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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 most, retirement starts out as a joyous anticipation of being engaged in activities we did not have time for when working such as re-engaging with friends and family, visiting new and exotic places and the like. However, these visions can be short-lived.

What is the primary reason? An episode with serious illness such as a stroke, heart attack, cancer, or a diagnosis of Alzheimer's, Parkinson's, or other form of dementia can leave the whole family reeling and stick loved ones with a huge financial and psychological burden. 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.

So what is proper planning?

Proper planning 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. By following the guidance provided here you should be able to develop a comprehensive and meaningful LifePlan™.

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

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

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

AgingOptions
RESOURCE GUIDE
FOR BABY BOOMERS AND BEYOND

Volume 6

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Table of Contents

South King County Resource Guide

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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"

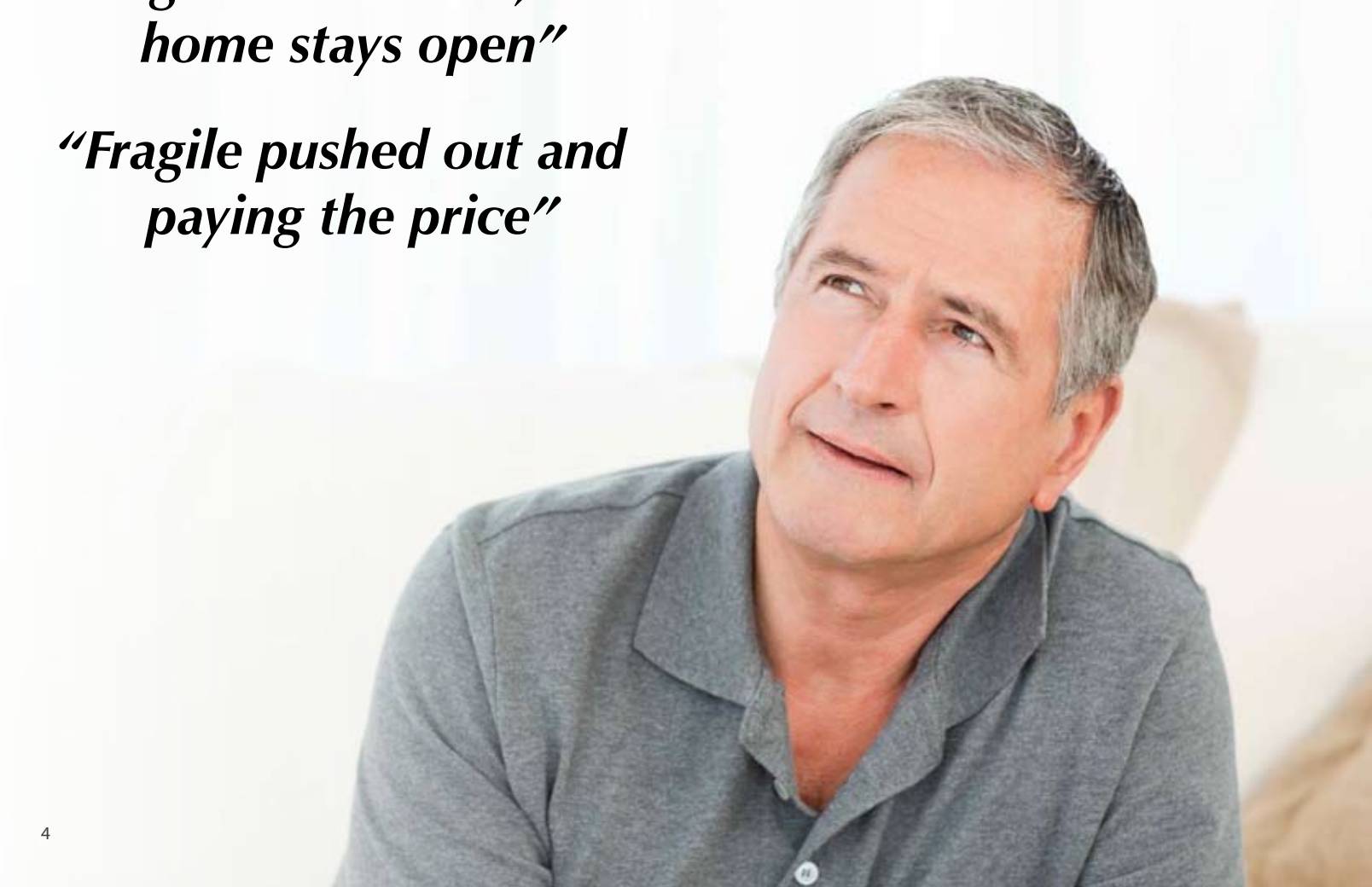
"Neglect and death, but home stays open"

"Fragile pushed out and paying the price"

The investigations behind these shocking headlines uncovered nightmarish details of the gross abuse incapacitated individuals suffer while under the care of the long-term care industry. The frustration experienced by their families and the families of individuals currently being cared for by this industry, is common. What is seldom discussed however is the family's abdication of the role of caregiver that causes an incapacitated elderly person to become increasingly reliant on institutional care providers for their care needs in the first place.

Prior to the mid to late 1900s, joint family systems supported family members as they aged. However, over time, particularly after the enactment of Medicare and Medicaid in 1965, institutional care became the preferred delivery system of care for incapacitated individuals primarily because the financial burden to access such care shifted from families to Medicare, Medicaid, and Veterans Administration-sponsored programs. Well-meaning seniors— desiring not to be a burden on their loved ones—and family members—striving to provide adequate care for incapacitated loved ones while maintaining their own lives—were encouraged to look to institutional care providers for assistance. Despite significant regulations both at the federal and state levels, 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 cost.

However, as the investigative report pointed out, family members, often out of their element when dealing with



institutional care centers, simply do not know how to sufficiently research and choose the appropriate care setting nor do they know how to monitor their loved one's care adequately to be able to make a difference. This institutional ignorance can lead to serious injury, illness or even, as in the case of Nadra McSherry, death. Her family placed her in an adult family home, which they visited on an almost daily basis. But those frequent visits did not result in their discovery of a serious bedsore. By the time Nadra McSherry was hospitalized for the infection, it was too late. 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."

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 lies solely with DSHS.

The root cause of the problem is the 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 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 can assume that the individuals featured in the stories likely had at the very least, 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 individuals, it completely fails to incorporate provisions around long-term care issues caused by incapacity.

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.

Let us start with the supposition that no parent wants to be a burden on a child, and no child wants to abandon a parent. The children of Nadra McSherry reportedly visiting her frequently in the adult family home they had carefully selected. The fact that the family selected the care facility indicates 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. The task of finding a home, making time to visit their mom often, and otherwise deal with the mom's financial and health care affairs likely created 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 found an adult family home with a nurse that would provide the care their mother needed. It turned out that although it looked shiny and clean on the surface, the facility 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 a bedsore, which went untreated and later was treated but with medication that likely made her situation worse rather than better. By the time the bedsore was detected by her children, it was about two inches wide and had eaten her flesh away 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.

What Could Have Been Done Differently?

The reason traditional estate planning routinely fails people like Nadra McSherry and her family is that it does nothing to prepare them for the issues of caring for someone with incapacity issues. The estate-planning practitioner should be expected to anticipate issues his or her clients will face and educate their clients so they can make informed decisions. Nadra McSherry could have received that education and counseled not to assume that her chosen fiduciaries would be able to navigate the long-term care maze effectively without assistance.

