pl S	Kent	(253) 850-0731
Meadowgreen AFH	12109 Southeast 223rd Dr	Kent	(253) 638-7452
Naomi Best Care	21210 132nd Ave SE	Kent	(253) 951-4552
NDS Adult Family Home	2123 S 248th	Kent	(206) 870-2726
Nellys Best Care AFH	12229 SE 259th Pl	Kent	(253) 630-0495
New Hope Elderly Care	20912 118th Pl SE	Kent	(253) 638-2484

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Business Name	Address	City	Phone
New Horizon Estate	20201 108th Ave SE	Kent	(253) 850-4334
Paradise Villa AFH	15322 SE 256th St	Kent	(253) 639-7357
People Helping People AFH	1107 E Maclyn St	Kent	(253) 813-0866
Prestige Care Home	20021 104th Pl SE	Kent	(253) 856-0953
Rainbow AFH	13115 SE 258th St	Kent	(253) 630-0513
Saliems Sr Home	524 Railroad Ave S	Kent	(253) 373-0409
Senior Care AFH Living	15617 SE 290th St	Kent	(253) 639-7042
Soniyas Adult Family Home	12331 SE 277th Pl	Kent	(253) 638-0176
Spring Of Life AFH	9912 S 237th St	Kent	(253) 854-2359
Spring Of Life AFH	23905 99th Ave S	Kent	(253) 631-6360
Star Lake Adult Family Home	3509 S 272nd St	Kent	(253) 859-3220
The Good Samaritan AFH	24115 119th Pl SE	Kent	(253) 347-3653
The Renaissance House AFH	25407 117th Pl SE	Kent	(253) 859-5808
United Home Care In Kent	11038 SE 212th St	Kent	(253) 859-2012
Valley View Adult Family Home	9440 S 207th Place	Kent	(253) 852-3742
Valley View Senior Care	615 Summit Ave N	Kent	(253) 236-5228
Valy's AFH	25106 116th Ave SE	Kent	(253) 850-7744
With Dignity AFH	26829 112th Ave SE	Kent	(253) 653-1605
A Caring Hand Adult Home	1215 Dayton Ave NE	Renton	(425) 254-2577
A&L Dream Castle At Fairwood	15845 SE Fairwood Blvd	Renton	(425) 226-8217
AMC Private Care	11300 180th Pl SE	Renton	(425) 226-8616
Angle's Senior Home	2130 Shattuck Ave S	Renton	(425) 271-5319
Angle's Senior Home II	16106 SE 174th St	Renton	(425) 228-8186
Archstone AFH LLC	18611 114th Ave SE	Renton	(425) 572-6453
Benson Hill AFH	10923 SE 183rd Ct	Renton	(425) 793-4822
Best Choice Elder Care LLC	11632 SE 163rd Street	Renton	(425) 227-0857
Best Health Family Home	17403 SE 196th Dr	Renton	(425) 255-2111
Best Health Family Home II	501 SW Langston Rd	Renton	(425) 255-0210
Best Home Care	14533 167th Pl SE	Renton	(425) 793-3955
Best Loving Care Elderly Living	3423 Lincoln Dr NE	Renton	(425) 228-0843
Best Quality Home Care	1924 Aberdeen Ave NE	Renton	(425) 235-4322
Bethany AFH Inc	4506 NE 17th St	Renton	(425) 254-8820
Bethesda	9827 124th Ave SE	Renton	(425) 277-3235
Brians House	631 South 15th St	Renton	(425) 255-1743
Cambridge Home	9817 124th Ave SE	Renton	(425) 271-4808
Candlewood Park AFH	17544 157th Pl SE	Renton	(425) 255-5790
Cascade Optimum Care AFH	16420 111th Ave SE	Renton	(425) 227-7949
Choice Home Care	4225 NE 10th Pl	Renton	(425) 226-5011

