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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 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.

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AgingOptions
RESOURCE GUIDE
FOR BABY BOOMERS AND BEYOND

Volume 9

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31919 6th Avenue South
Federal Way, WA 98003

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Northside 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"

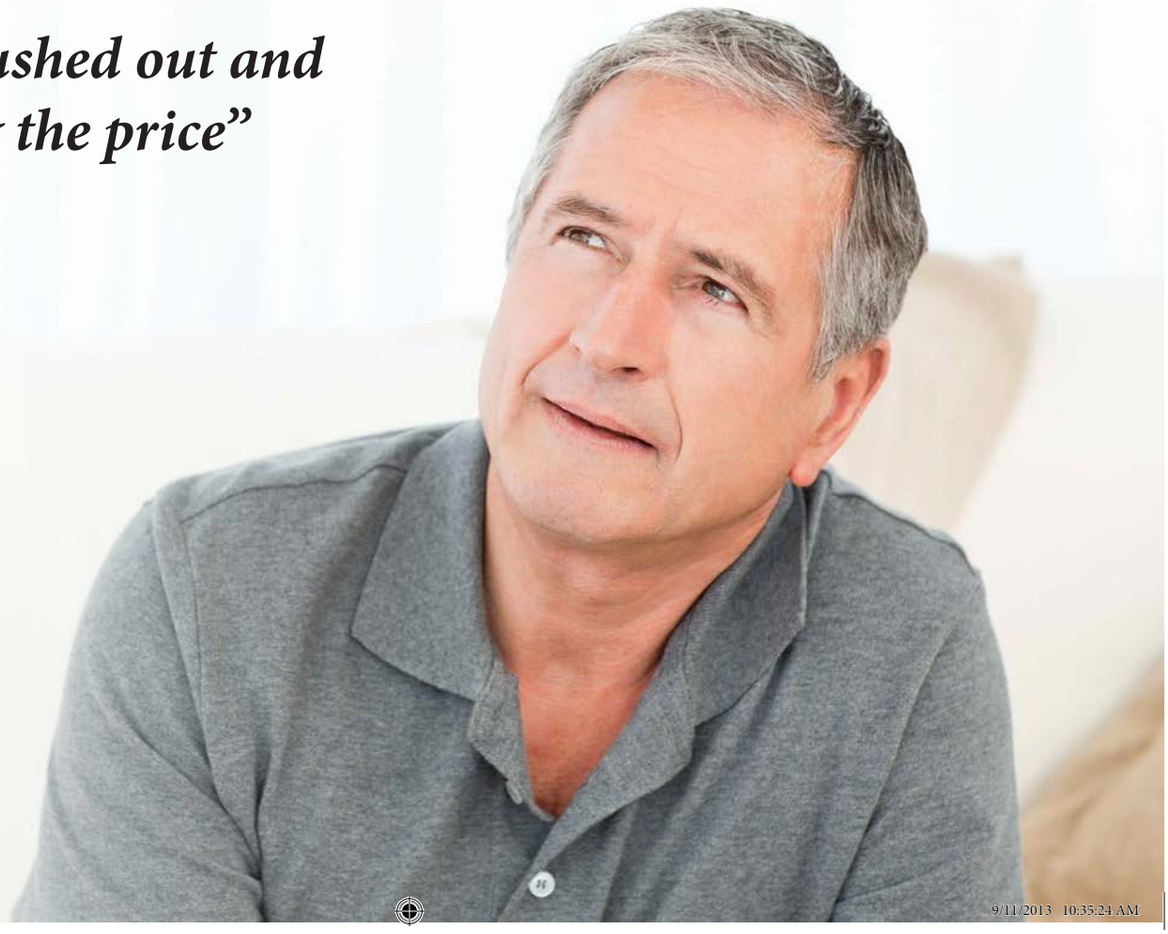
"Neglect and death, but home stays open"

"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 want 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.

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 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.

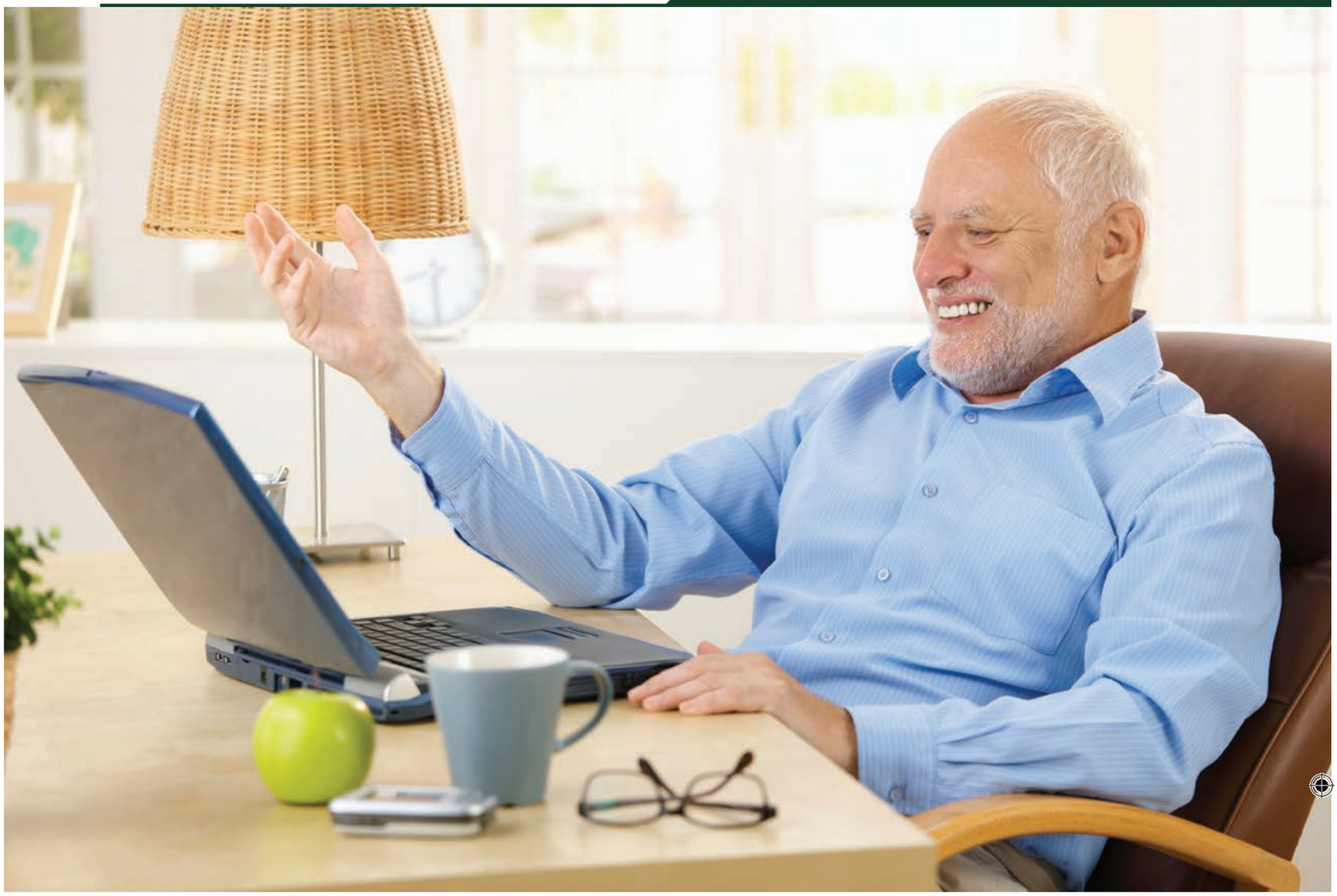
Next, your Power of Attorney should make similar provisions. They should anticipate that there may come a time when you are unable to care for your own needs and may need your agent to step in and provide the necessary care. As discussed above, your agent may not have the training, skills, or knowledge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

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

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.

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.

FINANCIAL TIPS FOR RETIREES

Most people think once they've retired they no longer have to worry about financial planning. After all it's too late right? But if you consider that you'll need to stay financially viable for two, three or potentially even more decades after retirement, it becomes readily apparent that while the "real" work may be done, the finish work is still in process. It takes some adjustment to living on a fixed income. But with careful planning you can secure your financial happiness.

Health care costs can be devastating. An uncovered illness or injury can endanger a lifetime's worth of work, which is why it's of vital importance to ensure that you have selected the type and amount of insurance coverage you need. Not only doesn't Medicare cover everything, many physicians and facilities will not accept Medicare. Shop carefully for your coverage by selecting doctors and facilities in your vicinity and asking them which insurance plans they honor. Get to know and understand the Medicare and Medicare Rights Center websites

Some people want to continue to work or volunteer after retirement and if you or your spouse can take the option of qualifying for health care coverage through an employer it is an excellent method to avoid large medical bills.

Increases in income can push you into another tax bracket. As a result, making a little more can cost you more. Having a financial advisor can help you determine timing but you can also check with the IRS website to ensure you don't cross an expensive line.

Just because you qualify for Social Security doesn't mean you should claim. Social Security benefits pay out as early as age 62 but you basically spend the rest of your life penalized for early withdrawal. If you claim while you are still working, taxes on Social Security may also come into play. Social Security employees are not necessarily the best resources for finding appropriate timing or claiming strategies as it's not their job to help you maximize your benefits only access them. There are tons of online resources available to help you decide when and how to claim as well as financial advisors that can make deciding easier.

