

AgingOptions

RESOURCE GUIDE

2014-2015 KITSAP~JEFFERSON~CLALLAM COUNTY



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Richard Tizzano
Attorney at Law

What does the future hold for you?

Whatever you imagine, and whatever you desire, careful planning can help you achieve your dreams. We can help by developing a comprehensive and meaningful personal Life Care Plan™ that addresses your future housing, healthcare, finance and legal needs in a way that is consistent with your dreams. Let's have the conversation today about your future.

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Welcome To The AgingOptions Resource Guide

The oldest members of the Baby Boom generation started turning 65 on Jan. 1, 2011 and for the next 19 years an estimated 10,000 Baby Boomers will do so each day. By 2030, when all the members of the Baby Boomers have celebrated their 65th birthday, fully one-fifth of the U.S. population will be at least 65 years of age.

For most Baby Boomers on the threshold of retirement, hitting age 65 represents the end of their working lives and the beginning of a life filled with travel, spending time with family and friends and generally doing the things that their work life got in the way of accomplishing. But, retirement also brings with it worries about losing assets to medical and long term care costs, having to deal with institutional care and becoming a burden on others according to a 2013 Merrill Lynch study. A study in 2009 found that older adults experienced fewer of the benefits of aging than younger adults expect to enjoy when they grow old.

Why is that? About one-in-five Americans 65 and older say they have a serious illness. One-in-six report they can't pay their bills. One-in-seven cannot drive. One-in-ten feel they aren't needed or are a burden to others. Yet few of those problems are planned for in traditional retirement planning. For those who do engage in planning, solutions are often fragmented and ineffective.

Proper retirement planning, on the other hand, coordinates a comprehensive array of services to address healthcare, housing, financial and legal issues. Proper planning can help you to:

- Avoid institutional care if possible;
- Choose the most appropriate housing alternative if remaining at home is no longer possible;
- Protect your assets not just from probate and estate taxes but also from uncovered long-term care and medical costs; and
- Avoid becoming a burden on your loved ones should you become incapacitated

This guide is a primer designed to help you identify these issues and help you to develop a comprehensive and meaningful *LifePlan* for a better retirement.



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“There is a fountain of youth: it is your mind, your talents, the creativity you bring to your life and the lives of people you love. When you learn to tap this source, you will truly have defeated age.” ~ Sophia Loren

LifePlanning

Because traditional planning is a recipe for disaster for most retirees



A political cartoon from 2013 showed a map and dozens of pins. Every pin said, “You are here.” When you hire a financial planner and a housing professional and a lawyer and a doctor, that’s the sort of map you’ll get. Everyone thinks they are right when they tell you where you are. No one is necessarily lying. But no one person knows the entire story. It’s like the children’s story about the elephant and the six blind men. Each man believes he is right and the others are wrong but each man only has a part of the reality of what an elephant is.

That’s what fragmented planning is. You think you have all the information and have made good solid choices but because you are looking at separate instances you are unaware of how they relate to each other and how a decision in one arena will impact other areas. In contrast, a LifePlan is a methodically developed strategy that coordinates the five major aspects of aging (health, housing, finance, legal and family) within a framework designed to: protect your assets from uncovered medical expenses and long term care costs; help you avoid undesirable institutional care; and avoid becoming a burden on loved ones if incapacity strikes.

The goal of LifeCare Planning is to promote and maintain the good health, safety, well-being, and quality of life of elders and their families. Elders and their families get access to a wider variety of options for care as well as knowledgeable guidance from a team of compassionate advisors who help them make the right choices about every aspect of their well-being.

Life Planning Law Firms rely on an inter-disciplinary team that works to identify present and potential future care needs, and locate appropriate high-quality care. This approach relies less on crisis-oriented transactions and more on the development of on-going relationships with families.

The heart of the elder-centered law practice, a Life Plan defines, organizes, prioritizes, and mobilizes every aspect of elder care. In addition to traditional asset-focused elder law services such as estate planning, asset preservation, and public benefits qualification, a LifePlan

typically includes provisions for care coordination, family education, health care and financial decision-making, care advocacy, crisis intervention, support and other services. Every LifePlan is designed to achieve three primary objectives:

- Make sure the elder gets appropriate care, whether at home or in a residential facility, to maintain the quality of life that he or she desires.
- Locate public and private sources to help pay for long-term care while resolving issues created by the high cost of care.
- Offer peace of mind that results when the right choices are made to ensure loved ones are safe and getting the right care while preserving family resources.

LifePlanning Law Firms use a model called the Elder Care Continuum to help individuals understand the natural progression of aging.

