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RESOURCE GUIDE
2012-2013 SEATTLE EDITION

SURVIVING & THRIVING
Moving Beyond Traditional Planning

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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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Elder law attorney and senior partner of the law firm, Johnson and Nagaich PS.

He is a member of the Washington State Bar Association and American Bar Association.

He sits on the Elder Law Advisory Board of John Marshall Law School in Chicago, Illinois.

He is on the board of the Center for Medicare Advocacy, Inc. in Washington, D.C.

He is also a Board of Director of national and state chapters of the National Academy of Elder Law Attorneys, and is the founding member and past president of the Life Care Planning Law Firms Associations.

He also hosts the weekly AgingOptions radio show on KTTH AM 770, Saturdays from 10 a.m. - Noon.

AgingOptions
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FOR BABY BOOMERS AND BEYOND

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Seattle Resource Guide

We are Proudly Printed in the USA!

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.

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.

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.

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.

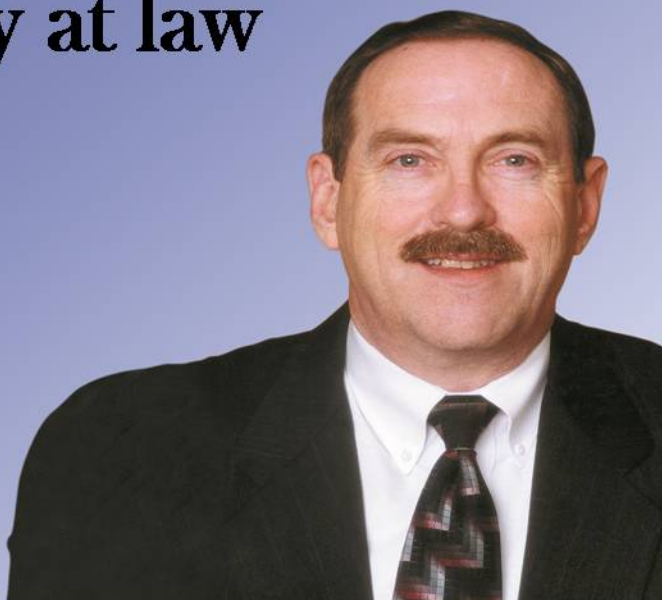
Who is a Geriatric Care Manager?

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.



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.

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.

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.

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 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 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.

Powers of Attorney.

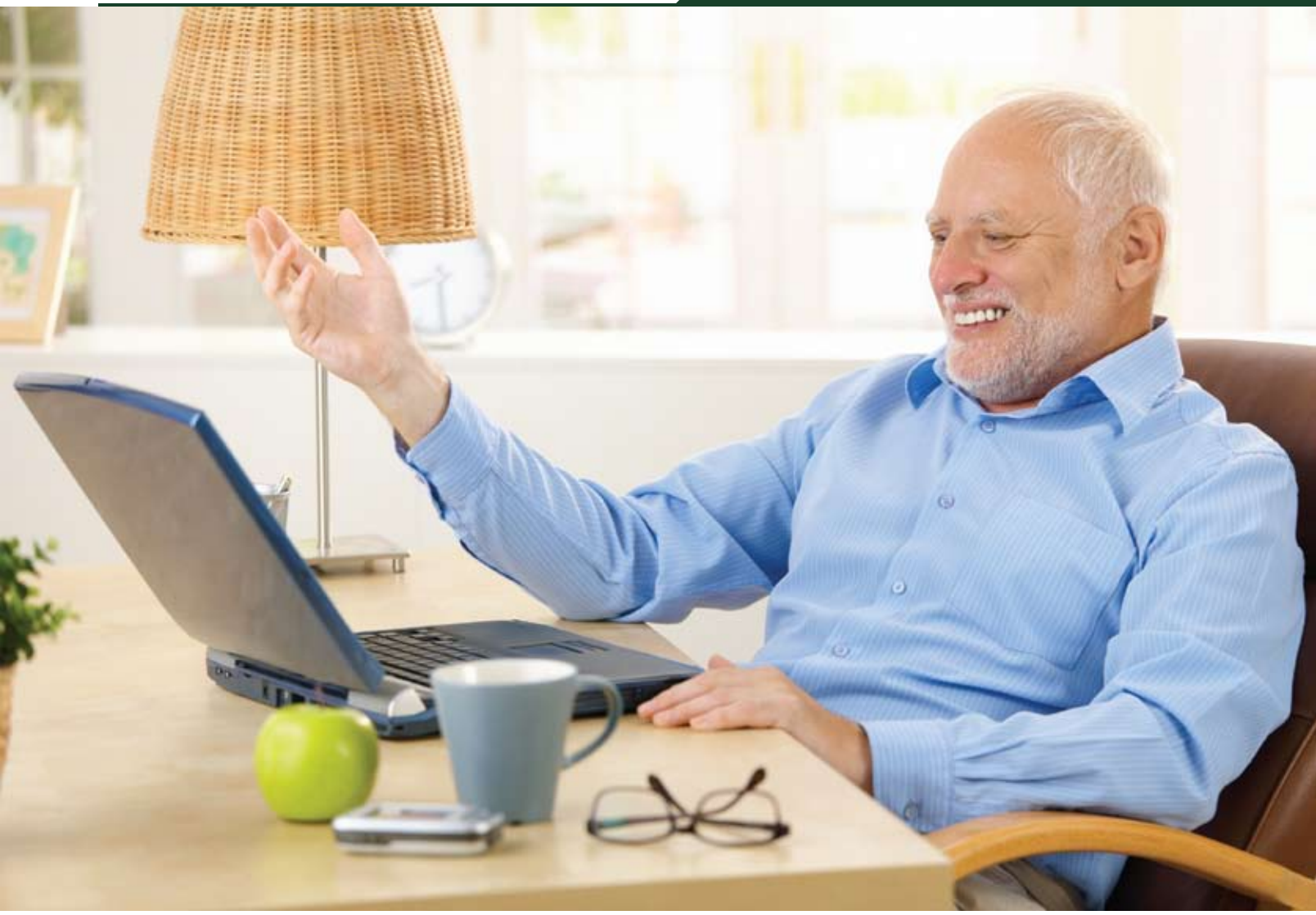
Next, your Power of Attorney should make similar provisions. They should anticipate that there may come a time when you are unable to care for your own needs and may need your agent to step in and provide the necessary care. As discussed above, your agent may not have the training, skills, or knowledge 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 agreements 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 Shiavo case (Florida) where Terri Shiavo 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 Shiavo 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 persistive 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.



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. 19
Veteran Benefits p. 22

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 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:

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 my 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 threshhold. 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.

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.

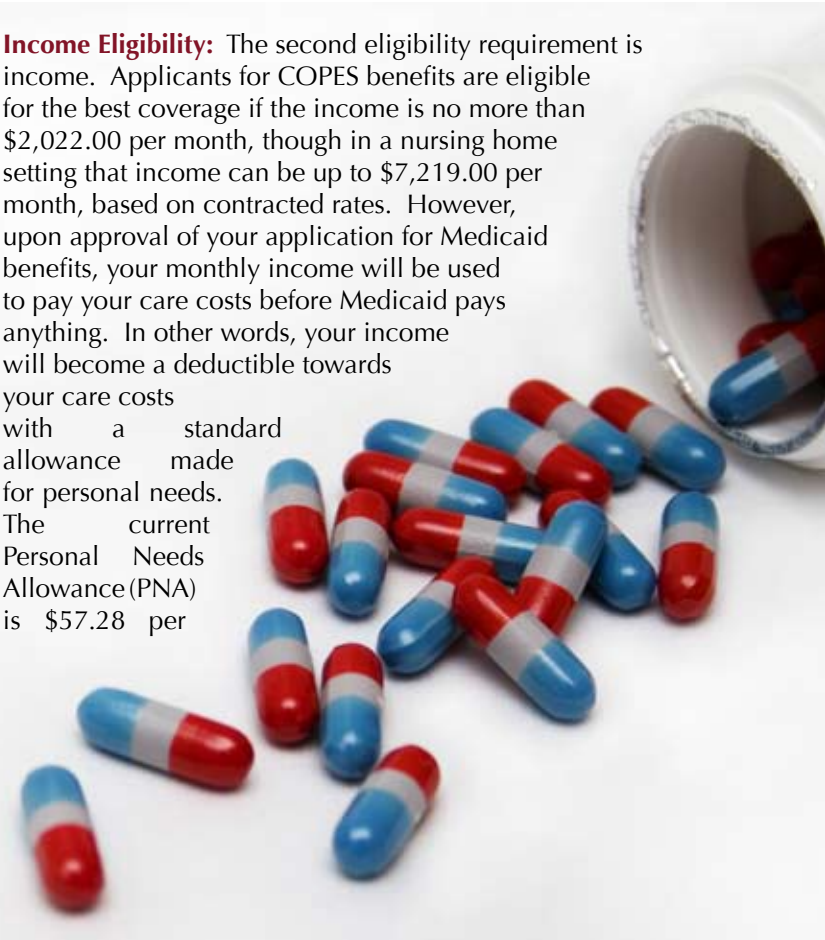
Medicaid assistance is generally available in nursing home settings unless the application is made for a waiver program. Waiver programs are referred to as COPES (Community Options Program Entry System) programs and have different rules than institutional care programs. In our state, the institutional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