Most experts suggest that you don't spend more than 4 percent of your retirement funds per year. To stick to that strategy, you'll need to be aggressive about keeping track of your expenses and finding ways to winnow them down without turning your retirement into a long boring math problem.

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.

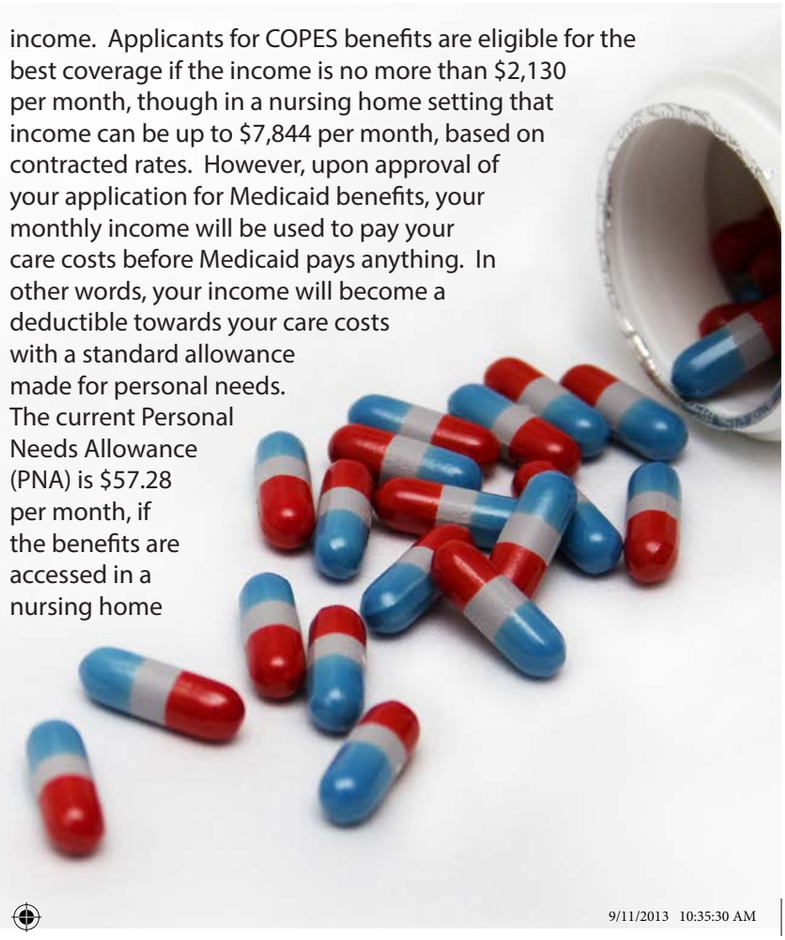
Medicaid assistance is generally available in nursing home settings unless an application is made for a waiver program. Waiver programs are referred to as COPES (Community Options Program Entry System) programs and have different rules than institutional care programs. In our state, the institutional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

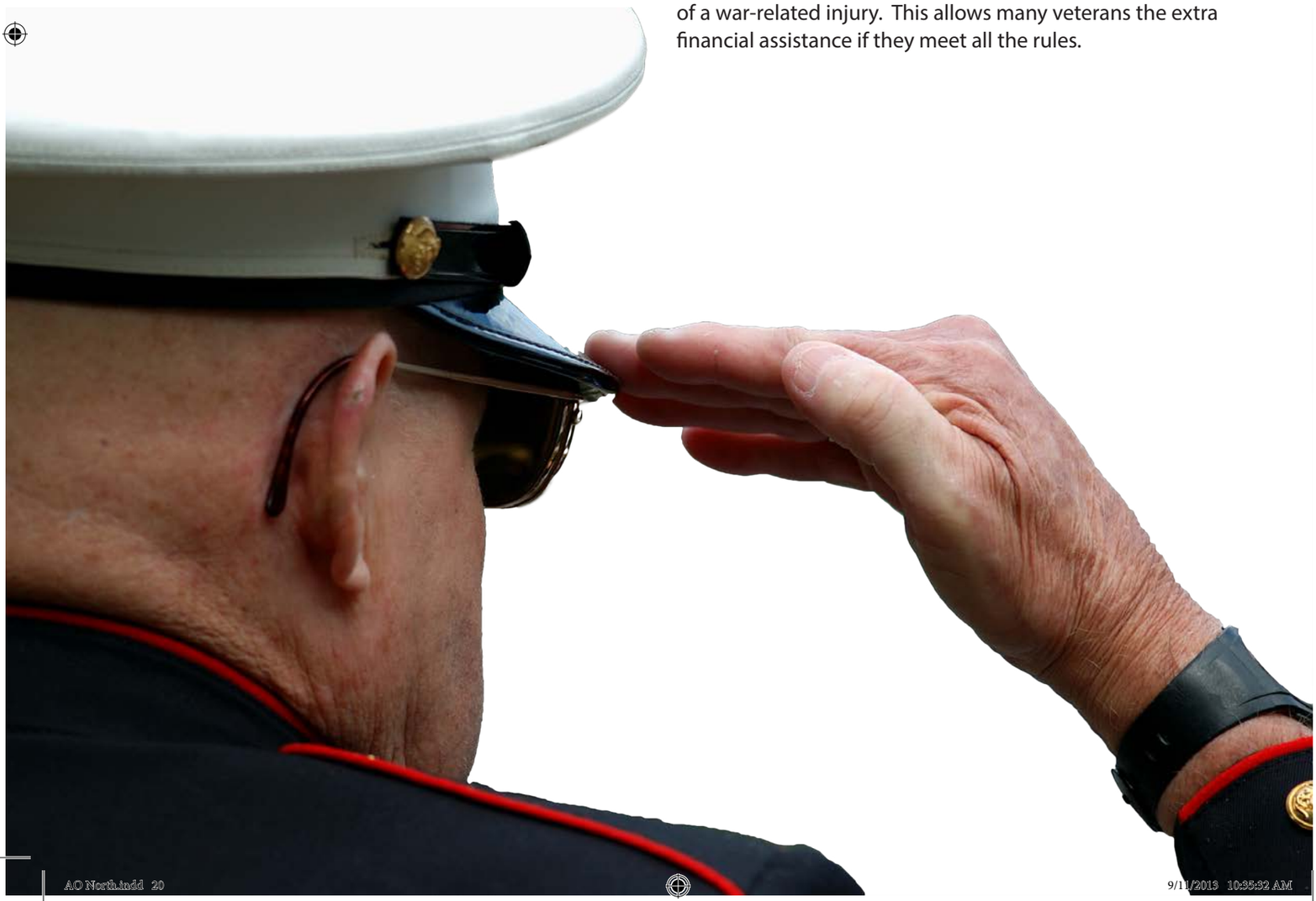
Aid And Attendance

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:

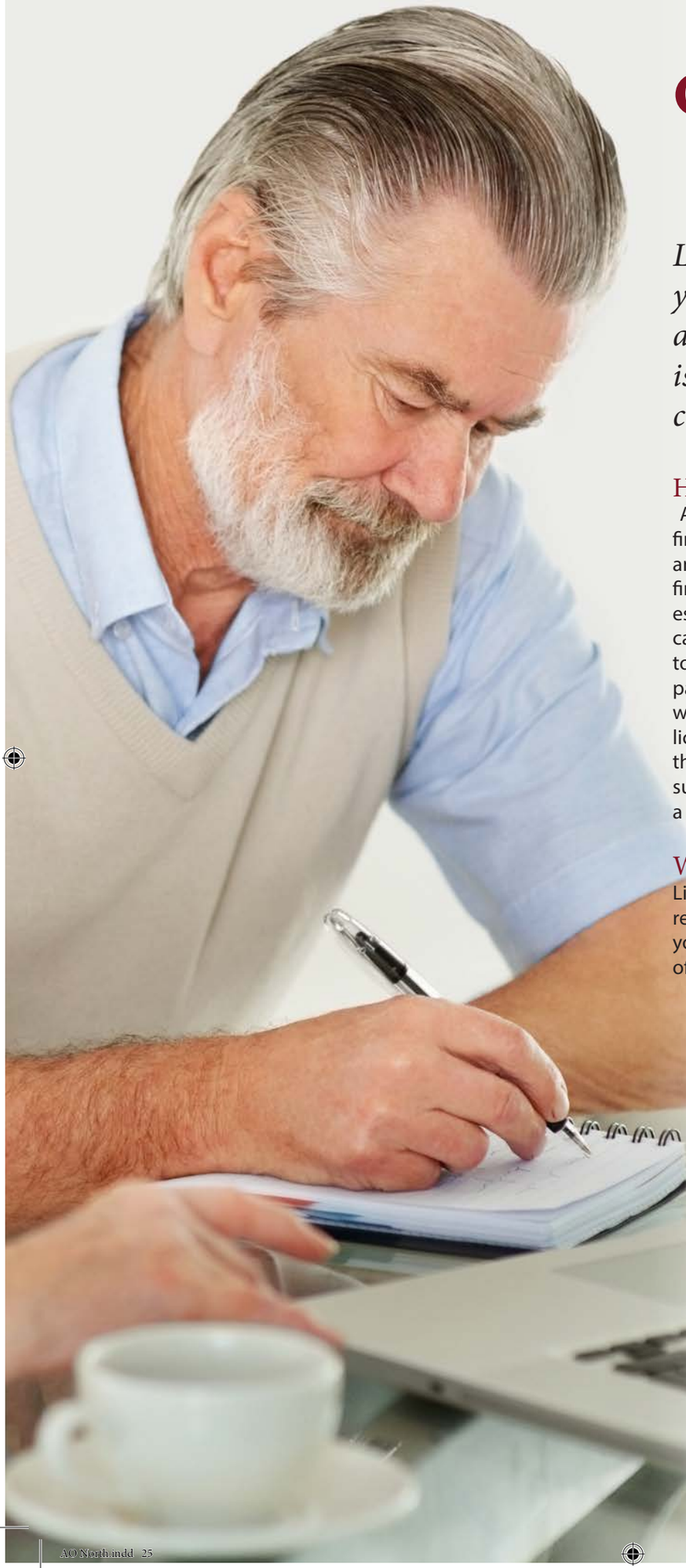
You should plan on buying enough coverage, which combined with your disposable monthly income, will provide

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

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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
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Use Your Home to Stay at Home

A Guide for Older Homeowners Who Need Help Now

Why Do I Need the Money?

