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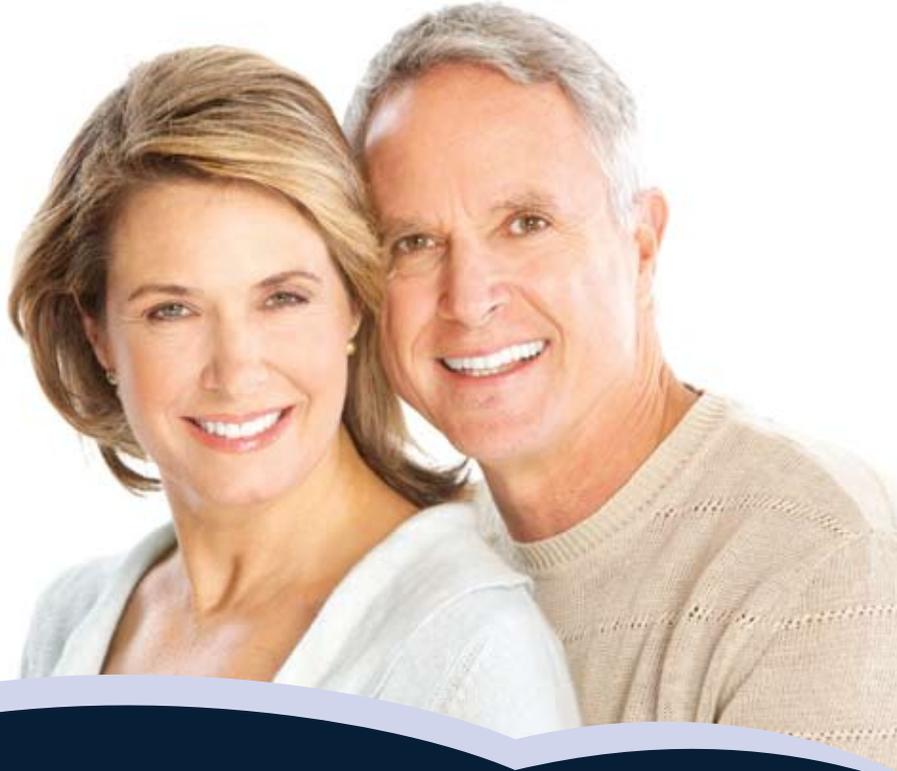
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*Special Note from the Publisher and Editor-in-Chief*

## Welcome To The AgingOptions Resource Guide

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 other health insurance; and,
- A significant burden being placed on loved ones of the ill person.

### 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;
- Locate the most appropriate housing alternative if aging at home is not possible
- Protect your assets not only from probate costs and estate taxes, but from uncovered long-term care and medical costs as well; and,
- Not become a burden on your loved ones in case of incapacity.

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



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Volume 5

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# How Traditional Estate Planning Fails Seniors



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

***“Seniors for Sale”***

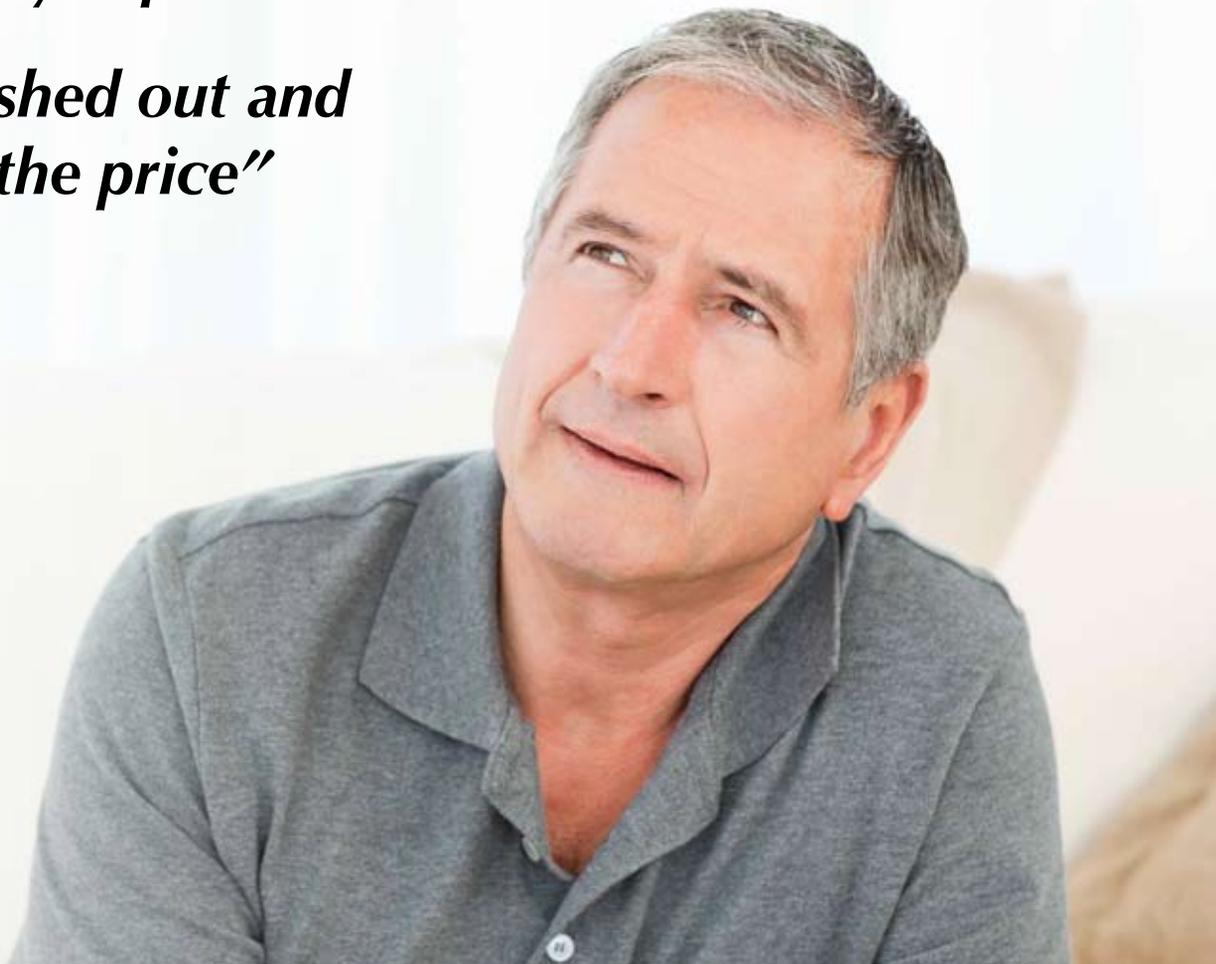
***“Neglect and death, but home stays open”***

***“Fragile pushed out and paying the price”***

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

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

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



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

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

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

### Who is to Blame?

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

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

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

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

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

### How this Planning Failed Nadra McSherry

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

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.

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# Overcoming the Shortcomings of Traditional Planning –

## Develop a LifePlan™

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

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

### Components of a LifePlan™

**HEALTH.** We can all agree that having good health is better than any other medical alternative. That is easier said than done though. The secret of good health is not that difficult to grasp: (1) **eat right**; (2) **exercise**; and (3) **have the right medical team**.

The first two are truly an issue of discipline more than anything else. Eating fruits and vegetables, drinking water instead of saturated sugar drinks, and avoiding processed foods is what it takes to eat right. But, the pressures of a busy life with constant and never ending time commitments make eating out easier, but not healthier. Exercising - well you know the drill. There are a few amongst us who actually do what most of us know we ought to do. It is an issue of discipline. There is only one way to exercise - do it. But, there is something that can be done about including the right professionals on your medical team. As we age and our physiology changes it becomes important to understand that there is a difference in the physician you call as your primary care physician. For people over age 60, selecting a geriatrician as a primary care physician may prove to be a better choice than having an internist or a family medicine physician as your primary care physician UNLESS the physician has a significant patient load of age 60 or above patients. The point being that you want to see someone who professionally is dedicated to understand the needs of retirees who have different needs as they approach retirement distinct from the needs when the body was younger and able to repair itself easier. Geriatricians will be able to assist you with prevention issues more effectively than any other specialty. And your insurance should allow you to see a geriatrician just as easily as it will allow you to access any other specialist.

**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 accessible.

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

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# RETIREMENT FRIENDLY - LEGAL PLANNING

*Ask Any Retiree or  
Aspiring Retiree -  
“What Keeps You Up  
At Night?”*

*You Are Likely To Hear:*

*FEAR OF  
LOSING CONTROL*

*FEAR OF RUNNING  
OUT OF MONEY*

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

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

Isn't it curious that if we fear institutional care 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 almost 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 institutional care comes 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 no longer touch most estates. In a climate of ever-increasing estate tax exemption limits, an estate currently valued at up to \$2,000,000 for a single person and \$4,000,000 for a married couple 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 about one in eight people over the age of sixty-five, and about one in two people over the age of eighty-five will have to deal with dementia related incapacities, which neither Medicare nor any health insurance will cover, exposing the estate to cover these very expensive and sometimes lengthy chronic care needs. Today, many estates will be depleted paying for these costs, rendering the owner of a once healthy estate dependent on Medicaid. Once on Medicaid, you will be able to live, as Medicaid will provide food, medicine, and shelter, but make no mistake that Medicaid will not be concerned about the quality of life you will experience because all your assets have been depleted.

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

your quality of life 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

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.

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.

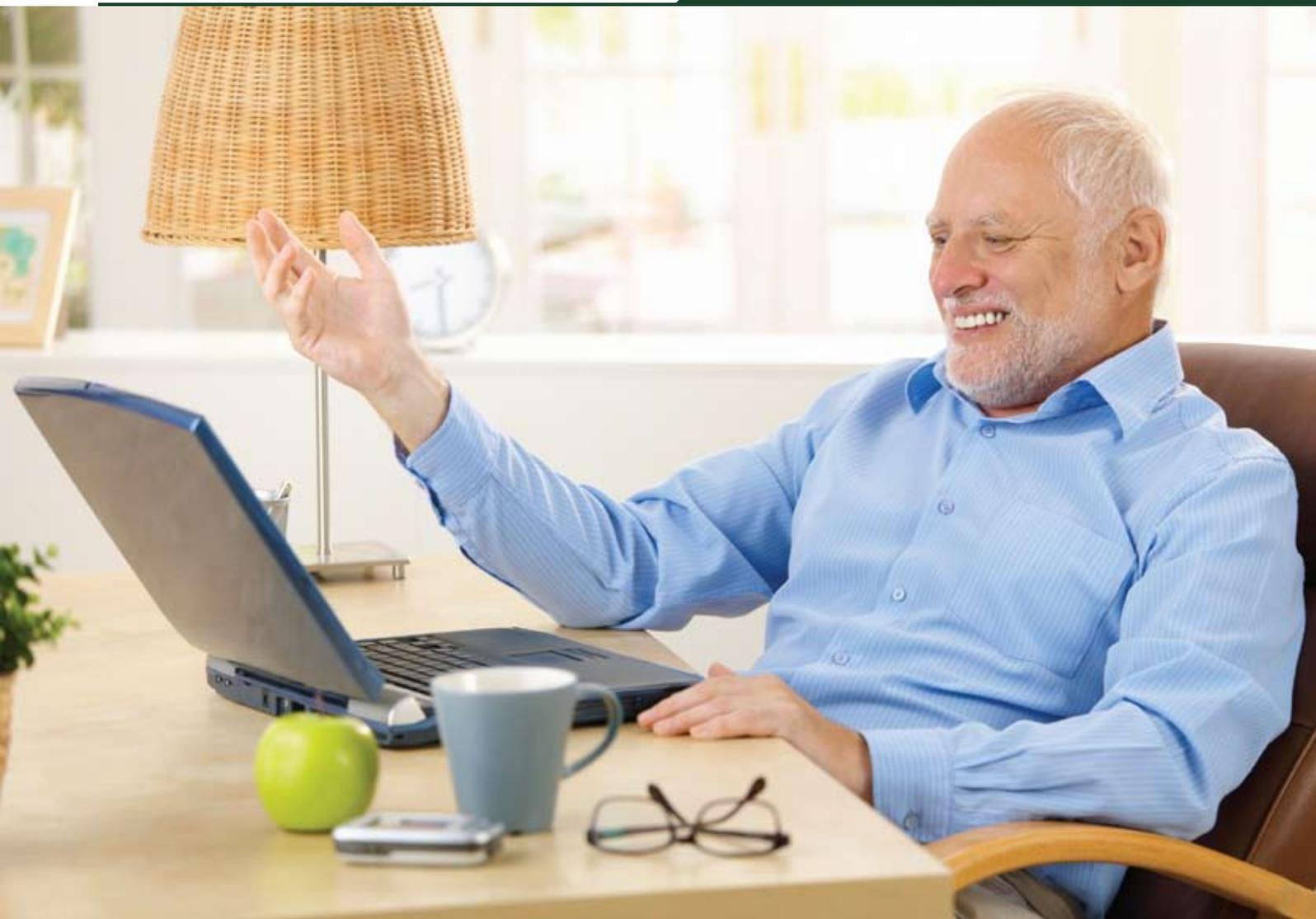
Your Power of Attorney should also prohibit your agent from being able to agree to sign a voluntary arbitration agreement. This agreement is generally placed in front of you or your family members when your mind is on other more stressful matters stemming from having to move to an assisted living facility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

### **Living Will.**

Finally, in light of the Shivo case (Florida) where Terri Shivo 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 Shivo 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 persisted vegetative state or terminally ill) but should also look to quality of life indicators when making a determination whether or not to allow the removal of the artificial means of life support.