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 available through a system called hospice. If a person is diagnosed as 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 and make those services available to the patient. Services 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 to 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. Outside of the hospice context, a Geriatric Care Manager can help put these service in place.

Who is a Geriatric Care Manager?

Geriatric Care Managers 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 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 to 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.

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

Overcoming the Shortcomings of Traditional Planning –

Develop a LifePlan™

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

- Protect 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. The secret of good health is not that difficult: eat right; exercise; and 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. The pressures of a busy life with constant and never ending time commitments make eating out easier, but not healthier. Exercising is an issue of discipline and there are a few amongst us who actually do what most of us know we ought to do. There is only one way to exercise—do it.

However, 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 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 a professional dedicated to understanding the needs of older individuals as their bodies' age and have to work harder to repair themselves. Geriatricians will be able to assist you with prevention issues more effectively than any other specialty and your insurance company 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 wants to age in place. Discharged hospital patients often desperately want to return home but may not be able to due to the physical layout of the house or lack of informal support systems needed to thrive at home. Many retirees, not desiring to be a burden on loved ones, will begrudgingly accept the fate of institutionalized care, despite the fact that with proper planning, home care can and does allow access to medical care at home. However, the cost of home care can be more expensive than nursing home care, and that reality often drives families to accept institutional care. A health concern that became a housing issue quickly morphs 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 not covered 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.

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 we fear institutional care so much, but nursing homes are 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 spend any of your retirement years in a nursing home, and seek 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

Avoiding Estate taxes is arguably the biggest motivator for engaging 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 and thus subjecting their estates and loved ones through the expensive, complicated and frustrating journey of securing a guardianship. Or dying 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 with all 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, and 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 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 million for a single person and $4 million 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 most of us will face before we pass away. The reality is one in eight people over the age of 65, and roughly one in two people over the age of 85 will have to deal with dementia-related incapacities which neither Medicare nor any health insurance will cover. As a result, the estate is exposed to 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, Medicaid will not be concerned about the quality of life you will experience.

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 need their attention into their own busy life.

What You Want Your Estate Plan to Deliver

The role of estate planning documents is to evaluate potential threats to your estate and afford protective measures. The documents fall short of providing any real guidance or assistance to those you leave in charge about how to use the protected assets to look after your quality of life or those whose lives are impacted by you. In the context of the 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 with your estate and health care decisions.

Issues a Good Estate Plan Should Consider

Long-term Care Costs, Medicare, VA, and Medicaid. Medicare Medicare has very limited coverage for the long-term care needs you will likely face during your retirement years. Simply stated, Medicare will cover those bills that come from conditions for which there is a medical cure. For example, Medicare will cover, quite generously, treatment costs stemming from cancer, heart attack, stroke, blood pressure issues, broken bones, etc. But, if what you have cannot be addressed by medicine, then Medicare will generally have no coverage for the condition. Examples of such conditions include incapacity issues relating to Alzheimer's, Parkinson's, Dementia, or being lucky to live long enough to blow out a hundred candles on your birthday cake, yet be too frail to have the wind to blow out the first three candles let alone the rest of them. These conditions require you to seek the assistance of others to help you live. You will find some financial assistance under either the VA program or Medicaid. However, neither VA nor Medicaid will come to your rescue if you have more than a minimal amount of assets to your name. This means that if you have engaged in traditional estate planning where you leave your estate to your spouse or to another who is incapacitated, you have an outdated estate plan. The reasons are discussed below.

Quality of Life and the Nursing Home Issue. As discussed in greater detail below, the typical plan to deal with incapacity has to do with the preparation of a Power of Attorney whereby you will delegate decision-making authority to someone you love and trust to do the right thing. When you become incapacitated your trusted appointee will likely turn to a doctor or 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 their directions. Ask yourself, if you were expected to live less than six months why 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 prevent 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.

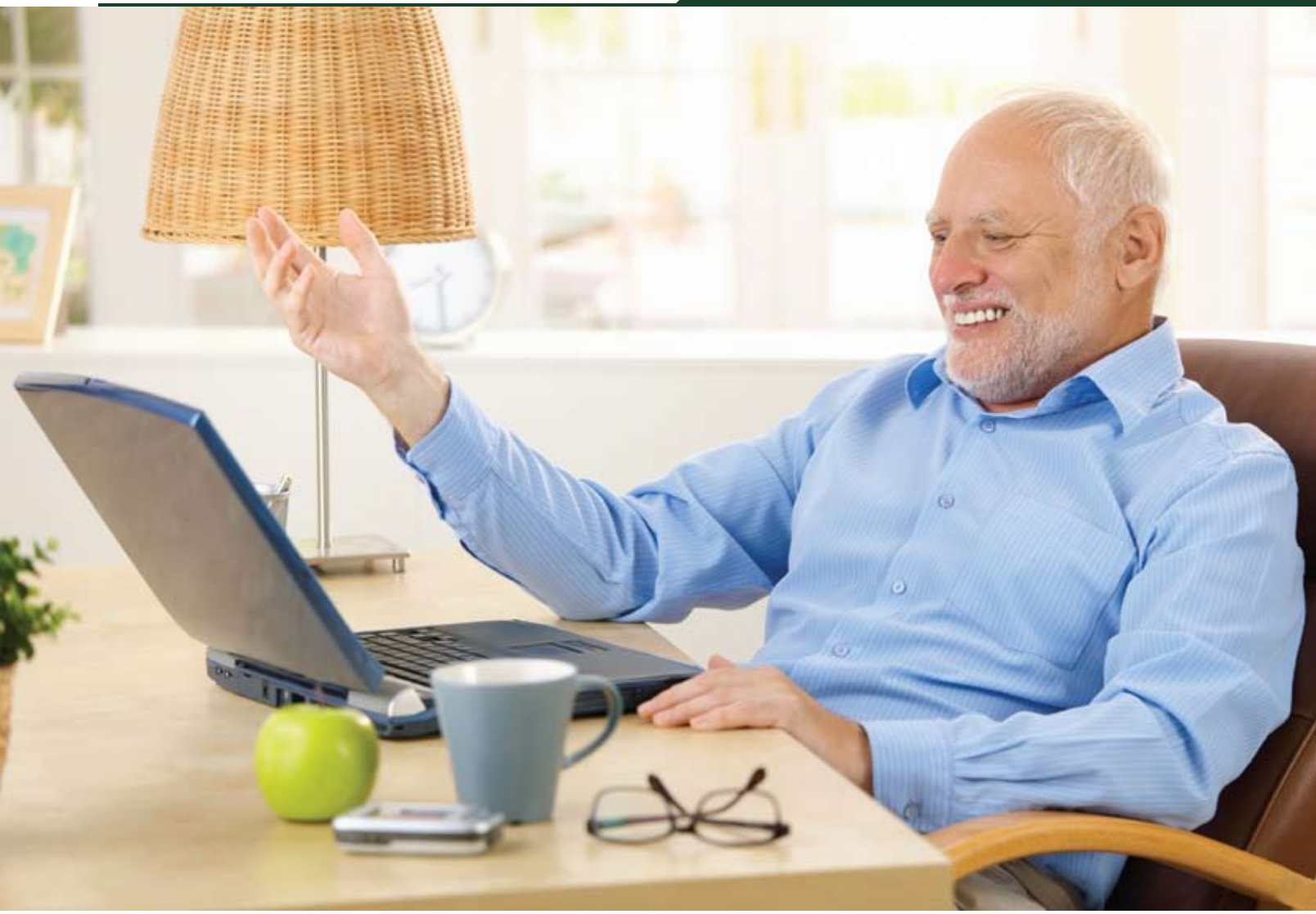
Next, your Power of Attorney should make similar provisions. They should anticipate that there may come a time when you are unable to care for your own needs and may need your agent to step in and provide the necessary care. As discussed above, your agent may not have the training, skills, or knowledge 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. The arbitration agreement gives up your right to sue the facility in case of any negligence on their part that leads to your injury. Usually, it is not in your best interest to enter into such an agreement. In the majority of cases it is your agent who will sign the papers to admit you to the facility. Taking away the authority of your agent to enter into such an agreement makes the arbitration agreement, if signed by your agents, null and void.