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

Long-term Solution—Reverse Mortgage

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

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.

Options for caregivers that live out of town

Over 7 million adults in the United States act as long distance caregivers for elderly parents or other relatives. They live, on average, 450 miles away and must travel seven hours to reach them. A significant part of that care includes care coordination, helping the elder to maintain independence and socialization for the elder. Dealing with emergencies can be a logistical nightmare but the benefit to all those others doing just the same thing is that you don't have to invent the wheel; you only have to copy it.

First, you'll need to assess what services are needed. For the most part, an assessment is a hands-on situation. Although it will be possible to do many things from hundreds of miles away, actually knowing how things stand with someone else's ability to function will require observing in-person how your loved one is functioning. Every year people go home to visit a loved one only to discover that a phone call can't begin to create a picture of the stack of unpaid bills, the empty cupboards, death-defying driving, missed or improperly taken medications or foregone hygiene. A trip home can also provide the opportunity to involve a loved one in the process and provide you a starting ground from which all future decisions can be made.

It's not necessary to do this essential task alone. There are professionals whose job involves performing many of the duties a son or daughter might perform if he or she lived locally. Consider hiring a geriatric care manager to perform an assessment of your loved one's functional and cognitive (if appropriate) ability, to assess whether or not the current housing situation is safe and accessible, and if it isn't can it be made that way or is it necessary to move to a more appropriate location. Even if you hire a geriatric care manager, you'll want to take the time to meet him or her to make sure the relationship will work out for your parent.

If you find it challenging to handle financial affairs long distance consider hiring a personal assistant. They're not just for busy executives. They can help handle daily tasks such as sorting and handling mail, paying bills, negotiating bill disputes, and tracking assets.

Here's some other low-tech or no tech options:

Get contact information from the people important in your loved one's life including doctors, neighbors, clergy, friends, lawyers or anyone else you'll be able to count on should you need a quick check on their well-being or have a question about their business.

Community Resources such as the Area Agency on Aging (AAA), which has existed for over 35 years, provides programs such as Meals on Wheels, senior transportation and senior centers. Their aim is to help older adults by providing services and support so they can remain in their homes. Local staff provide valuable resources for connecting family to those services. Online, you can find services by going to http://www.adsa.dshs.wa.gov/Resources/clickmap.htm. The state site for additional information can be found at http://www.aasa.dshs.wa.gov/.

Schedule occasional visits to look for signs of problems that didn't exist the last time and so that chores that your loved one can't handle are dealt with. Home Care agencies can provide assistance with housekeeping medication reminders, meal preparation and transportation.

Tech options

Tech options have become much less expensive over time and while they won't ever eliminate the need for face-to-face time, they can make the time when you can't be there a little less stressful.

Call frequently (both your loved one and providers). Cell phones make even daily long distance contact affordable and easy. With simplified cell phones specifically designed for elders who are unfamiliar with and intimidated by smart phones and other high tech devices, even the most reluctant elder can stay in touch.

Skype allows families to make free video calls with just an internet connection. Tablets, such as iPad, and web cams make a digital face-to-face possible. Tablets are lighter and less cumbersome than laptops and provide options for watching videos, sending e-mail as well as video Once again, there are electronic solutions for people who find computers alien or downright scary. Mailbug allows users to get email with just a simple phone jack.

Telemonitoring provides audio reminders for taking stats on a regular basis in an individual's own home. Monitors can track pulse, weight, blood pressure, blood sugar or blood oxygen levels as directed by a physician. When the stats fall outside the range prescribed, a nurse or doctor can respond via a secure website.

Devices exist that alert a caregiver when a fall is detected or when a frail elder has gotten up.

Smart Home Sensors provide unobtrusive monitoring of a residential setting. Sensors monitor and send alerts and track activity patterns.

Electronic Medication reminders can come as alarm clocks, pill dispensers, and even watches.

Caregiving challenges won't be solved by technology but they can help provide a bit of peace of mind. Family Caregiver Alliance has a short list (there are almost 8,000 health-related applications) of applications that will help a caregiver give care either to their loved one or to themselves.

NORCs: A natural way to age-in-place

As the nation ages, it's becoming apparent that even if every single senior wanted to live in a senior residential facility rather than remain in their current neighborhood, there simply aren't enough places to make that happen.

As the nation ages, it's becoming apparent that even if every single senior wanted to live in a senior residential facility rather than remain in their current neighborhood, there simply aren't enough places to make that happen. NORCs are one answer to the dilemma of how to age safely at home. They began springing up about 20 years ago. AARP estimates that as many as a quarter of all seniors may live in NORCs. NORCs can provide volunteer services like computer help or yard work or can provide opportunities for activities such as classes in yoga or art. One of the major benefits is that of providing contact with other people as isolation has a devastating effect on older people.

For instance, if you always see the same person in the hallway every night when you get home from some outing, you're fairly likely to recognize when that person quits being there or begins to need help. That built-in system is what some social scientists are calling NORCs, which stands for Naturally Occurring Retirement Communities. NORCs occur when a large number of people move into a community when they were younger and then remain as they age or a large number of seniors move into an area as younger members move out. The benefit, older residents say, is that they can potentially remain in their apartments for the rest of their lives.

A housing-based NORC can be found in an apartment or a cluster of multiple buildings but NORCs can also be found in neighborhoods of one-and two-family homes. Rather than needing to move to another location to find services and programs for aging members of society, those residents that live within NORCs reap the benefit of having those programs such as health and social services come to them. The neighborhoods reap the benefit of having healthier communities.

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

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

Most Americans (about 70 percent of them) plan to age in their own homes. However, it isn't always the best option to stay in your current home nor is it always possible. Long-term care can be expensive regardless of where you get it. You'll need to balance your future and current care needs with your budget to find appropriate housing.

Senior housing has its major pluses as indicated by the annual 5.2 percent growth that industry is expected to see in the next few years. If you are an active senior, having someone else take care of the day-to-day maintenance and repair on your home and yard, providing activities and trips and even the social interactions that might be more difficult to access from your stand-alone home is one reason this industry continues to grow. If you've slowed down a bit, having someone around in case of an emergency, having access to care and having access to the amenities that are usually very close by is yet another. If you've ever been on a cruise ship or spent time in a luxury resort and thought this is the life, that's what many equate moving to senior retirement communities as.

Regardless of whether you stay put or move to some sort of senior living option, you'll need to make a careful evaluation of your budget. Before you buy into a community make sure you do your due diligence and get a solid idea of what foreclosures and dues defaults are like. Here's a link to an article with a list of ten questions to ask in addition before buying into an adult community.

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

Independent living communities:

Like the name suggests, don't look to independent living communities for assistance with activities for daily living (ADL) although you can bring such help in. Beyond that the sky is really the limit. They range from apartment complexes to houses (in this area they are often called cottages) and come in a wide array of costs from subsidized and on up. Some communities are designed around hobbies such as golf, many have spas, pools, classes, lectures or are designed around a theme such as Asian culture and the list goes on. If you have an interest, you're sure to find it reflected in an independent living facility. If you look around an independent living community you'll quickly realize that everyone in the community is in the same age bracket. Some people find communities that are exclusively for active older people exciting. Some do not. Typically, the average cost of independent living facilities starts at about $2,000 a

month and go up from there. Before you make the move to independent living other things to consider are:

Whether your health will make this your last move or one of several moves. If you think this might be the first of several moves, consider a Continuing Care Retirement Community (CCRCs)

Are you comfortable with both the initial investment and monthly fees which can include homeowners association fees. Check to see how much will it cost to add on services you might need later on?

How long will it take to be able to make the move? Even in this economy, there is often a waiting list and you may need to wait months to get in.

Assisted living communities:

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

Costs for assisted living vary with the residence, apartment size and the types of additional services you need. It's often less expensive than home health care or nursing care in the same location. Nationally, the average monthly charge is around $3,300. Additional charges may include laundry and housekeeping, although some providers include those items with the base charge. While assisted living is generally paid for privately, there are veterans subsidies and section 8 housing subsidies that can help pay for a portion of the housing costs.

Continuing Care Retirement Communities (CCRCs):

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

Life Care: The most expensive option but like the name suggests it offers unlimited assisted living, medical treatment and skilled nursing care without additional charges.

Modified: This contract offers a set of services for a specified period of time. When the time expires, other services can be obtained but for a higher monthly fee.

Pay as you go: The initial enrollment fee is generally lower but assisted living and skilled nursing care are charged at their market rates.