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

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

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

### **SPEND DOWN.**

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

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

See related articles:  
*Understanding Medicaid p. 18*  
*Veteran Benefits p. 20*

*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.** 2012 tax laws allow you to gift up to \$5.12 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.

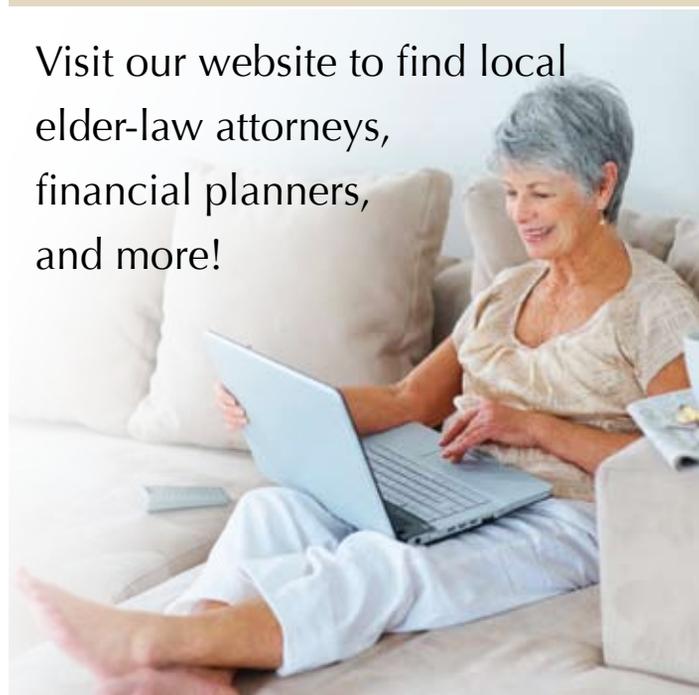
**WHAT TO GIFT.** Any assets that are gifted are subject to the look-back period described above, after the period of ineligibility, all assets that are gifted would be exempt from Medicaid because you would no longer be the owner of those assets. The amount you decide to gift should reflect however 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

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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



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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



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the community spouse will have a lot to do with whether or not this technique is a viable technique. Another point to bear in mind is that the tax implication stemming from cashing of a qualified fund should be balanced with the offsetting medical expenses triggered by the long-term care needs of the ill spouse.

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

**GIFT TAX:** As discussed above, most Medicaid planning techniques involve gifting of assets to family members. This also is the most misunderstood aspect of Medicaid planning, at least on the part of clients. The donees are usually concerned about the tax ramifications as most confuse the gift as a taxable receipt. For most clients, gift tax issue is a nonissue. Under IRC 2505, one can use the lifetime exemption of one million

dollars and escape all tax consequences, if the total amount gifted to any one single person exceeds the annual gift limit of \$13,000 under IRC 2503. As an elder law attorney, it is important that the client be advised of the need to file an IRS form 709, which is an informational form and will not trigger any tax liability unless the lifetime amount gifted by the donor exceeds the million dollar threshold.

## REVISING ESTATE PLANNING ISSUES AFTER MEDICAID BENEFITS HAVE BEEN APPROVED

**WILLS:** Achieving Medicaid eligibility means that the client has taken the steps necessary to reach financial eligibility by transferring assets out, or by other means. In a married client's context, nothing could be more disheartening than to go through the hoops of qualifying for Medicaid and later become disqualified from the benefit because the community spouse died leaving the remaining estate to the institutionalized spouse, raising the institutionalized spouse's assets over the Medicaid \$2,000 threshold. Therefore, in the context of a married client, it becomes imperative for the lawyer to recommend that the community spouse's Will be changed to



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include a testamentary Special Needs Trust for the benefit of the institutionalized spouse so long as he/she is living, with the remainder to go to the children or another designated beneficiary. Statutes allow trusts, created for the benefit of an institutionalized spouse, under a will to be not deemed an available asset. Reason would dictate that a remainder beneficiary not be named as a trustee because of the obvious conflict of interest. But, should one be named, a “trust protector” ought to be considered, who could be the check and balance between the interests of the institutionalized spouse and the remainder beneficiary trustee.

#### **POWERS OF ATTORNEY AND ADVANCE DIRECTIVES:**

The lawyer would be advised to review the existing documents to make sure that alternative agents are named under the documents, and perhaps recommend that the community spouse’s documents not name the institutionalized spouse as the agent. The other area to look for is the requisite gifting powers, and other powers that are specifically required to be listed in the powers of attorney under RCW 11.94.050. Occasionally, the lawyer might find that the powers are not

listed, in which case the lawyer should consider filing a petition with the court requesting modification of the documents to add the needed powers.

#### **COMMUNITY PROPERTY AGREEMENTS (CPA):**

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

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# Understanding Medicaid

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

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

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

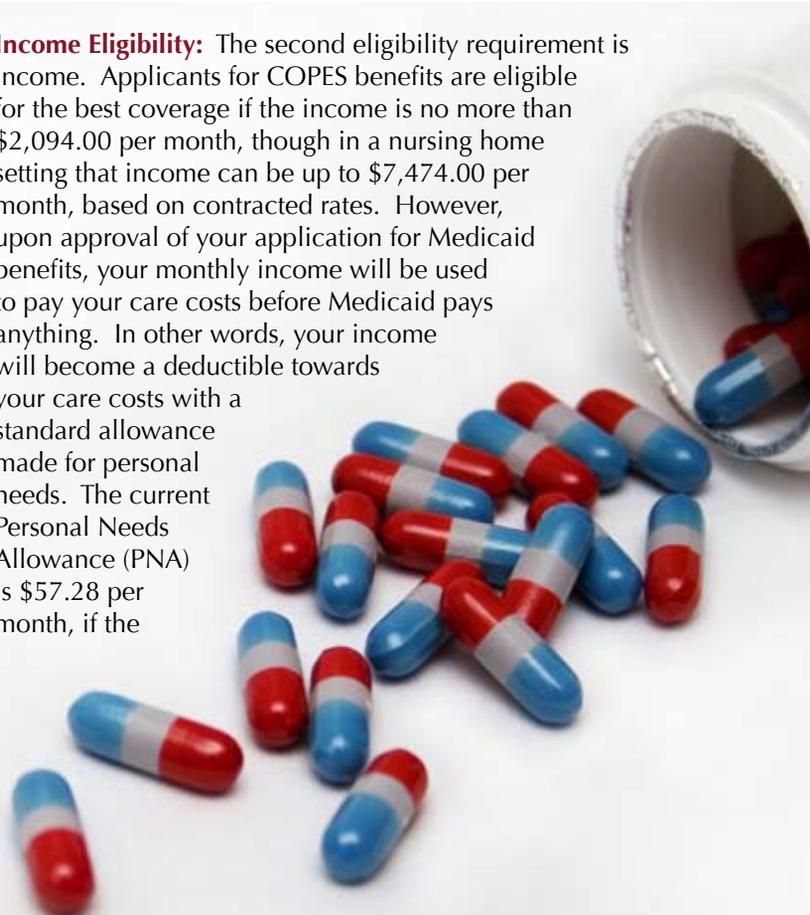


## Medicaid Eligibility Rules in Summary

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

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

**Income Eligibility:** The second eligibility requirement is income. Applicants for COPES benefits are eligible for the best coverage if the income is no more than \$2,094.00 per month, though in a nursing home setting that income can be up to \$7,474.00 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



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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, \$931.00 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 \$525,000.00 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 \$113,640.00 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.

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# 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 - \$1,704
- Widow of a qualified veteran - \$1,094
- Veteran with spouse or dependent - \$2,020

## 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. In our region, it is our experience that the VA administration finds the reasonable amount to be no more than \$80,000 for a married couple, and between \$20,000 and \$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:



  
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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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# Choosing Your Financial Adviser

*Like any important relationship in your life, selecting your financial adviser should be something that is well thought out and not left to chance.*

## How a Financial Adviser can help you

A financial adviser is a professional who can help you set financial goals and who can write and implement an objective and personalized plan to help manage all aspects of your financial picture, including investing, retirement planning, estate planning, and protection planning. A financial adviser can give you information and advice on a wide range of other topics including but not limited to; managing your cash and paying for a college education. The services that they offer might vary and often depend on several factors including credentials, licenses and areas of expertise. If the adviser does not have the specialized knowledge required to handle certain areas, such as tax planning or estate laws, he or she can coordinate a team of experts who can help you.

## What personal traits to look for

Like any relationship, if your values don't match, it won't last. So, consider some of the same traits you look for in a partner, mate or friend and keep in mind some of the Boy Scout's Law;

**Trustworthy.** How did I meet this advisor? Did your introduction come from a trusted source? Is this financial advisor someone that you would feel comfortable introducing to others? What is their reputation in the community?

**Loyal.** Is stability important to you? If so, then you will want to know how long they have been in practice and with their current broker/dealer. In addition you may want to check historically how many companies they have been associated with and why they have left or made changes.

**Helpful, Friendly, Kind, Cheerful.** Are they altruistic? What is their service commitment to the community? What are your first impressions when you are greeted or call their office? Do they have a staff that represents the same?

**Courteous & Obedient.** Do they speak at a level you understand and not speak over your head? Are they committed to come through when they say they will (do they call you back – keep their appointments?) are your communications styles compatible?

**Thrifty, Clean.** Have they personally and professionally made wise decisions? Are they professionally dressed with an office that represents a professional level that aligns with your values?

**Brave.** Have they taken risks or overcome hardship or displayed character how did they address the last recession with their current clients?

**Reverent.** Does and will this financial adviser respect me and my goals and in return do I respect his/her advice making our relationship a win/win?

Lastly, consider these three P's: **Plan, Principal** and **Policy**

**Plan.** What are their plans for succession? If they were to retire what would happen to your relationship? In the long term are they compatible with not only you - will they be compatible with your spouse or significant other and/or heirs?

**Principal.** Are they respectful of your belief systems? Do their belief systems align with or go in the opposite direction of yours?

**Policy.** When it comes to politics, it is ok to differ, but if you are strongly inclined one way or another will it bother you if your advisor has a different outlook and will this affect your relationship?

## Finding Your Financial Adviser

Ask friends, relatives, business associates, or other trusted advisors like your attorney and/or CPA who share your financial values to recommend a financial adviser.

## Interviewing and evaluating a Financial Adviser

Personality styles, financial planning philosophies, and qualifications may vary widely so it's a good idea to interview more than one financial adviser.