Living Will.

Finally, in light of the Shiavo case (Florida) where Terri Shiavo was in a coma and a battle ensued over whether or not she should be allowed to have the life support system removed, we have revised our Living Wills. The Shiavo battle lasted years and culminated in a high stakes drama that took the case from the Florida Court system all the way to the U.S. Supreme Court, and from there to the Legislature and the White House. A good Living Will takes this into account and refers 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 bureaucracy because of lack of a proper legal authority.



Planning Options: Qualifying for Medicaid or VA Benefits

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

SPEND DOWN.

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

See related articles:
Understanding Medicaid p. 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. This 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

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

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

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

DIVORCE/LEGAL SEPARATION

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

LIFE INSURANCE

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

advantage of going through this tortured process is that 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 this liquidation is to have the qualified resource annuitized with the well spouse as the payee. The tax burden, therefore, can be spread over a longer period of time, though the health of

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

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

GIFT TAX: As discussed above, most Medicaid planning techniques involve gifting of assets to family members. This also is the most misunderstood aspect of Medicaid planning, at least on the part of clients. The donees are usually concerned about the tax ramifications as most confuse the gift as a taxable receipt. For most clients, gift tax issue is a nonissue. Under IRC 2505, one can use the lifetime exemption of one million dollars and escape all tax consequences, if the total amount gifted to any one single person exceeds the annual gift limit of $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 include a testamentary

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

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

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

Understanding Medicaid

Medicaid is a joint state and federally run program that helps those in need by providing financial assistance to cover 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 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 a 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 asset preservation and estate planning options in detail.

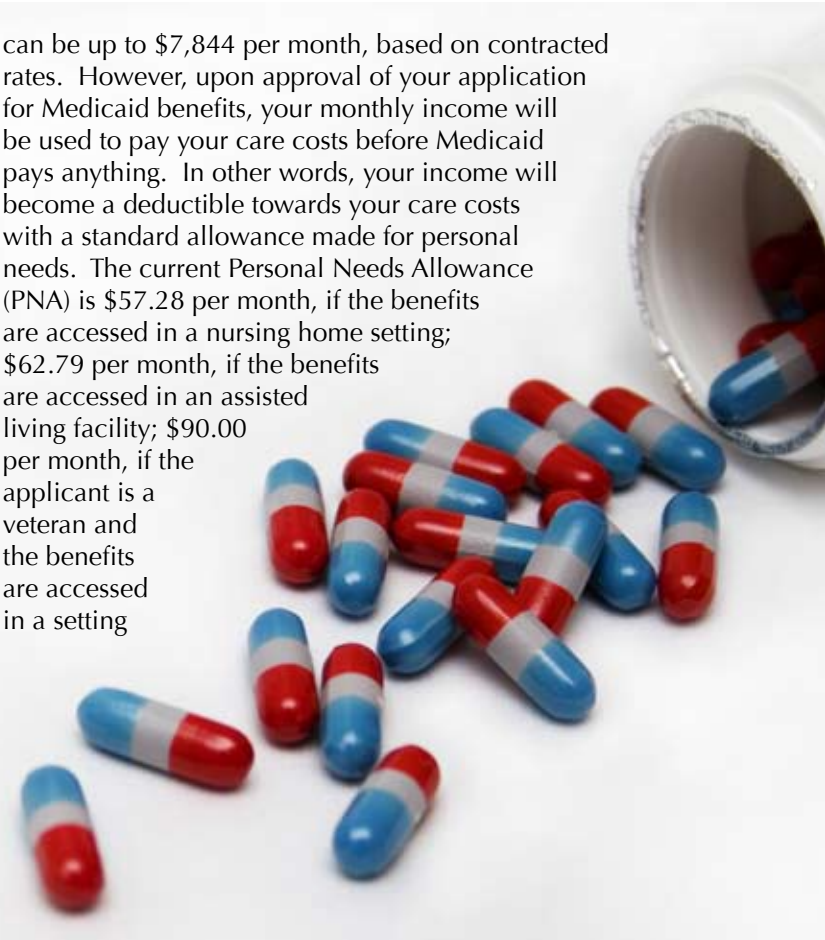
Medicaid assistance is generally available in nursing home settings unless an application is made for a waiver program. Waiver programs are referred to as COPES (Community Options Program Entry System) programs and have different rules than institutional care programs. In our state, the institutional 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 long-term care costs, you must establish that you are functionally in need of the assistance. Functional eligibility is presumed to have been met if Medicaid is accessed in a nursing home setting. Outside of a nursing home setting, it is assessed under 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 using a computer program called the CARE program (Comprehensive Assessment Reporting and Evaluation). Test results depend on the DSHS interviewer and can be subjective. If COPES benefits are to be accessed in your own home, then I recommend having a Care Manager to assist with the process in order to maximize 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 $2,130 per month, though in a nursing home setting that income can be up to $7,844 per month, based on contracted rates. However, upon approval of your application for Medicaid benefits, your monthly income will be used to pay your care costs before Medicaid pays anything. In other words, your income will become a deductible towards your care costs with a standard allowance made for personal needs. The current Personal Needs Allowance (PNA) is $57.28 per month, if the benefits are accessed in a nursing home setting; $62.79 per month, if the benefits are accessed in an assisted living facility; $90.00 per month, if the applicant is a veteran and the benefits are accessed in a setting



other than at home; and, $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 by way of assets, though for a single applicant the state will ignore ownership of a home with no more than $536,000 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 and $115,920 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 by placing them in the hands of someone other than yourself. These assets could be the difference between having to endure a bare existence as opposed to having some semblance of a life with dignity by using the assets you've protected to provide additional assistance or cover bills that Medicaid will leave uncovered.

VETERAN'S BENEFITS

Aid And Attendance

What Is VA Pension For Veterans?

There are two programs that are often overlooked by veterans who are dealing with long-term care expenses that exceed their incomes: Aid & Attendance and Housebound benefits. Generally speaking, these programs are available to qualified veterans who physically need the assistance 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, 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 has been 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 is decided on a case by case basis.

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 & 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 & 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 & 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?

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

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

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

Designing a Policy that will Work

What Will it Cost?

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

What to Buy

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

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

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

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

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

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. Financial Advisers 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 will vary and 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, the relationship won't last. So, consider some of the same traits you look for in a partner, mate or friend. Keep in mind some of the Boy Scouts' 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 enough 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 hardships or displayed character. How did they address the last recession with their current clients?

Reverent. Does and will this financial adviser respect you and your goals and in return do you respect his/her advice thus making the 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.

Evaluate the answers the adviser has given you, and choose the professional whose business style suits your financial planning needs. Make sure that you feel comfortable with his or her financial planning philosophy and that you trust him or her to manage your finances.