Business Name	Address	City	Phone
Christifideles Adult Family Home	4618 NE 23rd St	Renton	(425) 228-3665
Coal Creek Adult Family Home	9915 126th Ave SE	Renton	(425) 228-2972
Coal Creek Senior Care AFH	4626 NE 24th St	Renton	(425) 282-4676
Day View AFH Inc	2111 Shattuck Pl S	Renton	(425) 277-0452
East Hill Elder Care	19633 106th Ave SE	Renton	(253) 859-9604
Emerald Home Care	13227 SE 188th Pl	Renton	(425) 226-3029
Emerald Valley Home Care	17655 109th Ave SE	Renton	(425) 687-7345
Emu Heavenly Adult Family Home	807 S 32nd St	Renton	(425) 572-6021
Evergreen Gardens AFH	1625 Morris Ave South	Renton	(425) 226-1756
Everlasting AFH	17026 130th Ave SE	Renton	(425) 271-0845
Fairwood Care Home	16366 129th Ave SE	Renton	(425) 235-2267
Fairwood Care Home II	13805 SE 161st Pl	Renton	(425) 277-3882
Fairwood Residence AFH	15645 SE Fairwood Blvd	Renton	(425) 254-0994
Fairwood Springs AFH LLC	14141 SE 167th St	Renton	(425) 226-6149
Familia Adult Care I LLC	12715 SE 166th St	Renton	(425) 793-3691
Familia Adult Care I LLC	19639 108th Ave SE	Renton	(253) 520-1606
Ferndale Court	656 Ferndale Court NE	Renton	(425) 687-0386
Ferndale Court	650 Ferndale Ct NE	Renton	(425) 572-0198
Frank's Home	11033 SE 186th St	Renton	(425) 271-4730
Freedom Care AFH	3504 Shattuck Ave S	Renton	(425) 255-3800
Freedom Care AFH II	3710 Talbot Rd S	Renton	(425) 687-6905
Garden Grove Adult Family Home	19810 121st Ave SE	Renton	(253) 854-4919
Gentle Care Home	15833 SE 169th Place	Renton	(425) 228-8636
Golden Home Care AFH	3514 Morris Avenue S	Renton	(425) 228-3711
Golden Years Adult Home Care	11436 SE 182nd St	Renton	(425) 227-7965
Hands Of Love AFH	2211 NE 12th St	Renton	(425) 572-5937
Happy Home Group LLC	11916 SE 167th St	Renton	(425) 793-9495
Highland Home Care	3600 NE 8th St	Renton	(425) 271-9738
Highlands Best Care	4120 NE 10th Pl	Renton	(425) 687-8804
Highlands Home By The Park LLC	4009 NE 10th St	Renton	(425) 802-2397
Highlands Home Care Inc	3312 NE 11th Pl	Renton	(425) 254-1732
Hoffmann Co	1900 Pierce Ave NE	Renton	(425) 430-8154
Honeydew Home Care	4224 NE 10th Pl	Renton	(425) 430-9536
JG Adult Family Home	2601 Shattuck Ct S	Renton	(425) 235-2707
Kam Care	17314 108th Ave SE	Renton	(425) 277-5166
Kennydale Golden Age AFH	1806 Jones Ave NE	Renton	(425) 430-9853
Kennydale Hills AFH	1615 Edmonds Ave NE	Renton	(425) 204-1810
LC Adult Home	15651 SE 146th Pl	Renton	(425) 277-6724

Business Name	Address	City	Phone
Light Of Life AFH	9612a S 194th St	Renton	(253) 981-4223
Maias Adult Family Home	662 Camas Ave NE	Renton	(425) 228-2561
Marianas AFH Inc	14406 164th Place SE	Renton	(425) 271-4018
May Valley Elderly Care	16623 SE 112th	Renton	(425) 917-1225
May Valley Golden Age AFH	12210 176th Ave SE	Renton	(425) 282-4636
New Horizon	14209 SE 180th Pl	Renton	(425) 254-9639
New Horizon AFH #2	263 Jericho Ave NE	Renton	(425) 228-8041
New Life Care Adult Family Home	13952 SE 159th Pl	Renton	(425) 277-7866
New Option Elderly Care LLC	520 S 18th Street	Renton	(425) 207-8120
Overlake View Adult Family Home	1917 Jones Ave NE	Renton	(425) 226-2354
Pacific Elderly Care	1906 Edmonds Dr SE	Renton	(206) 455-3039
Precious Sr Family Home Care	16529 115th Ave SE	Renton	(425) 207-8050
R & V Adult Family Home	2514 NE 23rd Pl	Renton	(425) 271-2613
Redeemed Adult Family Home Care	12105 SE 170th Pl	Renton	(425) 276-5278
Renton Cascade AFH	12653 SE 162nd St	Renton	(425) 227-8201
Renton Highlands Caring AFH	648 Ferndale Ave NE	Renton	(425) 226-7990
Rodica's Adult Family Home	13041 SE 184th Pl	Renton	(425) 255-9753
Rolling Hills AFH	1925 Camas Ct SE	Renton	(425) 277-9346