Before deciding to work with an adviser, thoroughly check out his or her credentials and licenses. Any advisor who is licensed to sell securities will be registered with Financial Industry Regulatory Authority (FINRA). Through their website you can pull a Broker Check to verify their registrations, the states where they are licensed and their employment history. In addition, any client disputes and the outcomes will be registered here as well. If they have any other professional designations you should verify those with the governing agencies.

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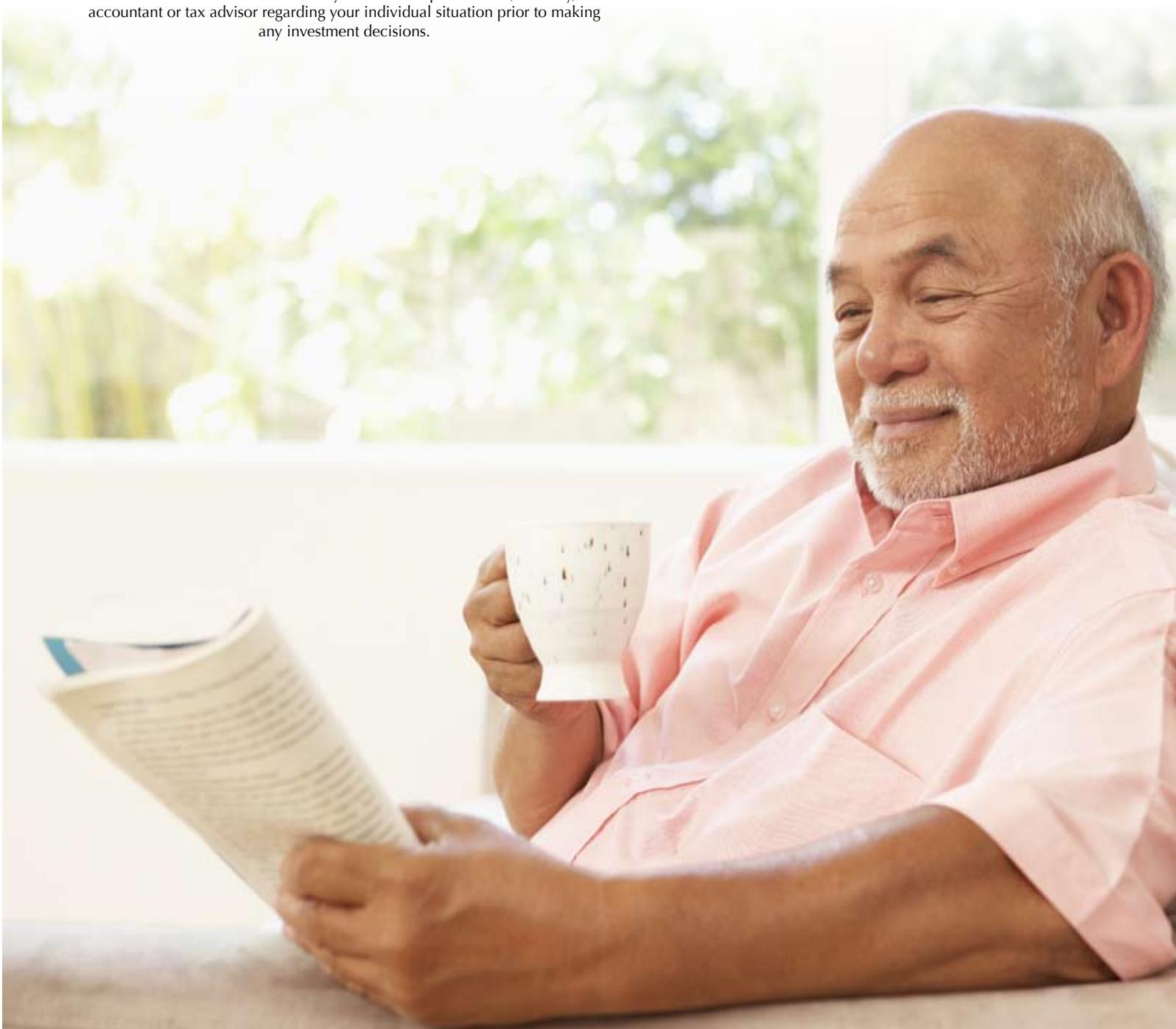
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**Securities and Exchange Commission**  
800-732-0330 • [www.sec.gov](http://www.sec.gov)



# 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](http://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 you 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](http://www.ncoa.org/news-ncoa-publications/publications/ncoa_reverse_mortgage_booklet_073109.pdf))

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# SMART MOVES IN HOUSING

*“Ask Not, What You Can Do For Your House...*

*“...Ask what your house can do for you”.*

*Article by: Mike Hearl – AgingOptions Brand Strategist*

OK, first off, my apologies to President John F. Kennedy for my “spin” on his Inaugural Address. That said, I think we’ve got a pretty interesting topic on the table here. Housing is THE biggest expense that Boomers and Seniors will wrestle with as they navigate life between the ages of 60-90, give or take a few years on either end of the spectrum. And yes, the data consistently verifies that housing costs outweigh healthcare during this time span.

So, what would be some “smart moves” to consider with regards as to how you are going to define “house and home” going forward? Because the way that you choose to define these, given your unique circumstances, desires and finances, will play a major role in your health, wealth, and happiness quotients until that day you no longer require (above ground) living arrangements.

The fact that “smart moves” naturally implies that there are “dumb moves” one could also make. Let me be blunt... you’re old enough and wise enough to hear this. To take the position, “Well, I don’t need to do anything about house and home because they are going to carry me out of here in a pine box!” Is in itself, a “dumb move”

This above “non-move” approach is termed “Aging-In-Place”, and it’s a great way to go, depending on your unique situation, health considerations and financial capacities. The other housing options that are viable and available are:

- Move, or downsize, into a house, townhome or condo that is better suited, in terms of neighborhood, layout and spaces, to accommodate independent “aging in place”, or...
- Transition into an “Active Adult”, Continuing Care Residential Community (CCRC) or assisted-living setting.

Within these three over-arching options there are lots of choices for you, and hence, lots of “smart”, or “dumb” moves for you to make. For the purpose of this article, we’re going to focus in on the second option above, making a move into a better independent-living place and space that can serve you well until... well, you know.

## **“Where THEN would be the best place for me/us to live”?**

Examples of how “THEN” comes into play when thinking about housing in the present and future would include “When they take my car keys and I am no longer driving”, or “When my spouse passes away”, or “When I’ll need some help with managing the basics of life”. These are just a few of the many issues that we will all navigate relative to ascertaining the best housing environment for the long haul.

With this in mind, we’ve found that a good model for helping our clients to design their own unique housing “map” is one that takes a look at housing from the “inside-out”. What that means is that we start by helping clients think through the kind of spaces that will serve to enhance quality of life and safety, then look at all the options relative to place / location, factoring in family considerations and participation, access to services and amenities, walkability, work and volunteering opportunities and social connectivity.

## **Spaces:**

WHAT kind of space(s) are conducive to you pursuing your passions, keeping your hand in business activities, hosting family and friends, give a sense of well-being, addressing health issues and most important providing physical safety and security?

Some common reasons precipitating a move from a current home is having to navigate stairs when physical or mental incapacity strikes, or hindered access to kitchen and bath facilities. With falls in the home being one of the major “triggers” of the slide into institutional care a professional evaluation can spot these, and many other potential barriers that may indicate the wisdom of making a move.

## **Places:**

“Blue Zone” Considerations: Because we at AgingOptions see how essential the health component is in protecting assets and preserving quality of life we feel it incumbent upon us to make our clients aware of some very important research carried out related to this question of “Place”.



There are some key criteria to bring into the mix, with everyone's lifestyle decisions being a unique blend of the following general factors:

- **Cost of Living:** not just shelter, but food, services and tax burden considerations
- **Climate** preferences or requirements
- **Housing Stock:** with a range of options to accommodate changes as you age, taking into consideration affordability, appreciation potential, maintenance, repairs and yard work demands.
- **Medical Facilities:** proximity to hospitals, MD specialists, and in-home healthcare services.
- **Services:** transportation, shopping and cultural activities are within "walking distance" (generally considered to be ¼ mile)?
- **Economic Health:** This plays a role in services not being cut, work opportunities and real estate values.
- **Natural Beauty and Outdoor Recreation Amenities**
- **Continuing Education and Volunteer Opportunities**
- **Social Climate:** Do I find people who share my views, values and interests?
- **Proximity:** to family, friends and care-givers, public transportation and airports, shopping, grocery stores, cafes and parks.
- **Safety:** low crime rates, along with good fire and police protection

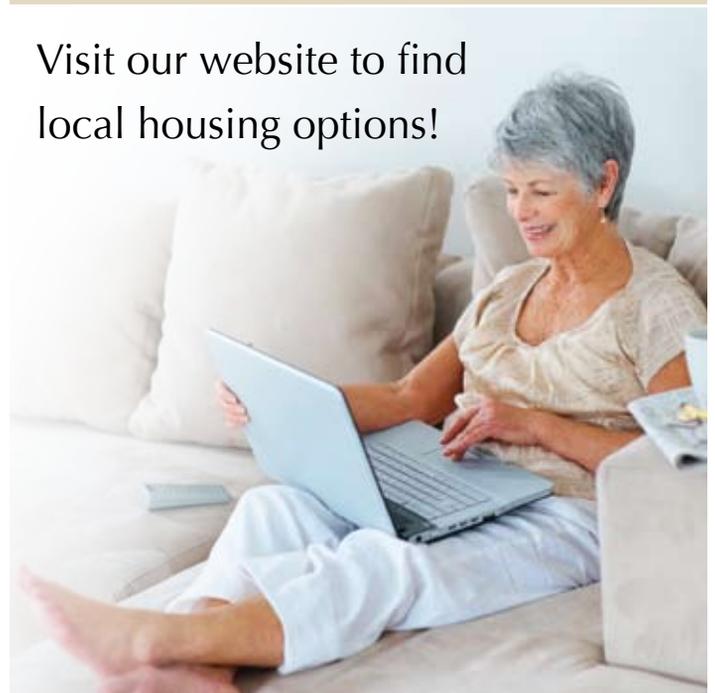
### In Conclusion:

Whether you make a "smart move" or not depends on the counsel and insights from a wise "team of guides" that includes your doctor, financial planner, and attorney. Add to these voices "local expertise" from the people who truly understand, not just the market values of a particular spot, but the socio-economic-political climate surrounding it... those family, friends and real estate professionals who make their homes there now.

As you can see, there is a LOT that "your house can do for you"... IF you ask the right questions and get informed answers.

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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.





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## Nursing Homes

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

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

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

A nursing home must inform every resident of their legal rights, orally and in writing, at the time of admission. Washington maintains an ombudsman program to investigate and resolve complaints made by, or on behalf of, residents of nursing homes and other long-term care facilities. The Area Agency on Aging for each county is designated as the local providers of these ombudsman services.

## Financing Long-term Care Costs

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

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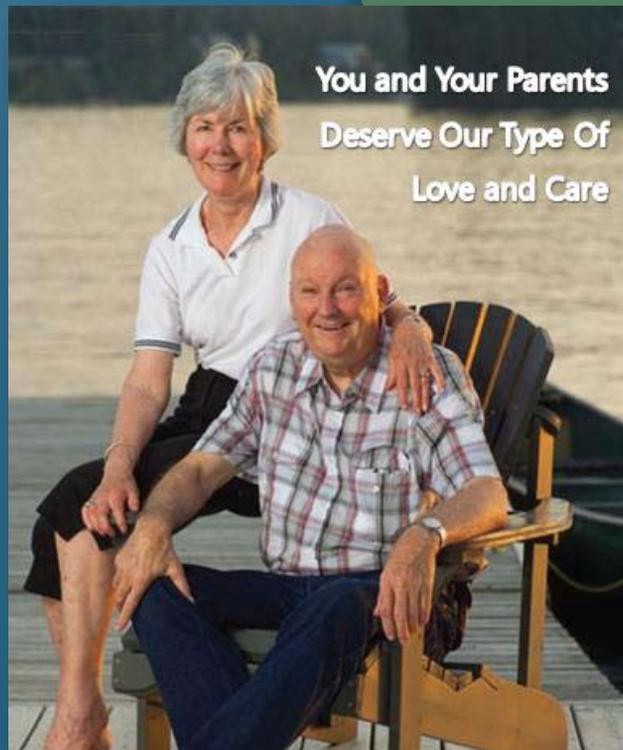
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# What can I expect with IN-HOME CARE

*In-home care offers seniors and their families the convenience of care delivered in the comfort of home.*

*Advertorial By Kim Sanchez, Comfort Keepers*

Most families believe they must move their parents to a care facility when sometimes they only need a little extra help. In-home care services allow seniors the opportunity to age in place, safely and securely in the comfort of their own home. These services provide support to help preserve seniors' dignity and independence as well.