In this analysis, an individual’s journey might begin with total independence. As his or her health declines however, that independence gradually begins to decline as well. Initially, that decline may only mean the reliance upon additional help to make meals or maintain mobility. At some point, the decline begins to impact activities of daily living (frequently referred to as ADLs). ADLs involve physical functions such as being able to bathe or toilet. It may also become difficult to continue socializing with others without assistance due to inability to drive. As each of these areas declines, it impacts the health, mobility, housing and financial resources of the individual.

Your initial meeting with a LifePlanning Law Firm may focus on your place on each line of the Elder Care Continuum. Gaps in care can then be identified and solutions discussed for closing those gaps. When your customized LifePlan is developed, it defines, organizes, prioritizes, and mobilizes every aspect of care, to maintain the quality of life that you desire.

Who Needs A LifePlan™?

If you're a Baby Boomer, you will

By 2050 there will be 2 billion people over the age of 60 in the world, meaning there will be more old people than there will be children under the age of 15. By then, 65 countries will have populations in which the elderly will make up 30 percent or more of the population and 80 percent of those elderly will live in emerging and developing economies according to the World Health Organization (WHO).

In a global survey, the United States ranked number 8 in a comparison of 91 countries, came in 36th for income security and 2nd for employment and education. To keep things in perspective, the percentages were a great deal poorer. If we think of those percentages as grades, the United States never scored better than a C+/B- for any of the criteria.

The world's governments are failing on so many levels to prepare for a future dominated by the need to care for a growing elderly population. All of which is to say that if you are hoping Uncle Sam will help you with the aging process, you've only to look at our recent stall out in the government to realize that you're best off with an alternative plan and if you are hoping to leave American soil for greener pastures you really have very few options. Which puts the ball right back in your court.

So how will you plan for a time in which you will need more resources, better health and better access to the help you need? We must choose to look at the future and realize that our families will need to be a part of our future care and that for that to happen they need to be a part of the discussion now while that care and those resources aren't needed. And we can recognize that the choices we make today will impact us for the rest of our lives. Those choices include when to take Social Security, where to live, how we care for our health and yes even how we spend or save our money in order to start the journey towards our best life and death.

For most Americans, planning for the end of life will rank right up there cost-wise to purchasing their last home. The average cost of final arrangements for

a loved one in the United States is around \$10,000. Making legal arrangements for disposition of assets, powers of attorney, trusts and/or other estate planning documents may cost tens of thousands more depending on the estate. Yet, contrasts those cost with the costs of having a loved one spend one year in a nursing home which starts on the low end at around \$80,000 and proceeds quickly to \$100,000 or more. The national average for assisted living facilities runs around \$3,550 a month. At home care is in comparison a more reasonable average of \$42,000 a year for full time care but still well outside the average family's abilities. And scarily, those costs have only to do with housing costs and nothing whatsoever to do with the health care costs associated with medications, medical procedures or hospitalizations.

A recent study from the Center for a Secure Retirement found that Baby Boomers are "largely uninformed and unprepared for the day-to-day care they may need in retirement" with nearly three-fourths of middle-income Boomers having no plan for their retirement care and only 20 percent having a rough idea for how they'll receive care. Nearly half of middle-income Boomers have not discussed how they wish to receive care and 56 percent haven't talked about how they'll pay for it. That last shouldn't come as a surprise as most of them significantly underestimate the likelihood of needing long term care and most haven't a clue as to how much all that care will cost and a significant (78 percent) share of them think that Medicare will pay for long term care and 34 percent have never heard the term long term care insurance. Frankly, that's a lot of things to get wrong about something that is just on the horizon for a large share of our population.

Throughout this magazine, we'll look at how a LifePlan can change the conversation about retirement, both the good and bad of it, to give you proactive and productive steps that put you in charge of your future.

5 Retirement Savings Mistakes

You wouldn't think that saving money can be done a right or wrong way but you don't want to have missed a step in your savings that could have netted you even better savings. Here's a list of five of the biggest retirement saving mistakes.

1. Over-relying on rules of thumb. There are all sorts of financial rules we take as solid strategies. You're going to need a customized plan and unless you work in the financial industry or you've made financial planning your hobby that means hiring someone to get you going in the right direction and helping to keep your forward momentum.

2. Going too conservative at retirement. At one time it probably made sense to move your portfolio towards bonds and otherwise eliminate or greatly reduce your risk. The problem is that retirement used to last less than a decade but today's retirees can expect to need their savings to last 20 or 30 years. That means you'll need to see continued growth and for that you'll need

to take on more risk than was historical recommended.

3. Taking Social Security too early. If you live longer than you planned, the impact of an early claiming could be financially catastrophic especially if you are a woman or are married to one.

4. Failing to use a retirement calculator. There's no need to guess how much money you'll need to save to thrive during retirement when there are plenty of retirement calculators available for free.