McKAY
WEALTH MANAGEMENT

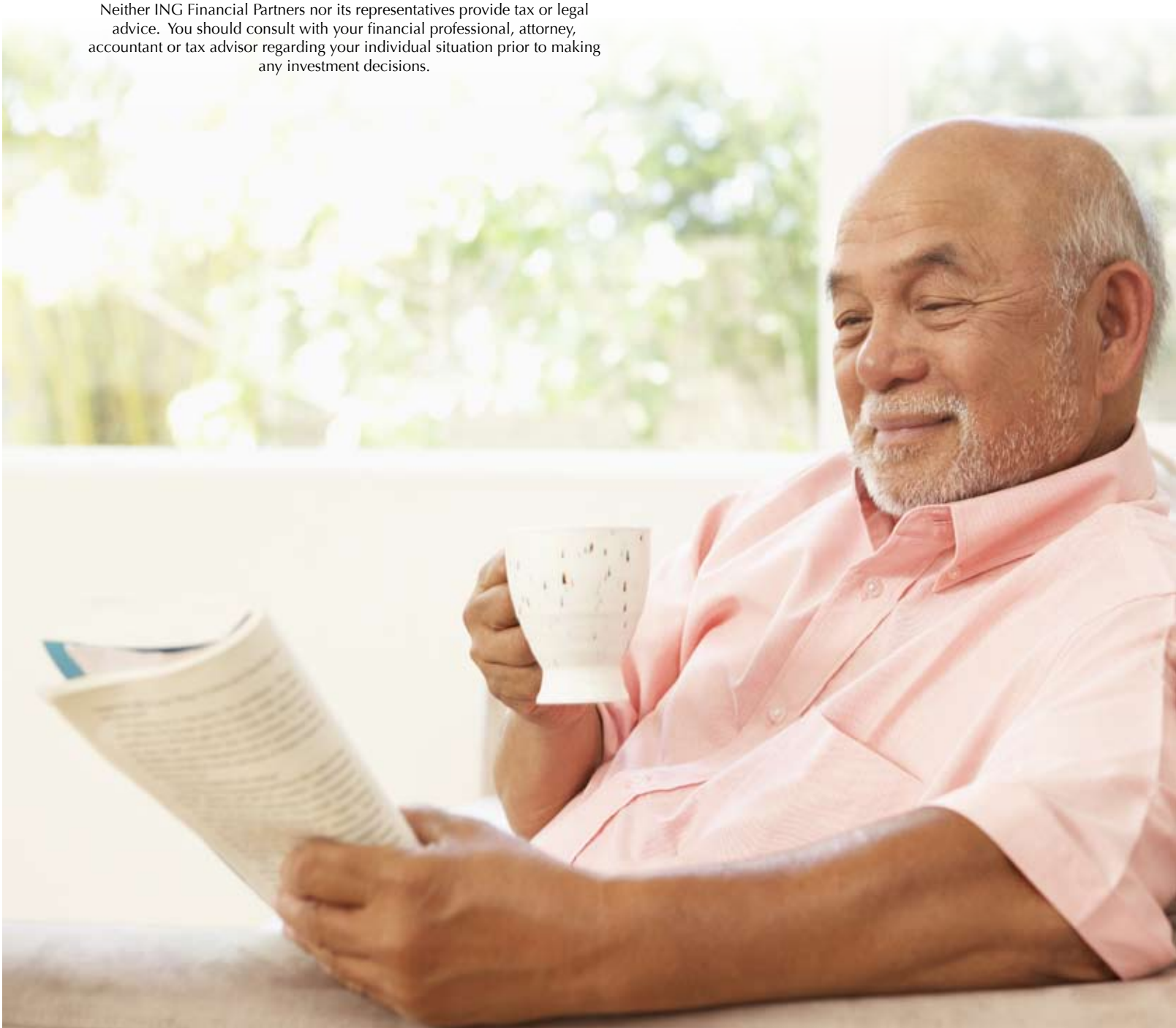
To Check the Disciplinary History of a Financial Adviser

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

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

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

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



Use Your Home to Stay at Home

A Guide for Older Homeowners Who Need Help Now

Why Do I Need the Money?

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

Long-term Solution—Reverse Mortgage

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

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

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

All homeowners must first meet with a government-approved reverse mortgage counselor before their loan application can be processed (HECM program). Older borrowers may receive more money, because lenders include life expectancy in calculating loan payments. The national limit on the amount you can borrow under the HECM program may change from year to year. You can check the current national limit at www.HUD.gov. You now may use a HECM reverse mortgage to buy a home.

This can make it easier for you to downsize to a house that better suits your needs, or to move closer to family caregivers. Loan closing costs for a reverse mortgage are the same as what you would pay for a traditional "forward" mortgage. These can include an origination fee, appraisal, and other closing costs (such as title search and insurance, surveys, inspections, recording fees). HECM borrowers also pay a mortgage insurance premium. Most of these upfront costs

are regulated, and there are limits on the total fees that can be charged for a reverse mortgage. The origination fee for a HECM loan is capped at 2% of the value of the property up to the first $200,000 and 1% of the value greater than $200,000. There is an overall cap on HECM origination fees of $6,000 and a minimum fee of $2,500. You can finance these costs as part of the mortgage.

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

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

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

How Long will the Reverse Mortgage Last?

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

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

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

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

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

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 to how you 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.

"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"

The "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 on the second option, 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, and 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, having 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:

Other 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 include 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.

When the road to recovery doesn't mean going directly home, know that you have options for short term rehabilitation and recovery. Our comprehensive care team of clinicians and therapists will work with you to reach your individual rehabilitation goals to get you back home or to a lesser level of care.

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What if returning home is NOT POSSIBLE?

Due to a number of factors, returning home may be impossible and finding an appropriate nursing home, assisted living community or adult family home may become necessary.

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 being able to match them to the least restrictive setting where the assistance can and should be accessed is critical.

Before settling on a solution, a family may spend a lot of time asking for referrals and visiting various options. Even then there can be no guarantee that the solution will be perfect. One alternative 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 individual clients, they make it their business to be familiar with the various housing alternatives that exist in the community so they can be in a better position to make recommendations in keeping with the patient's needs and desires. However, since the placement agency is paid a 'commission' by the facility, they tend to focus only on those facilities that have agreed to pay them a commission. Most of the time, this is not a problem. However as generally no commissions are paid unless the patient being placed will be paying privately for at least some period of time, a placement agency may be unwilling to handle patients looking at a long-term stay and in need of accessing Medicaid benefits.

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 provided? Who delivers these services? Is the service provider licensed or certified?
2. What are the 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 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 bad in a short amount of time. Therefore, it's necessary to exercise constant vigil over a loved one in an adult family home.

Skilled Nursing Facility

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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Amenities

Here's just a sampling of the many amenities you'll find at Normandy Park;

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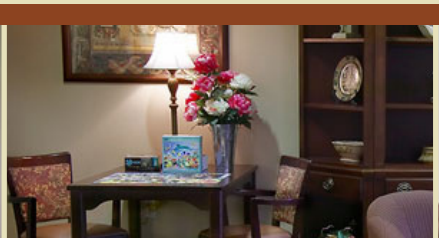

What can I expect with IN-HOME CARE

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….