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

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

A moving story: finding housing that fits

When you first moved out of your parents' home you may have lived in an apartment or lived with roommates. The point is, wherever you lived you didn't live in the house you lived in when you eventually got married and if you are like most Americans, that wasn't the house that you lived in when you began to have a family. Americans on the whole lead fairly nomadic lives. The average American moves 11.7 times in their lifetime according to the 2011 U.S. Census. Interestingly, the Great Recession caused fewer Americans to move than normal so that number is down from a high of 16 times in the 1960s.

We are an immigrant culture whose forebears were immigrants and while our contemporary moves are generally modest as compared to the moves our forebears made, they have much in common with those earlier moves. Primarily they are stressful. Moving is about loss¬the loss of friends, familiar places, family members, even our identity. A move eliminates our ability to know where everything is in our universe and causes us to become disoriented. This is especially true as we age.

In a brief by the Center for Retirement Research discussing the financial and psychological effects of moving on older Americans, the study authors divided older Americans who move into two groups: those who move as a positive or proactive decision (the Planners) and those whose reaction to a change in circumstances such as their health forced them to move (the Reactors). The brief determined which participants belonged to which group by looking at whether or not the participant had undergone a shock (loss of spouse, worsened health, loss of a job) or not.

The financial consequences of a move were found to differ between the two types of movers. Those who moved as a response to a shock (the Reactors) saw an average decline in home equity of $26,000. While those who moved for other reasons (the Planners) experienced an average increase in home equity of nearly $33,000.

Yet, the impact of moving is not limited to the financial

well-being of the person. In the same study, the authors calculated the impact of moving on the psychological well-being of the participants and found that generally, a Planner who moved saw positive changes in their psychological well-being as compared to a Planner who didn't and Reactors who moved had a less negative impact than Reactors who didn't move. In other words moving helped even for those who had experienced shock although the effect was relatively modest for them.

Increasing attention has been paid to the stress caused by moving. Relocation Stress Syndrome (RSS). RSS is a formal nursing diagnosis characterized by physiologic and psychologic disturbances that occur as a result of a patient being transferred and was formerly used when discussing changes such as a move to a nursing home or assisted living facility without the consent of the individual. RSS affects people regardless of whether or not the move comes as a result of their own decision or in response to medical or mental needs. RSS can occur even if the move is from one room to another. The symptoms of RSS include exhaustion, sleep disturbance, anxiety, grief and loss, depression and disorientation and may lead to increased falls, self-care deficits and weight loss.

Usually it takes some kind of emergency before people will concede that their current living arrangement is not working for them. By that time they may have physical or mental limitations that make remaining completely independent difficult or dangerous. It's important to keep in mind that by remaining too long in a home that isn't appropriate, seniors may be increasing their discomfort and negatively impacting their health when they are ultimately forced to make the move anyway. Even worse, according to a MetLife Report called "Rethinking Solutions to the Home Care Challenge" the problem with many senior housing situations is that they are "organized to provide care at a certain level of need, sometimes too much or too little for a particular individual. As a result, a housing arrangement often becomes a poor match, requiring residents to move multiple times, such as from a home to a hospital because of a health episode, then to a nursing home for rehabilitation, then back to the home, then on to assisted living for longer term care, etc." So that even a decision that seemed right at the time can become less appropriate as time goes on.

This all sounds like there are no good decisions and so staying at home is the only solution even if home isn't a healthy solution. The point isn't to discourage people from making a move or even making the move to stay. The point is to not trivialize what a move means to the individual making (or not making) the decision to move. It's an important decision with potentially life-altering ramifications.

Takeaways for family members:

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

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

For family members and seniors:

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

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

• Take special care of any personal objects that have special meaning or significance and will be making the move. Take care of broaching the subject about any sorting, donating or cleaning that may need to be done. Start with a little bit at a time. It's an emotional time and should be taken with small steps.

• Consider starting somewhere that has less meaning such as a bathroom or kitchen.

• Plan the move so that it doesn't feel rushed and so that there is plenty of time to handle emotional moments. Take pictures and as closely as possible mimic the way the current situation is set up so that the new home will feel familiar.

• Consider hiring someone to help. A move to live with a relative or other caregiver or to senior residential housing will likely require downsizing and leaving behind prized belongings, a process that can be overwhelming and emotional. Moving on its own can be difficult and many families are geographically dispersed, making it difficult for adult children to help with the moving process. In addition, generally speaking it may have been decades since the last time a move was made so it's important for anyone assisting with the move to emphasize the positive aspects of moving.

One way to make the transition easier and to eliminate family dynamics is to hire a professional senior move manager.
Move managers function as more than movers. They can help organize, sort and downsize belongings, hire movers and oversee the process of packing your belongings, unpack and finally they can completely set up the new home so it feels like home on the very first day. The customized process is designed to reduce the stress associated with moving so that the move is seamless and uneventful.

Questions to ask a potential move manager

• How long have you been in business?
• What kind of experience do you have?
• Are you fully insured for liability and workers comp?
• How do you charge?
• Can you provide references?

AgingOptions

RESOURCE GUIDE

Adult Family Homes

Name	Address	City	Phone	Medicaid
Caring Cabin	23435 35th Ave SE	Bothell	(206) 697-1334	
BeeCee Homes (Please see our ad on page 35)	931 12th Ave N	Edmonds	(866) 661-1794	N
Gold Autumn	8327 186th Street SW	Edmonds	(206) 407-5399	
Happy Days AFH	23426 84th Ave W	Edmonds	(206) 605-7427	
Liberty Adult Family Home	23326 97th PL W	Edmonds	(206) 801-7555	
Real Care AFH, Inc	18400 90th Ave W	Edmonds	(425) 673-6428	
BeeCee Homes (Please see our ad on page 35)	5910 Beverly Ln	Everett	(866) 661-1794	N
A Beautiful Living AFH, LLC	4201 164th St SW Ste A	Lynnwood	(425) 971-9342	

Bothell

A Loving Heart
A Place To Go
Anest Adult Family Home
Angelas House
Angelas House 2
Benevolent Adult Family Home
Benjamin'S AFH
Blueberry Gardens 2
Blueberry Gardens 3
Blueberry Gardens LLC
Bothell Best AFH LLC
Bothell Care
Bothell Park Manor Corp
Bothell Way Lodge
Camelias Loving And Caring AFH
Canyon Park Adult Family Home
Canyon Park Adult Living Centers II
Canyon Park Home Care
Caring Heart Adult Family Home
Carlson Care Adult Family Home I
Carlson Care Adult Family Home III
Carlson Care AFH II
Cedar Park Adult Family Home
Cherry Hill AFH
Conifer View Adult Family Home
Country Estate At Canyon Park
Country Hills AFH LLC
Dignity Life
Elderly Home Care
Elisabetas Loving Care
Elisabetas Loving Care 2
Eng's Adult Family Home LLC
Evergreen Home Care
Finn Hill Park AFH
Gardenia AFH
Gentle Care Adult Family Home
Giulians Adult Family Home
Golden Leaf Adult Family Home
Halo Hill Homes Inc
Heart To Heart Loving Care
Hillside AFH
Hillside II AFH
Homecomings II AFH
Inglewood Heights
Langhans AFH
Leanos Adult Family Home LLC
Lonas AFH
Lotus Care
Loving Adult Family Home Unit A
Loving Adult Family Home Unit B

For the complete listing, visit our website AgingOptionsGuide.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.

Adult Family Homes-cont'd

Luca'S AFH
Mariallen Company
Mays Pond Adult Family Home
Maywood Hill AFH LLC
Myriams Adult Family Home
Norway Hill AFH
Olgino
Olgino 2 Adult Family Home
Peace N Comfort
Queen Hill AFH
Rays Of Hope
Royal Anne Senior Care Home I
Royal Anne Senior Care Home II
Royal Manor AFH LLC
Serene Cottage
Sisters AFH
Someplace Special
Sunrise Adult Family Care
Sweet Haven AFH Inc
The Promised Land II
Tina'S Tender Loving Care
Tophill Home Care LLC
Tranquility Home Care
Wellness Village Adult Care Home
West Woods AFH
Whisper Meadows Senior Care

Brier

Cedarwood AFH

Edmonds

7Th Heaven Elder Care
A Kind Heart
A Kind Heart Inc
Acacia Senior Home
Adult Family Home At Westgate
Amazing Grace AFH
Amazing Grace II AFH Inc
Amazing Grace III
Annies Ocean View AFH LLC
Ardent Adult Family Home Care
Beecee Homes Inc
Better Living Resort
Better Living Retreat
Bitania Adult Family Home
Casimiro AFH Edmonds
Cedar View Adult Family Home IncII
Cedar View AFH
Edmonds Bay Adult Care Home LLC
Edmonds Haven AFH
Edmonds Villa
Emerald Hills AFH
Estrella'S AFH
Golden Age 3
Grace Cottage
Grace Manor AFH
Happy Days AFH Inc
Happy Days AFH Inc II
Harmony Adult Care
Helen'S AFH
Home Away From Home AFH
I Care AFH
Lake Serene Adult Family Home Inc
Love And Hope Inc
Morning Glory AFH
Morning Glory AFH
Murillo Manor
Murillo Villa
New Hope Adult Family Home
Norma Beach Home Care
Ocean Breeze Home Co
Olympic View
Rodicas AFH
Seaview Adult Family Home LLC
Serenity Woods Adult Family Home LLC
Shalom Adult Family Home LLC
Sunset Villa
The Golden Age 2
United Adult Family Home #1
United Adult Homes Inc