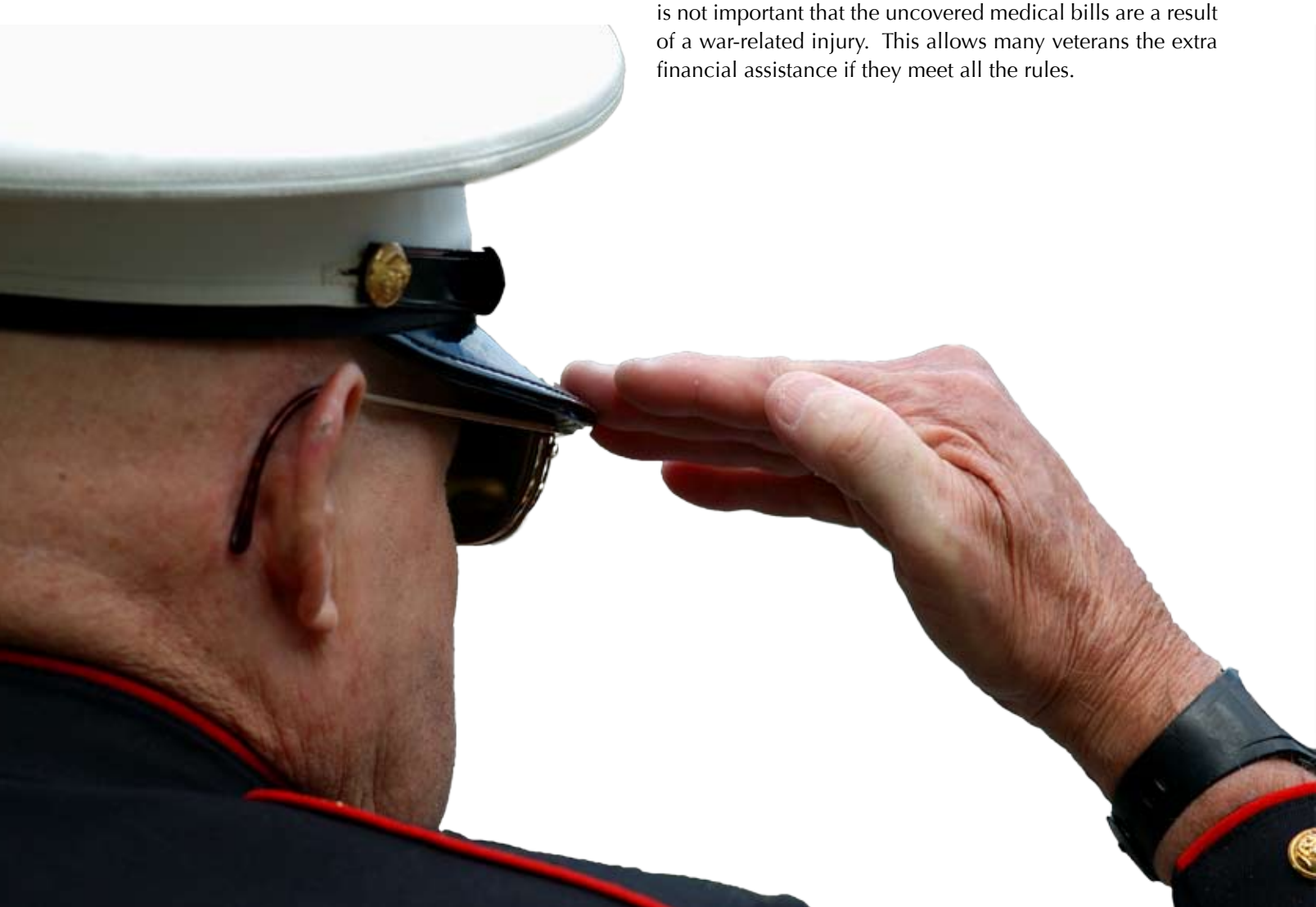
Aid And Attendance

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.

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**

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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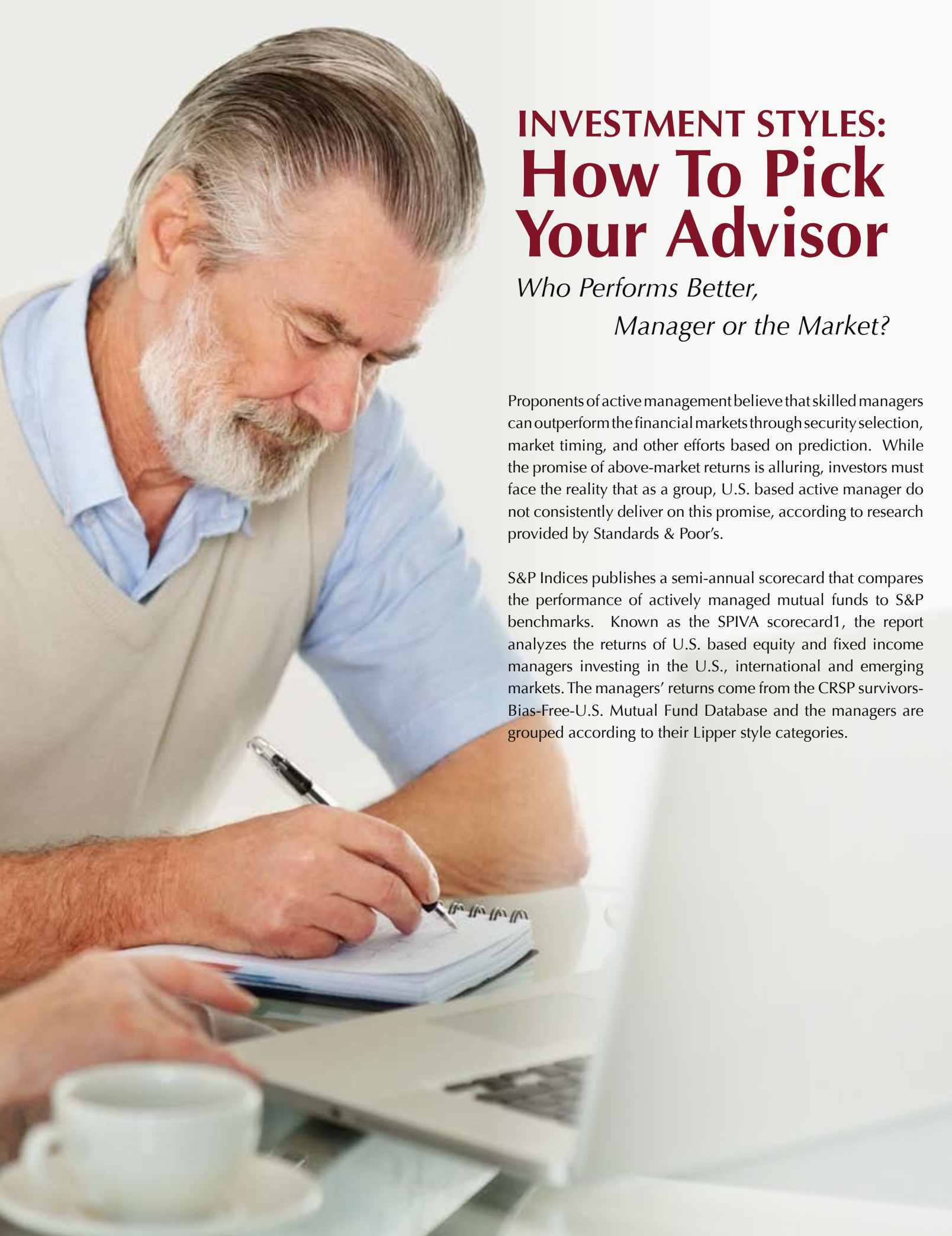


INVESTMENT STYLES: How To Pick Your Advisor

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 manager do not consistently deliver on this promise, according to research provided by Standards & Poor's.

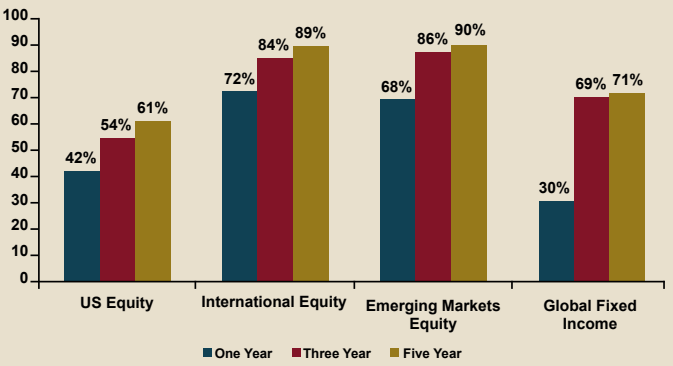
S&P Indices publishes a semi-annual scorecard that compares the performance of actively managed mutual funds to S&P benchmarks. Known as the SPIVA scorecard1, the report analyzes the returns of U.S. based equity and fixed income managers investing in the U.S., international and emerging markets. The 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

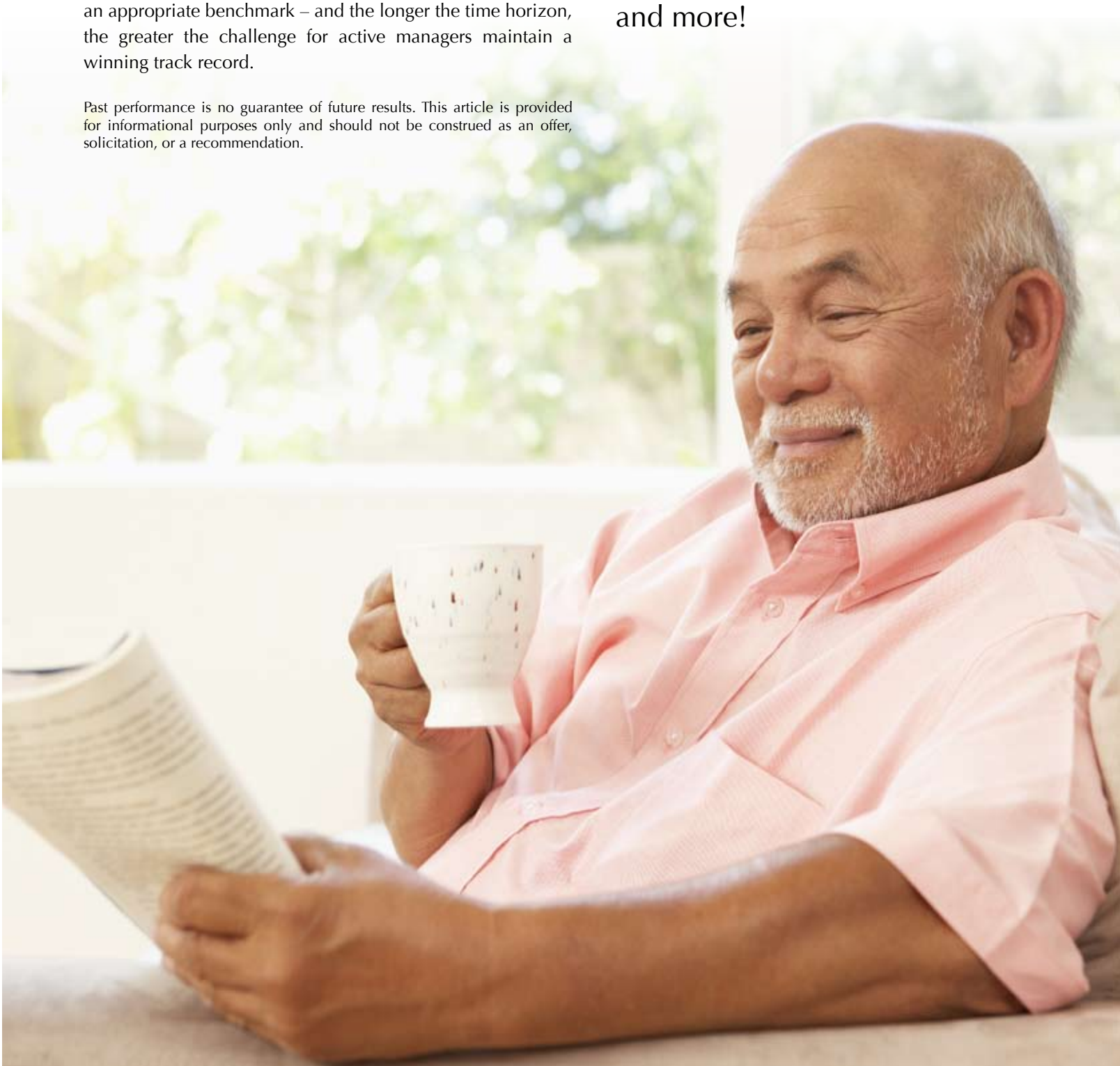


Source: Standard & Poor's Indices versus Active Funds (SPIVA) Scorecard, March 30, 2010. Indexes used for comparison: US Equity Funds-S&P Composites 1500; International-S&P 700; Emerging Markets-S&P-IFCI Composite; Global Fixed Income-Barclays Global Aggregate. Data for the SPIVA study is from the CRSP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

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.