Below is a listing of typical in-home services. There may not be an immediate need for all of these services now, but the great thing about in-home care is that it offers plenty of options that can be added or modified as needs change—all in the comfort of home.

Additionally, you can expect real value from in-home care. Instead of contracting with a variety of providers that may specialize in errands, or transportation, or housekeeping, or meal preparation, you can contract with an in-home care agency to take care of all these needs and more....



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## Personal Care Services

- Bathing to help seniors maintain proper hygiene and to refresh their sense of well-being.
- Mobility assistance to promote activity and exercise for a more healthful lifestyle as well as improve mood, decrease stress and increase mental alertness.
- Transferring and positioning seniors to help maintain functional activity, relieve pressure areas on the skin, reduce atrophy and stiffening of muscles, and promote proper breathing, digestion, and elimination.
- Toileting and incontinence care to sensitively help seniors maintain dignity.
- Oral hygiene to prevent bad breath, tooth decay, and gum disease and assist in prevention of other diseases.

## Companionship & Care Services

- Conversation and companionship to provide seniors social contact at meal time or other moments of the day to enhance health, happiness and quality of life.
- Meal preparation to help seniors maintain good nutrition for healthier living.
- Light housekeeping, such as vacuuming, dusting, sweeping and mopping floors, cleaning bathrooms and kitchens, taking out the trash, straightening rooms, organizing closets and drawers, cleaning interior windows.
- Errand services, such as picking up prescriptions and going to the post office.
- Grocery shopping with or without the client.
- Respite care to relieve family members who are assisting with the care of their loved ones. This allows family time to run errands, go shopping or get much-needed rest.
- Medication reminders. In-home caregivers cannot administer medications, but can remind the client to take medications and assist in opening medication containers and reading labels.
- Incidental transportation to doctor appointments, barbershops, beauty salons, shopping, wherever the client likes or needs to go.
- Laundry services, which include washing, drying, ironing and putting things away.
- Recreational activities, such as card and board games, a walk in the park, crafts, hobbies, and outings to church and other favorite places to help seniors stay active in mind, body and spirit.
- Mail assistance and organization to separate junk mail from important mail and to assist seniors with their bills.
- Periodic review and communication with family to provide updates on their loved one, answer any concerns or redefine services that may be needed.
- In-home safety devices that monitor seniors when they are home alone, for their safety, and enable them to quickly summon help with the push of a button in an emergency.

# Independent Living or a Continued Care Retirement Community?

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

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

## **Independent Living**

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

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



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

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

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

### Continuing Care Retirement Communities

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

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

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

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

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

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## 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.

## Skilled Nursing Facilities

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](http://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*

Care  Patrol

*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](http://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!

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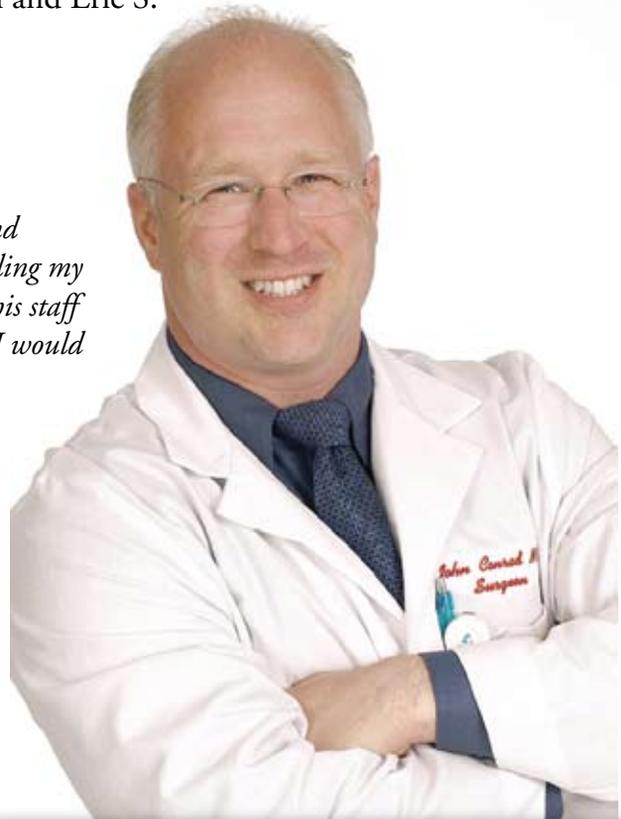
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# AgingOptions

## RESOURCE GUIDE

## In-Home Care, Home Health & Hospice Agencies

Name	Address	City	Phone	Medicaid
Fedelta Care Solutions	33530 1st Way South Suite 102	Federal Way	(253) 272-1848	
Professional Registry of Nursing, Inc	10828 Gravelly Lake Dr SW	Lakewood	(253) 840-1909	
Puget Sound Home Health Care <i>(Please see our ad on page 65)</i>	7714 Bridgeport Way West	Lakewood	(253) 581-9410	Y
ResCare HomeCare <i>(Please see our ad on page 14)</i>	9321 South Tacoma Way	Lakewood	(253) 584-2311	Y
Gentiva	2913 NE 5th Ave 2nd Floor	Puyallup	(253) 435-9953	N
Arcadia Health Care	823 West Main Street, Suite J	Sumner	(253) 863-1834	N
Advanced Health Care	9116 Gravelly Lk Dr. SW. Suite 101	Tacoma	(253) 475-7744	N
Gentiva	4020 South 56th St	Tacoma	(253) 475-6862	N
KWA HomeCare	125 East 96th St	Tacoma	(253) 535-4202	Y
Maxim Healthcare Services	4301 S Pine St, Suite 505	Tacoma	(253) 671-9909	Y
Multicare Good Samaritan Home Health & Hospice	3901 S Fife Street	Tacoma	(253) 301-6400	Y
Multicare Hospice of Tacoma	315 Martin Luther King Jr Way	Tacoma	(253) 403-1805	Y
ResCare HomeCare <i>(Please see our ad on page 14)</i>	747 Saint Helens Ave	Tacoma	(253) 272-2675	Y
Sound Options, Inc	3518 6th Ave, Suite 300	Tacoma	(253) 756-5007	N
St Joseph Hospital Hospice	1717 South J Street	Tacoma	(253) 591-6808	Y
Visiting Angels	1206 S 11th St, Suite 12	Tacoma	(253) 537-3700	N
Amada Home Care & Placement Services	3318 Bridgeport Way W, Suite D8	University Place	(888) 942-6232	N
Franciscan Hospice and Palliative Care <i>(Please see our ad on page 49)</i>	2901 Bridgeport Way West	University Place	(253) 534-7000	Y
Homewatch Care Givers	Serving all of Pierce County		(253) 237-0451	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

# Assisted Living

Name	Address	City	Phone	Medicaid
Cedar Ridge Retirement & Assisted Living	9515 198th Ave east	Bonney Lake	(253) 299-6461	N
Heritage House Mountain View Pointe (Please see our ad on page 73)	28833 Hwy 410 East	Buckley	(360) 829-5292	Y
Patriots Landing Operations LLC	1600 Marshall Circle	Dupont	(253) 964-4900	N
Eatonville Manor Inc	104 Mashell Ave South	Eatonville	(360) 832-6289	Y
Harbor Place At Cottesmore (Please see our ad on page 41)	1016 29th St NW	Gig Harbor	(253) 853-0300	N
Merrill Gardens At Gig Harbor	3213 45th St Ct NW	Gig Harbor	(253) 841-4909	N
Sound Vista Village Inc	6633 McDonald Ave	Gig Harbor	(253) 851-9929	N
The Lodge at Mallard's Landing	7083 Wagner Way	Gig Harbor	(253) 858-4990	Y
Country Cottage	12109 Kapowsin Hwy East	Graham	(253) 847-1834	Y
Maple Creek Residential Care	10420 Gravelly Lake Dr SW	Lakewood	(253) 588-0227	Y
Nisqually View Residential Care	9414 357th St South	McKenna	(360) 458-3801	Y
Mill Ridge Village	607 28th Ave	Milton	(253) 925-9200	Y
Washington Soldier's Home	1305 Orting/Kapowsin Hwy	Orting	(360) 893-4515	Y
Emeritus At The Courtyard	4610 6th St Place SE	Puyallup	(253) 841-9722	Y
Meridian Hills Assisted Living	1813 S Meridian St	Puyallup	(253) 841-4909	Y
Merrill Gardens At Puyallup	123 4th Ave NW	Puyallup	(253) 484-1234	N
Silver Creek Retirement & Assisted Living (Please see our ad on pages 17, 75)	17607 91st Ave East	Puyallup	(253) 875-8644	N
Franklin House	5713 Parker Rd	Sumner	(253) 891-3569	N
Stafford Suites (Please see our ad on pages 40, 75)	15519 62nd St East	Sumner	(253) 862-1818	N
Cascade Park Vista	242 helens St	Tacoma	(253) 627-3833	Y
Charlton Place	9723 S Steele St	Tacoma	(253) 589-1834	Y
EmpRes Healthcare Management, LLC (Please see our ad on page 32)	6220 S Alaska St	Tacoma	(253) 476-5300	Y
Franke Tobey Jones	5340 North Bristol	Tacoma	(253) 752-6621	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

# Assisted Living Continued

Name	Address	City	Phone	Medicaid
King's Manor Senior Living	8609 Portland Ave	Tacoma	(253) 538-7222	Y
Laural House	10816 18th Ave East	Tacoma	(253) 537-5395	N
Life Manor Assisted Living	1609 S Union Avenue	Tacoma	(253) 779-3800	N
Merrill Gardens At Tacoma	7290 Rosemount Circle	Tacoma	(253) 460-5851	N
My Grandma's House LLC	1227 S Geiger	Tacoma	(253) 564-2632	N
Narrows Glen	802 Laurel Lane N	Tacoma	(253) 564-4770	N
Northwest Retirement Center	610 N Fife	Tacoma	(253) 272-8600	Y
Peoples Retirement Community	1800 E 67th St	Tacoma	(253) 474-1741	Y
Spring Ridge Retirement Community <i>(Please see our ad on page 39)</i>	6856 Portland Ave	Tacoma	(253) 474-1093	Y
Tacoma Lutheran Home Retirement <i>(Please see our ad on page 47)</i>	1301 N Highlands Pkwy	Tacoma	(253) 752-7112	Y
The Village Retirement & Assisted Living	4707 S Orchard St	Tacoma	(253) 475-4707	Y
Weatherly Inn	6016 N Highlands Pkwy	Tacoma	(253) 752-8550	N
Wynwood of Allenmore	3615 S 23rd St	Tacoma	(253) 759-7770	N
Bridgeport Place	5250 Bridgeport Way West	University Place	(253) 565-1960	N



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[www.fedeltacaresolutions.com](http://www.fedeltacaresolutions.com)