Everett

1st Choice Home Care LLC
A New Horizon Adult Family Home, Inc
A Place For Mom And Dad Inc
A Place Like Home Inc
Adagio Adult Family Home
Adult Family Home Of The Northwest LLC
Amys Adult Care Home
Angel Adult Family Home Care LLC
Angels Adult Family Home
Applewood Homecare
At Maudes Happy Home III Inc
Beecee Homes Inc
Best Adult Family Home
Beverly Lake Home Care Inc
Carol Lynn'S Corner
Casa De Amor AFH
Cedarwood Home Care
Cline Adult Family Home Inc
Colby AFH
Cole Adult Family Home
Comfort Care Adult Family Home
Compassion Care House LLC
Corner Stone AFH
Cottage Inn Adult Family Home Inc
Covenant Adult Family Home
EAFH LLC
Emma'S Angelic AFH
Everett Gold Care AFH
Everett Quality Care LLC
Four Seasons AFH
Gem Adult Family Home
Glenhaven AFH

Adult Family Homes-cont'd

Golden Care
Good Samaritan AFH
Good Samaritan AFH 2
Hennas Creekside Adult Home
Idas Adult Care
Intercity II AFH
Jellys Adult Family Home Care
Joy El Bethel AFH LLC
Laila'S Adult Family Home
Lauras Adult Family Home
Lazy Lion Adult Family Home
Lilys Adult Family Home
Loving Care
Lucia'S Adult Family Home
Mach AFH
Marys Home Care
Maximo D Azucena AFH
Monicas Adult Family Home
Nicoles Home Care
North Star Adult Family Home
Paradise Island Adult Family Homes LLC
Perpetual Help AFH LLC
Premier Care Living Adult Family Home
Princess Care Home I
Princess Care Home II
Princess Care Home III
Quality Care For Elderly Inc
Quality Care Inc
Rosewood Adult Home Care
Saron Adult Family Home
Seaview Adult Family Home
Serenity Adult Family Home LLC
Shaes Adult Family Home
Silver Lake Family Home Care
Silver Lake Home Care Inc
Silver Lake Home Care Inc
Silver Pond AFH
Silverlake Cottage AFH
Stair-Way AFH
Summer Breeze Haven Inc
Sunny Side Adult Family Home
Sunrise Meadows Adult Family Home
Sunshine Adult Family Home LLC
Sweet Heart AFH
Sylvan Crest
Taylormade Care
Temperlys Long Term Care Family Home LLC
Tender Care Living II
Two Pines
Us Inns Inc
Valeries Place Inc
Vangies Care AFH
Woodridge AFH
Woodridge II Adult Family Home
Zincas Adult Family Home Inc

Kenmore

A Caring Touch Adult Family Home
Bavarien Home Care
Cascade Home Care Inc
Christian AFH
Crescent Home Care Inc
Home Concept Alternative
Kenmores Hands Of Friends AFH
L & C Adult Family Home
Lilly B0Rromeo AFH
Love Care
Marys Villa Adult Family Home LLC
Rose Park Manor Corp
Serenity Park 2 AFH Inc
Serenity Park Adult Family Home Inc
Shari'S Haven
Shari'S Lakehaven
Sunshine Home
The Serene Corner
The Serene Garden
The Serene Home
With Love And Dignity

Lake Forest Park

Angel Care AFH
BeLLCare AFH II
Cozy Glen LLC Adult Family Home
Creative Care AFH Inc
Depanos Adult Family Home Inc
Evergreen Adult Family Home
Nordic Woods
Shangri La Home Care LLC
St Expeditus AFH Inc 2

Lynnwood

The Ashford Adult Family Home
A Bethel Adult Family Home
A Good Shepherd AFH LLC
A Joyful Heart AFH
A Kind Heart Inc
A Touch Of Comfort
A&D Home Care
Aaron Bahta Best Quality Home Care
Abab Sweet Home
Abundant Life Lynnwood
Alderwood Adult Family Home
Alderwood Elderly Home Care
Alderwood Manor Adult Family Home
Alliance Nursing
Alpha Services LLC
Amen Family Home
American Serenity Home
Amour Adult Family Home
Anetas Home
Angelcare AFH
Aquarius Loving Care
Areside AFH
Atienza Adult Family Home Inc

Adult Family Homes-cont'd

Balkan AFH
Birch Manor
Bitania Adult Family Home II
Blue Hope
Brendas Place
Brier Adult Family Home
Bright Family Home LLC
Bw Heavenly Adult Family Home
Care 4U LLC
Care Skills AFH
Careplus Adult Family Home Inc
Casimiro AFH 2
Cedar Park AFH
Creek View
Cristinas Adult Family Home
David'S Tender Loving Care Adult Family Home
Elenas Home At Lake Road
Ella Blla LLC
Evergreen AFH
Evergreen Family Homecare
Fabians Adult Family Home LLC
Faithful AFH
Florinas Senior Care AFH
Glorias Care Home
Goldenville Adult Family Home I
Goldenville Adult Family Home II
Good Faith Adult Family Home Inc
Good Remedy Adult Family Home
Halls Lake Adult Family Home LLC
Hanna Home Care III
Harmony Place Adult Family Home LLC
Haven AFH
Highland House Adult Family Home LLC
Hilltop Adult Family Home
Homecomings Adult Family Home
Homecomings Iv Adult Family Home
Hope Adult Family Home
Horizon Adult Family Home 2
Horizon AFH
Jennys Home
Joy Family Home LLC
Julies AFH Inc
Kide Dessie AFH
Kidy Heaven AFH
Kiya Adult Family Home
Lake Serene Adult Care LLC
Laura Raica Home Care
Laurens Adult Family Home
Laurens Adult Family Home
Lovely Adult Family Home
Loving And Caring Adult Family Home LLC
Loving Care Family Home
Madison Adult Family Home
Manor Villa
Maple Road Adult Family Home LLC
Maple Villa Adult Family Home
Marias Best Care
Martha Lake Adult Family Home
Martha Lake Adult Family Home LLC
Martha Lake View AFH LLC
Maudes Happy AFH II
Meadow Adult Family Home
Michaels Adult Family Home Inc
MiLLCreek AFH Inc V
MiLLCreek AFH Iv
North Creek Manor AFH
Northwest Home Care
Novel Adult Family Home LLC
Our House AFH
Poplar Ridge Adult Family Home LLC
Prosperity And Quality Adult Family Home
Sacred Heart Home Care
Samuels Adult Family Home
San Jose AFH
Serenity Heights
Serenity Heights AFH
Shangri La Home Care LLC
Silk Life AFH
St Jude Thaddeus Adult Family Home Llp
St Mary Adult Family Home LLC
Sun Shine Adult Family Home
Sunny Hill Home Care B
Sunny Loving Care Adult Family Home
Sunny View Adult Family Home Corp
Sunrays Family Home LLC
Tessas Adult Care Home Inc
The Good Shepherd Of Lynnwood AFH LLC
Westgate Siesta Home Care Inc
Win Adult Family Home
Woodhaven AFH

Marysville

#2 Saron Adult Family Home
A Holistic Adult Family Home
A Holistic Adult Family Home II
A R Care Adult Family Home LLC
April House Inc
Ashleys Adult Family Home
Benevita Adult Family Home LLC
Benevita AFH LLC
Candlelight Cove
Cedar Creek Adult Family Home LLC
Cedar House An Adult Family Home
Cedarcrest AFH
Comfort House
Dee'S Nursing Care
Eagle'S Nest
Harmony Adult Family Home LLC
Hidden Creek AFH, LLC
Home Sweet Home
Jocel AFH
Las Orquidias Adult Family Homes Inc

Adult Family Homes-cont'd

Lindas Adult Family Home
Marysville Adult Family Home
Marysville Senior Care AFH
Morgan Cottage
Oasis Care Inc
Palm View Adult Family Home Inc
Paradise AFH
Sahara Adult Family Home Inc
Sandy'S Adult Family Home
The Haven Care Inc
The Lighthouse
Winged Angels Adult Family Home
Young At Heart A Marz Family Home
Your Bayview Home B

Monroe

Paths Adult Care Family Home & Respite LLC
St Jude Comfort Care LLC

Mukilteo

Blessed Hope AFH
Harbour Point AFH
Jellys Adult Family Home Care
Mukilteo Sunrise
Mukilteo Sunset AFH