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. 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.

Advantages. You (or your heirs) will never owe more than the value of the home if you sell the property to repay the loan, even if the value of your home declines. If your heirs choose to keep the home, they will need to pay off the full loan balance. You continue to own your house and can never be forced to leave, as long as you maintain the home and pay your property taxes and insurance.

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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By Mary Lynn Pannen, RN, BSN, CCM
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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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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 physicians, nurses or other medical professionals, or homes that are staffed with proper medical professionals. It is true that there are some homes that are owned and run by individuals who view the care industry as purely a moneymaking operation. Adult family homes have had lax oversight by the government in the past and have had many abuses reported. 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 an adult family home is very necessary.

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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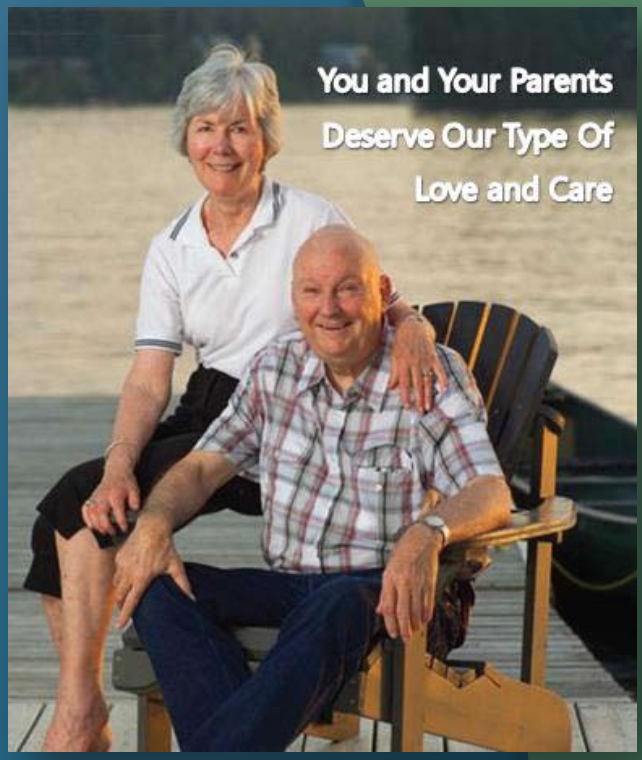

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Independent Living or a Continued Care Retirement Community?

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.

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

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.

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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The Golden Years

Thoughts to Ponder While Searching for Your Loved One's Care

Advertorial by Care Patrol
Chuck Bongiovanni, MSW, MBA.

It's a daunting thought...moving your loved one to a Nursing Home. With so many horror stories out there, we've all heard them, how do you know you're choosing the right home for your loved one? Years ago you had no choices, really. You lived in a town and you knew the Nursing Home down the road and maybe even have had several family members and friends there. Now, with the population growth, families moving around, and with the help of the internet, you are exposed to more choices. That means you need to be armed with the right information in regards to what to look for in choosing a nursing home.

The good news is that over the years there have been significant changes in Nursing Homes and other Care Facilities that provide excellent care for those in need. With the introduction of Assisted Living and Adult Family Homes, Skilled Nursing care is most used for those requiring the highest level of care or Rehabilitation services after incidents such as falls, surgeries, etc.

So what do you look for in a Nursing Home? What questions do you ask? Here are some tips to help guide you during your search:

1. If you have or can access the internet, go to www.medicare.gov. There you can do a comparison of the Nursing Homes in your area. They are rated by Medicare between one and five stars with five being the best. Look at their Health Inspection reports to get a better idea as to how they attained their ratings.

2. Visit the Nursing Home – Most times their Admissions Coordinator prefer you to have a scheduled appointment, however you can go anytime.

3. Ask to meet with the Executive Director, Director of Nursing, and Social Worker. These are the key personnel who will be overseeing the care for your loved one. If there were violations on their Health Inspection Report, ask the Executive Director to explain them to you.

4. Observe what's going on in the home. Are there offensive odors? Are the Residents clean and do they appear to be happy and engaged in activity or conversation with other Residents and/or Staff? Ask to see a menu, or better yet – arrange your tour around lunchtime and observe the meal and food service. Do Staff members greet you and more importantly, do they address the Residents by name? Was the Staff compassionate towards you and did they ask questions to truly understand your loved one's needs? What will happen to your loved one if their funds run out?

5. Do they have a Resident and Family Council? Resident and Family Councils can facilitate communications with Staff. The law requires Nursing Homes to allow Councils be set up by residents and families. If a nursing home doesn't have a Resident and Family Council, ask the Administrator why. Ask to talk with Council President to get a sense of how the Nursing Home has responded to their concerns.

While there are a number of other things to look for, you will usually have a good idea as to whether you want your loved one in that Nursing Home by the end of your tour.

While Nursing Homes are appropriate for some care needs, keep in mind that there are other options available. A lot of times people automatically think their loved one needs Nursing Care when in fact Assisted Living or an Adult Family Home can provide the same care, and many times less costly than a Nursing Home.

An Assisted Living Community can provide care for your loved one in more of a home-like setting. The Residents typically live in studio's or one-bedroom apartments. Some Assisted Living Communities provide two-bedrooms. The communities can have common areas such as Dining Rooms, Living Rooms, Fitness Rooms, Pools, Theatre's, Chapels, Libraries and more. Depending on your loved one's interests, look for those that can accommodate those interests. Some will have special interest groups such as Gardening Clubs, Wood-working, Quilting, etc. All will have Activity Calendars to give you an idea as to the overall types of activities. Keep in mind however that because you like the idea of a swimming pool or some other amenity, doesn't necessarily mean your loved one will. An Adult Family Home can provide the same care as an Assisted Living Community however in a smaller environment. They are actual homes that have been modified or built to provide care. They are Handicapped Accessible, just as Assisted Living Communities are. The meals are home-made right there in the kitchen of the home, usually by one or more of the Caregivers. Residents can have either master bedrooms with private baths, or shared rooms with shared baths. Adult Family Homes can house up to six Residents. They also provide activities for their Residents.

With all the different options that are available in today's society, it can be difficult for families to determine on their own the proper type of care community that their loved one needs. Couple that with the emotions of having to move your loved one in the first place, and it can be truly overwhelming. Rest assured that there are resources available to help you navigate through the process. There are companies that will help you understand the different kinds of care available and within your financial means. They tour the communities and care homes to be sure they understand their "personalities". They are available to tour with you as well to offer support and help you further understand your options. Best of all perhaps is that their services are provided to you free of charge.

So while the process of moving your loved one can be daunting, know that there are caring individuals and community resources committed to assisting you in finding the highest quality care providers so you can rest at night knowing your loved one's care needs are being met by caring and compassionate providers...helping to make their "Golden Years" a little safer and brighter!

AgingOptions RESOURCE GUIDE

In-Home Care Agencies

Name	Address	City	Phone	Medicaid
A Helping Hand Homecare	5600 20th Avenue NW	Seattle	(206) 686-7440	N
All Homecare	38434 9th Street East	Seattle	(661) 273-9100	N
Alleva Home Care (Please see our ads on page 29, 85)	1511 3rd Ave, Ste 308	Seattle	(206) 957-1365	N
Amenity Home Health Care	12345 Lake City Way NE	Seattle	(206) 368-3820	N
Amenity Home Health Care	2528 NE 110th St	Seattle	(206) 368-3820	N
Annie's Nannies (Please see our ad on page 44)	2236 NW 58th Street	Seattle	(206) 784-8462	N
Care at Home	4742 42nd Avenue SW #478	Seattle	(206) 937-3100	N
Careforce	14900 Interburban Ave S	Seattle	(206) 439-1303	N
Chesterfield Health Services	703 Columbia Street	Seattle	(206) 323-4382	N
Club 24 Senior Living at Home	4700 Phinney Ave N	Seattle	(206) 547-2424	N
Concierge Care Advisors	2608 2nd Avenue	Seattle	(866) 992-9257	N
Concordance Home Care	5507 17th Avenue NW	Seattle	(206) 659-0425	N
Coram Healthcare	720 Olive Way	Seattle	(206) 467-1827	Y
Creative Living Services	3610 Albion Place North	Seattle	(206) 286-9002	Y
Evergreen Community Home Health and Hospice (Please see our ad on page XX)	2414 SW Andover Street	Seattle	(206) 215-2850	Y
Family Resource Homecare (Please see our ad on page 44)	10700 Meridian Ave N Suite 215	Seattle	(206) 545-1092	N
Fedelta Care Solutions	155 NE 100th St , Suite 209	Seattle	(206) 362-2366	N
Genesis Homecare Adult Family (Please see our ad on page XX)	1835 N 200th Street	Seattle	(206) 546-2333	Y
Gentiva Health Services	115 NE 100th Street	Seattle	(206) 729-7773	N
Group Health Home Health & Hospice	201 15th Avenue East	Seattle	(206) 326-4530	Y
Harvard Partners Assisted Living and Medical Clinic	2450 Aurora Ave North	Seattle	(206) 679-5205	Y
Help Unlimited Homecare	2735 Calofornia Ave SW	Seattle	(206) 932-5170	N
Home Angels	4124 154TH Street SW	Seattle	(206) 322-1801	N
Home Instead Senior Care	1916 Eastlake Ave E	Seattle	(206) 622-4663	N
Homecare Assistance	701 5th Avenue, Suite 4200	Seattle	(425) 786-2383	N
Homecare Associates	911 East Pike Street	Seattle	(206) 861-3193	N
Home Helpers/Swedish Hospital	5701 6th Ave S, Ste 404	Seattle	(206) 386-3277	Y
Homewell Senior Care	14419 Greenwood Avenue North	Seattle	(206) 440-5500	N
Husky Senior Care	631 NW 50th Street	Seattle	(206) 599-9990	N