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Royal AFH	1061 Shelton Avenue NE	Renton	(425) 277-3385
RTA Homes	12117 SE 164th St	Renton	(425) 271-8416
Saint Rose AFH	16864 121st Ave SE	Renton	(425) 687-8405
Serenity Harbor AFH Co	749 Vashon Pl NE	Renton	(425) 793-5389
Serenity Harbor AFH Co II	14328 SE 170th St	Renton	(425) 572-5287
Springhill Adult Family Home	19708 119th Ave SE	Renton	(253) 854-0035
Springtime AFH	14131 SE Fairwood Blvd	Renton	(425) 277-5618
Sunset Adult Family Home Inc	3000 SE 5th St	Renton	(425) 204-0689
Sunset Gardens Home LLC	1835 NE 12th St	Renton	(425) 336-2700
Sunset Home Care	917 Lynnwood Ave NE	Renton	
Sunshine Adult Family Home	823 S 27th St	Renton	(425) 277-9756
Sunview Care Home	663 Blaine Ave NE	Renton	(425) 254-1799
Sweet Care Home	13205 SE 160th Pl	Renton	(425) 687-9380
Talbot Hill LLC	2401 Talbot Crest Dr S	Renton	(425) 572-6318
The Best Quality Care Inc	17434 128th Ave SE	Renton	(206) 793-1716
The Good Samaritan	11624 SE 192nd St	Renton	(253) 850-2463
Tiffany Park AFH	11442 SE 186th St	Renton	(425) 793-7425
Tina's Elderly Home Care	6517 SE 4th Pl	Renton	(425) 204-7880
Valley Home Care	517 S 37th Street	Renton	(425) 687-7504
Valley Senior Care Center Inc	12245 155th Ave SE	Renton	(425) 228-7934
Veronicas AFH	1103 Tacoma Ave NE	Renton	(425) 430-2827
Victoria Village AFH	2540 Burnett Ct S	Renton	(425) 255-2857
Walter E & Lois C Berry AFH	18437 SE 135th	Renton	(425) 226-0640
Washington Care AFH II	16603 190th Ave SE	Renton	(425) 282-4127
Wellspring 24 Hr Elderly Care	14611 SE 192nd Street	Renton	(253) 639-7600
Del Adult Family Home Inc	14905 28th Lane S	Seatac	(206) 242-0040
Angel Care AFH	4344 181st St S	Seatac	(206) 242-9360
Angle Lake Manor	19244 33rd Ave S	Seatac	(206) 799-1172
Circle Of Friends	3410 S 203rd St	Seatac	(206) 212-6339
Circle Of Friends II	3816 South 198th St	Seatac	(206) 212-6798
Golden Hand AFH	5144 S 170th St	Seatac	(206) 248-2689
Lords Joy Adult Family Home	14641 Military Rd S	Seatac	(206) 242-1252
Magnificent Mile AFH	20419 12th Ave S	Seatac	(206) 235-9192
Michelle Adult Family Home	14923 28th Lane S	Seatac	(206) 431-2813
Precious Friends	3404 S 162nd St	Seatac	(206) 246-0700
SG Adult Family Home	2226 S 134th St	Seatac	(206) 938-7805
Sipes Adult Homecare	4260 S 184th	Seatac	(206) 241-1985

Business Name	Address	City	Phone
Super Care AFH	14915 28th Lane South	Seatac	(206) 243-0353
Westing Home	17225 Military Rd S	Seatac	(206) 246-1647
Burnell Adult Family Home	22632 Military Rd S	Seatac	(206) 824-8300
Sipes Adult Homecare	5020 S 182nd St	Seatac	(206) 439-8732
Adult Best Care & Company	14406 34th Ave S	Tukwila	(206) 420-2880
Cultural Adult Family Home	3720 S 142nd St	Tukwila	(206) 257-5154
Mac Adam Court	13534 Mac Adam Road S	Tukwila	(206) 243-6226
Morning Star AFH 2	4224 S 146th	Tukwila	(206) 246-0945
Morning Star AFH LLC	4226 S 146th St	Tukwila	(206) 988-0720