Shoreline

A Little Piece Of Heaven
Alianas Home Care
All About Seniors Two
Alliance Care Family Home Inc
Amen AFH
Amen AFH
American Association Adult Home Care
Ancas AFH
Anderson Adult Family Home
Anderson Adult Family Home II
Angelina'S Place
Aracelis Home Care
Barnas AFH LLC
Bcm AFH
Best Care
Broadview Adult Family Home
Calderon Adult Family Home Inc
Calderon Adult Family Home Inc
Ceesays Adult Care Family Home
Charity AFH 2
Diamond AFH
Divine Adult Family Home
Eco'S Adult Family Home
Enguerras Adult Family Home
Enguerras Adult Home Care
Erp Adult Family Home Inc
Evans Home
Firland AFH
For Seniors Sake
For Seniors Sake Inc
For Seniors Sake Inc North City
Garden View Residential Care Facilities Inc
Garden View Residential Care Facility
Genesis Homecare Adult Family Home LLC
Golden Hill AFH
Good Shepherd AFH
Good Shepherd AFH LLC
Good Shepherd AFH LLC #2
Good Shepherd AFH LLC #3
Good Shepherd AFH LLC #4
Good Shepherd Home Inc
Happy Family Adult Family Home #2
Hiljay Home
Hillwood Senior Care
Hillwood Senior Care 2
Home Again
Home Sweet Home
Intal Adult Family Home
Jcb Adult Family Home
Jcb Adult Family Home LLC
Jcb II Adult Family Home
Jirah Home Care
Joy Adult Family Home
Katherines Place AFH
Lifeline Nw Inc
Maple Leaf Home II
Marvi Home Care
Midvale Adult Family Home
MiLLCreek AFH III
Mnb Adult Family Home
Morales Adult Family Home
Mountforest View
Nden AFH
New Hope Adult Family Home Inc
New Hope AFH Inc
New Hope AFH Inc
New Life At Stone Ave AFH LLC
New Life Home Care
New Life Home Care Inc
Nica Adult Family Home LLC
North Ridge House
North Ridge House
Ocean View Home Care Center
Omna Adult Family Home
Over The Rainbow LLC
Perkins Senior Care Services
Richmond Care Inc
Rimas Adult Family Home Inc
Rimas Adult Family Home Inc
River Of Life Home Care
San Antonio Ltf Inc
Shangri La Home Care LLC
Shekinah Place Care Home
Shi's Home
Shoreline Gardens Senior Care
Sound View Adult Family Home
St Anthony AFH #1

Adult Family Homes-cont'd

St Anthony AFH II
St Expeditus AFH Inc 1
St Jude Adult Family Home
St Mary's AFH
St Mary's AFH
St. Joseph Adult Family Home
Steluta Adult Family Home
Summer Haven Adult Family Home
Sum'S Adult Family Home
Sunrise Adult Family Home II LLC
Sunrise Adult Family Home LLC
Sunset Adult Family Homes
Tanyas Adult Family Home LLC
Tanyas Adult Family Homes LLC
The Bergs Adult Family Home
The Great Shepherd's AFH
The Great Shepherd's AFH 1
The Great Shepherd's AFH 2
The Perpetual Help Adult Family Home
Van Patten AFH
Villa AFH
Washington Care Adult Family Home
Yohannes Adult Family Home

Snohomish

Alliance Nursing
April Garden Adult Family Home
Around The World
Comfort Care Adult Family Home
Country Care
Friends And Family AFH
Golden Care AFH
Kenwanda Adult Care Home
Kla Ha Ya AFH
Mother Earth AFH LLC
Oasis Elder Care Inc
Paradise Lake Senior Care Home LLC
Serene View Manor
Silver Cedar AFH
The Mustard Seed Adult Family Home LLC
The Willette Cove
TLC Care Home

Alzheimer's/Memory Care

Name	Address	City	Phone	Medicaid
BeeCee Homes (Please see our ad on page 35)	931 12th Ave N	Edmonds	(866) 661-1794	N
BeeCee Homes (Please see our ad on page 35)	5910 Beverly Ln	Everett	(866) 661-1794	N
Sunrise Senior Living (Please see our ad on page 51)	750 Edmonds Way	Edmonds	(425) 673-9700	N
Quail Park (Please see our ad on page 2)	4015 164th St. S.W.	Lynnwood	((425) 640-8529	
Sunrise Senior Living (Please see our ad on page 51)	18625 60th Ave W	Lynnwood	(425) 771-7700	N

Everett

Heritage Court
Somerset Alzheimer's Community

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

How to live life to the fullest

Older adults experience a lot of transitions in their lives through loss of friends, family members, careers and even health. If you can balance those losses with positive changes you'll age better. One of the benefits of moving into any sort of senior housing is the increased opportunity for socialization. Yes, exercise and eating right will help you stay vital and healthy as you age but probably the best way to age gracefully is to be socially engaged.

Normal changes in the brain as you age make it more difficult to learn new information or remember things. By keeping your mind stimulated, you can ward off dementia (not prevent it) and depression, both of which are health concerns for aging. One study by the Rush Alzheimer's Disease Center in Chicago found that highly social seniors had a 70 percent lower rate of decline than their less social peers.

Social networking: Most senior housing options provide computers and even classes to help their residents stay connected through Facebook, email and other social networking options. While many consider computers the domain of the younger set, the 74-plus demographic is the fastest growing internet group when it comes to social networks.

Join a group: Of course you don't have to spend time in front of the "screen" to get social interaction. Most housing options offer activities such as trips or classes and the opportunity to learn more about a favorite hobby. A typical day may offer the option of an exercise class, a lecture or chance to meet with a local politician, a fun excursion or shopping trip and of course meals in the dining room.

Volunteer: With someone else handling things like mowing the lawn, housekeeping and laundry service, you're schedule is freed up to volunteer either in the community you live in or in the greater community. Organizations such as Senior Corps or RSVP, specifically look to seniors to provide volunteer services and more and more organizations are cropping up to take advantage of the experience and energy of the Baby Boomers and older set.

Senior Centers: Most senior residential facilities have some tie-in with local senior centers. As the Baby Boomers have aged, senior centers have moved from a place for a game of cards and a meal to become highly active but still affordable places to find clubs, exercise groups and arts and crafts. While you can still find bridge games, you're also likely to run into people who snowshoe, travel to museums or learn woodworking.

Assisted Living

Name	Address	City	Phone	Medicaid
BeeCee Homes (Please see our ad on page 35)	931 12th Ave N	Edmonds	(866) 661-1794	N
Edmonds Landing (Please see our ad on page 33)	180 Second Avenue South	Edmonds	(425) 329-6599	
Sunrise Senior Living (Please see our ad on page 51)	750 Edmonds Way	Edmonds	(425) 673-9700	N
BeeCee Homes (Please see our ad on page 35)	5910 Beverly Ln	Everett	(866) 661-1794	N
Quail Park (Please see our ad on page 2)	4015 164th St. S.W.	Lynnwood	((425) 640-8529	
Sunrise Senior Living (Please see our ad on page 51)	18625 60th Ave W	Lynnwood	(425) 771-7700	N

Edmonds
Sunrise of Edmonds

Everett
Bethany At Silver Crest

Emeritus At Seabrook

Emeritus At Silver Lake

Everett Plaza

South Pointe Assisted Living Residence

Kenmore
Emeritus At Spring Estates

Lynnwood
Aegis Senior Living Of Lynnwood

Chateau Pacific Retirement Community

Clare Bridge Of Lynnwood

Emeritus At Lynnwood

Fairwinds - Brighton Court

Marysville
Grandview Village Retirement Community

Merrill Gardens At Marysville

The Cottages At Marysville

Tulalip Tribes Boarding Home

Monroe
Merrill Gardens At Monroe

Mukilteo
Harbour Pointe Retirement & Al Center

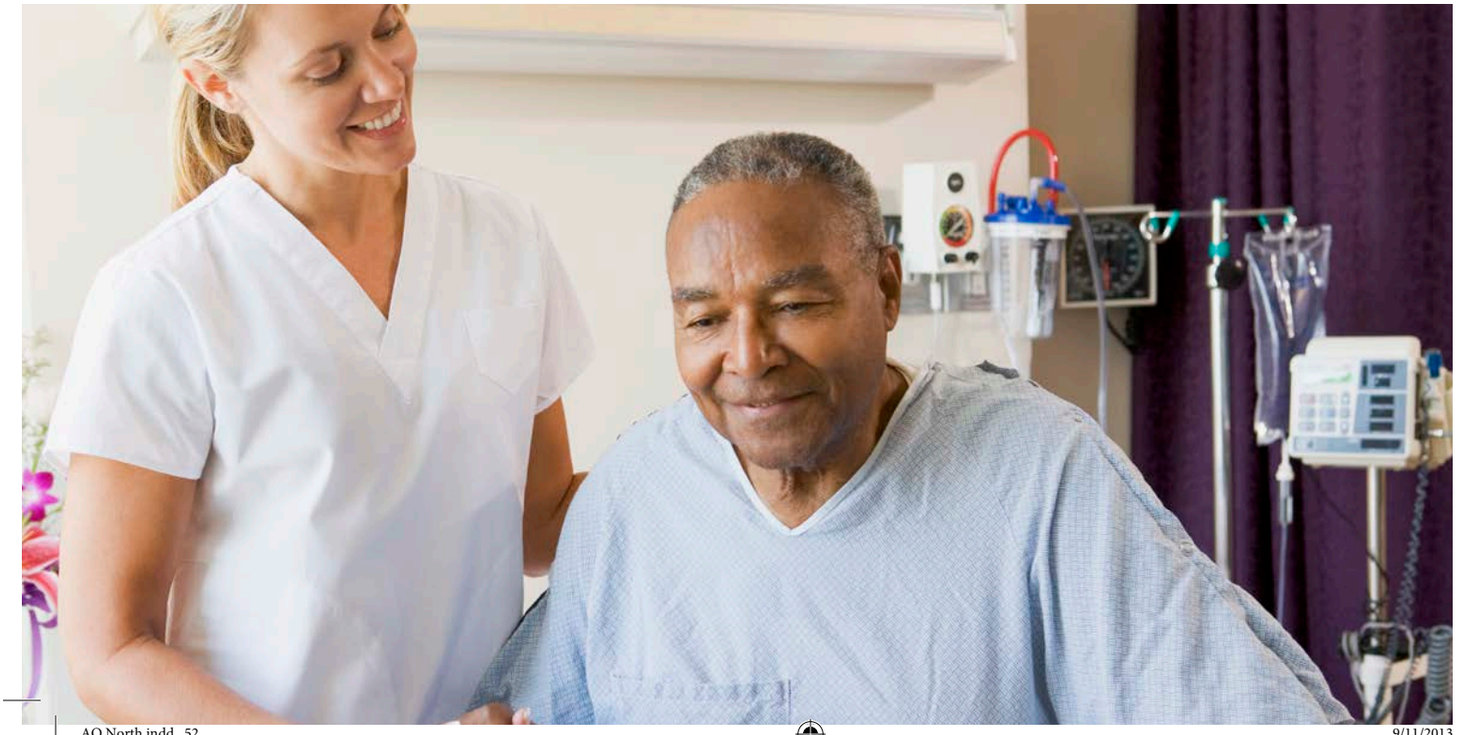
Shoreline
Aegis Assisted Living Of Shoreline