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

In-Home Care Agencies Continued

Name	Address	City	Phone	Medicaid
Hyatt Home Care Services	PO Box 94235	Seattle	(206) 851-5277	N
Kenny In-Home Service	7125 Faunleroy Way SW	Seattle	(206) 937-2800	Y
Kline Galland Hospice (Please see our ad on page 52)	7500 Seward Park Avenue S	Seattle	(206) 805-1930	Y
Lifeline Homecare Solutions	10015 Lake City Way NE	Seattle	(206) 686-1070	N
Magnolia Home Care	3223 12th Avenue West	Seattle	(206) 284-5675	N
Maxim Health Care Service	10740 Meridian Ave N	Seattle	(206) 364-3750	Y
Millennia Healthcare	21400 Intl Blvd Suite 205	Seattle	(206) 878-0909	N
New Care Concepts	2208 NW Market Street	Seattle	(206) 789-9054	N
North Seattle Visiting Angels (Please see our ad on page XX)	11050 5th Ave NE	Seattle	(206) 361-7066	N
Philanthropia Home	2162 Boyer Avenue East	Seattle	(206) 329-8500	N
Practical Help	5512 Woodlawn Ave N,	Seattle	(206) 632-2006	N
Professional Medical Homecare	12733 28th Ave NE	Seattle	(206) 366-9543	Y
Providence Elder Place Seattle	4515 MLK Jr Way South	Seattle	(206) 320-5326	Y
Providence Hospice of Seattle	425 Pontius Avenue North	Seattle	(206) 320-4000	Y
Queen Anne Manor	100 Crockett Street	Seattle	(206) 282-5001	Y
Reach Home Care & Services	700 Crockett Street	Seattle	(206) 491-4060	N
ResCare HomeCare (Please see our ad on page 14)	4714 Rainier Ave S, Ste 104	Seattle	(206) 329-4695	Y
ResCare HomeCare (Please see our ad on page 14)	10740 Meridian Ave, Ste 210	Seattle	(206) 368-7667	Y
RH Home Care	115 16th Avenue	Seattle	(206) 365-6806	N
Right at Home	12000 15th Ave NE	Seattle	(206) 774-1100	N
Sea Mar Community Home Services	1040 S Henderson Street	Seattle	(206) 764-4700	Y
Seqouia In-Home Care	6508 8th Ave NW	Seattle	(206) 783-3001	N
Simply the Best Home Care	24737 14th Ave S,	Seattle	(206) 824-1998	N
Sipes Adult Home Care	5020 S 182nd St	Seattle	(206) 439-8732	N
Sound Options (Please see our ad on page 30, 78)	2200 6th Ave, Suite 833	Seattle	(800) 628-7649	N
Synergy Home Care	5501 4th Ave S Ste 203	Seattle	(206) 420-4934	N
TLC In-Home care	5600 20th Ave NW	Seattle	(206) 686-7440	N
United Homecare in Seattle	11412 82nd Place South	Seattle	(206) 250-7849	N
Visiting Angels (Please see our ad on page 47)	3513 SW Alaska St	Seattle	(206) 439-2458	N
With a Little Help	2021 Minor Ave E., Suite A	Seattle	(206) 352-7399	N

Assisted Living

Name	Address	City	Phone	Medicaid
Ballard Manor	1710 NW 57th Street	Seattle	(206) 789-1900	Y
Broadview Nursing Care Center	12509 Greenwood Avenue N	Seattle	(206) 368-3791	Y
El Dorado West Retirement Community	1010 SW 134th St	Seattle	(206) 248-1975	Y
Exeter House	720 Seneca Street	Seattle	(206) 622-1300	N
Faerland Terrace	1421 Minor Avenue	Seattle	(206) 624-7637	N
Foss Home and Village	13023 Greenwood Avenue	Seattle	(206) 364-1300	Y
Fred Lind Manor	1802 17th Avenue	Seattle	(206) 324-1632	Y
Gen Care at Remington Place	3025 NE 137th Street	Seattle	(206) 965-8574	N
Gen Care -The Ballard Landmark	5433 Leary Avenue NW	Seattle	(206) 782-4000	N
Heritage House at the Market	1533 Western Avenue	Seattle	(206) 382-4119	Y
Kenney Presbyterian Retirement Center	7125 Fauntleroy Way SW	Seattle	(206) 937-2800	Y
Legacy House	803 S Lane Street	Seattle	(206) 292-5184	Y
Merrill Gardens at Northgate	11501 15th Avenue NE	Seattle	(206) 362-7250	Y
Merrill Gardens at Queen Anne	805 4th Avenue North	Seattle	(206) 284-0055	N

Assisted Living Continued

Name	Address	City	Phone	Medicaid
Merrill Gardens at the University	5300 24th Avenue NE	Seattle	(206) 523-8400	N
Merrill Gardens at West Seattle	4611 35th Avenue SW	Seattle	(206) 932-5480	N
Nikkei Manor	700 6th Avenue S	Seattle	(206) 323-7100	Y
Norse Home	5311 Phinney Avenue N	Seattle	(206) 781-7400	N
Northhaven II Aassisted Living	531 NE 112th Street	Seattle	(206) 362-8077	Y
Park Place (Please see our ad on pages 37, 45)	6900 37th Avenue South	Seattle	(206) 722-7275	Y
Providence Mount St Vincent Retirement Apartments	4831 35th Ave SW	Seattle	(206) 937-3700	Y
Queen Anne Manor	100 Crockett Street	Seattle	(206) 282-5001	Y
The Cannon House	113 23rd Avenue South	Seattle	(206) 709-1777	Y
The Stratford at Maple Leaf	9001 Lake City Way NE	Seattle	(206) 729-1200	N
The Summir at First Hill	1200 University Street	Seattle	(206) 652-4444	Y

Independent Living

Name	Address	City	Phone	Medicaid
Aegis Senior Living of Shoreline	14900 1st Avenue NE	Seattle	(206) 452-0278	N
Aljoya Thorton Place - Northgate	450 NE 100th Street	Seattle	(206) 306-7920	N
Ballard Landmark Inn	5433 Leary Avenue NW	Seattle	(206) 782-4000	Y
Ballard Manor-A Retirement Community	1710 NW 57th Street	Seattle	(206) 789-1900	Y
Bayview Manor	11 West Aloha Street	Seattle	(206) 284-7330	Y
Bitter Lake Manor	620 N 130th Street	Seattle	(206) 770-6870	N
Blakeley Manor	2401 NE Blakeley Street	Seattle	(206) 615-3347	N
Blue Ridge Adult Family Home	2106 nw 97TH Street	Seattle	(206) 765-0861	N
Boulevard Park Place	3906 S 125th Street	Seattle	(206) 243-0300	N
Holiday Retirement - Bridge Park	3204 SW Morgan Street	Seattle	(206) 938-6394	N
Brierwood Home Community House	11020 Greenwood Avenue North	Seattle	(206) 362-0386	N
Broadview Nursing Care Center	12509 Greenwood Avenue N	Seattle	(206) 368-3791	Y
Campbell Gardens Properties	6237 S 129th Street	Seattle	(206) 818-1174	N
Cannon House	113 23rd Avenue NE	Seattle	(206) 709-1777	Y
Carroll terrace	600 5th Avenue W	Seattle	(206) 770-6870	N
Chancery Place Apartments	901 Marion Street	Seattle	(206) 343-9415	N
Columbia Lutheran Home	4700 Phinney Avenue North	Seattle	(206) 632-7400	Y
Columbia Place	4628 S Holly Street	Seattle	(206) 721-2999	N
Council House Retirement Home	1501 17th Avenue	Seattle	(206) 323-0344	N
Crista Ministries	3800 S Othello Street	Seattle	(206) 723-0333	N
Crista Senior Living	19303 Fremont Avenue N	Seattle	(206) 546-7565	N
Cristwood Retirement Community	350 N 190th Avenue	Seattle	(206) 546-7500	N
Daystar at Westwood	2615 SW Barton Street	Seattle	(206) 937-6122	N
Denali Family Home	7060 9th Avenue Northwest	Seattle	(206) 706-7059	N
Elizabeth James House	109 23rd Avenue E	Seattle	(206) 325-1030	N
Era Living	400 Union Street	Seattle	(206) 470-8000	N
Esperanza Apartments	6940 37th Avenue South	Seattle	(206) 760-0202	N
Exeter House	720 Seneca Street	Seattle	(206) 622-1300	N
Faerland Terrace	1421 Minor Avenue	Seattle	(206) 624-7637	N
Fleming Home	8424 16th Avenue SW	Seattle	(206) 767-3137	Y
Fleming Home West	9850 California SW	Seattle	(206) 395-5525	Y
Fort Lawn Placw	3401 W Government Way	Seattle	(206) 770-6870	N
Foundation House At Northgate	11301 3rd Avenue NE	Seattle	(206) 361-2758	N
Four Freedoms House Of Seattle	747 N 135th Street	Seattle	(206) 364-2440	Y
Fred Lind Manor	1802 17th Avenue	Seattle	(206) 860-7228	Y

Independent Living Continued

Name	Address	City	Phone	Medicaid
Fremont Place	4601 Phonney Avenue N	Seattle	(206) 770-6870	N
Gideon-Matthews Gardens	323 25th Avenue South	Seattle	(206) 682-9307	N
Heritage House at the Market	1533 Western Avenue	Seattle	(206) 382-4119	Y
Hilltop House	1005 Terrace Street	Seattle	(206) 624-5704	N
Horizon House	900 University Street	Seattle	(206) 624-3700	Y
Ida Culver House Broadview	12505 Greenwood Avenue N	Seattle	(206) 361-1989	N
Ida Culver House Ravenna	2315 NE 65th Street	Seattle	(206) 523-7315	N
Island View	3033 California Ave SW	Seattle	(206) 932-8326	N
Kawabe Memorial House	211 18th Avenue South	Seattle	(206) 322-4550	N
Kenney Presbyterian Retirement Center	7125 Fauntleroy Way SW	Seattle	(206) 937-2800	Y
Kin on Health Care Center	4416 S Brandon Street	Seattle	(206) 721-3630	Y
Kline Galland Home (Please see our ad on page 75)	7500 Seward Park Avenue South	Seattle	(206) 725-8800	Y
Lake Crest House	6070 Seward Park Avenue S	Seattle	(206) 722-8422	N
Leisure Care	1601 5th Avenue	Seattle	(206) 325-7827	N