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Auburn Senior Center	808 9th St. SE	Auburn	(253) 931-3016
Federal Way Senior Center	4016 S 352nd	Auburn	(253) 838-3604
Muckleshoot Indian Tribe Senior Center	39015 172nd Ave. SE	Auburn	(253) 939-3311
Black Diamond Community Center	31605 3rd Ave. NE	Black Diamond	(360) 886-2418
Burien Senior Center	425 SW 144th St.	Burien	(206) 244-3686
Des-Moines Activity Center	2045 S 216th	Des Moines	(206) 878-1642
Enumclaw Senior Center	1350 Cole St	Enumclaw	(360) 825-4741
Federal Way Community Center	876 South 333rd St	Federal Way	(253) 835-6925
Kent Activity Center	600 E Smith St	Kent	(253) 856-5161
Greater Maple Valley Community Center	22010 SE 248th	Maple Valley	(425) 432-1272
Renton Senior Center	211 Burnett Ave. North	Renton	(425) 430-6633
North SeaTac Park Community Center	13735 24th Ave. S	Seatac	(206) 973-4680
Tukwila Senior Program	12424 42nd Ave. South	Tukwila	(206) 767-2323

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- Teri T.



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Breast Surgery
Endocrine Surgery
Minimally Invasive Surgery

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- Phyllis G.

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- David S.

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Healthy Eating After 50

Making healthy food choices is a smart thing to do, no matter how old you are! Eat many different colors and types of vegetables and fruits. Make sure at least half of your grains are whole grains. Eat only small amounts of solid fats, oils, and foods high in sugars.

Having Problems with Food?

As you grow older, your sense of taste and sense of smell may change. Also, medicines can change how food tastes. They can also make you feel less hungry. Talk to your doctor about whether there is a different medicine you could use. Also, you might not be able to eat all the foods you used to eat. For example, some people become lactose intolerant. They have symptoms like stomach pain, gas, or diarrhea after eating or drinking something with milk in it, like ice cream. Lactose-free foods are now available. Your doctor can test to see if you are lactose intolerant.

Do I Need to Drink Water?

With age, you may lose some of your sense of thirst. Drink plenty of liquids like water, juice, milk, and soup. Don't wait until you feel thirsty. Try to drink several large glasses of water each day. Your urine should be pale yellow. If it is a bright or dark yellow, you need to drink more liquids. Be sure to talk with your doctor if you have trouble controlling your urine. Don't stop drinking liquids. There are better ways to help bladder control problems.

What about Fiber?

Fiber is found in foods from plants—fruits, vegetables, beans, nuts, seeds, and whole grains. Eating more fiber might prevent stomach or intestine problems, like constipation. It might also help lower cholesterol, as well as blood sugar. Drink plenty of liquids to help fiber move through your intestines.

Should I Cut Back on Salt?

The usual way people get sodium is by eating salt. The body needs sodium, but too much can make blood pressure go up in some people. Most fresh food contains some sodium. Salt is added to many canned and prepared foods. If you are over age 50, about 2/3 of a teaspoon of table salt—1500 milligrams (mg) of sodium—is all you need each day. That includes all the sodium in your food and drink, not just the salt you add when cooking or eating. If your doctor tells you to use less salt, ask about a salt substitute.

Keeping Food Safe

Older people must take extra care to keep their food safe to eat. As you get older, you are less able to fight off infections, and some foods could make you very sick. Be sure to fully cook eggs, pork, fish, shellfish, poultry, and hot dogs. Talk to your doctor, a registered dietitian or a nutrition specialist about foods to avoid. Before cooking, handle raw food with care. Keep it separate from foods that are already cooked or won't be cooked, like salad, fruit, or bread. Be careful with tools. Don't cut raw meat with the same knife you will use to make a salad. Rinse raw fruits and vegetables before eating. Use hot soapy water to wash your hands, tools, and work surfaces as you cook.

As you get older, you can't depend on sniffing or tasting food to tell if it has gone bad. Try putting dates on foods in your refrigerator. Check the "Use by" date on foods. If in doubt, toss it out.

Can I Afford to Eat Right?

If your budget is limited, it might take some thought and planning to be able to pay for the foods you should eat. Some suggestions — buy only the foods you need — before shopping, plan your meals, and check your supply of staples — make sure you have some canned or frozen foods in case you do not feel like cooking or cannot go out — powdered, canned, or ultra-pasteurized milk in a shelf carton can be stored easily.