5. Cashing out retirement assets early. Americans change jobs frequently, some estimates suggest as many as seven career changes in a work life. Changes can be good but not if you use a job change as an excuse to cash out your 401(k). One study found that one in four Americans tap into their retirement accounts to pay for basic pre-retirement needs. And while those aren't all from people changing jobs, that leakage involves fees, penalties and taxes that strip much of your earnings away.



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2013 by the readers of
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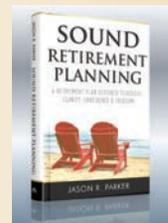


If you are 60 or better,
call to schedule your
complimentary review.



• As featured on
Sound Retirement Radio
Saturdays, 8am, KKOL

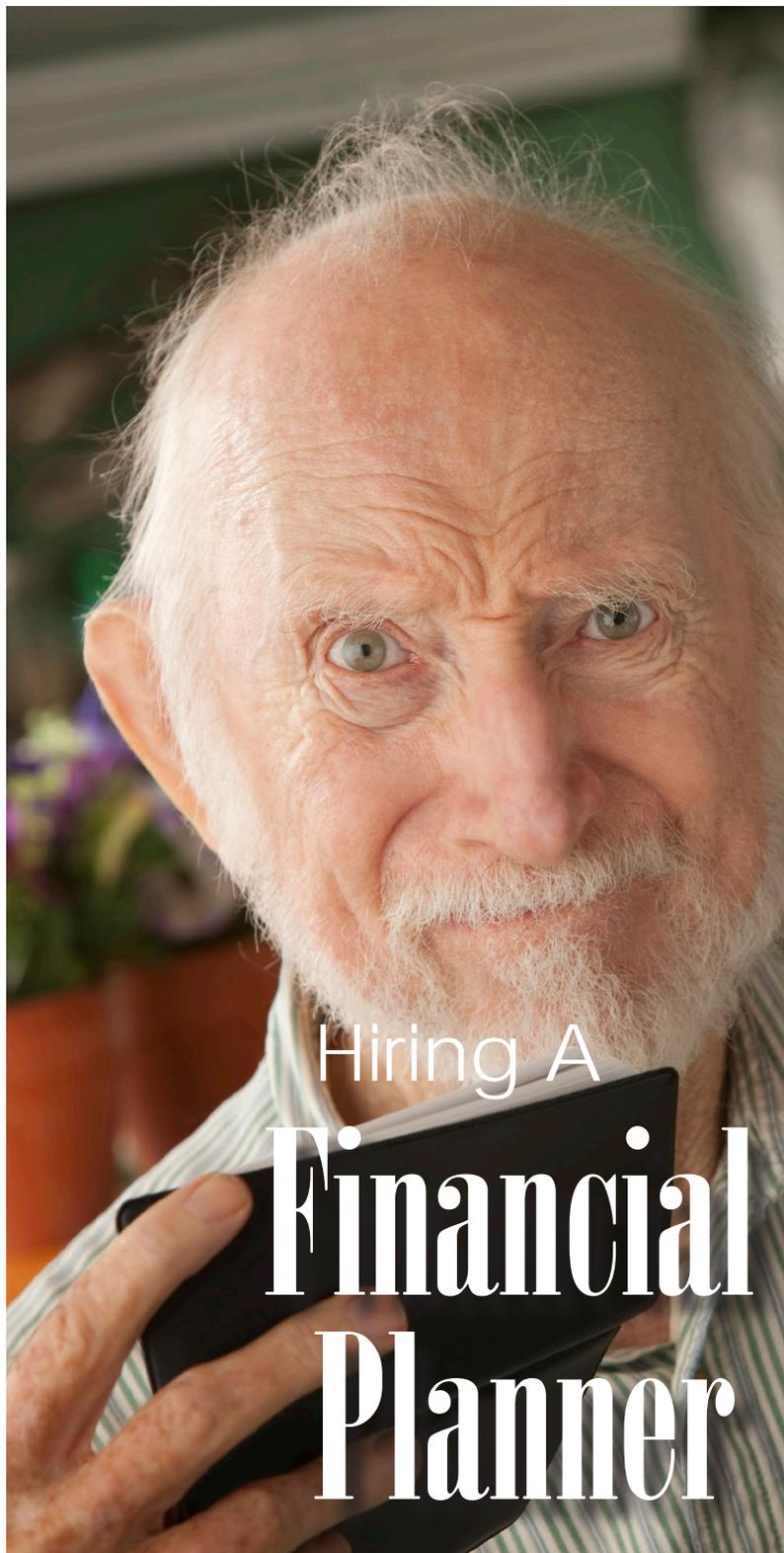
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“ Long term thinking and planing enhances short term decision making. Make sure you have a plan of your life in your hand, and that includes the financial plan and your mission. ” ~ Manoj Arora, From the Rat Race to Financial Freedom



If you think only the wealthy need financial planners, think again. Anyone who has spent a sleepless night worrying about whether or not they've socked enough away for their child's college fund, or their own retirement account or how a parent's sudden downturn in health will affect their own finances knows you don't have to be rich to need a trusted advisor.