Independent Living Continued

Name	Address	City	Phone	Medicaid
Leschi House	1011 S Weller Street	Seattle	(206) 770-6870	N
Livingston - Baker Apartments	1925 1st Avenue	Seattle	(206) 774-5281	N
Loyal Heights Manor	7547 24th Avenue NW	Seattle	(206) 782-1503	N
Merrill Gardens	11030 5th Avenue	Seattle	(206) 363-6740	N
Merrill Gardens	5300 24th Avenue NE	Seattle	(206) 523-8400	N
Merrill Gardens At Admiral Heights	2326 California Ave SW	Seattle	(206) 938-3964	N
Merrill Gardens At Northgate	11030 5th Avenue NE	Seattle	(206) 707-8501	N
Merrill Gardens at the University	5115 25th Avenue NE	Seattle	(206) 523-8400	N
Merrill Gardens LLC	1938 Fairview Avenue East	Seattle	(206) 676-5300	N
Merrill Gardens Queen Anne	805 4th Ave N	Seattle	(206) 734-3653	Y
Merrill Gardens West Seattle	4611 35th Avenue SW	Seattle	(206) 926-9724	N
Michaelson Manor	320 West Roy Street	Seattle	(206) 281-9357	N
Mirabella Retirement	1916 Boren Avenue	Seattle	(206) 447-4341	N
Mirabella Seattle Retirement Community	116 Fairview Avenue N	Seattle	(206) 447-5658	N
Morningside Residence	3245 NE 96th Street	Seattle	(206) 522-7902	N
Nelson Manor	2200 NW 58th Street	Seattle	(886) 661-1794	N
New Haven at Bitter Lake	13000 Linden Avenue North	Seattle	(206) 364-4449	N
Nikkei Manor	700 6th Avenue South	Seattle	(206) 726-6460	Y
Norse Home Retirement Center	5311 Phinney Avenue North	Seattle	(206) 781-7400	N
Northhaven Retirement Apartments	11045 8th Avenue NE	Seattle	(206) 365-3020	N
Olmsted Manor	501 Ravenna Avenue NE	Seattle	(266) 605-1228	N
Operation Nightwatch	302 14th Avenue South	Seattle	(206) 323-4359	
Park Place (Please see our ad on pages 37, 45)	6900 37th Avenue South	Seattle	(206) 722-7275	Y
Park Shore Retirement Community	1630 43rd Avenue E	Seattle	(206) 329-0770	N
Phinney Terrace	6561 Phinney Avenue N	Seattle	(206) 782-5607	N
Pinehurst Court	12702 15th Avenue NE	Seattle	(206) 361-1880	N
Pleasant Valley Plaza	3801 34th Avenue West	Seattle	(206) 281-9152	N
Presbyterian Retirement Communities NW	715 9th Avenue N	Seattle	(206) 826-2111	N
Primeau Place	308 14th Avenue East	Seattle	(206) 770-6870	N
Providence Elderplace At Columbia Place	4628 S Holly Street	Seattle	(206) 760-3459	N
Providence Gamelin House	4515 Martin L King Jr Way	Seattle	(206) 723-1242	N
Providence Mount St Vincent Assisted Living	4831 35th Avenue SW	Seattle	(206) 937-3700	N

Independent Living Continued

Name	Address	City	Phone	Medicaid
Providence Peter Claver House	7101 38th Avenue S	Seattle	(206) 721-6265	N
Providene Vincent House	1423 1st Avenue	Seattle	(206) 682-9307	N
Queen Anne Manor	100 Crockett Street	Seattle	(206) 282-5001	Y
Ravenna School Apartments	6545 Ravenna Avenue NE	Seattle	(866) 965-2891	N
Remington Place Retirement Inn	3025 NE 137th Street	Seattle	(206) 367-0369	N
Reunion House	530 10th Avenue East	Seattle	(888) 268-0517	N
Schwabacher House	1715 NW 59th Street	Seattle	(888) 619-7742	N
Seattle Keiro	1601 E Yesler Way	Seattle	(206) 323-7100	Y
SHAG - Arrowhead Gardens	9200 2nd Avenue SW	Seattle	(206) 763-0110	N
SHAG - Cedar Park	12740 30th Avenue NE	Seattle	(206) 364-4040	N
SHAG - Courtland Place @ Rainier Court	3621 33rd Avenue South	Seattle	(206) 722-5778	N
SHAG - The Terrace	120 6th Avenue South	Seattle	(206) 516-7901	N
SHAG - Independent Living	3642 33rd Avenue South	Seattle	(206) 760-0673	N
Silvercrest Senior Residence	9543 Greenwood Avenue North	Seattle	(206) 706-0855	N
Skyline At First Hill	725 9th Avenue North	Seattle	(206) 407-1700	N
South Park Manor	520 S cloverdale Street	Seattle	(866) 232-1428	N
Stratford At Maple Leaf	9001 Lake City Way NE	Seattle	(206) 729-1200	N
Summit at First Hill	1200 University St	Seattle	(206) 652-4444	Y
Sunrise Manor	1530 NW 57th Street	Seattle	(866) 232-1428	N
The Brighton	6727 Rainier Avenue South	Seattle	(206) 722-3922	N
The Hearthstone	6720 E Green Lake Way North	Seattle	(206) 525-9666	N
The Lakeshore Retirement Community	11448 Rainier Avenue South	Seattle	(206) 772-1200	N
The Terraces at Skyline	715 9th Avenue	Seattle	(206) 682-3200	N
The Viewpointe On Queen Anne	2450 Aurora Avenue North	Seattle	(206) 282-5777	N
University House At Wallingford	4400 Stone Way N	Seattle	(206) 545-8400	N
Victoria Park	13716 Lake City Way NE	Seattle	(206) 363-9876	N
Volunteers of America	6559 35th Avenue NE	Seattle	(206) 523-3565	Y
Wildwood Glen	4501 SW Wildwood Place	Seattle	(866) 965-2891	N
Willis House	6341 5th Avenue NE	Seattle	(206) 527-6013	N

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	Medicaid
Aegis At Northgate	11039 17th Ave NE	Seattle	206-452-0277	N
Amenity Home Care	12345 Lake City Way NE	Seattle	(206) 368-3820	N
Bessie Burton Sullivan Skilled Nursing	1020 E Jefferson St	Seattle	(206) 323-8985	
CareForce-Exceptional Home Care	701 Fifth Avenue	Seattle	206-262-7310	N
Chesterfield Health Services	703 Columbia Street	Seattle	(206) 323-4382	N
Creative Living Services	3610 Albion Placwe North	Seattle	(206) 286-9002	Y
Evergreen Community Home Health and Hospice (Please see our ad on page 32)	2414 SW Andover Street	Seattle	(206) 215-2850	Y
Faerland Terrace	1421 Minor Ave	Seattle	(206) 624-7637	N
Full Life Care	4712 35th Avenue S	Seattle	(206) 721-3634	
Home Instead Senior Care	3221 Eastlake Ave. East	Seattle	206-622-4663	N
Ida Culver House Broadview	12505 Greenwood Ave North	Seattle	(206) 361-1989	Y
Lakeshore Retirement Community	11448 Rainier Ave S	Seattle	(206) 772-1200	N
Memory Wellness Program UW & VA	1660 S Columbian Way # S182	Seattle	(206) 764-2809	Y
Providence Mount St Vincent Adult Day Program	4831 35th Ave SW	Seattle	(206) 937-3700	Y

Skilled Nursing

Name	Address	City	Phone	Medicaid
Anderson House	17127 - 15Th Avenue NE	Seattle	(206) 364-7131	N
Arden Rehabilitation & Healthcare Ctr	16357 Aurora Ave N	Seattle	(206) 542-3103	Y
Bailey-Boushay House	2720 East Madison	Seattle	(206) 322-5300	
Ballard Care And Rehabilitation Ctr	820 NW 95Th	Seattle	(206) 782-0100	Y
Bayview Manor	11 West Aloha St	Seattle	(206) 284-7330	Y
Broadview Nursing Care Ctr	12509 Greenwood Ave N	Seattle	(206) 368-3791	Y
Caroline Kline Galland Home	7500 Seward Park Ave S	Seattle	(206) 725-8800	Y
Columbia Lutheran Home	4700 Phinney Ave N	Seattle	(206) 632-7400	Y
Cristwood Nursing And Rehabilitation	19301 Kings Garden Dr N	Seattle	(206) 546-7400	Y
Fircrest Residential Habilitation Center	15230 15th Ave NE	Seattle	(206) 361-2990	Y
15230 15th Ave NE	15230 15Th NE D	Seattle	(206) 361-2990	
Sea	13023 Greenwood Ave N	Seattle	(206) 364-1300	Y
Health And Rehabilitation Of N Seattle	13333 Greenwood Ave N	Seattle	(206) 362-0303	Y

Skilled Nursing Continued

Name	Address	City	Phone	Medicaid
The Hearthstone	6720 E Green Lake Wy N	Seattle	(206) 525-9666	N
Highline Medical Center Specialty Care	12844 Military Rd S	Seattle	(206) 248-4600	
Kenney Presbyterian Retirement Center	7125 Fauntleroy Way SW	Seattle	(206) 937-2800	Y
Kin On Health Care Center	4416 South Brandon St	Seattle	(206) 721-3630	Y
Kindred Seattle - Northgate	10631 8Th Ave NE	Seattle	(206) 364-2050	Y
Leon Sullivan Health Care Center	2611 South Dearborn	Seattle	(206) 325-6700	Y
Life Care Center Of West Seattle	4700 S W Admiral Way	Seattle	(206) 935-2480	Y
Mirabella	116 Fairview Ave N	Seattle	(206) 254-1400	N
Park Ridge Care Center	1250 Northeast 145Th	Seattle	(206) 363-5856	Y
Park Shore	1630 - 43Rd Ave E	Seattle	(206) 329-0770	
Park West Care Center	1703 California Ave SW	Seattle	(206) 937-9750	Y
Parkridge Skilled Nursing Center	1250 N 145Th St	Seattle	(206) 493-1770	
Providence Mount St Vincent	4831 - 35Th Avenue SW	Seattle	(206) 937-3700	Y
Queen Anne Healthcare	2717 Dexter Avenue No	Seattle	(206) 284-7012	Y
Richmond Beach Rehab	19235 15Th Ave NW	Seattle	(206) 546-2666	Y
Sea Mar Community Care Center	1040 S Henderson St	Seattle	(206) 763-5210	Y
Seattle Keiro	1601 East Yesler Way	Seattle	(206) 323-7100	Y
Seattle Medical & Rehabilitation Ctr	555 - 16Th Avenue	Seattle	(206) 324-8200	Y
Shoreline Health & Rehabilitation Ctr	2818 NE 145Th St	Seattle	(206) 364-8810	Y
St Anne Nursing & Rehabilitation Ctr	3540 NE 110Th	Seattle	(206) 363-7733	Y
The Kenney	7125 Fauntleroy Way SW	Seattle	(206) 937-2800	N
The Terraces At Skyline	715 9Th Avenue	Seattle	(206) 682-3200	N
WA Care Center (Please see our ad on page 51)	2821 S Walden St	Seattle	(206) 725-2800	Y