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How Much Physical Activity Do Older Adults Need?

Physical Activity is Essential to Healthy Aging

Aerobic Activity – What Counts?

Aerobic activity or “cardio” gets you breathing harder and your heart beating faster. From pushing a lawn mower, to taking a dance class, to biking to the store – all types of activities count. As long as you’re doing them at a moderate or vigorous intensity for at least 10 minutes at a time. Even something as simple as walking is a great way to get the aerobic activity you need, as long as it’s at a moderately intense pace.

Intensity is How Hard Your Body is Working During Aerobic Activity

How do you know if you’re doing moderate or vigorous aerobic activity? On a 10-point scale, where sitting is 0 and working as hard as you can is 10, moderate-intensity aerobic activity is a 5 or 6. It will make you breathe harder and your heart beat faster. You’ll also notice that you’ll be able to talk, but not sing the words to your favorite song.

Vigorous-intensity activity is a 7 or 8 on this scale. Your heart rate will increase quite a bit and you’ll be breathing hard enough so that you won’t be able to say more than a few words without stopping to catch your breath.

You can do moderate- or vigorous-intensity aerobic activity, or a mix of the two each week. A rule of thumb is that one minute of vigorous-intensity activity is about the same as two minutes of moderate-intensity activity.

Everyone’s fitness level is different. This means that walking may feel like a moderately intense activity to you, but for others, it may feel vigorous. It all depends on you – the shape you’re in, what you feel comfortable doing, and your health condition. What’s important is that you do physical activities that are right for you and your abilities.

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Muscle-Strengthening Activities – What Counts?

Besides aerobic activity, you need to do things to make your muscles stronger at least 2 days a week. These types of activities will help keep you from losing muscle as you get older.

To gain health benefits, muscle-strengthening activities need to be done to the point where it's hard for you to do another repetition without help. A repetition is one complete movement of an activity, like lifting a weight or doing one sit-up. Try to do 8–12 repetitions per activity that count as one set. Try to do at least one set of muscle-strengthening activities,

but to gain even more benefits, do two or three sets.

There are many ways you can strengthen your muscles. The activities you choose should work all the major muscle groups of your body (legs, hips, back, chest, abdomen, shoulders, and arms). You may want to try: Lifting weights — working with resistance bands — doing exercises that use your body weight for resistance (push ups, sit ups) — heavy gardening (digging, shoveling) — yoga.

Content provided from: <http://www.cdc.gov/physicalactivity/everyone/guidelines/olderadults.html>
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SIGNS OF FORGETFULNESS

IS IT NORMAL OR IS IT DEMENTIA?

A common issue retirees face is forgetfulness. But when does forgetting go from being a normal part of aging to something more? Many things can cause an older person to become forgetful, irritated, or confused — medicine, a change of environment, new activities, or even depression. Research indicates that the best people to spot forgetfulness are family members or people around the individual dealing with the issues. Trust your instincts when it comes to noticing memory challenges in a loved one. If there is sufficient concern, then arrangements should be made to visit a neurologist who can screen a patient for dementia and provide appropriate support and treatment.

Behaviors like these in a family member should be discussed with a doctor to evaluate the person for dementia or Alzheimer's disease. There are several common symptoms to watch for:

- Persistent or increasing forgetfulness, beyond the occasional misplacement of car keys or a forgotten phone number.
- Confusion or a sense of being dazed, unsure of one's surroundings.
- Being prone to wander by walking the same pathways indoors or outside, without purpose or direction. When this occurs at night - and it frequently does - it is called "sundown syndrome."
- Impaired speech - although other things can cause this as well, like medication, stroke, or illness.
- Extreme agitation, irritability, or anger. Everyone gets upset occasionally, but if it happens often, or for no apparent reason, it should be checked.

Contact your local mental health organization for information about screening for dementia or other mental illnesses if symptoms like those above persist.

Elders depend on family members for care and safety. There's no shame in seeking an evaluation for a confused loved one, and perhaps placing that person in a supportive environment, such as assisted living. But it could be a crime not to address this behavior, especially if the person wanders outside and gets lost or falls down the stairs, a frequent occurrence in this age group. Early steps taken can protect a loved one and ensure that they remain safe and secure.