# Independent Living

Name	Address	City	Phone	Medicaid
Cedar Ridge Retirement & Assisted Living	9515 198th Ave East	Bonney Lake	(253) 299-6461	N
Harbor Place at Cottesmore	1016 29th Street NW	Gig Harbor	(253) 853-0300	N
Laurelwood Apartments	3444 Erickson ST	Gig Harbor	(253) 851-3653	N
Merrill Gardens at Gig Harbor	3213 45th Street Ct NW	Gig Harbor	(253) 585-5300	N
Peninsula Independent Retirement Living	3445 50th St Ct Nw	Gig Harbor	(253) 858-4800	N
Sound Vista Village Inc	6633 McDonald Ave	Gig Harbor	(253) 851-9929	Y
The Lodge at Mallards's Landing	7083 Wagner Way	Gig Harbor	(360) 858-4990	N
Mountainview Estates/Lakeshore Communities	836 Harman Way	Orting	(360) 893-3200	N
The Highlands at South Hill	502 43rd Ave SE	Puyallup	(253) 445-8000	N
Emeritus At the Courtyard	4610 6th St Place SE	Puyallup	(253) 841-9722	N
Merrill Gardens at Puyallup	123 4th Ave NW	Puyallup	(253) 848-1234	N
Silver Creek Retirement & Assisted Living (Please see our ad on pages 17, 75)	17607 91st Ave East	Puyallup	(253) 875-8644	Y
Willows Glen - Holiday Retirement	4502 6th St SE	Puyallup	(253) 200-0157	N
Merrill Gardens At Puyallup	123 4th Ave NW	Puyallup	(253) 848-1234	N
Franke Tobey Jones	5340 N Bristol St	Tacoma	(253) 752-6621	N
Gibson Gardens	5001 Pacific Ave	Tacoma	(253) 472-5008	N
Harbor Place Townhouses	2604 N 31st Street	Tacoma	(253) 759-2287	N
Harbor View Manor (Please see our ad on page 6)	919 South Fawcett Ave	Tacoma	(253) 272-5552	N
Life Manor Independent Affordable Senior Living	1601 Union Ave	Tacoma	(253) 353-3363	N
Merrill Gardens at Tacoma	7290 Rosemount Circle	Tacoma	(253) 460-5851	N
Mill Ridge Village	607 28th Ave	Tacoma	(253) 925-9200	Y
Narrows Glen Independent Living	8201 6th Ave	Tacoma	(253) 564-4770	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

# Independent Living Continued

Name	Address	City	Phone	Medicaid
Norpoint Village	4301 Norpoint Way NE	Tacoma	(253) 952-8347	N
Pointe Defiance Village	6414 Norpoint Way NE	Tacoma	(253) 759-8908	N
StoneRidge at the Park	3602 N. Narrows Dr.	Tacoma	(253) 759-2287	N
Tacoma Lutheran Retirement Community (Please see our ad on page 47)	1301 N Highlands Pkwy	Tacoma	(253) 752-7112	Y
Tahoma Terrace	2602 S Union Avenue	Tacoma	(253) 759-4640	N
The Village Retirement and Assisted Living	4707 S Orchard St	Tacoma	(253) 753-4640	N
Weatherly Inn	6016 N Highlands Pkwy	Tacoma	(253) 752-8550	N
Wright Park House - Pan Pacific	401 South G St	Tacoma	(253) 272-2304	N
Villas at Union Park	2010 S Union Ave	Tacoma	(253) 752-6870	N
Village Retirement & Assisted Living	4707 Orchard St	Tacoma	(253) 475-4707	Y
Charlton Place Assisted Living	9723 S Steele St	Tacoma	(253) 589-1834	Y
Bridgeport Place	5250 Bridgeport Way W	University Place	(253) 565-1960	Y
The Cottages at Peach Creek	7505 57th Ct W	University Place	(253) 565-6151	N

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*Franciscan Hospice and Palliative Care provides expert end-of-life care.*

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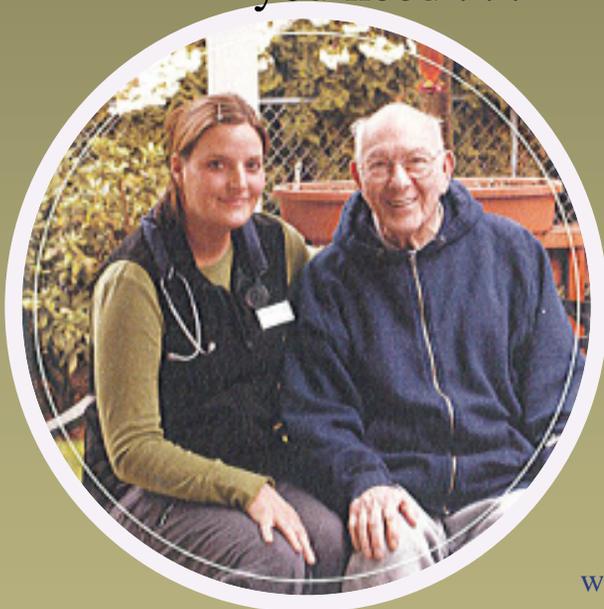
† CATHOLIC HEALTH  
INITIATIVES

**Franciscan Hospice  
and Palliative Care**

# Alzheimer's/Memory Care

Name	Address	City	Phone	Medicaid
Heritage House <i>(Please see our ad on page 73)</i>	28833 Hwy 410 east	Buckley	(360) 829-5292	Y
Patriot's Landing	1600 Marshall Circle	Dupont	(253) 964-4900	N
Clare Bridge at Shoreline View	9324 N Harborview Dr	Gig Harbor	(253) 585-7790	N
Olympic Alzheimer Residence	3025 14th Ave NW	Gig Harbor	(253) 851-5306	Y
Clare Bridge of Puyallup	8811 176th St East	Puyallup	(253) 445-1300	N
Emeritus At The Courtyard	4610 6th St Place Se	Puyallup	(253) 841-9722	Y
Franklin House	5713 Parker Rd	Sumner	(253) 891-3569	N
Franke Tobey Jones	5340 N Bristol St	Tacoma	(253) 752-6621	N
Cascade Park Gardens	4347 S Union	Tacoma	(253) 475-3702	Y
Laurel House	802 Laurel Lane North	Tacoma	(253) 564-4770	Y
Harmony Glen Alzheimer Facility	515 64th St	Tacoma	(253) 475-6933	
Narrows Glen/Recollections	8201 6th Ave North	Tacoma	(253) 564-4770	Y
Northwest Retirement Center	610 N Fife St	Tacoma	(253) 272-8600	Y

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- Secure, Non-Challenging Environment
- Licensed Nurses
- Dementia-Trained Caregivers
- Nutritious Meals Served Daily
- Daily Activities
- Individual Programming
- Individualized Service Plans
- Community Living Areas
- Spacious Courtyards with Walkways
- Unique Indoor & Outdoor Activity Stations
- Secure Memory Care

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Community  
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the individual



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University Place, WA 98466

**(253) 460-3330**

# Alzheimer's/Memory Care Continued

Name	Address	City	Phone	Medicaid
Pioneer Place Alzheimer Residence	11519 24th Ave East	Tacoma	(253) 539-3410	Y
Tacoma Lutheran Home Retirement <i>(Please see our ad on page 47)</i>	1301 N Highlands Pkwy	Tacoma	(253) 752-7112	Y
The Weatherly Inn	6016 N Highlands Pkwy	Tacoma	(253) 752-8550	N
Hearthside Manor <i>(Please see our ad on page 50)</i>	3610 Drexler Dr West	University Place	(253) 460-3330	Y

## Skilled Nursing

Name	Address	City	Phone	Medicaid
Cottesmore of Life Care	2909 14th Ave NW	Gig Harbor	(253) 851-5433	Y
Avamere Georgian House of Lakewood	8407 Steilacoom Blvd SW	Lakewood	(253) 588-2146	Y
Kindred Transitional Care & Rehabilitation - Lakewood	11411 Bridgeport Way SW	Lakewood	(253) 581-9002	Y
Nisqually Valley Care Center	9414 357th St S	McKenna	(360) 458-3801	Y
Washington Soldiers Home	1301 Orting Kapowsin Hwy E	Orting	(360) 893-4515	Y
Life Care Center of Puyallup	511 10th Ave SE	Puyallup	(253) 840-4400	Y
Kindred Transitional Care & Rehabilitation - Rainier Vista	920 12th Avenue SE	Puyallup	(253) 841-3422	Y
Regency at Puyallup Rehabilitation Center	516 23rd Ave SE	Puyallup	(253) 845-6631	Y
EmpRes Healthcare Management, LLC <i>(Please see our ad on page 32)</i>	6220 S Alaska St	Tacoma	(253) 476-5300	Y
Avamere Heritage Rehabilitation of Tacoma	7411 Pacific Ave	Tacoma	(253) 474-8456	Y
Avamere Skilled Nursing of Tacoma	3625 East B St	Tacoma	(253) 475-2507	Y
Franke Tobey Jones	5340 N Brostol	Tacoma	(253) 752-6621	N
Heartwood Extended Health Care	1649 E 72nd	Tacoma	(253) 472-9027	Y
Manor Care Health Services	5601 S Orchard St	Tacoma	(253) 474-8421	Y
Orchard Park	4755 S 48th	Tacoma	(253) 475-4611	Y
Park Rose Care Center	3919 S 19th	Tacoma	(253) 752-5677	Y
Regency at Tacoma Rehabilitation Center	2102 S 96th	Tacoma	(253) 581-2514	Y
Tacoma Lutheran Home Retirement <i>(Please see our ad on page 47)</i>	1301 N Highlands Pkwy	Tacoma	(253) 752-7112	Y
University Place Care Center	5520 Bridgeport Way W	Tacoma	(253) 566-7166	Y

# CCRCs

Name	Address	City	Phone	Medicaid
Merrill Gardens at Gig Harbor	3213 45th St Ct NW	Gig Harbor	(253) 858-5300	N
Sound Vista Village	6633 McDonald Ave	Gig Harbor	(253) 851-9929	N
Lakes at Gig Harbor	4416 146th St NW	Gig Harbor	(253) 857-5456	
Milton Activity Center	1000 Lauren St	Milton	(253) 922-6586	N
Meridian Hills Assisted Living	1813 S Meridian	Puyallup	(253) 841-4909	Y
Willows Gardens Retirement Center	4502 6th St SE	Puyallup	(253) 848-4430	N
Emeritus at the Courtyard	4610 6th St Place SE	Puyallup	(253) 841-9722	N
Celebrate Seniority	1401 E Main	Puyallup	(253) 697-7385	N
Puyallup Senior Mealsite	412 W Pioneer	Puyallup	(253) 848-1020	
Senior Footcare	10706 Fruitland Ave East	Puyallup	(253) 848-9625	
Merrill Gardens At Puyallup	123 4th Ave NW	Puyallup	(253) 848-1234	N
Sound View Senior Living	1511 Starling St	Steilacoom	(253) 581-6477	N
Franke Tobey Jones	5340 North Bristol	Tacoma	(253) 752-6621	N
Tacoma Lutheran Home Retirement <i>(Please see our ad on page 47)</i>	1301 N Highlands Pkwy	Tacoma	(253) 752-7112	Y
Merrill Gardens of Tacoma	7290 Rosemount Cir	Tacoma	(253) 460-5851	N
Weatherly Inn for Assisted Living	6016 N Highlands Pkwy	Tacoma	(253) 752-8550	N
Golden Hemlock Apartments	5939 N 26th St	Tacoma	(253) 752-6491	
Marymount Manor	317 152nd St East	Tacoma	(253) 537-8910	N
People's Retirement Community	1800 E 67th St	Tacoma	(253) 474-1741	Y
Villas at Union Park	2010 S union Ave	Tacoma	(253) 752-6870	N
Senior Nutrition Program	4716 N Baltimore St	Tacoma	(253) 759-1070	
Commencement Terrace Senior Apartments	29 St Helens Ave	Tacoma	(253) 627-0194	N

We do our best to provide you with accurate and up to date information.  
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Thank you ~ editorial@agingoptions.com