CCRCs

Name	Address	City	Phone	Medicaid
Aljoya Thorton Place Northgate	450 NE 100th Street	Seattle	206-452-3186	Y
Arden Rehabilitation & Healthcare Center	16357 Aurora Avenue N	Seattle	(206) 542-3103	Y
Anderson Plaza	17201 15th Avenue NE	Seattle	(206) 364-9336	N
BAYVIEW MANOR	11 W Aloha St	Seattle	(206) 284-7330	Y
Cristwood Nursing And Rehabilitation	19301 Kings Garcen Dr N	Seattle	(206) 546-7400	Y
Daystar at Westwood	2615 SW Barton Street	Seattle	(206) 937-6122	N
Exeter House	720 Seneca St	Seattle	(206) 622-1300	N
Faerland Terrace	1421 Minor Avenue	Seattle	(206) 624-7637	N
Foss Home and Village	13023 Greenwood Avenue N	Seattle	(206) 364-1300	Y
Foundation House at Northgate	11301 3rd Avenue NE	Seattle	(206) 361-2758	N
Health & Rehabilitation of North Seattle	13333 Greenwood Avenue	Seattle	(206) 362-0303	Y
Horizon House	900 University Street	Seattle	(206) 624-3700	N
Ida Culver House Broadview	12505 Greenwood Avenue N	Seattle	(206) 430-1953	N
Ida Culver House Ravenna	2315 NE 65th Street	Seattle	(206) 430-1957	N
Kenney Presbyterian Retirement Center	7125 Fauntleroy Way SW	Seattle	(206) 937-2800	Y
Lincoln Park Group Home	6935 Fauntleroy Way SW	Seattle	(206) 937-9706	N
Mirabella	116 Fairview Avenue North	Seattle	(206) 254-1400	N
Nikkei Manor	700 6th Avenue South	Seattle	(206) 726-6460	Y
Norse Home	5311 Phinney Avenue N	Seattle	(206) 781-7400	N
Park Shore	1630 43rd Ave E	Seattle	(206) 329-0770	N
Providence Mount St Vincent	4831 35th Avenue SW	Seattle	(206) 937-3700	Y
The Hearthstone	6720 E Green Lake Way N	Seattle	(206) 525-9666	N
The Kenney	7125 Fauntleroy Way SW,	Seattle	(206) 937-2800	Y
The Lakeshore	11448 Rainier Avenue South	Seattle	(206) 430-1958	N
The Terraces at Skyline	725 9th Ave N # 101	Seattle	(206) 407-1700	N
University House Wallingford	4400 Stone Way North	Seattle	(206) 430-1955	N
Verdant Grove AFH	9644 54th Avenue S	Seattle	(206) 694-3515	

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

Adult Family Homes

Name	Address	City	Phone	Medicaid
A Home Away From Home In Seattle LLC	13027 Ashworth Ave N	Seattle	(206) 367-3954	Y
A Home Of KLT	1737 South Shelton St	Seattle	(206) 762-3615	Y
A Plus Home	4919 30Th Ave South	Seattle	(206) 722-9929	Y
A&A Adult Family Home	12752 Roosevelt Way NE	Seattle	(206) 420-1253	Y
Adult Custom Care AFH	6325 32Nd Ave S	Seattle	(206) 722-1141	Y
Alki Adult Family Home	2603 Belvidere Ave SW	Seattle	(206) 938-6378	N
All About Seniors AFH	14028 19Th Ave NE	Seattle	(206) 402-4741	N
Amelia Carpio AFH	6025 S 126Th St	Seattle	(206) 772-2154	Y
Anderson Loving Care Afh LLC	12621 84Th Ave S	Seattle	(206) 772-6706	Y
Angelica Adult Family Home	3540 S Portland St	Seattle	(206) 721-1982	Y
Angelica Adult Family Home	6513 29Th Ave S	Seattle	(206) 721-1982	N
Angeline House	348 18Th Ave E	Seattle	(206) 325-8266	Y
Angelwings Adult Family Home	484 S 190 Street	Seattle	(206) 988-8714	N
Anns Lakeridge Family Home	10819 Rainier Ave So	Seattle	(206) 772-0295	Y
Arbor Heights Adult Family Home	10842 35Th Ave SW	Seattle	(206) 439-1877	N
A-Z Adult Family Home	9914 64Th South	Seattle	(206) 725-6719	Y
A-Z Adult Family Home III	7723 S Mission Avenue	Seattle	(206) 772-1303	Y
Ballard Sunset Hill	3321 Nw 72Nd	Seattle	(206) 783-1129	Y
Beachwood Manor Inc	1104 Nw 130Th St	Seattle	(206) 782-0148	Y
Beacon Hill Adult Home Care	3002 16Th Ave S	Seattle	(206) 323-1895	Y
Belicinas Adult Family Home	11180 Beacon Ave S	Seattle	(206) 725-9470	Y
Bethany Afh	11613 13Th Ave SW	Seattle	(206) 431-1279	Y
Billaflores Llc	12058 69Th Ave S	Seattle	(206) 772-0656	N
Blessed Trinity Home	3551B S Hudson St	Seattle	(206) 760-9414	Y
Blessed Trinity Home	3500 S Holden St	Seattle	(206) 722-8659	N
Blessed Trinity Home	4529 S Henderson St	Seattle	(206) 760-4146	Y
Blessed Trinity Homes	3901 Mlk Way S	Seattle	(206) 722-8659	Y
Blessed Trinity Homes #5	4527 S Henderson St	Seattle	(206) 760-2591	Y
Blue Ridge Afh LLC	2106 Nw 97Th St	Seattle	(206) 755-0861	Y
Bonnevie Adult Family Home	9610 53Rd Ave S	Seattle	(206) 772-0538	Y
Brians House At Lake Ridge	11122 Oakwood Ave So	Seattle	(206) 772-6928	Y
Brown Villa "B"	10033 'B' 61St Avenue S	Seattle	(206) 725-7939	N
Brownville Manor Inc	10033 A 61St Ave S	Seattle	(206) 721-8940	Y
Buchanan Place	4732 35Th Avenue South	Seattle	(206) 838-7428	Y

Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Cambridge Family Home Inc (Please see our ad on this page)	4303 Sw Cambridge St	Seattle	(206) 937-1828	N
Carlton Park Afh Llc	4221 W Armour	Seattle	(206) 282-0621	N
Cesar & Maricris Tugade Adult Home Care	4211 S Cloverdale Street	Seattle	(206) 760-7750	Y
Charity Adult Family Home	2317 N 136Th St	Seattle	(206) 363-1672	Y
Comfort Adult Family Home	502 Ne 130Th St	Seattle	(206) 362-3074	Y
Concejo Afh	6320 S Fountain St	Seattle	(206) 760-9364	Y
Covenant Care LLC	4246 Williams Ave W	Seattle	(206) 285-5194	Y
Creative Care Adult Family Home Inc 2	3501 Ne 98Th	Seattle	(425) 268-6613	Y
Creative Care Afh #3	2723-C Ne 110Th St	Seattle	(425) 268-6613	Y
Crystal Care Family Home Inc	8509 S 121St Street	Seattle	(206) 772-2185	Y
Crystal Home	1568 S Angeline St	Seattle	(206) 762-2644	N
Crystal Life Adult Family Home	5951 29Th Ave S	Seattle	(206) 722-3776	Y
Dalisay Corsilles AFH	4203 S Elmgrove	Seattle	(206) 721-5085	Y
Dana Horita AFH	8325 44Th Ave S	Seattle	(206) 721-7764	Y

Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Denali Family Home	7060 9Th Avenue NW	Seattle	(206) 706-7059	
Divine Adult Family Home	7917 46Th Ave S	Seattle	(206) 725-7634	Y
Dovista Place	12214 2Nd Place SW	Seattle	(206) 243-0981	Y
Edens Villa	10714 38Th Ave Ne	Seattle	(206) 364-5593	Y
Elderly Care Solutions LLC	14342 Ashworth Ave N	Seattle	(206) 466-1767	N
Elders Care Home	1700 Ferry Ave Sw	Seattle	(206) 938-1671	N
Elles N Inc	11320 Sandpoint Way Ne	Seattle	(206) 363-0764	Y
Emerald Luv N Care LLC	10617 18Th Ave SW	Seattle	(206) 243-1529	Y
European Care Home	3716 55Th Ave SW	Seattle	(206) 932-2085	Y
European Senior Care Homes	4002 46Th Ave SW	Seattle	(206) 932-6960	N
Evergreen Corner	11000 15Th Ave NE	Seattle	(206) 366-1771	Y
Evergreen Court East	11339 8Th Ave NE	Seattle	(206) 366-1771	N
Evergreen Court West	11339A 8Th Ave NE	Seattle	(206) 366-1771	N
Evergreen Park	528 Ne 120Th Ave	Seattle	(206) 366-1771	N
Evergreen Park At Green Lake	7520 East Green Lake Dr N	Seattle	(206) 985-2048	Y
Evergreen Place	11520 17 Ave NE	Seattle	(206) 362-5692	N
Evergreen Place North	11526 17Th Ave NE	Seattle	(206) 366-1771	Y
Excellent AFH	14026 19Th Ave NE	Seattle	(206) 359-2766	Y
Executive Care AFH	12535 8Th Ave NW	Seattle	(206) 361-0773	Y
Fred Lind Manor	1802 17Th Avenue	Seattle	(206) 774-5387	
Gaffney House	1605 17Th Avenue	Seattle	(206) 838-1930	N
Garden View Afh Care	4223 S Elmgrove St	Seattle	(206) 722-9936	Y
Garden View Afh Care	8536 S 117Th Place	Seattle	(206)432-9677	N
Garden View North LLC	12217 Ridgemont Way N	Seattle	(206) 363-8473	Y
Genesee Senior Care Home LLC	4423 54Th Ave SW	Seattle	(206) 949-5950	N
Glory Homes	3625 S Cloverdale Street	Seattle	(206) 420-1573	Y
Gold Autumn AFH	15557 Greenwood Ave NE	Seattle	(206) 363-0012	N
Golden Meadows Adult Family Home	12215 79Th Ave S	Seattle	(206) 772-8940	Y
Golden Moments LLC	11516 85Th Ave S	Seattle	(206) 772-4608	Y
Golden View AFH	7115 34Th Ave NW	Seattle	(206) 782-1928	N
Gonzaga House Adult Family Home	14319 20Th Ave NE	Seattle	(206) 365-4141	Y
Guardian Angels NW Inc	12634 23Rd Ave S	Seattle	(206) 439-1316	Y
Happy Heart Adult Family Home Care	108 Sw 122Nd St	Seattle	(206) 246-0981	Y

Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Happy Heart Adult Family Home Care #2	106 Sw 122Nd Street	Seattle	(206) 246-0981	N
Harbour Home	711 N 127Th St	Seattle	(206) 367-5888	Y
Helping Hand Adult Family Home	5143 Hazel St South	Seattle	(206) 721-1017	Y
Henry Adult Family Home	12701 Palatine Ave N	Seattle	(206) 363-2747	Y
Higher Dimensions #2	3231 S Hudson	Seattle	(206) 722-3866	Y
Higher Dimensions I	5048 49Th S	Seattle	(206) 723-2855	Y
Hill Park Family Home	2915 17Th Ave S	Seattle	(206) 861-8055	Y
Home Care Place	10658 21St Ave SW	Seattle	(206) 241-7312	Y
Home Sweet Home AFH Inc #2	9430 38Th Ave South	Seattle	(206) 723-2128	Y
Home Sweet Home AFH Inc 1	9434 38Th Ave S	Seattle	(206) 725-2986	Y
Home Sweet Home Care	13737 30Th Ave NE	Seattle	(206) 365-7041	Y
Home Sweet Home Care	13046 30Th Ave NE	Seattle	(206) 367-4458	N
Homecomings III AFH	1501 Sw Myrtle Street	Seattle	(206) 762-7603	Y
Howard & Cindy'S Lifetime Healthcare Services	9610 22Nd Ct NW	Seattle	(206) 781-3225	N

Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Isabel Health Care Services	11723 Luther Ave S	Seattle	(206) 722-7876	Y
Ivy Gardens AFH	6411 23Rd Ave S	Seattle	(206) 760-1920	Y
Jai Ranna AFH	5901 44Th Ave S	Seattle	(206) 722-4465	Y
Jai Ranna AFH	4639 S Austin St	Seattle	(206) 723-8727	Y
Jasmine Homecare	102 Nw 125Th St	Seattle	(206) 368-3470	Y
Jesmers Adult Family Home	13553 15Th Pl NE	Seattle	(206) 440-3058	Y
Josephine Golla AFH	4046 Ne 86Th Street	Seattle	(206) 526-2729	N
Jr Adult Family Home	4638 S Austin St	Seattle	(206) 723-8727	Y
Jubilee Adult Home 2	11039 Woodward Ave S	Seattle	(206) 772-2407	Y
Jude Jackson House	12718 15Th Ave NE	Seattle	(206) 365-6806	Y
Keystone	3512 Albion Place North	Seattle	(206) 461-6990	Y
Knight AFH	2700 S 133Rd St	Seattle	(206) 439-8268	N
Lagonoys Adult Family Home Care	5322 S Wallace St	Seattle	(206) 722-7999	Y
Lakecrest House	6070 Seward Park Ave S	Seattle	(206) 679-4909	N
Lakeview AFH	11721 77Th Ave S	Seattle	(206) 772-1786	Y

Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Langland House	9619 15Th Ave NW	Seattle	(646) 423-6671	Y
Laurel Park Manor	5010 Ne 52Nd St	Seattle	(206) 729-7300	Y
Life Adult Family Home	8148 14Th Ave SW	Seattle	(206) 763-6570	Y
Lifetime Adult Family Home	5324 S Wallace St	Seattle	(206) 725-1853	Y
Like Home AFH	5335 18Th Ave S	Seattle	(206) 762-2051	Y
Lilac Adult Family Home	4535 14Th Ave S	Seattle	(206) 992-0079	Y
Lmar AFH Care	8848 38Th Ave S	Seattle	(206) 721-3252	Y
Lomuntad Adult Family Home	13319 1St Ave Ne	Seattle	(206) 367-7873	Y
Lomuntad'S Adult Family Home	115 Ne 125Th St	Seattle	(206) 306-2967	Y
Loving Care AFH	19253 3Rd Avenue S	Seattle	(206) 824-4355	Y
Luxury Adult Home Care Inc	7801 Rainier Ave South #B	Seattle	(206) 723-6522	Y
Luzs Home Care	5069 Renton Ave	Seattle	(206) 723-1452	Y
Lys Adult Family Home	19265 Occidental Ave S	Seattle	(206) 304-3661	Y
Macs Adult Family Home	8824 Burke Ave North	Seattle	(206) 527-7094	Y
Magnolia Adult Family Home Inc	4326 29Th Ave West	Seattle	(206) 285-8550	Y
Magnolia Domicile	3410 35Th Ave W	Seattle	(206) 352-7512	N
Magnolia Home Care	2381 W Viewmont Way W	Seattle	(206) 713-8186	N
Magnolia Home Care	2505 W Smith St	Seattle	(206) 352-5339	N
Magnolia Home Care	2670 37Th Ave W	Seattle	(206) 281-7287	N
Magnolia Home Care	2615 25Th Ave W	Seattle	(206) 286-0937	N
Magnolia Home Care 2	2351 24Th Ave W	Seattle	(206) 301-0367	Y
Magnolia Manor	3412 24Th Ave W	Seattle	(206) 283-0946	Y
Magnolia Senior Care Inc	2376 W Howe	Seattle	(206) 659-4660	N
Magnolias Premier Adult Family Home Llc	2833 26Th Ave W	Seattle	(206) 282-2620	Y
Maple Leaf Home	8817 15Th Ave NE	Seattle	(206) 517-5742	Y
Maricris Tugade Adult Family Home	11713 87Th Ave S	Seattle	(206) 772-0996	Y
Mark Dewolfe House	1114 16Th Ave	Seattle	(206) 324-8088	Y
Matthew'S Beach House	9740 49Th Ave NE	Seattle	(206) 618-5962	N
Mcclouds Loving Care Home Adult Family Home	3923 S Morgan Street	Seattle	(206) 723-3806	Y
Millcreek Adult Family Homes II	504 N 179Th Place	Seattle	(206) 542-5129	Y
Millcreek Afh Inc IV	12024 Greenwood Ave N	Seattle	(206) 362-2527	Y
Minda'S Adult Family Home	3915 S Warsaw St	Seattle	(206) 725-1938	Y
Miracle Afh Of Seattle Llc	5603 18Th Ave SW	Seattle	(206) 763-2096	Y
MLK Agency LLC	5948 28Th Ave S	Seattle	(206) 760-9311	Y

Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Morningside Inc	3245 Ne 96Th St	Seattle	(206) 522-7902	N
Morningside Inc AFH	3246 Ne 96Th Street	Seattle	(206) 522-7902	N
Noah House	816 15Th Ave E	Seattle	(206) 325-8912	Y
North West Home Care	2121 N 115Th	Seattle	(206) 440-7770	Y
Open Arms Adult Family Home	11006 Lotus Pl S	Seattle	(206) 772-2671	Y
Paradise Hills Home Care	7211 S 135Th St	Seattle	(425) 271-0873	Y
Pat And Miletas Tlc Home	5608 Sw Hanford St	Seattle	(206) 932-2788	N
Penny Nevels AFH	1451 21St Ave	Seattle	(206) 329-2579	Y
Philanthropia Adult Family Home	2132 Boyer Ave E	Seattle	(206) 329-8500	N
Pinehurst Home	11757 9Th Ave NE	Seattle	(206) 367-3224	Y
Pinehurst Home	13516 23Rd Pl NE	Seattle	(206) 695-2890	Y
Pinehurst Senior Care LLC	12558 22Nd Avenue NE	Seattle	(206) 367-0646	N
Pinehurst Services Inc	11536 7Th Ave NE	Seattle	(206) 453-3931	Y
Queen Anne Home Care	3211 12Th Ave W	Seattle	(206) 285-0930	N
Rimas Adult Family Home	1720 North 185Th Street	Seattle	(206) 533-1334	Y
Rosehedge House III	12722 15Th Ave NE	Seattle	(206) 365-6806	N
Rosehill Adult Home Care	1422 S Winthrop St	Seattle	(206) 329-5469	Y
Rosehill Adult Home Care II	6439 South 124Th Street	Seattle	(206) 772-4837	Y
Saca Bernales Home Llc	4515 41St Ave South	Seattle	(206) 721-2042	N
Sand Point Senior Care	11314 Sand Point Way NE	Seattle	(206) 367-3290	Y
Sarausad House	20129 30Th Ave NE	Seattle	(206) 368-9896	Y
Selvermoon Adult Family Home	11555 17Th Ave NE	Seattle	(206) 365-0290	Y
Seward Park Adult Family Home	6075 Seward Park Ave S	Seattle	(206) 725-7243	Y
Shorewood AFH	1901 Sw 119Th St	Seattle	(206) 244-2947	Y
Shorewood Elder Care LLC	2614 Sw 112Th St	Seattle	(206) 257-5083	Y
Shuinota House	1425 E Ward	Seattle	(206) 860-7416	Y
Skyway Afh	7657 S 112Th St	Seattle	(206) 772-0535	Y
Southview Adult Family Home	4602 S Fletcher St	Seattle	(206) 725-6388	Y
Spada Home's Adult Family Home (Please see our ad on page 55)	8601 26Th Ave NE	Seattle	(206) 550-4696	N
Spada Home's Adult Family Home (Please see our ad on page 55)	3621 Ne 100Th St	Seattle	(206) 550-4696	N
St Anthony Residential Care Home LLC	9826 24Th Ave	Seattle	(206) 453-3619	Y
St Expeditus AFH Inc	16353 Wallingford Ave N	Seattle	(206) 542-9373	Y
St Helens Adult Family Home	2610 Ne 130Th St	Seattle	(206) 440-7151	Y
Sunshine Care	13009 13Th Nw	Seattle	(206) 368-8349	Y

Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
The Golden Age	18364 Ridgefield Rd NW	Seattle	(206) 542-9231	Y
The Home In Magnolia	2515 W Halladay St	Seattle	(206) 691-5425	N
The Home In Magnolia	2424 24Th Ave W	Seattle	(206) 282-2619	Y
The Pearly Jones Home	2830 26Th Ave W	Seattle	(206) 284-4088	Y
The Residential Family	9515 Sand Point Way NE	Seattle	(206) 527-0201	N
The Right Place The Right Time Inc	9346 Forest Ct SW	Seattle	(206) 937-1875	N
The Right Place The Right Time Inc	9338 Forest Ct SW	Seattle	(206) 935-9125	N
The Sacred Heart AFH	1423 Ne Brockman Place	Seattle	(206) 361-8621	Y
The Schneider Residence	13045 Military Rd S	Seattle	(206) 246-9874	Y
Theas Homecare	507 N 143Rd St	Seattle	(206) 306-9170	Y
Tlc Adult Family Home	9447 36Th Ave SW	Seattle	(206) 935-2335	N
Tlc Adult Family Home Roxbury	9454 37Th Ave SW	Seattle	(206) 932-5711	N
Truman House	12059 12Th Avenue NE	Seattle	(206) 361-8153	Y
United Home Care In Seattle	11412 82Nd Place South	Seattle	(206) 856-2196	Y
Valley Care Adult Family Home	8213 S 116Th Street	Seattle	(206) 772-1670	Y

Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Verdant Grove Adult Family Home LLC	9644 54Th Ave S	Seattle	(206) 722-2766	Y
Victoria Adult Family Home	3110 Ne 133Rd St	Seattle	(206) 362-1641	Y
Victoria I Adult Family Home	13321 31St Ave NE	Seattle	(206) 366-8569	Y
Viewhaven Homes	3819 Ne 87Th St	Seattle	(206) 679-9082	Y
Viewhaven Homes	3815 Ne 113Th St	Seattle	(206) 363-4757	Y
Villa Care	314 Nw 127Th St	Seattle	(206) 365-3200	Y
West Seattle Adult Family Home	8815 14Th Ave SW	Seattle	(206) 829-8758	Y
West Seattle Care	11037 19Th Ave SW	Seattle	(206) 327-9903	Y
Wilma J Gayden AFH	10435 59Th Ave S	Seattle	(206) 723-9970	Y