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DEALING WITH A LOVED ONE'S Incapacity

A slip and fall leading to a broken hip, a trip to the hospital on account of a stroke, heart attack or other acute illness, or a diagnosis of Alzheimer's, Parkinson's or other form of dementia are all examples of medical issues that can turn a retiree's life upside down. Typically, the entire family will be drawn into the situation. The issues created will be wide-ranging and raise the following questions for the patient:

- Where will they go?
- What will it cost?
- Will we go broke?
- Who will monitor their ongoing care?



Picture, for example, someone being rushed to a hospital because of a stroke. The medical professionals will likely succeed in saving the patient's life, but the chances are better than even that at least for a period of time, the patient will not be returning home to lead a normal life. If rehabilitation is called for, the patient will likely be discharged to a nursing home or sent home with home health. At the time of discharge the patient's medical situation has now become a housing issue. Whether the patient returns home or not will depend on a number of factors, including the support system the patient may have in place to attend to his/her needs, and whether or not the house is accessible and age appropriate. All of a sudden, a medical crisis will have become a housing issue calling for quick decisions to be made.

Once settled in a nursing home, so long as Medicare and health insurance cover the patient's rehabilitation needs, life will be acceptable, but many seniors will find out that Medicare coverage will only pay so long (not more than 100 days of nursing home coverage and limited to that time frame when it is established that you are in need of skilled therapy. No need for skilled therapy – no Medicare coverage). If the required therapy is short in duration a financial bullet will have been dodged. If, on the other hand, the patient fails to fully recover and requires the assistance of others to manage his/her day to day living activities, financial concerns will loom large and reliance on Medicare to address the patient's care needs will prove to be misplaced. Nursing home care costs can range between \$9,000 and \$12,000 per month; home health can range between \$2,000 and \$20,000 per month depending on the level of care one may need. Without Medicare or long-term care insurance to cover these costs, most modest size estates will become vulnerable to going broke without the

assistance of VA or Medicaid benefits. A medical condition that became a housing issue will soon become a financial issue as well as a legal issue because qualification for VA or Medicaid benefits will require input from legal counsel.

Where Will I Go? It is commonly accepted that a nursing home stay following a hospital stay for rehabilitation needs, or an institutional solution on account of dementia related issues, is to be expected. This is so despite the fact that an overwhelming majority of Americans desire to live out their lives in their own homes. Research shows that the biggest concern seniors harbor about advancing years is the fear of becoming incapacitated and having to move to an institutional care setting for care. But, when the crisis happens and the family turns to medical providers for answers, usually the well meaning physicians or other medical professionals will focus more on keeping the patient safe, leading more physicians to prescribe institutional care as a solution of choice. The irony of this reality is that the same physicians will likely not hesitate in arranging for hospice services for their terminally ill patient's who show a desire to live out their last days at home, clearly demonstrating that the support systems needed to allow one to access medical needs at home exist even though they are not prescribed to those outside of the hospice system. This makes the question, 'where will I go?,' more tricky than one would expect it to be.

What Will It Cost? Medical costs in or outside a hospital setting, is not cheap. Nursing home costs can range between \$9,000 to over \$12,000 per month; assisted living communities can range between \$3,000 to over \$7,000 per month; adult family homes can range between \$2,500 to over

\$7,000 per month; and, home health can range from a few thousand dollars to well over \$20,000 per month depending on the amount of care ordered. Most of the care provided at home is informal and unpaid care by family members, mostly for cost reasons, and only because of ignorance on how Medicare, VA, and Medicaid benefits can be enabled to help cover some of the care costs.

Will I Go Broke? Paying for my long-term care needs not covered by Medicare? If your estate is valued at between \$50,000 and \$1,500,000; you do have a greater risk of losing your estate to uncovered medical and long-term care costs than you do to estate taxes. The longer you have to endure uncovered medical and long-term care costs the more likely it is that you will deplete your assets while you are still living. Be wary of statistics that suggest that the average time a person spends in a nursing home is less than three years (which is true); but the average time a person spends in a long-term care setting, if the stay is prompted due to dementia related issues, is closer to 8 years. Therefore, in calculating whether you will run out of money, you have to account for about 8 years of uncovered care, which can tax even modest size estates. Clearly you want to avoid spending your estate down to nothing while you have a spouse or a mate still living, leaving them financially vulnerable.

Who Will Monitor My Care?