# Adult Family Homes

Name	Address	City	Phone	Medicaid
A Haven of Peace	6508 185th Ave. East	Bonney Lake	(253) 862-3913	
Bonney Lake AFH	19006 Bonney Lake Blvd	Bonney Lake	(253) 826-6070	N
Lisa AFH	5615 195th Ave East	Bonney Lake	(253) 562-7787	
Living Well AFH LLC	7035 Locust Ave	Bonney Lake	(253) 987-7595	N
Maple Point AFH	20815 60th St East	Bonney Lake	(253) 447-8306	N
Serenity View	8808 183rd Ave East	Bonney Lake	(253) 863-1425	
The Whispering Rose	7021 181st Ave East	Bonney Lake	(253) 863-3023	
B's Place 2	14213 Sr 165 East	Buckley	(360) 829-2609	N
Foothills AFH	8515 234th Avenue E	Buckley	(253) 862-8120	
Huckleberry Ridge LLC	23313 96th St East	Buckley	(253) 862-2793	
TLC Dupont AFH	309 Louviers Ave	Dupont	(253) 964-4467	N
Fern Caldwell AFH	133 Mashel Ave South	Eatonville	(360) 832-6290	
Serenity Acres AFH	34911 78th Ave East	Eatonville	(253) 846-5141	
Edgewood Country Retreat Inc	9823 29th St Ct East	Edgewood	(253) 864-3022	
Edgewood Manor AFH	11404 Karshner Rd E	Edgewood	(253) 864-3022	
Edgewood Manor AFH II	11115 Karshner Rd E	Edgewood	(253) 838-4913	
Golden Acres AFH	231 Columbia Ave	Fircrest	(253) 460-6122	
Thomas Inn AFH	1213 Buena Vista Ave	Fircrest	(253) 460-1552	
Carlyn Adult Care Home	10321 Crescent Valley Dr	Gig Harbor	(253) 851-5592	
Country Care Manor	10610 Crescebt Valley Dr NW	Gig Harbor	(253) 857-8898	
Family First <small>(Please see our ad on page 35)</small>	2904 29th St NW	Gig Harbor	(253) 853-2033	N
Family First <small>(Please see our ad on page 35)</small>	4001 59th St Court NW	Gig Harbor	(253) 857-5172	N
Family First <small>(Please see our ad on page 35)</small>	8219 Dogwood Lane NW	Gig Harbor	(253) 858-8873	N
Family First <small>(Please see our ad on page 35)</small>	5305 81st Avenue NW	Gig Harbor	(253) 858-8873	N
Gapp AFH	9836 State Road 302 NW	Gig Harbor	(253) 857-7183	N
Gig Harbor AFH	3615 107th St NW	Gig Harbor	(253) 432-4148	
Gig Harbor Group Home	6823 Soundview Dr	Gig Harbor	(253) 851-3716	
Harbor Heritage AFH	7614 55th Ave NW	Gig Harbor	(253) 514-8479	N
Harbor Retreat AFH <small>(Please see our ad on pages 55, 75)</small>	4407 62nd Street	Gig Harbor	(253) 509-0507	
Joy AFH	15404 41st Ave NW	Gig Harbor	(253) 509-0240	
Lady's Land AFH	8801 Danforth St NW	Gig Harbor	(253) 851-4745	
Minter Pointe	11405 114th Avenue Ct NW	Gig Harbor	(253) 857-6316	
My Other Home Inc	5515 99th Ave NW	Gig Harbor	(253) 265-1400	

# Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Rosemount Courtyard AFH	7006 71st Ave NW	Gig Harbor	(253) 514-6813	
Soundview Care Home	5917 Soundview Dr	Gig Harbor	(253) 853-5532	
Wauna Shores AFH Inc	9717 128th ST NW	Gig Harbor	(253) 851-0345	
A Agate Home	32104 Benbow Drive East	Graham	(253) 214-4970	
Garden of Eden	13005 210th St	Graham	(360) 893-2284	
Ginger Creek AFH	5510 Mathias Rd E	Graham	(253) 875-4760	
Heavenly Acres I	27115 76th Ave East	Graham	(253) 846-5425	
Heavenly Acres II	27215 76th Ave East	Graham	(253) 846-5425	
Kym's Cottage Inc	15706 253rd St E	Graham	(360) 893-8316	
Lonesome Dove	4514 252nd St East	Graham	(253) 846-0325	
Mashburn House	5915 258th St Court E	Graham	(253) 846-1951	
MG's Homecare	23719 63rd Ave East	Graham	(253) 847-4410	
Rhyner AFH	12302 224th St East	Graham	(360) 893-8000	
Rest Stop AFH	15619 53rd St KPN	Lakebay	(253) 884-2103	N
Absolute Care AFH 2	10502 110th St. SW	Lakewood	(253) 584-0933	
Affordable Oakbrook AFH	8201 Onyx Dr. SW	Lakewood	(253) 238-6218	
Aiko AFH	8113 Oakbrook Ln SW	Lakewood	(253) 267-5955	
Alani AFH	8042 Mullen St. SW	Lakewood	(253) 305-4390	
Amazing Grace AFH	7505 76th Ave SW	Lakewood	(253) 292-0087	
Angel of My Service Mind	10714 114th St SW	Lakewood	(253) 230-3131	
Angel's Lighthouse AFH	9808 Onyx Dr. SW	Lakewood	(253) 581-6165	
Autumn Living Villa, LLC	6419 Nyanza Park Dr SW	Lakewood	(253) 212-0994	
Bethel Home	9113 Onyx Drive SW	Lakewood	(253) 588-2510	N
Bethel Home	7021 97th Ave SW	Lakewood	(253) 588-3251	N
Bethel Home	9116 78th St SW	Lakewood	(253) 503-2966	N
Bethel Home 4 AFH	9009 Zircon Dr SW	Lakewood	(253) 212-9540	N
Blessed AFH	8301 Onyx Dr SW	Lakewood	(253) 584-7223	
Camelot Court AFH #1	10902 47th Ave SW	Lakewood	(253) 984-6909	
Camelot Court AFH #2	10903 47th Ave SW #2	Lakewood	(253) 984-6909	
Care Home at the Meadows	7217 91st Ave Ct SW	Lakewood	(253) 820-9205	
Cartiers AFH	10920 101st Ave SW	Lakewood	(253) 581-8714	
Casa De Alegre LLC	11509 88th Ave SW	Lakewood	(253) 589-8841	
Clover Park Senior Care Center LLC	11308 Clover Park Dr SW	Lakewood	(253) 222-0088	
Comfort and Care AFH	8902 121st St SW	Lakewood	(253) 565-6185	
Comfort Zone AFH	3128 Sylvia Blvd S	Lakewood	(253) 584-7867	

# Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Coralwood AFH	7413 Coral Lane SW	Lakewood	(253) 582-3878	
Crystal Cottage	111 Cabdlewycck Dr West	Lakewood	(253) 582-7183	
Fannie & Earl Careful Caring	8422 Alva Ave SW	Lakewood	(253) 588-8377	
Golden Given AFH LLC	12611 Nyanza RD SW	Lakewood	(253) 588-2762	
Good Time AFH	12401 Rebecca Dr SW	Lakewood	(253) 503-0986	
Gravelly Lake AFH Corp	11502 Gravelly Lake Dr SW	Lakewood	(253) 588-5626	
Great Care Manor	9104 104th St SW	Lakewood	(253) 212-9594	
Heart of Gold AFH LLC	11713 Mountbrook Lane SW	Lakewood	(253) 588-1975	
Hidden Lake AFH LLC	5221 110th St SW	Lakewood	(253) 584-5842	
Hidden Lake AFH LLC	5302 111th St SW	Lakewood	(253) 582-0502	
Hidden Lake AFH LLC	5305 110th St SW	Lakewood	(253) 212-2602	
Ivy Manor Adult Home	2509 91st St South	Lakewood	(253) 589-8461	
Jade Park Care Center	8017 Jade Dr SW	Lakewood	(253) 983-1410	
Kalei's Corner AFH	3204 92nd St	Lakewood	(253) 589-4670	
Kare Home	7506 95th Ave SW	Lakewood	(253) 582-1481	
Katies AFH	11803 Tomahawk Rd SW	Lakewood	(253) 267-1365	
Laocadie Maison	7802 Oakridge Dr SW	Lakewood	(253) 267-5287	
Livewell AFH	7013 Opal Ct SW	Lakewood	(253) 476-0047	
Lochburn AFH	5818 86th St SW	Lakewood	(253) 589-0547	
Montevista Adult Homecare	6522 Ardmore Dr SW	Lakewood	(253) 314-5997	
Morning Star AFH	7909 88th Ave SW	Lakewood	(253) 582-8413	N
Morning Star AFH III	7001 Opal Ct SW	Lakewood	(253) 503-0359	N
Olympia Home in Lakewood	8212 Coral Pl SW	Lakewood	(253) 212-1522	N
Over The Hill AFH	10314 Lyriss Ct SW	Lakewood	(253) 582-5441	
Paradiseview AFH LLC	8324 92nd ST SW	Lakewood	(253) 307-8226	

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# Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Pleasant Oak Family Adult Care	12215 Oak Tree Pl SW	Lakewood	(253) 589-8739	
Rainbow House	8807 Carol Avenue South	Lakewood	(253) 581-4851	
Roberts AFH	8515 Spruce St SW	Lakewood	(253) 584-7350	
San Lorenzo AFH LLC	8421 Alva Ave SE+W	Lakewood	(253) 588-2179	
Serenity Manor AFH LLC	7501 77th Ave SW	Lakewood	(253) 301-3441	
Sunshines Haven AFH	7309 Onyx Drive SW	Lakewood	(253) 589-3631	
Sylvia's Place LLC	12525 Vinemaple Dr SW	Lakewood	(253) 212-9106	
Sylvia's Place II LLC	8319 John Dower Rd	Lakewood	(253) 302-3424	
Touchinglives	8503 Northway SW	Lakewood	(253) 582-5052	
Treeopinc5	8101 Oakridge Dr SW	Lakewood	(253) 588-1876	
Visions AFH LLC	7908 Onyx Ct SW	Lakewood	(253) 582-5452	
Assisted Living Alternatives	708 27th Ave	Milton	(253) 952-2052	
Avalon Adult Home Care	1408 8th Avenue	Milton	(253) 924-0194	
Humanity Unlimited	20619 197th Ave E	Orting	(360) 872-0068	
PG AFH	1406 Hansberry Ave NE	Orting	(360) 872-0473	
24 Hour Quality Care AFH	10305 63rd Avenue Ct. East	Puyallup	(253) 864-3581	
A Better Choice AFH, LLC	13112 116th Street Ct. East	Puyallup	(253) 446-6011	
A Home Sweet Home, Inc	801 16th St SE	Puyallup	(206) 293-6697	
AAA Amazing Grace	12209 107th Ave Ct. East	Puyallup	(253) 268-0441	
Above and Beyond	9621 131st St. Ct. East	Puyallup	(253) 881-1436	
Bella Living	17507 141st Ave East	Puyallup	(253) 268-0344	
Better Place AFH #2 LLC	629 SE 21 St	Puyallup	(253) 381-7098	N
Brian Roberson AFH	1434 Vista Drive	Puyallup	(253) 770-7337	
Campbells AFH LLC	1439 Vista Drive	Puyallup	(253) 904-8808	
Campbells AFH	1921 Tacoma Rd	Puyallup	(253) 845-3344	
Caring Arms AFH, Inc	13819 125th Avenue	Puyallup	(253) 840-6399	
Chi AFH	13617 109th St Ct E	Puyallup	(253) 445-4329	
Comfort Care AFH	12915 97th Ave N	Puyallup	(253) 770-6063	
Country Living AFH	13901 81st Ave E	Puyallup	(253) 848-4842	
Friends of the Family	9405 152nd St East	Puyallup	Not Available	N
Garden of Eden	14719 103rd Ave East	Puyallup	(253) 840-2195	
Golden AFH	13306 72nd Ave east	Puyallup	(253) 537-1449	
Hallmary Manor AFH	1817 7th St SE	Puyallup	(253) 845-8098	
Imnay's AFH	13107 110th Ave Ct E	Puyallup	(253) 445-8551	
Imnay's AFH	13115 110th Ave Ct East	Puyallup	(253) 446-9959	

# Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Joyce's AFH	2325 Canyon Lands Ct	Puyallup	(253) 841-0578	
Kind Hearts AFH LLC	9801 120th St E	Puyallup	(253) 881-1091	
Lilis Family Care	12822 118th Ave Ct East	Puyallup	(253) 845-3019	
Lois's Place LLC	1703 7th Ave SE	Puyallup	(253) 840-0630	N
Love & Laughter AFH Inc	10028 140th St Ct E	Puyallup	(253) 848-6903	
Loving Hearts AFH	502 17th Ave SW	Puyallup	(253) 840-0765	
Makhtar Fatou LLC	12114 119th ST East	Puyallup	(253) 970-8238	
Makhtar Fatou LLC #2	15803 124th Aven East	Puyallup	(253) 970-8238	
Noreen AFH	9722 118th St East	Puyallup	(253) 840-0813	
Pioneer House	2210 Pioneer Ave E	Puyallup	(253) 840-9326	
Puyallup AFH	9904 118th St E	Puyallup	(253) 904-8959	
Samarinias AFH	12711 145th St East	Puyallup	(253) 848-5876	N
Silhouette AFH	12218 98th Avne E	Puyallup	(253) 841-4416	
Sound View Adult Care	3402 23rd St SW	Puyallup	(253) 840-3117	
Springfield Manor AFH Inc	11821 150th St Ct East	Puyallup	(253) 268-0482	

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# Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Stewart Garden	901 23rd St NW	Puyallup	(253) 841-8860	
The Artful Lodger	515 5th St SW #A	Puyallup	(253) 770-3387	
Thomsen Adult Care	11108 Morningside Dr East	Puyallup	(253) 848-5214	
Vista AFH	10750 Rampart Dr East	Puyallup	(253) 536-2906	
Welcome Home at Heritage Glen	14012 110th Ave East	Puyallup	(253) 446-7749	N
Welcome Home at Savannah Ridge	16513 135th Ave East	Puyallup	(360) 872-0697	N
Welcome Home on South Hill	10918 140th St east	Puyallup	(253) 445-5190	N
William and Stacey AFH	12901 94th Ave East	Puyallup	(253) 841-1965	
Young At Heart Assisted Living	1304 W Main St	Puyallup	(253) 770-8167	
Anderson's Adult Care	28121 14th Avenue E	Roy	(253) 843-2989	
Anderson's AFH 2	28006 12th Ave Ct East	Roy	(253) 843-0634	
Assurecare Adult Home LLC	1102 186th St Ct East	Spanaway	(253) 272-7145	
Bethel Care LLC	16901 13th Ave Ct East	Spanaway	(253) 539-0660	
Bethesda Adult Home Care	16220 Spanaway Loop Rd	Spanaway	(253) 537-6866	
Country Living AFH	21514 47th Ave E	Spanaway	(253) 271-0137	
Divine AFH	17015 Spanaway Lane	Spanaway	(253) 531-2844	
Emanuel AFH LLC	4605 223rd St E	Spanaway	(253) 847-7400	
Fairway Living AFH Care	4606 208th St Court E	Spanaway	(253) 846-5711	
Fountain of Life AFH LLC	19809 16th Ave CT East	Spanaway	(253) 238-0890	
Imnay's AFH	4717 215th St Ct East	Spanaway	(253) 875-5095	
Lee's AFH	1919 150th St South	Spanaway	(253) 539-8007	
Loving Arms AFH	8013 202nd St Ct East	Spanaway	(253) 345-4635	
Mann Cae Home	1802 150th St South	Spanaway	(253) 536-2297	
St Nino AFH	19620 8th Ave East	Spanaway	(253) 847-4163	
St Nino AFH II	19724 8th Ave East	Spanaway	(253) 875-9007	
Sound View Senior Living LLC	1511 Starling St	Steilacoom	(253) 581-6477	N
St Therese AFH	1407 Brooke Ct	Steilacoom	(253) 841-1492	
Mountain View	15922 55th St East	Sumner	(253) 863-9890	N
Riada Senior Living	203 Mountian Circle Dr	Sumner	(253) 987-5835	
Sumner Cottage	209 Mount Circle Dr	Sumner	(253) 891-8199	N
Sumner Meadows AFH Inc	7417 166th Ave East	Sumner	(253) 891-7288	
A Caring Place AFH LLC	1510 97th St. South	Tacoma	(253) 503-3143	
A Home Away from Home	4920 167th St. East	Tacoma	(253) 539-8319	
A Home is Where Your Heart Is	5622 35th Ave. East	Tacoma	(253) 896-5189	
Abbott House	1027 S. Oxford	Tacoma	(253) 460-5940	

# Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Absolute Care AFH	1109 Lafayette St. South	Tacoma	(253) 472-6996	
Ace Care	2626 N Stevens St.	Tacoma	(253) 212-0556	
Affordable Home Care LLC	6020 S Wapato Lake Dr.	Tacoma	(253) 301-3672	N
Algaras AFH	806138th St South	Tacoma	(253) 537-2421	
Alpha Zoe AFH	6107 N 35th Street	Tacoma	(253) 752-8598	
Ananda	12306 Vickery Avenue E	Tacoma	(253) 537-5126	
Anawim	616 E 45th St	Tacoma	(253) 474-5618	
Anna's House LLC	1710 S 90th St	Tacoma	(253) 535-2662	
Ann Walkers AFH	7409 S. Bell	Tacoma	(253) 472-8591	
Aperto At Creekwood	8046 S. Park Ave	Tacoma	(253) 475-0804	
Autumn Homes	6215 NE 29th Street #B	Tacoma	(253) 297-2629	
Barb's Place	18929 29th Ave East	Tacoma	(253) 846-8176	
Bernadette Jones AFH LLC	2126 N Orchard St	Tacoma	(253) 752-1951	
Best Care AFH	1349 S Highland	Tacoma	(253) 302-3080	
Best Of Oakes AFH LLC	4820 S Oakes St	Tacoma	(253) 476-1432	
Beta AFH	6721 44th Ave E	Tacoma	(253) 538-7292	N
Bethany AFH	1210 129th St South	Tacoma	(253) 548-0490	
Bethel House	2406 120th St East	Tacoma	(253) 536-1361	
Browns Point AFH	5128 Beverly Ave NE	Tacoma	(253) 927-1077	
Care Haven AFH	5057034th St NE	Tacoma	(253) 927-9067	
Caring Hands AFH LLC	12170 Soanaway Loop Rd S	Tacoma	(253) 539-7233	
Caring Hands AFH II	8356 6th Ave	Tacoma	(253) 460-6312	
Charming AFH	1512 112th St S	Tacoma	(253) 536-2316	
Comfort Haven AFH LLC	1417 S 47th St	Tacoma	(253) 302-3493	
Cozy and Comfort Care	2041 E 35th St	Tacoma	(253) 272-0131	
Ellies House	6009 North Park Way	Tacoma	(253) 752-0592	
Equi Luv N Care	5137 N Ruby St	Tacoma	(253) 212-2051	
Equi Luv N Care	5414 N 46th St	Tacoma	(253) 301-2805	
Everlasting Care AFH	3626 66th Ave West	Tacoma	(253) 460-7237	
Fairview Adult Care Home	2702 N Bristol St	Tacoma	(253) 759-4534	
Gentle Care AFH	1125 130th St South	Tacoma	(253) 531-0318	
Golden Age AFH	4515 N Bristol	Tacoma	(253) 301-2682	N
Golden Rule AFH	13306 72nd Avenue E	Tacoma	(253) 473-8588	
Herminia Culla AFH	1421 S 86th Street	Tacoma	(253) 539-4520	N
Hermie's AFH II	1321 S 90th St	Tacoma	(253) 539-4520	N

# Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Hermie's AFH III	1016 S 92nd St	Tacoma	(253) 241-1276	N
Hilde Mason AFH	638 S MacArthur	Tacoma	(253) 564-9441	
Hopespring	12319 36th Ave E	Tacoma	(253) 537-6936	N
House of Hope AFH	759 133rd St S	Tacoma	(253) 507-4248	
Immanuel AFH	2601 N Highland St	Tacoma	(253) 267-5609	
Island View AFH	1802 S Jackson Ave	Tacoma	(253) 566-6585	
Jeremiah AFH	6760 24th St NE	Tacoma	(253) 927-1527	
JL Adult Family Home Care	1313 E 38th St	Tacoma	(253) 475-4698	
Jomimar	1767 S 47th St	Tacoma	(253) 476-2280	
Joyful Living AFH	3105 192nd St E	Tacoma	(253) 875-6644	
Lighthouse AFH	15415 40th Ave East	Tacoma	(253) 539-1649	N
Lindas Home With A Heart Inc	1705 88th St East	Tacoma	(253) 537-4170	
Loving Care AFH	1202 160th St Ct East	Tacoma	(253) 531-6758	
Loving Family Home Care	6601 Westgate Blvd	Tacoma	(253) 579-4492	
Madison Manor	4001 N 22nd St	Tacoma	(253) 301-4281	
Magic Hands	15403 50th Ave E	Tacoma	(253) 539-4776	
Maranatha AFH	6402 N 23rd St	Tacoma	(253) 267-0576	
Maria Luz AFH	9411 356th St	Tacoma	(253) 267-0576	
Mary's Loving Hands LLC	5614 East M St	Tacoma	(253) 473-1582	
Maxine Bryant AFH	1902 E 61st St	Tacoma	(253) 537-3910	
May Flower AFH LLC	422 122nd St South	Tacoma	(253) 537-3910	
Mayers AFH LLC	10122 Park Ave South	Tacoma	(253) 589-2400	
Milestone Manor LLC	913 S 88th St	Tacoma	(253) 232-8054	
Mischelles Assisted Living	2350 Martin Luther King Jr Way	Tacoma	(253) 572-9119	
Miss Shell's AFH	2005 77th St Ct East	Tacoma	(253) 572-9119	
Morning Star AFH	7349 S Wilkeson St	Tacoma	(253) 475-6694	
Mountain Hwy Care Center	16306 17th Avenue Ct E	Tacoma	(253) 536-9890	
Myralynnes AFH LLC	1502 S 86th ST	Tacoma	(253) 200-1128	N
Narisa AFH	1115 144th Street E	Tacoma	(253) 531-9435	N
Narrows View Manor Corp	1202 Fernside Dr	Tacoma	(253) 564-7659	N
Ocean Ridge Care Home	8388 6th Ave	Tacoma	(253) 460-6190	
Pleasant Oak Family Adult Care #2	13712 2nd Ave Ct East	Tacoma	(253) 531-6897	
Renaissance Court AFH	601 South 80th St	Tacoma	(253) 267-5375	
Rose Crest AFH	11802 Ainsworth Ave S	Tacoma	(253) 539-8784	
Rose Crest II AFH	1603 119th St South	Tacoma	(253) 538-0933	
Roseann Care Center	1810 S 39th St	Tacoma	(253) 476-0689	

# Adult Family Homes Continued

Name	Address	City	Phone	Medicaid
Roseann Care Center 2	1770 S 39th St	Tacoma	(253) 476-2280	
Sacred Heart AFH	2401 S 62nd St	Tacoma	(253) 473-2498	
Share AFH	1211 S 114th St	Tacoma	(253) 531-5197	
Sheltered Arms II	10228 S Patterson	Tacoma	(253) 536-7998	
Sheridan AFH I	5819 S Sheridan	Tacoma	(253) 475-2557	
Sheridan AFH II	1325 S 59th St	Tacoma	(253) 475-2557	
Shirley Tucker AFH	3711 E howe	Tacoma	(253) 473-1317	
Soundview Manor AFH	1128 N Jackson	Tacoma	(253) 756-7019	
Southern Comfort AFH	4621 Burkhardt Dr	Tacoma	(253) 474-3030	
Sunny Meadows AFH LLC	19007 34th Ave East	Tacoma	(253) 891-7288	
Suzies Comfy Home	9612 19th Ave East	Tacoma	(253) 536-9074	
The Arbor Rose Inc	6301 East Q St	Tacoma	(253) 267-0458	
The Arbor Rose Inc	1630 E 63rd St	Tacoma	(253) 507-8300	
The Farmhouse	11716 Vickery Rd East	Tacoma	(253) 535-3171	
The Father's Arms AFH	15520 40th Ave East	Tacoma	(253) 238-5368	