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

Elder Law Attorneys

Name	Business Name	Address	City	Phone
Sean Bleck	Isenhour Bleck, PLLC	1200 5th Avenue Ste. 2020	Seattle	(206) 340-2200
Barbara Byram	Dussault Law Group	2722 Eastlake Ave E Ste. 200	Seattle	(206) 324-4300
Kevin Coluccio	Stritmatter Kessler Whenlan Coluccio	200 2nd Avenue West	Seattle	(206) 826-8200
Erin Fairley	Advocates Law Group	121 Lakeside Avenue Suite 108	Seattle	(206) 353-4625
Amy Freeman	Columbia Legal Services	101 Yesler Way Ste. 300	Seattle	(206) 287-8615
Geoffrey Garrett	Byrd Garrett PLLC	2150 N 107th Street Ste. 510	Seattle	(206) 363-0123
Michelle Graunke	Attorney at Law	716 Second Ave Ste. 104	Seattle	(206) 652-4310
John Hertog	Hertog & Coster, PLLC	200 W Mercer Street Ste. 310	Seattle	(206) 587-6556
Suzanne Howle	Thompson & Howle	601 Union Street Ste. 3232	Seattle	(206) 682-8400
Barbara Isenhour	Isenhour Bleck, PLLC	1200 5th Avenue Ste. 2020	Seattle	(206) 340-2200
Kameron Kirkevold	Helsell Fetterman, LLP	1001 4th avenue Ste. 4200	Seattle	(206) 689-2185
Julianne Kocer	Law Offices of Julianne Kocer P.S.	301 NE 100th Street Ste. 310	Seattle	(206) 525-6919
Roger Kohn	Law Offices of Roger Kohn	9100 Roodevelt Way NE Ste. 203	Seattle	(206) 729-9867
Janine Lawless CELA	The Lawless Partnership. LLP	6018 Seaview Avenue NW	Seattle	(206) 782-9535
Christopher Lee	Helsell Fetterman, LLP	1001 Fourth Avenue Ste. 4200	Seattle	(206) 292-1144
Robert Millsap	Millsap Law Firm P.S.	7016 35th Avenue NE	Seattle	(206) 583-2740
Michael Olver	Helsell Fetterman, LLP	1001 4th avenue Ste. 4200	Seattle	(206) 689-2185
Michael Regeimbal	Regeimbal, McDonald PLLC	612 S 227th Street	Seattle	(206) 824-9808
Mieko Shikuma	Shikuma Law Offices PLLC	183 N 105th Street Ste. 101	Seattle	(206) 853-1541
Karen Sluiter	Law Offices of Karen P. Sluiter PLLC	9709 Third Avenue NE Ste. 504	Seattle	(206) 525-5828
Janet Smith	Law Offices of Janet L. Smith	1833 N 105th Street Ste. 101	Seattle	(206) 937-6102
James Lyman Sorenson	Attorney at Law	929 N 130th Ste. 14	Seattle	(206) 365-0346
Gerald Tarutis	Tarutis & Barron PS	9750 Third Avenie NE Ste 375	Seattle	(206) 223-1515
Karen Thompson	Thompson & Howle	4115 rooselvelt Way NE Ste. B	Seattle	(206) 545-7777
Eric Watness	Judicial Arbitration and Mediation Svs	600 University Street Ste. 1910	Seattle	(206) 622-5267
Barbara West	Vandeberg johnson & Gandara LLP	600 University Street Ste. 2424	Seattle	(206) 470-2799
Mary Wolney	Attorney at Law	514 19th avenue E Ste. A	Seattle	(206) 323-0400

Geriatric Doctors

Name	Addresss	City	Phone
	~ United Healthcare ~		
Dr. Itamar B. Abrass	325 - 9th Avenue	Seattle	(206) 731-3000
Dr. Katherine A. Bennett	325 - 9th Avenue	Seattle	(206) 744-3000
Dr. Nipali Bharani	325 - 9th Avenue	Seattle	(206) 731-3425
Dr. Patricia L. Borman	550 - 16th Avenue, Suite 100	Seattle	(206) 320-2484
Dr. Anthomy O. Boxwell	325 - 9th Avenue	Seattle	(206) 314-3900
Dr. Ru-Chien Chi	325 - 9th Avenue	Seattle	(206) 731-4191
Dr. Samuel W. Cullison III	1401 Madison Street, Suite 100	Seattle	(206) 386-6111
Dr. Samuel W. Cullison III	5300 Tallman Avenue Northwest	Seattle	(206) 781-6209
Dr. Samuel W. Cullison III	550 - 16th Avenue, Suite 100	Seattle	(206) 320-2484
Dr. Arnufo T. Delray	Department 466 Post Office Box 34935	Seattle	(509) 943-0300
Dr. John M. Espinola,	325 - 9th Avenue	Seattle	(206) 731-4191
Dr. Claudia A. Finkelstein	1959 Northeast Pacific Street	Seattle	(206) 598-4333
Dr. Claudia A. Finkelstein	325 - 9th Avenue	Seattle	(206) 731-5865
Dr. A. Carol Haymon	1401 Madison Street, Suite 100	Seattle	(206) 386-6111
Dr. A. Carol Haymon	1600 East Jefferson Street, Suite 510	Seattle	(206) 320-4888
Dr. A. Carol Haymon	1703 California Avenue Southwest	Seattle	(206) 320-4476
Dr. A. Carol Haymon	2450 - 33rd Avenue WSTE 100	Seattle	(206) 320-3364
Dr. A. Carol Haymon	5300 Tallman Avenue Northwest, #4E	Seattle	(206) 297-5100
Dr. A. Carol Haymon	550 - 16th Avenue, Suite 100	Seattle	(206) 320-2484
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Dr. Lianne A. Hirano	1530 North 115th Street, Suite 107	Seattle	(206) 368-6560
Dr. Lianne A. Hirano	401 Broadway	Seattle	(206) 744-5415
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Dr. Victor J. Legner	325 - 9th Avenue	Seattle	(206) 731-4191
Dr. Wayne C. McCormick	325 - 9th Avenue	Seattle	(206) 731-4191
Dr. Susan E. Merel	1959 Northeast Pacific Street	Seattle	(206) 598-4333
Dr. Thuan Ong	325 - 9th Avenue	Seattle	(206) 744-3000
Dr. Elizabeth A. Phelan	325 - 9th Avenue	Seattle	(206) 598-6146
Dr. Stephen R. Plymate	325 - 9th Avenue	Seattle	(206) 731-4191
Dr. May J. Reed	325 - 9th Avenue	Seattle	(206) 731-4191
Dr. James A. Taki	1001 - 4th Avenue, Suite 420	Seattle	(206) 554-3351
Dr. Eric J. Troyer	550 - 16th Avenue, Suite 100	Seattle	(206) 320-2484
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Dr. Marie L. Villa	325 - 9th Avenue	Seattle	(206) 731-3000
Dr. Sabine M. Von Preyss-Friedman	325 - 9th Avenue	Seattle	(209) 731-3000
Dr. Jonathan Wanagat	325 - 9th Avenue	Seattle	(206) 731-4191
Dr. Michi Yukawa	325 - 9th Avenue	Seattle	(206) 731-4191
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Dr. Shiraz S. Ahmed	1100 - 9th Avenue	Seattle	(206) 341-0860
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Dr. Katherine A. Bennett	325 - 9th Avenue	Seattle	(206) 744-3000
Dr. Anthony O. Boxwell	325 - 9th Avenue	Seattle	(206) 314-3900
Dr. Michael A. Chen	325 - 9th Avenue	Seattle	(206) 744-3000
Dr. Ru-Chien Chi	325 - 9th Avenue	Seattle	(203) 731-4191
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Dr. Daniel L. Kent	325 - 9th Avenue	Seattle	(206) 731-8516
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Dr. Yvonne Marquis	206 - 3rd Avenue South	Seattle	(206) 744-1500
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Dr. Wayne C. McCormick	325 - 9th Avenue	Seattle	(206) 731-4191
Dr. Jamie Novais	515 Minor Avenue, Suite 200	Seattle	(206) 386-9500
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Dr. Phyllis W. Christianson	1600 East John Street Capitol Hill East Building	Seattle	(206) 326-4530
Dr. Helen M. Dempsey-Tennent	1600 East John Street Capitol Hill East Building	Seattle	(206) 326-4530
Dr. Mary Aloysia Dolan	201 - 16th Avenue East Capitol Hill Main Building	Seattle	(206) 326-3000
Dr. Priyanka Duggal	4225 Roosevelt Way Northeast	Seattle	(206) 598-8750
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Dr. Jamie B. Gerber	1959 Northeast Pacific Street	Seattle	(206) 598-3300
Dr. Lianne A. Hirano	325 - 9th Avenue	Seattle	(206) 744-3000
Dr. Cynthia Bryce Jensen	201 - 16th Avenue East Capitol Hill Main Building	Seattle	(206) 326-3000
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Dr. Therese M. Martaus	1600 East John Street Capitol Hill East Building	Seattle	(206) 326-4530
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Smart Cremation (Please see our ad on page 21)	11241 Willows Road NE #310	Redmond	(800) 700-2203
Significant Ceremonies NW (Please see our ad on page 71)	Serving the Greater Seattle Area		(425) 770-9243

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

Senior Citizen Centers

Name	Addresss	City	Phone
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Greenwood Senior Center	525 N 85th Street	Seattle	(206) 461-7841
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International Drop-In Center	409 Maynard Avenue S	Seattle	(206) 587-3735
Northwest Senior Center	5429 32nd Avenue NW	Seattle	(206) 461-7811
Pike Market Senior Center	1931 1st Avenue	Seattle	(206) 728-2773
Ravenna-Bryant Senior Center	6559 Ravenna Avenue NE	Seattle	(206) 527-0712
Salvation Army Senior Center	9002 16th Avenue SW	Seattle	(206) 763-8842
Senior Center of West Seattle	4217 SW Oregon	Seattle	(206) 932-4044
Shoreline Senior Center	18560 1st Avenue NE #1	Seattle	(206) 365-1536
South Park Senior Center	8201 10th Avenue South	Seattle	(206) 767-3650
Southeast Seattle Senior Center	4655 S Holly Street	Seattle	(206) 722-0317
Tallmadge Hamilton House	5225 15th Avenue NE	Seattle	(206) 524-0473
Wallingford Senior Center	4649 Sunnyside Avenue N	Seattle	(206) 461-7825

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.

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. *See below.*

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.

Common Dementia and Alzheimer's 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.

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.

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
28815 – Pacific Hwy. S., Suite 7A
Federal Way, WA 98003
(253) 945-1400
www.comfortkeepers.com

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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RADIO - Weekly Two Hour Radio Show

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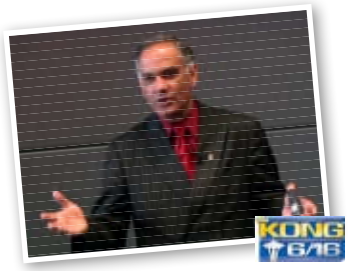

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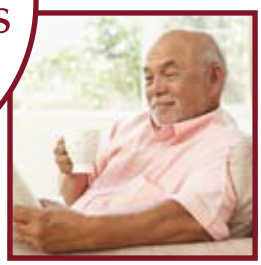

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