This issue takes on exceptional urgency given the *Seattle*

Times expose of the deplorable care provided by several cited adult family home owners to residents who looked to them for assistance with care needs. Simply placing a person in the hands of institutional care providers is no guarantee that the care needs will be optimal. Even if a person is in a relatively stable institution, little guidance will be available on how to improve the resident's care without outside intervention. For example, most nursing homes will follow the federal guidelines of providing their residents a bath only once a week; placement can leave a person in a semi-private room that will sometimes house as many as four residents in a small room; there will be little to no time spent making sure that the resident has outside time or exercise; and, nutrition will lack variety. All these issues could be altered to the benefit of the resident with small amounts of financial or time investment on the parts of family and friends. Generally, without knowledge, little is done to monitor or improve the basic care one receives in an institutional care setting.

Who Will Care For The Caregiver?

Finally, the caregiver, particularly if it is the spouse, is often lost and forgotten in the equation. It is not uncommon for a spouse to feel guilty in expressing his/her own difficulties on account of the ill spouse's long-term care journey. This often leads to the caregiving spouse falling ill or sometimes passing away due to stress-related complications or neglect of the caregiver's own medical needs.

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M-W 8-5:20, Th 11-8, F 8-Noon

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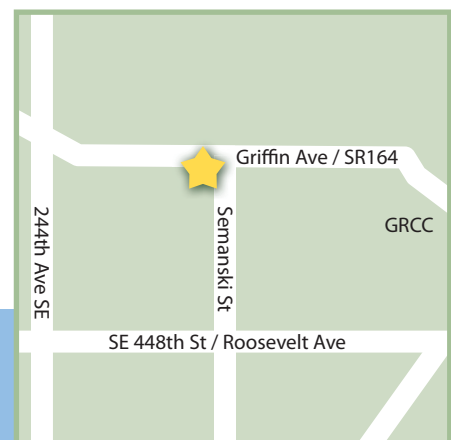
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DESIGN CONSIDERATIONS TO MAKE YOUR HOME AGE-FRIENDLY

Advertorial By Ron Mitchell, Terry Raisio and Deb Mitchell, Safely Senior

Aging In Your Home

In years past, once it became difficult to live at home, a senior either moved in with family or into a nursing home. Now many seniors are saying, loud and clear, that they want to stay in their homes. A house is full of memories. It is a welcome respite and a loved place. However, it can also bring unexpected challenges.

Overview

Aging in Place is quite possible with appropriate modification to the living environment in a person's house, apartment, condominium, or manufactured home with a focus on safety and security.

Here are specific issues that you may want to consider working on if you truly desire to age in your own home:

Bathrooms — Bathrooms are the number one spot in the home for accidents. What's important is that many of those accidents can be avoided. Think about the accessibility of your bathtub. As you age, stepping into a tub can become challenging, and sometimes unsafe. You may need to lower the sides, or do away with them altogether. You may need to replace the entire unit, or simply install a grab bar for safety.

Kitchen — Kitchens have changed tremendously in the last decade. Gleaming countertops in new materials, wonderful new floors, modern appliances, upgrading a kitchen can be invigorating. Remodeling the kitchen due to lost mobility is something else entirely. It is crucial to renovate with accessibility and efficiency in mind.



Areas that typically need to be addressed to make a home ageing friendly include:

- Adapting the main floor of the house for eventual one-level living
- Revising at least one entry to be without steps
- Modifying door widths
- Retrofitting bathrooms for easy access and safety
- Lowering kitchen cabinets or installing inserts, allows easier access to stored items
- Adding motion sensor controlled lights in bathrooms and bedrooms

This does not need to be an overwhelming challenge; we can help. After a thorough evaluation, we might lower kitchen countertops or bring down appliances; we can change cabinet configurations and modify doorways; and, the latest space-efficient organizers might make a world of difference.

Stairs/Lifts/Elevators — As toddlers first learn to negotiate stairs, they are excited and their parents are amazed and inspired. That feeling of excitement and victory lasts for a while. Then we spend most of our lives taking stairs without much thought. However, as we age or if we lose mobility, stairs take on quite a different meaning. Stairs can be tough to face. Split-level homes and entries with multiple levels present an intimidating challenge.