Aegis Senior Living Of Shoreline

Welcome Home

Emeritus At Snohomish

For the complete listing, visit our website AgingOptionsGuide.com



CCRCs

Name	Address	City	Phone	Medicaid
Judson Park Health Center	23620 Marine View Drive South	Des Moines	(206) 824-4000	
Wesley Homes Health Center	1122 South 216th Street	Des Moines	(206) 824-3663	
Briarwood At Timber Ridge	100 Timber Ridge Way Nw	Issaquah	(206) 824-3663	
Arbor Village	24121 116th Ave SE	Kent	(253) 856-1600	
Panorama City Conv & Rehab Ctr	1704 Sleater Kinney Road SE	Lacey	(360) 456-0111	
Covenant Shores Health Center	9107 Fortuna Drive	Mercer Island	(206) 268-3039	
Regency on Whidbey Retirement Community	1040 SW Kimball Drive	Oak Harbor	(360) 279-0933	
Corwin Center At Emerald Heights	10901 - 176th Circle Northeast	Redmond	(425) 556-8192	
Emerald Heights	10901 176th Circle NE	Redmond	(425) 556-8100	
Bayview Manor	11 West Aloha Street	Seattle	(206) 284-7330	
Cristwood Nursing And Rehabilitation	19301 Kings Garden Drive North	Seattle	(206) 546-7400	
Exeter House	720 Seneca Street	Seattle	(206) 622-1300	
Horizon House	900 University Street	Seattle	(206) 624-3700	
Mirabella Seattle	116 Fairview Avenue N	Seattle	(206) 254-1400	
Park Shore	1630 43rd Avenue East	Seattle	(206) 329-0770	
Skyline at First Hill	725 9th Ave	Seattle	(206) 405-4100	
The Hearthstone	6720 East Green Lake Way North	Seattle	(206) 525-9666	
The Kenney	7125 Fauntleroy Way Southwest	Seattle	(206) 937-2800	
Northwoods Lodge	2321 Schold Place Northwest	Silverdale	(360) 698-3930	
Riverview Lutheran Care Center	1841 East Upriver Drive	Spokane	(509) 489-4466	
Rockwood At Hawthorne	101 East Hawthorne Road	Spokane	(509) 466-0411	
Rockwood South Hill	2903 E 25th Ave	Spokane	(509) 536-6650	
Josephine Sunset Home	9901 272nd Pl NW	Stanwood	(360) 629-2126	
Warm Beach Health Care Center	20420 Marine Drive Northwest	Stanwood	(360) 652-7585	
Franke Tobey Jones	5340 North Bristol	Tacoma	(253) 752-6621	
Tacoma Lutheran Retirement Community	1301 N Highlands Parkway	Tacoma	(253) 752-7112	
Quarry, The	415 Southeast 177th Avenue	Vancouver	(877) 778-2779	
Washington Odd Fellows Home	534 Boyer Avenue	Walla Walla	(509) 535-6463	
Living Care Retirement Community	3801 Summitview Avenue	Yakima	(509) 965-5240	

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Gregg Hirakawa (Please see our ad on page 3)	Johnson & Nagaich	31919 6th Avenue South	Edmonds	(253) 838-3454
Jerrica Seeger (Please see our ad on page 3)	Johnson & Nagaich	31919 6th Avenue South	Edmonds	(253) 838-3454

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Edmonds	
Bennett, Leigh	Bennett & Bennett
Kliman, Marilyn	Marilyn J. Kliman Law, PLLC
Sanders, Margaret	Peggy L. Sanders, Attorney at Law, PLLC

Everett	
Duncan, Sarah	Adams & Duncan, Inc., P.S.
Meyers, Barry CELA	Elder Law Offices of Meyers & Avery, PS

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Dolan, Lawrence	Attorney at Law
Hickman, William	Hickman Menashe, PS
Menashe, Jacob	Hickman Menashe, PS

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Baby Boomers and the growing care gap

Who will take care of you if you need care as you age? If you are like most Americans, you expect your family to step up and provide care. (Sixty-eight percent of Americans believe that they will be able to rely on their families to meet their long term care needs.)

That's what happens today. According to the National Alliance for Caregiving, 65.7 million caregivers make up 29 percent of the U.S. adult population providing care to someone who is ill, disabled or aged. Eight out of ten people receive care at home. However, a recent AARP study on the long term effects of the sheer size of the Baby Boomer generation is that as those Boomers close in on 80 years and older, the need for them to have access to long term care services and supports will climb steeply (an increase of 79 percent) while the cohort that generally provides family caregiving services (those aged 45-60) is projected to remain flat (an increase of 1 percent). In 2010, according to the study, the support ratio was more than seven potential caregivers per individual in the age group considered high risk for needing a caregiver. That ratio will decline to four potential caregivers by 2030 and just three by 2050.

For people hoping to remain in their homes as they age, this is a troubling statistic. Family caregivers (family members, partners and close friends) provide critical support for individuals with problems with one or more activities of daily living. If family members aren't available, more people will require institutional care or in-home care, both of which are substantially more expensive. As the cohort ratio shrinks, the available number of people to provide paid care will also decrease because paid caregivers come from the same pool of individuals. From 1990 to 2010, the population of individuals 80 plus increased by 62 percent but the population of potential caregivers increased by 77 percent. The result is that for the last couple decades, families and the public have been able to rely upon the increasing support ratio, the decreasing rate of widowhood, socioeconomic improvements and declines in disability (projected to rise due to the level of obesity) to significantly cut our reliance on institutional care, resulting in savings for both private and government wallets.

Longer life spans, smaller families, a larger number of people who never had children and more divorces will create what AARP calls a care gap in as little as 20 years. Caregiver Action Network (CAN) is looking outside the circle that AARP recognizes as the caregiver support group to include millennials (those born between 1980 and 2000) and to educating employers about the importance of flexible work arrangements that allow employees to manage both a work life and caregiving responsibilities.

An AARP survey of registered voters 50 and older found that 61 percent are worried about staying in their own homes as they age and 90 percent said it was extremely, very or somewhat important that home and community-based services were available. But, for those families seeking paid care for in the home, a shortage of trained caregivers already exists, largely due to low wages and poor benefits.

A similar crisis exists though in the professional health industry. By 2000, the Association of American Medical Colleges, the American Hospital Association and other industry groups began looking into the potential impact of the aging of the Baby Boomers and while projections varied, they all agreed that the future held a substantial shortage of caregivers. The American Geriatrics Society reported that despite a current demand that exceeds the supply by 7,000 geriatricians, as the population ages, the demand will exceed supply by 36,000 by the year 2030.

While the high cost of schooling, significant income gaps between specialists and generalists, aging of medical professionals and job dissatisfaction all contribute to the shortage, the significant increase in care needs for individuals as they age (twice as many physician visits for individuals with chronic diseases as compared to those patients without a chronic condition) create a projected 82 percent increase in annual physician visits by 2030 according to a study on workforce shortages.

It's not really clear how future health care needs will be answered. If you are a Baby Boomer, you may need to begin looking at the kinds of care options that already exist in your community and determine if your community will be able to step up to provide care options as you age. If not, you might consider moving to a community that has the resources in place that will make it possible to remain at home. One such community is a Continuing Care Retirement Community. Another option is to hire an expert on geriatric care. That expert is called a geriatric care manager. A care management team can help identify resources that will allow you to continue to live at home and prevent you from becoming a burden on your children and provide resources and assistance to help your children avoid placing you in an institutional setting. For certain, you should look to care for your own health to keep your health needs and health demands manageable in the future.

Senior Centers

Name	Addresss	City	Phone
Stillaguamish Senior Center	18308 Smokey Point Blvd.	Arlington	(360) 653-4551
Northshore Senior Center	10201 E. Riverside Drive	Bothell	(425) 286-1032
Cascade Seniors/Darrington	1115 Darrington Street	Darrington	(360) 436-0646
Edmonds Senior Center	220 Railroad Ave.	Edmonds	(425) 774-5555
Carl Gipson Senior Center of Everett	3025 Lombard	Everett	(425) 257-8780
Granite Falls Senior Center	PO Box 1066	Granite Falls	(360) 691-7177
Lake Stevens Senior Center	2302 Soper Hill Road	Lake Stevens	(425) 334-7042
Lynnwood Senior Center	19000 44th Ave. W	Lynnwood	(425) 670-5051
Ken Baxter Senior Center	514 Delta Avenue.	Marysville	(360) 363-8450
Tulalip Tribal Senior Center	7300 Totem Beach Road	Marysville	(360) 651-4548
Mill Creek Senior Center	15720 Main Street, Suite #210	Mill Creek	(425) 948-7170
East County Senior Center	276 Sky River Parkway	Monroe	(360) 794-6359
Mountlake Terrace Seniors	5605 235th Street SW	Mountlake Terrace	425 672-2407
Multicultural Senior Center	8225 44th Ave. West, Ste. O	Mukilteo	425-290-1275
Snohomish Senior Center	506 4th Street	Snohomish	(360) 568-0934
Stanwood Community Senior Center	7430 276th Street NW	Stanwood	(360) 629-7403 x 111

Senior Groups

Name	Phone
Chinese Seniors Group	(425) 290-1249
Korean Seniors Group	(425) 290-1274
Southeast Asian Seniors Group	(425) 290-1256
Filipino Seniors Group	(425) 514-3185

Name	Phone
Hispanic/Latino Seniors Group	(425) 514-3186
Slavic Seniors Group	(425) 293-0303
Mukilteo Seniors Association	425-263-8180

The good life must include a sense of purpose

We often envision retirement as a time of leisure but Dan Buettner says in his Ted Talk, "How to Live to be 100+" that the two most dangerous years of your life are the year you are born and the year you retire.