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 what the next step might be for you when it comes to where and how you will live. Seniors today have such a plethora of lifestyle choices that it can feel overwhelming and confusing when exploring options. You may love your home that you've been living in for 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. They appeal to mature adults that are still capable of caring for 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 within the community 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. Most also have laundry facilities and parking stalls for residents. 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 life. One of the attractive features of this type of lifestyle choice is the social aspect — many independent communities 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 adjustable rental rates dependent on your need for skilled services. Many CCRCs offer interested visitors a chance to spend a few days there to see if their facility fits with the potential resident's wants and needs.

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

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

Other Organized Housing Options

Assisted Living/Boarding Homes

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

Costs may be higher in assisted living than at a boarding facility. According to a MetLife Market survey in 2012, the average monthly rent was slightly over $3,500. 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. 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 who do not wish to rely on their children for assistance or those who do not have informal support systems. 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. 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.

The Golden Years

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

Advertorial by Care Patrol
Chuck Bongiovanni, MSW, MBA.

It's a daunting thought... moving your loved one to a nursing home. With so many horror stories out there...and 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 had several family members and friends there. Now, with the population growth, families moving around, and the help of the Internet, you have more choices. That means you need to be armed with the right tools for choosing a nursing home.

The good news is that over the years there have been significant changes in nursing homes and other care facilities. With the introduction of assisted living facilities and adult family homes, skilled nursing care is mostly used for those requiring either 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

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 access to the Internet, go to http://www.medicare.gov. There you can compare the nursing homes in your area. Medicare rates them from one to five stars with five being the best. You can also look at their health inspection reports to get a better idea as to how they attained their ratings.

2. Visit the nursing home. While admissions coordinators prefer you to have a scheduled appointment, you can go anytime.

3. Ask to meet with the executive director, director of nursing, and the 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? 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? Make sure you understand what will happen to your loved one if their funds run out.

5. Resident and Family Councils facilitate communications with staff. What's more 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. If they do have a council, ask to talk with the 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.

Nursing homes are appropriate for some care needs but it's important to keep in mind that there are other options. A lot of times people automatically think their loved one needs nursing care when in fact an assisted living facility or adult family home can provide the same care at a lower cost 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 studios or one-bedroom apartments. Some assisted living communities offer two-bedrooms. The communities can have common areas such as dining, living rooms and fitness rooms, pools, theaters, chapels, libraries and more. Look for a community that can match your loved one's interests. Many facilities offer clubs for gardeners, wood-workers, quilters, 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 in a more intimate and homier environment. They are homes that have been modified or built to provide care. They are handicapped accessible, just as assisted living communities are. The meals are made 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 legally 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 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 to fit your family's needs and finances. These companies 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. You'll rest easier 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!

Care Patrol
10002 Aurora Ave N. Suite 36 PMB 384
Seattle, WA 98133
206-407-3060

Pacific Wound Healing Centers
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uncompromising care

"He and his staff made this difficult time for me a much easier experience. I have now healed completely, but will always think of everyone there with fond memories."
Kathy L

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"You were so kind and nice. Thank you for explaining things to us and for just being yourself. Dr. Conrad, you and your nurses were great."
Carolyn and Eric S.

Our Goal Is To Exceed All Expectations!

"My experience with Dr. Conrad and his staff was very good and (they were) helpful with everything from appointments to handling my insurance. Dr. Conrad was very up front with me and he and his staff made sure I was taken care of during my surgery and recovery. I would not hesitate to see him again."
David K.

I cried when I left (the wound care center). They (the staff) became like part of the family."
Gay H.

(253) 394 - 0125

Fax: (253) 394 - 0020

101 2nd St NE | Auburn

John Conrad, MD
General Surgeon
Wound Care Specialist

AgingOptions
RESOURCE GUIDE

Skilled Nursing

Name	Address	City	Phone	Medicaid
Canterbury House	502 29th Street SE	Auburn	(253) 939-0090	Y
North Auburn Rehab & Health Center	2830 I Street NE	Auburn	(253) 561-8100	Y
Regency Auburn Rehab Center (Please see our ad on page 34)	414 17th Street SE	Auburn	(253) 833-1740	Y
Burien Nursing And Rehab Center	1031 SW 130th Street	Burien	(206) 242-3213	Y
Judson Park Health Center	23620 Marine View Drive S	Des Moines	(206) 824-4000	Y
Stafford Healthcare	2800 S 224th Street	Des Moines	(206) 824-0600	Y
Wesley Homes Des Moines (Please see our ad on page 49)	816 S 216th Street	Des Moines	(206) 824-5000	N
Wesley Homes Health Center (Please see our ad on page 49)	1122 S 216th Street	Des Moines	(206) 824-3663	Y
Wesley Homes Home Health (Please see our ad on page 49)	815 S 216th Street	Des Moines	(206) 870-1127	N
Enumclaw Health & Rehabilitation Center	2323 Jensen Street	Enumclaw	(360) 825-2541	Y
Avalon Care Center	135 South 336th Street	Federal Way	(253) 835-7453	Y
Garden Terrace of Federal Way	491 South 338th Street	Federal Way	(253) 661-2226	N
Hallmark Manor	32300 First Avenue S	Federal Way	(253) 874-3580	Y
Life Care Center	1045 S 308th Street	Federal Way	(253) 946-2273	Y
Benson Heights Rehabilitation Center	22410 Benson Road SE	Kent	(253) 852-7755	Y
Sunrise Haven	24423 100th Avenue SE	Kent	(253) 813-2096	N
Emeritus at Renton (Please see our ad on page 48)	71 SW Victoria Street	Renton	(425) 226-8977	N
Renton Nursing & Rehabilitation Center	80 SW Second Street	Renton	(425) 226-4610	Y
Talbot Center for Rehab & Healthcare	4430 Talbot Road S	Renton	(425) 226-7500	Y