Laundry — Laundry rooms are notoriously difficult areas for people with limited mobility. They tend to be cramped, often pushed in corners, stuck behind something, in the recesses of the bathroom, or buried down in basements. Access may be marginal or perhaps has become impossible. For those who like to be in control of their own lives, and laundry, we can help.

Entry — Entryways are a welcome area to greet friends, and where we return home. Could your entry be improved for safety or efficiency? Exterior stair entries can present difficulties, split-level entrances have inherent challenges,

and turns and hallways may be awkward. Designs that were once acceptable may now be impossible. Negotiating stairs or doorways might be dangerous.

“70% of seniors spend the rest of their lives in the residence where they celebrated their 65th birthday.”

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How to Turn HOME SWEET HOME Into HOME SAFE HOME

Advertorial By Kim Sanchez, Comfort Keepers

The house that was once a haven can become a potential hazard for falls as we get older. The home building and remodeling industry has responded to the trend of seniors wanting to age in place. The National Association of Home Builders, for instance, has created the Certified Aging-in-Place Specialist (CAPS) program. CAPS prepares home remodelers to adapt homes to the changing needs and physical abilities of seniors.

The NAHB reports that home modifications for older Americans have become the fastest growing segment of the home remodeling industry. The Administration of Aging of the U.S. Department of Health and Services provides a checklist to guide seniors and their families in assessing a house for needed aging-in-place modifications. The Fall Prevention Center of Excellence, headquartered at the University of Southern California's Andrus Gerontology Center, maintains a website, which offers extensive home modification resources for professionals and families across the country.

Reducing the Risk of Falls

Home modifications serve a number of purposes: helping seniors perform tasks more easily, preventing accidents, such as falls, and promoting independent living for as long as possible. They range from simple solutions, such as decluttering, elimination of throw rugs and moving a bedroom to the first floor, to installing assistive devices such as grab bars and ramps, to physical renovations, such as a walk-in or roll-in shower or electrical upgrades to eliminate the need for extension cords. In combination with medication management and physical activity, home modifications are essential to reducing seniors' risk of falls, which are a leading cause of death among older Americans. The Fall Prevention Center of Excellence reports that 60 percent of falls occur in the home, often the result of hazards such as loose throw rugs, clutter and obstructed pathways through the home, and lack of tub or shower grab bars.

The Fall Prevention Center of Excellence offers a comprehensive directory of resources to help families assess a senior's home environment to determine needed modifications. In addition, the National Directory of Home Modification and Repair Resources provides a nationwide guide to providers of home

modifications with the caveat that the listing does not serve as an endorsement.

Coupled with home modifications, technology solutions, such as SafetyChoice® by Comfort Keepers, can enhance the safety and independence of seniors around the clock. SafetyChoice offers devices such as personal emergency response systems, motion detectors, pressure sensitive mats, a GPS locator and a medication solution.

Kim Sanchez
Owner of Comfort Keepers
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Removing Home Hazards

Following are just a few tips on how to reduce the risk of falls at home:

- Move chairs, coffee tables and other furniture to create safe pathways.
- Clear pathways of electrical and phone cords, newspapers, boxes, etc.
- Secure loose rugs, to prevent tripping, with double-faced tape, tacks or slip-resistant backing.
- Repair loose wooden floorboards and carpeting.
- Place non-slip mats in the bathtub or shower and non-slip treads on bare wood steps.

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What is home healthcare?

Imagine if a nurse or a therapist could bring you skilled care at home while teaching you how to live more independently so you can stay in your home. That's what our home healthcare is all about.

Who is eligible for home healthcare?

- Are you 65 or older?
- Have you been diagnosed with a new illness?
- Has your medication recently changed?
- Has your medical condition recently changed?
- Do you require therapy services?
- Would you rather be cared for at home?
- Have you been hospitalized recently?
- Do you feel you're at risk for a fall?

Who pays for it?

- Our services are covered under most insurance plans.
- Medicare part A covers home health services at 100% with criteria met.

The Gentiva Difference

Many things separate Gentiva from other home healthcare providers. We believe that our clinicians are the best trained in the industry. We continue to innovate and bring new ways to care for patients at home in ways that help them stay at home. We continue to focus on measurable outcomes that provide proof of our success, and we have a track record that goes back 40 years.

Don't take our word for it.

Thank you Gentiva. My husband suffered a stroke and was unable to move past his bed when you came in. Now he will be attending our daughter's wedding.

- Mrs. Evans

1-800-756-8773

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