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The Noble Home #2	1410 S 23rd St	Tacoma	(253) 272-5217	
Three Cedars	301 North L St	Tacoma	(253) 272-5533	
Trinity Healthcare Inc	6808 East M Street	Tacoma	(253) 520-0222	
Woodlawn Adult Care Center LLC	1301 S Woodlawn	Tacoma	(253) 566-6163	
Young At Heart AFH 3	1146 N James St	Tacoma	(253) 301-4275	N
Amy's AFH	7204 64th St Ct West	University Place	(253) 565-1706	N
Bernadette Jones AFH LLC	6318 36th St West	University Place	(253) 460-3411	
Grace Care Manor	1724 158th St Ct West	University Place	(253) 212-9171	
Grace Joy AFH	8223 22nd St Ct West	University Place	(253) 212-9171	
Kims AFH	4814 88th Ave Ct W	University Place	(253) 564-6210	
Living Life Care Home at University Place	2138 Willow Lane West	University Place	(253) 565-4545	
Living Life Care Home at Willow Lane	2136 Willow Lane West	University Place	(253) 565-4545	
Mama's Delight Home Care	1926 Bridgeport Way West	University Place	(253) 565-1056	
Marino Home	6934 35th St West	University Place	(253) 564-1589	
My Brothers Keeper AFH	4102 Robin Road West	University Place	(253) 503-1843	
Oas Gardens AFH	3621 Oas Drive W	University Place	(253) 507-4220	
Ocean Breeze Care Home	2904 Sunset Drive W	University Place	(253) 779-0150	
Sound View Care Center	3305 Olympic Blvd W	University Place	(253) 566-5937	N
Villa Cynthia LLC	3609 Sunset Drive W	University Place	(253) 565-4468	
Whispering Hope AFH	5903 53rd St Ct west	University Place	(253) 302-3872	

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# Elder Law Attorneys

Name	Business Name	Address	City	Phone
Raymond James	Raymond James Financial Services	32015 1st Ave. S.	Federal Way	(800) 743-4111
Nany Jean Lee	Rose Law Office	1011 E. Main, Ste. 452	Puyallup	(253) 864-0383
Robin Balsam	Attorney at Law	609 Tacoma Avenue S	Tacoma	(253) 627-7605
Tanya Pemberton	Pemberton Law office	3744 N 31st Treeet	Tacoma	(253) 572-5760
Eileen Perterson CELA	Gordon, Thomas, Honeywell, LLC	PO Box 1157	Tacoma	(253) 572-5050
Jonete Waters Rehmke	Rehmke & Flynn, PLLC	917 Pacific Avenue, Suite 407	Tacoma	(253) 460-3190
Darol Tuttle	Attorney at Law	732 Broadway, Ste 202	Tacoma	(253) 272-1904
Linda Lynse	Vanderberg Johnson & Gandara	1201 Pacific Avenue Ste. 1900	Tacoma	(253) 383-3791
Diana Kiesel	Diana L Kiesel, Inc. PS	424 Broadway	Tacoma	(253) 274-1196
Robert Michaels	Smith Alling Lane, PS	1102 Broadway, Ste 403	Tacoma	(253) 627-1091
Timothy Williams	Law Office of Timothy E. Williams	1111 S Fawcett, Ste 101	Tacoma	(253) 591-7088
David Yando	Yando Law Offices	4041 Ruston Wat, Ste 200	Tacoma	(253) 564-2088
Hank Hibbard	Attorney at Law	1019 Pacific Avenue	Tacoma	(253) 472-2600

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# Geriatric Doctors

Name	Address	City	Phone
~ United Healthcare ~			
Dr. Dale E. Epper	5702 North 26th Street	Tacoma	(253) 459-7130
Dr. Dale E. Epper	9332 Bridgeport Way Southwest	Tacoma	(253) 459-6065
Dr. Kathleen J. Magonigle	1901 South Union Avenue, Suite A-244	Tacoma	(253) 459-6597
Dr. Richard N. Pulido	11315 Bridgeport Way Southwest	Tacoma	(253) 426-6341
Dr. Richard N. Pulido	1717 South "J" Street	Tacoma	(253) 426-6341
Dr. Joseph W. Regimbal	11315 Bridgeport Way Southwest	Tacoma	(253) 426-6341
Dr. Joseph W. Regimbal	1628 South Mildred Street, Suite 104	Tacoma	(253) 565-6777
Dr. Joseph W. Regimbal	1708 South Yakima Avenue, Suite 110	Tacoma	(253) 627-9151
Dr. Joseph W. Regimbal	1717 South "J" Street	Tacoma	(253) 426-6341
Dr. Christine K. Wea	1901 South Union Avenue	Tacoma	(253) 459-6465
Dr. Christine K. Wea	315 Martin Luther King Jr. Way	Tacoma	(253) 403-1148
Dr. Christine K. Wea	316 Martin Luther King Jr. Way, Suite 103	Tacoma	(253) 403-3534
Dr. Dale E. Epper	4310 Bridgeport Way West	University Place	(253) 459-7177
~ Regence ~			
Dr. Karen M. Corr	1901 South Union Avenue, Suite A-244	Tacoma	(253) 459-6597
Dr. Imelda D. Devilla	315 Martin Luther King Jr. Way	Tacoma	(253) 403-1291
Dr. Daniel C. Ene-Stroescu	314 Martin Luther King Jr. Way, Suite 212	Tacoma	(253) 445-2385
Dr. Michelle L. Hendrickx	2202 South Cedar Street, Suite 330	Tacoma	(253) 272-5127
Dr. Carol L. Kinzner	1802 Yakima Avenue, Suite 208	Tacoma	(253) 627-5755
Dr. Eugenia S. Lennon	708 Broadway, Suite 400	Tacoma	(253) 403-4460
~ Group Health ~			
Dr. Robert W. Bordeaux	9505 South Steele Street	Tacoma	(253) 597-6800



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MedEx - Medical Equipment, Supplies, Rentals, and Mobile Repairs	16314 Pacific Ave S.	Spanaway	(253) 536-1796
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Wheelchair Haven	8411 Pacific Hwy East	Tacoma	(253) 926-8971

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HCA 58-812 (10/08)

# Senior Citizen Centers

Name	Address	City	Phone
Bonney Lake Area Senior Center	19304 Bonney Lake Blvd	Bonney Lake	(253) 863-7658
Buckley Senior Center	811 Main Street	Buckley	(360) 829-0190
Eatonville Multi-Purpose Center	305 West Center Street	Eatonville	(360) 832-6805
Fife Senior Center	2111 54th Avenue East	Fife	(253) 922-0900
Key Peninsula Community Services	17015 9th Street Court KPN	Lakebay	(253) 884-4440
Lakewood Senior Activity Center	9112 Lakewood Drive SW	Lakewood	(253) 798-4090
Milton Senior Center	1000 Laurel	Milton	(253) 922-6586
Orting Senior Center	120 North Washington	Orting	(360) 893-5827
Puyallup Senior Center	212 West Pioneer	Puyallup	(253) 841-5555
Salvation Army Puyallup/South Hill Senior Center	4009 9th Street SW	Puyallup	(253) 537-4854
Steilacoom Community Center	2301 Worthington Street	Steilacoom	(253) 581-1076
Sumner Multi-Purpose Center	15506 62nd East	Sumner	(253) 863-2910
Beacon Senior Center	415 South 13th Street	Tacoma	(253) 951-5083
Lighthouse Senior Center	5016 East A Street	Tacoma	(253) 591-5080
Mid-Counrty Community Center	10205 44th Avenue East	Tacoma	(253) 531-8412
Point Defiance/Rustin Senior Center	4761 North Baltimore	Tacoma	(253) 756-0601
Spana-Park Senior Center	325 152nd Street East	Tacoma	(253) 537-4854
Tillicum/American Lake Gardens Community Center	14916 Washington Avenue SW	Tacoma	(253) 584-1280
Unversity Place Senior Center	2534 Grandview Drive W	University Place	(253) 564-1992

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## How Much Physical Activity Do Older Adults Need?

*Physical Activity is Essential  
to Healthy Aging*

### **Aerobic Activity – What Counts?**

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

### Intensity is How Hard Your Body is Working During Aerobic Activity

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

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

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

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

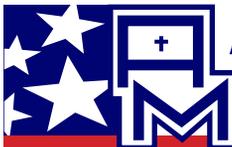
### Muscle-Strengthening Activities – What Counts?

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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# A step towards (in)dependence

## IN-HOME CARE

## POST HOSPITALIZATION...

### What's the next step?

*Advertorial By Steve Meyer, Fedelta Care Solutions*

Many elders view a hospital stay as the first of many steps toward a loss of their independence. The acute issue at hand tends to dictate the dialogue amongst, family members, friends and caregivers regarding what the next steps may be for the elder. Concern and fear creep in and a sense of uncertainty of the future burdens all involved. A "burden" that the elder has made crystal clear they never wanted to be.

Until you are faced with challenge of providing full-time care for an aging adult, it's almost impossible to understand the strain it brings. Having the knowledge of programs and services available to you during this tentative time can bring you the peace of mind you are searching for and can enable you to leave the hospital with the right solution that can actually maintain independence for the elder. Post hospital care solutions can include home care, senior housing placement and care management.

### Home Care

In most cases the elder's first choice is to return to the place where fears subside and comfort rules – HOME. From reliable friendly companionship to specialized one-on-one personal care, home care offers an ideal solution that can evolve seamlessly as needs change. It is important to know if the home care agency you chose offers non-skilled and skilled home care services. By choosing a provider that offers both, you are insuring a more long-term solution providing the right mix of companionship, personal care and nursing care services as needed. The right home care agency will offer you affordable, flexible services and personalized care plans designed to fit diverse needs and budgets. In some case you may find a home care agency that offers Registered Nursing oversight as part of their home care services. The home care company you chose should provide compassion, trust and peace of mind to you and your loved one.

### Community Living – Senior Housing – Placement Assistance

Independent and Assisted Living, Skilled Nursing and Adult Family Homes? What are the differences? Are Senior Housing Communities covered by my insurance?? These are just a few of the many questions one may have when considering

a move to senior housing. Finding the right fit for your loved one's need and lifestyle can be a daunting task if done alone. In most cases, Elder Care Advisors are a free resource to you when considering senior housing as a post-hospitalization solution. The Elder Care Advisor provides you with a knowledgeable, unbiased guide and advocate who provide choices and insights to help you find the best senior housing solution. They will conduct a needs assessment, explain the differences in community types, take you on personal and guided tours, work within your budget and help plan the move.

### Care Management

Geriatric Care Managers assist families in managing the complexities of their loved one's care needs as they age, or as crisis or illness occurs. They will guide elders and family members through major life transitions by providing family education, counseling and support and deliver a plan of care. The focus of a Geriatric Care Manager is to improve the quality of life of an individual and maintain an optimal level of mental, physical and emotional well-being for the duration of life. Geriatric Care Managers are able to assist in prioritizing the care needs of the elder. In addition, they also serve as an advocate to help coordinate home care and nursing services. A Geriatric Care Manager can provide the professional oversight to ensure an elder's physical, social and emotional wellness whether they live in a private home, retirement community or an adult family home,

A hospitalization does not have to mean the first step in a loss of independence for the elder. By using the resources available, it can be the first step in maintaining maximum Independence throughout life.

*Steve Meyer is the founder and CEO of Fedelta Care Solutions. Fedelta Care Solutions is the only Puget Sound company to offer a complete continuum of services to meet the need our seniors.*



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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.

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### 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, ve the basic care one receives in an institutional care setting.

**Who Will Care For The Caregiver?**

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

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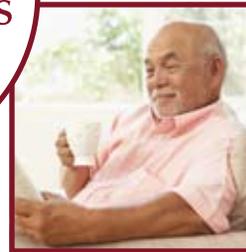
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