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

Alzheimer's/Memory Care

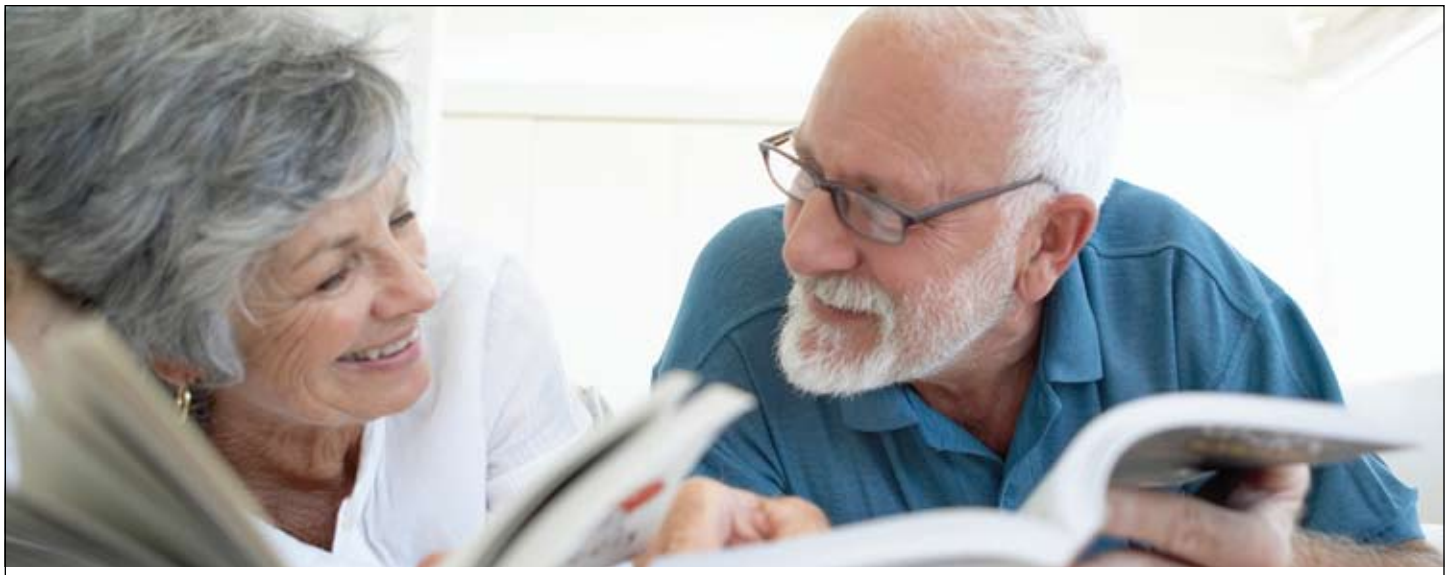
Name	Address	City	Phone	Medicaid
Wesley Homes Lea Hill (Please see our ad on page 49)	32049 109th Place SE	Auburn	(253) 876-6000	N
Judson Park	23620 Marine View Drive	Des Moines	(206) 824-4000	Y
Wesley Homes Des Moines (Please see our ad on page 49)	816 S 216th Street	Des Moines	(206) 824-5000	N
Wesley Homes Health Center (Please see our ad on page 49)	1122 S 216th Street	Des Moines	(206) 824-3663	N
Expressions at Enumclaw	2454 Cole Street	Enumclaw	(360) 825-4565	N
Emeritus at Steel Lake (Please see our ad on page 48)	31200 23rd Ave S	Federal Way	(253) 941-5859	N
Garden Terrace Alzheimer's Center	491 S. 338th Street	Federal Way	(253) 661-2226	N
Aegis Senior Inn Of Kent	10421 Southeast 248th Street	Kent	(253) 520-8400	N
Arbor Village	24121 116th Avenue SE	Kent	(253) 856-1600	N
Benson Heights Rehabilitation Center	22410 Benson Road SE	Kent	(253) 852-7755	Y
Weatherly Inn Kent	15101 Southeast 272nd Street	Kent	(253) 630-7496	N
Chateau Valley Center	4450 Davis Ave So	Renton	(425) 336-4257	N

CCRCs

Name	Address	City	Phone	Medicaid
Judson Park Health Center	23620 Marine View Drive S	Des Moines	(206) 824-4000	Y
Wesley Homes Des Moines (Please see our ad on page 49)	816 S 216th Street	Des Moines	(206) 824-5000	N
Arbor Village Continuing Care Retirement	24121 116th Avenue SE	Kent	(253) 856-1600	N

Transitional Housing

Name	Address	City	Phone	Medicaid
Masonic Outreach Services (Please see our ad on page 47)	23660 Marine View Dr S	Des Moines	(206) 878-8434	N



Emeritus Senior Living

There is no "right time" to seek another living environment. It is a decision usually based on the individual's needs and available outside support. If you are observing an alarming decline in the safety, social, or emotional needs of your parent or loved one, it's time to see how assisted living can help!

Choosing assisted living at an Emeritus Senior Living community will actually give your loved one greater independence. You will gain peace of mind knowing that they are nearby in a safe and comfortable senior living community.

Call us today to learn more about the benefits of assisted living for your loved one. We will be glad to arrange a private tour experience for you.

Our Family is Committed to Yours.®

(253) 941-0156

Emeritus at Federal Way - Assisted Living
31002 14th Ave. South, Federal Way

(253) 941-5859

Emeritus at Steel Lake - Assisted Living & Memory Care
31200 23rd Ave S Ste 100, Federal Way

(425) 226-8977

Emeritus at Renton - Assisted Living
71 SW Victoria Street, Renton

EMERITUS®
Senior Living

www.Emeritus.com

Assisted Living

Name	Address	City	Phone	Medicaid
Canterbury House	502 29th Street SE	Auburn	(253) 939-0090	N
Heritage House at Mountain View Pointe (Please see our ad on page 63)	28833 Hwy 410 East	Buckley	(360) 829-5292	Y
Wesley Homes Des Moines (Please see our ad on page 49)	816 S 216th Street	Des Moines	(206) 824-5000	N
Enumclaw Health & Rehabilitation Center	2323 Jensen Street	Enumclaw	(360) 825-2541	N
Emeritus at Federal Way (Please see our ad on page 48)	31002 14th Avenue S	Federal Way	(253) 941-0156	N
Emeritus at Steel Lake (Please see our ad on page 48)	31200 23rd Avenue S	Federal Way	(253) 941-5859	N
Foundation House of Federal Way (Please see our ad on page 50)	32290 1st Avenue S	Federal Way	(253) 838-8823	N
Stafford Suites @ Kent (Please see our ad on page 47)	112 Kennebeck Avenue N	Kent	(253) 850-0333	N
Normandy Park Senior Living (Please see our ad on page 36)	16625 1st Avenue S	Normandy Park	(206) 241-0821	Y
Emeritus at Renton (Please see our ad on page 48)	71 SW Victoria Street	Renton	(425) 226-8977	N
Talbot Center for Rehab and Healthcare	4430 Talbot Road S	Renton	(425) 226-7500	N

Independent Living

Name	Address	City	Phone	Medicaid
Wesley Homes Lea Hill (Please see our ad on page 49)	32049 109th Place SE	Auburn	(253) 876-6000	N
Boulevard Park Place (Please see our ad on page 2)	2805 S 125th Street	Burien	(206) 243-0300	N
Wesley Homes Des Moines (Please see our ad on page 49)	816 S 216th Street	Des Moines	(206) 824-5000	N
Emeritus at Federal Way (Please see our ad on page 48)	31002 14th Avenue S	Federal Way	(253) 941-0150	N
Emeritus at Steel Lake (Please see our ad on page 48)	31200 23rd Avenue S	Federal Way	(253) 941-5859	N
Foundation House of Federal Way (Please see our ad on page 50)	32290 1st Avenue S	Federal Way	(253) 838-8823	N
Emeritus at Renton (Please see our ad on page 48)	71 SW Victoria Street	Renton	(425) 226-8977	N

For the complete listing, visit our website AgingOptionsGuide.com

Adult Family Homes

Name	Address	City	Phone	Medicaid
1st Choice Care Homes (Please see our ad on page 51)	22028 108th Avenue SE	Kent	(206) 551-5450	Y
A New Haven AFH (Please see our ad on page 40)	2631 SW 320 Place	Federal Way	(253) 661-1889	Y
A New Haven AFH II (Please see our ad on page 40)	3641 SW 317th Court	Federal Way	(253) 835-1409	Y
Andover Home	3716 55th Avenue SW	Seattle	(206) 931-3997	Y
Blessing Elderly Care LLC (Please see our ad on page 35)	24925 116th Avenue SE	Kent	(253) 856-1977	N
Burien Best Care Homes (Please see our ad on page 51)	302 SW 146th Street	Burien	(206) 551-5450	Y
Choice One Care (Please see our ad on page 51)	13017 SE 208th Street	Kent	(206) 551-5450	Y
European Senior Care Homes (Please see our ad on page 51)	4002 46th Avenue SW	Seattle	(206) 931-3997	Y
Golden Care (Please see our ad on page 51)	21203 108th Avenue SE	Kent	(206) 551-5450	Y
Redmond's Own AFH (Please see our ad on page 51)	16607 NE 100th Street	Seattle	(206) 551-5450	Y
Shoreline Elder Care (Please see our ad on page 51)	2614 SW 112th Street	Seattle	(206) 551-5450	Y