Scientific studies have shown some basic factors for long life include: a plant-based diet; regular, low-intensity activity; an investment in family; a sense of faith; and having a purpose. For those on the cusp of retirement it means that while you're planning your retirement, plan how you'll use your retirement.

Dr. Robert Butler, (called the George Washington of Geriatric care) found that people who have a strong sense of purpose in their lives lived longer than those who didn't have a clearly defined purpose. Those who woke up in the morning with clear goals not only lived longer-they lived better. In *Life (Part 2)*, Butler says he doesn't recommend retirement for anybody. Instead you should retire to something; that you must be productively engaged in doing something meaningful.

The Japanese have one of the highest life expectancies in the world and scientists attribute much of that to their notion of ikagai, which is a belief that life is worth living. A study done in the 1990s found that Japanese who said that they did not have ikagai or were uncertain if they did were more likely to die than those who did have it and that the lack of ikagai was particularly associated with death due to cardiovascular disease.

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

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

Independent Living

Name	Address	City	Phone	Medicaid
Edmonds Landing (Please see our ad on page 33)	180 Second Avenue South	Edmonds	(425) 329-6599	
Sunrise Senior Living (Please see our ad on page 51)	750 Edmonds Way	Edmonds	(425) 673-9700	N
Quail Park (Please see our ad on page 2)	4015 164th St. S.W.	Lynnwood	((425) 640-8529	
Sunrise Senior Living (Please see our ad on page 51)	18625 60th Ave W	Lynnwood	(425) 771-7700	N

Bothell

Foundation House at Bothell

North Creek Retirement & Assisted Living

Riverside East

Everett

Cascadian Place

Garden Court Retirement

Washington Oakes

Lynnwood

Fairwinds-Brighton Court

GenCare Lifestyle of Lynnwood

Quail Park of Lynnwood

Marysville

Grandview Village

Merrill Gardens at Marysville

Monroe

Merrill Gardens at Monroe

Mountlake Terrace

Mountlake Terrace Plaza

Mukilteo

Harbour Pointe Retirement

Woodinville

Fairwinds-Brittany Park

The Creekside

In-Home Care, Home Health & Hospice Agencies

Name	Address	City	Phone	Medicaid
Cascade Companion Care	16710 Smokey Point Blvd, Ste 304	Arlington	(425) 361-0044	Y
ResCare HomeCare (Please see our ad on page 37)	6917 Evergreen Way	Everett	(425) 953-2830	Y
HomeWatch CareGivers (Please see our ad on page 14)	6912 220th St. S.W. Ste 120	Mountlake Terrace	(425) 778-1288	N

Bothell

HealthTeam Northwest

Everett

A One Home Health Services

A One Medical Services

Alpha Nursing Services, Inc

Alternative Rehabilitation Home Healthcare

Catholic Communicy Services

Hospice of Snohomish County

Providence Homecare & Hospice of Snohomish County

Rainier Care, Inc

ResCare HomeCare

Sunrise Home Care

Visiting Angels

Lynnwood

CareForce, Inc

Gentiva/Rehab Without Walls Certified

Home Instead Senior Care

Marysville

Life Care at Home

Mukilteo

Shanri-La Home Care Services, Inc

Shoreline

Crista Clinic

Promed Agency

Snohomish

MBM Nurses' Registry

Skilled Nursing

Bothell

Bothell Health Care

Edmonds

Aldercrest Health and Rehabilitation Center

Everett

Bethany at Pacific

Bethany at Silver Lake

Everett Care and Rehabilitation Center

Everett Transitional Care Services

Forest View Transitional Health Center

Sunrise View Convalescent Center

Lynnwood

Emerald Hills Rehabilitation and Skilled Nursing

Manor Care Health Services

Marysville

Madeleine Villa Health Care Center

Marysville Care Center

Monroe

Regency Care Center at Monroe

Shoreline

Fircrest School, Pat N

Snohomish

Delta Rehabilitation Center

Merry Haven Care Center

Woodinville

Bedford Group Home

Brookhaven Group Home

Additional Resources

Certified Residential Appraiser

Name	Addresss	City	Phone
Lawrence L. Barrett (Please see our ad on page 45)	Serving All of Puget Sound		(206) 364-1857

Insurance

Name	Addresss	City	Phone
Humana (Please see our ad on page 45)	Serving All of Puget Sound		(800) 819-2691
SoundPath Health (Please see our ad on page 63)	Serving All of Puget Sound		(866) 362-5681
United Insurance Brokers (Please see our ad on page 14)	50 116th Avenue SE	Bellevue	(425) 454-9373

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
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800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, 24 Hours/Every Day - cdcinfo@cdc.gov
Abridged version.

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 exposé 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.

To stay out of institutional care, prevent frailty

We've all seen older people that looked like a puff of wind could blow them over. While not yet technically disabled, the frail have less endurance and strength than their sturdier contemporaries. Frailty is a medical syndrome that affects 5 percent to 10 percent of people over the age of 70. Since the '90s doctors have focused on creating a more precise definition of what frailty is and understanding its causes. One thing we know is that hospitalization, stress and injury are difficult for most people, but frail older adults are less able to successfully manage those situations. A simple infection may cause barely a hiccup in a healthy older adult, but one that is frail may incur serious harm or even death. Doctors found that frailty was a reliable predictor of a general decline in health and was highly associated with falls, deteriorating mobility, disability, hospitalization and death.

So who is a frail older adult?

Gerontologists define an older adult as frail if they answer yes to three of the five following questions.

- Are you fatigued?
- Do you have difficulty walking up one flight of steps?
- Are you unable to walk more than one block?
- Do you have more than five illnesses?
- Have you lost more than 5 percent of your weight in the last six months?

While frailty is associated with age, some older people never get frail while some middle aged people do. Experts believe that rather than a single condition, it is a group of symptoms found together that are linked together in a never ending cycle.

What causes frailty?

Smokers, people with depression or long-term medical problems and those who are underweight or malnourished are more likely to become frail. Frailty can be caused by poor nutrition, lack of exercise and multiple medical problems such as heart disease, diabetes, arthritis and chronic obstructive pulmonary disease.

Many older adults take a laundry list of medications each day. People taking five or more medications are nearly 2 and a half times more likely to become frail than other older people according to research published in Clinical Pharmacology and Therapeutics. The potential exists for these individuals to be prescribed harmful medications, to over medicate or to have medications cancel each other out because their doctors treat each symptom individually rather than the person as a whole.

Certain diseases play a large role in a person becoming frail. Those diseases include:

- Anorexia: Chronic under-nutrition exasperated by loss of appetite due to age eventually results in fatigue, weakness, vitamin and mineral deficiencies and general wasting away.
- Sarcopenia: An age related excessive loss of muscle. Can be genetically predetermined.
- Immobility: Lack of movement caused by illnesses such as arthritis and osteoporosis.
- Atherosclerosis: Clogging of the arteries which can limit the amount of oxygen reaching tissues and organs.
- Balance impairment: Decreased balance occurs naturally as a person ages but it can initiate a cycle of decreased mobility.
- Depression: Depression can cause a feeling of fatigue, a reduction in mobility, a slowing of thought processes, an increase in number of major illnesses and a slower recovery cycle.
- Cognitive impairment: Slower mental processes and reaction speed may increase the number of falls.

Statistically, a large percentage of those who meet the definition for frailty die within five years. Several factors that can contribute to frailty are easily treated and in some cases reversible and should be treated early.

Treatments include:

- Scheduling physical activity into every day. Even the most vulnerable and physically challenged adults can benefit from exercise. One of the most useful exercises is walking. But other options include: building muscle to reduce joint stiffness and pain by using resistance weights or bands and learning Tai Chi or other balance exercises.
- Keeping your mind active by socializing, reading, learning new things, playing games and doing puzzles.
- Making sure to eat enough protein to maintain muscle mass, and eating a balanced diet with plenty of fruits and vegetables, fiber and fluids.
- Men especially should be tested yearly for testosterone deficiency. Frail people of both sexes should also be tested for hypothyroidism, vitamin and mineral deficiencies.
- Increasing food intake.
- Reducing medications.

Very few physicians outside of geriatricians screen for frailty. A study by the Cleveland Clinic suggests that a model for care would be an interdisciplinary team in a day clinic that would have as their goal improving function, overcoming environmental challenges and keeping older adults living in their communities by preventing institutionalization.

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ISBN 978-0-9894708-4-1
50999>