For the complete listing, visit our website AgingOptionsGuide.com

In-Home Care, Home Health & Hospice Agencies

Name	Address	City	Phone	Medicaid
Wesley Homes Home Health (Please see our ad on page 49)	815 S 216th Street	Des Moines	(206) 870-1127	Y
Comfort Keepers (Please see our ad on page 31)	28815 Pacific Hwy S	Federal Way	(253) 945-1400	N
ResCare HomeCare (Please see our ad on page 29)	34709 6th Avenue S	Federal Way	(253) 275-3621	Y
Soundpath Health	32129 Weyerhaeser Way Suite 201	Federal Way	(253) 517-4305	Y
ResCare HomeCare (Please see our ad on page 29)	26404 104th Avenue SE	Kent	(253) 518-9005	Y
Wiser Care Services (Please see our ad on page 46)		Kent	(877) 279-5530	N
Franciscan Hospice & Palliative Care (Please see our ad on page 52)	2901 Bridgeport Way West	University Place	(866) 969-7028	Y

For the complete listing, visit our website AgingOptionsGuide.com

Geriatric Doctors

Name	Addresss	City	Phone
Dr. Dale Epper	202 Cross Street SE	Auburn	(253) 876-8111
Dr. Barry Bersch	16110 Eighth Avenue Southwest, Suite A2	Burien	(206) 242-8280
Dr. Martin D. Levine	140 SW 146th St	Burien	(206) 901-2400
Dr. Maha Y. Ghosn	16251 Sylvester SW Road	Burien	(206) 244-9970
Dr. Michael C. Brown	22024 Marine View South Drive	Des Moines	(206) 878-8600
Dr. Michael V. Pittier	22000 Marine View South Drive	Des Moines	(206) 870-4460
Dr. Richard N. Pulido	1450 Battersby Avenue	Enumclaw	(253) 426-6341
Dr. Jamie B. Gerber	32018 - 23rd Avenue South	Federal Way	(253) 839-3030
Dr. Joseph W. Regimbal	34515 - 9th Avenue South	Federal Way	(253) 426-6341
Dr. Jamie B. Gerber	32018 - 23rd Avenue South	Federal Way	(253) 839-3030
Dr. Melissa Ann Sarhan	301 South 320th Street	Federal Way	(253) 874-7000
Dr. Ranu Choudhary	24604 - 104th Avenue Southeast, Suite 202	Kent	(253) 859-8371
Dr. Amit M. Joshi	24920 - 104th Avenue Southeast	Kent	(253) 385-2000
Dr. Katheleen J. Magonigle	17700 Southeast 272nd Street	Kent	(253) 372-7132
Dr. Genevie T. Moran	26004 104th SE Avenue	Kent	(425) 251-4040
Dr. Jon O. Neher	3915 Talbot Road South, Suite 401	Renton	(425) 656-4224
Dr. Gary A. Kelsberg	3915 Talbot Road South, Suite 401	Renton	(425) 656-4224
Dr. Debra S. Fetherson	275 Bronson NE Way	Renton	(425) 235-2800
Dr. Angelina A. Platas	601 S Carr Rd Suite 100	Renton	(425) 227-3700
Dr. Lawrence Dell Isola	400 S 43rd St	Renton	(425) 228-3440
Dr. James S. Distelhorst	400 S 43rd Street	Renton	(425) 251-5138

Elder Law Attorneys

Name	Business Name	Address	City	Phone
Maureen A. Wickert	Wickert Law Office	11864 3rd Avenue South	Burien	(206) 931-6307
Cynthia J. Zetts		PO Box 7655	Covington	(206) 423-5334
Jerry Sprute	Johnson & Nagaich	101 2nd Avenue South	Edmonds	(877) 353-3747
Gregg Hirakawa	Johnson & Nagaich	31919 6th Avenue South	Federal Way	(253) 838-3454
Jerrica Seeger	Johnson & Nagaich	31919 6th Avenue South	Federal Way	(253) 838-3454
Rajiv Nagaich (Please see our ad on page 1)	Johnson & Nagaich	31919 6th Avenue South	Federal Way	(253) 838-3454
Mark D. Albertson	Albertson Law Group, PS	PO Box 541	Kent	(206) 659-8817
Judith L. Eckland		24421 Frager Road S	Kent	(206) 354-1442
Linda J. Nye	Law Offices of Linda J. Nye	19439 1st Avenue S Unit B11	Normandy Park	(206) 276-8218
Beth A. McDaniel	Law Offices of Beth A. McDaniel	272 Hardie Avenue SW	Renton	(425) 257-8880
Dan Kellogg	Law Offices of Dan Kellogg	PO Box 2168	Renton	(425) 227-8700
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

Additional Resources

Insurzance

Name	Addresss	City	Phone
HBT Insurance (Please see our ad on page 17)	201 Auburn Way N Suite C	Auburn	(253) 833-5140
Kathleen A. Allison (Please see our ad on page 59)			(206) 930-3018
All Pro Risk Management (Please see our ad on page 15)	31919 6th Avenue SE	Federal Way	(253) 946-0326

Supplemental Insurance

Name	Coverage	City	Phone
Aflac - Kerri Drake	Serving All of Puget Sound		(206) 412-5633

Personal Finance - Investments

Name	Addresss	City	Phone
Raymond James Financial Services	32015 1st Avenue S	Federal Way	(253) 838-0710
McKay Wealth Management	6000 South Center Blvd Suite 70	Tukwila	(206) 973-4482

Medical Supplies

Name	Coverage	City	Phone
Re-Ability Enterprises (Please see our ad on page 54)	Serving All of Pierce County	Gig Harbor	(253) 514-9722

Dentists

Name	Addresss	City	Phone
Azonic Custom Dentures (Please see our ad on page 59)	1340 M Street SE	Auburn	(253) 833-1834

Senior Citizen Centers

Name	Addresss	City	Phone
Auburn Senior Center	808 9th St. SE	Auburn	(253) 931-3016
Federal Way Senior Center	4016 S 352nd	Auburn	(253) 838-3604
Muckleshoot Indian Tribe Senior Center	39015 172nd Ave. SE	Auburn	(253) 939-3311
Black Diamond Community Center	31605 3rd Ave. NE	Black Diamond	(360) 886-2418
Burien Senior Program	14700 6th Avenue SW	Burien	(206) 988-3700
Des-Moines Activity Center	2045 S 216th	Des Moines	(206) 878-1642
Enumclaw Senior Center	1350 Cole St	Enumclaw	(360) 825-4741
Federal Way Community Center	876 South 333rd St	Federal Way	(253) 835-6925
Kent Activity Center	600 E Smith St	Kent	(253) 856-5161
Greater Maple Valley Community Center	22010 SE 248th	Maple Valley	(425) 432-1272
Renton Senior Center	211 Burnett Ave. North	Renton	(425) 430-6633
North SeaTac Park Community Center	13735 24th Ave. S	Seatac	(206) 973-4680
Tukwila Senior Program	12424 42nd Ave. South	Tukwila	(206) 767-2323

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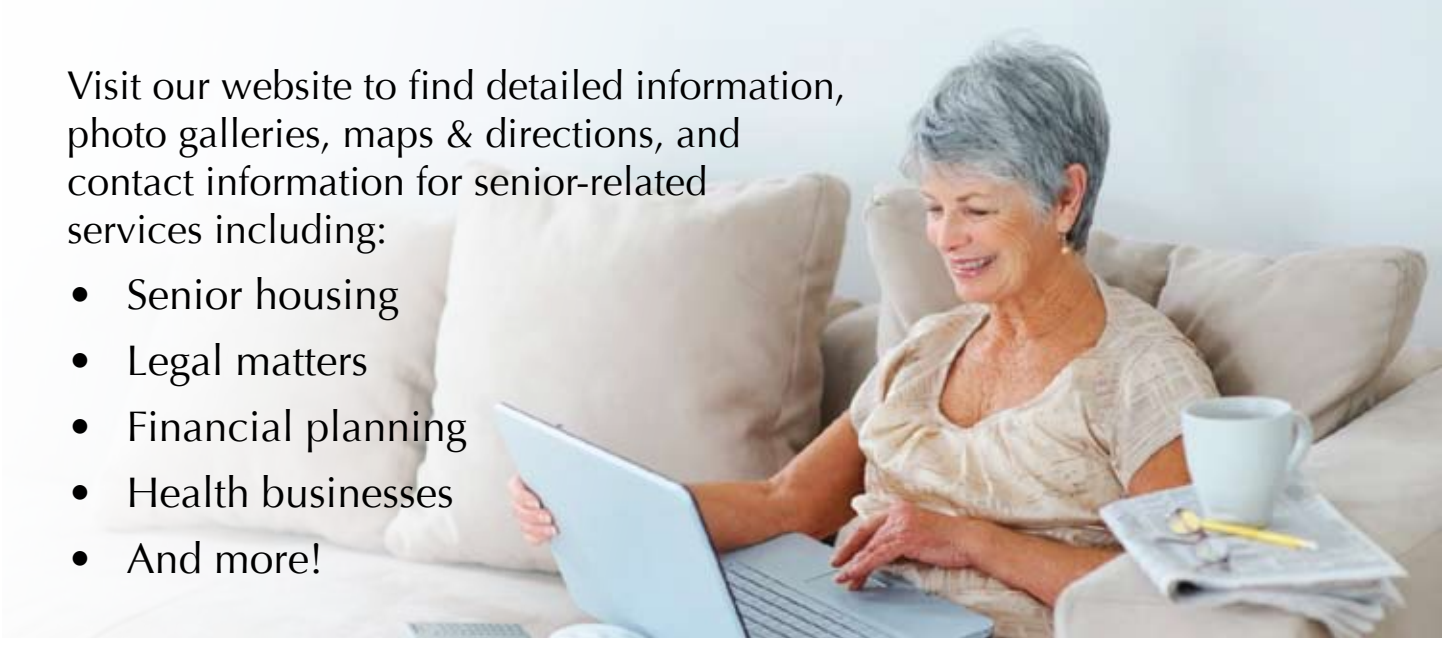

Visit our website to find detailed information, photo galleries, maps & directions, and contact information for senior-related services including:

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

Announcing:

The AgingOptions Preferred Provider Program

AgingOptions is changing the way America talks about, plans for and navigates through retirement.

That's why we are bringing the "best and the brightest" health, housing, financial and legal professionals together.

See if you've got what it takes…

Explore further at www.AgingOptions.com and click on the Preferred Provider tab on the homepage.

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 (pushups, sit ups) — heavy gardening (digging, shoveling) — yoga.

Content provided from: http://www.cdc.gov/physicalactivity/everyone/guidelines/olderadults.html
Centers for Disease Control and Prevention • 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day - cdcinfo@cdc.gov
Abridged version.

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 towards 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 everyone involved. A burden that the elder has made crystal clear they never wanted to be.

Until you are faced with the 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 a 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 choose offers non-skilled and skilled home care services. By choosing a provider that offers both, you are insuring a longer 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 choose should provide compassion, trust and peace of mind to you and your loved one.

Community Living – Senior Housing – Placement Assistance

What are the differences between Independent and Assisted Living, Skilled Nursing and Adult Family Homes? 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 needs and lifestyle can be a daunting task if done alone. In most cases, Elder Care Advisors are a free resource when considering senior housing as a post-hospitalization solution. The Elder Care Advisor provides you with a knowledgeable, unbiased guide and advocate who can provide choices and insights to help you find the best senior housing solution. They 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 guide elders and family members through major life transitions by providing family education, counseling and support and delivering 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 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 by providing 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.

Fedelta care solutions

We Take Care of Family

1(877) 333-3582
fedeltacaresolutions.com

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 closely associated with the individual. 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 the ones listed below should be discussed with a doctor to evaluate the person for dementia or Alzheimer's disease. Contact your local mental health organization for information about screening for dementia or other mental illnesses.

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. Steps taken early on can protect a loved one and ensure that they remain safe and secure.

Common Dementia and Alzheimer's symptoms to watch for:

- Persistent or increasing forgetfulness, beyond the occasional misplacement of car keys or a forgotten phone number.
- Confusion or a sense of being dazed, unsure of one's surroundings.
- Being prone to wander by walking the same pathways indoors or outside, without purpose or direction. When this occurs at night - and it frequently does - it is called "sundown syndrome."
- Impaired speech - although other things such as medication, stroke, or illness can cause this as well.
- 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 fall, a stroke, a diagnosis of Alzheimer's and just like that, life is turned upside down, drawing the entire family into the situation and raising issues including:

- Where to live?
- What will it cost?
- Who will monitor 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 in the short term, the patient will not be returning home to a normal life. If rehabilitation is called for, the patient will likely be discharged to a nursing home or sent home with home health. 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.

Life can be tolerable so long as Medicare and health insurance cover the patient's rehabilitation needs while in a nursing home. But many discover that Medicare coverage only pays so long (not more than 100 days of nursing home coverage and limited to that time frame when it is established that skilled therapy is needed). A financial bullet will have been dodged if the required therapy is short in duration. If, on the other hand, the patient fails to fully recover and requires the assistance of others to manage his/her daily activities, financial concerns will loom large. Reliance on Medicare to address 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. Once Medicare benefits run out and if the patient doesn't have long-term care insurance to cover costs, most modest-sized 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?

An overwhelming majority of Americans desire to live out their lives in their own homes, yet it is commonly accepted that a nursing home stay will follow a hospital stay for rehabilitation needs, or that dementia-related issues require an institutional solution. 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. But, when the crisis happens and the family turns to medical providers for answers, usually the well-meaning physicians or other medical professionals 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 patients 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?' trickier than one would expect it to be.

What Will It Cost?

Medical treatment 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? 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 adult family home owners. 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; a semi-private room sometimes houses as many as four residents; little to no time is 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 financial or time investment on the part of family and friends.

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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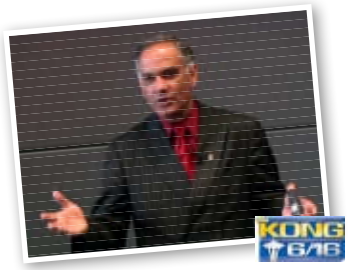

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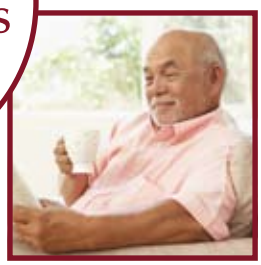

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