The trouble is anyone can call themselves a financial planner. So what you want is a Certified Financial Planner (C.F.P.). That's a person who has met educational and experience requirements and has passed an exam on an array of financial topics.

To find a C.F.P., ask people you trust for recommendations. Keep in mind that if you have a young family your needs will be different than a retiree's, so ask someone with similar needs and lifestyle as your own.

You can also go online to search a database of people who have passed the C.F.P. standards. And of course you can also find a listing of trusted business partners such as the Preferred Partners program at AgingOptions.

Most C.F.P.s earn their salary one of two ways. They either get paid a flat fee by you for their time and advice or they earn commissions on products they sell. Some earn money both ways. Planners that earn commissions may or may not be acting in your best interest. If you decide you wish to work with someone who earns commissions, make sure you ask them if they intend to operate as a fiduciary. A fiduciary is a legal term requiring a C.F.P. to recommend the best product for you even if it earns them

Continued on page 10



Meeting on your schedule, not ours.

You've spent a lifetime preparing for retirement. Now what?

If you're recently retired or planning to retire, you're probably concerned about making the right financial decisions. Together we can find the answers.

We'll sit down, face to face, to develop a strategy designed to help your finances meet your needs over the long haul.

To develop a retirement income strategy that works for you, call or visit today.

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PORT TOWNSEND

Hiring a Financial Planner continued from page 8

less money. Get it in writing if they are going to be a fiduciary.

Some C.F.P.s believe so strongly that commissions create a conflict of interest that they belong to the National Association of Personal Financial Advisors (www.napfa.org/), an organization of more than 1,300 fee-only financial planners.

Once you've put together a list of potential C.F.P.s, call each planners office to find out if they work with people at your financial level. Set up a meeting with at least three of your choices and bring a list of questions to determine whether the relationship would be beneficial to you.

So how do you go about hiring a financial planner or financial advisor rather than hiring a highly paid salesperson? One thing you can't do is go looking for financial expertise like it's something you can pull out of the vending machine. Expect to interview several prospects. Here are some questions to ask before you hire someone:

- What services do you provide?
- What types of clients do you specialize in?
- Can I see a sample of a financial plan?
- What is your investment approach?
- How much contact do you have with clients?
- What other costs will I incur?
- How did your investment solutions change after the 2008 crisis?
- If something happens to you, what happens to me?
- Do you do background checks on your staff?

It's just as important to look at how your potential advisor reacts to being questioned as it is to look at what his/her answers are.

The point of hiring a financial planner is to hire someone who presumably has more time and definitely more expertise to...well...plan your finances.

So you might be shocked to discover that the *New York Times* broke a story in 2013 on how JPMorgan Chase brokers are pressured to follow a script selling the banks own products regardless of the performance of those products. It's not the first time banks have gotten their hands slapped for conflict of interest which is why it's shocking but then again not, that a huge bank such as JPMorgan Chase would get accused of "prioritizing profit to the detriment of its clients." The surprising thing isn't that the *New York Times* broke a story about a bank with problems with conflict of interest but rather that the *New York Times* broke another story about the same bank with the same issue in 2012 (and also in 2011) and yet people continue to go to JPMorgan Chase for investments and continue to make the bank one of the richest.

If you think of financial planning as a five-course meal at a fine restaurant says elder law attorney, Rajiv Nagaich, the menu may say it has five-courses to it and it may even charge as if it is a five-course meal. But when it comes time for actually sitting down in the restaurant there is no salad, there is no dessert, there's only the main course and to top it off you get what the restaurant wants to bring you rather than what you ordered. Financial planning involves multiple layers of planning but the majority of the people doing financial planning out there are just giving you the main course. Your questions beyond just investing are how much money should I invest, how much money will I need, what is the right age for me to retire, etc. These issues have nothing to do with how your money is invested but they have a significant impact on how you're going to invest the money. Most of us are paying financial advisors exactly what they are asking but instead of the five-course meal they promise they are only giving us the main course.

That's not to say that there aren't capable advisors working at banks and brokerage firms or even that you can't find high quality advisors at places with bad reputations. It does mean that you need to shop carefully for an individual (rather than a company) that you can work with.

AgingOptions

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Financial Advisors

Name	Address	City	Phone
Parker Financial <i>(Please see our ad on pg 7)</i>	9057 Washington Ave NW, Suite #104	Silverdale	(360) 337-2701
Edward Jones - Todd Tidball <i>(Please see our ad on pg 9)</i>	18887 Highway 305, Suite #100	Poulsbo	(360) 779-6123
Edward Jones - Christy Givans <i>(Please see our ad on pg 9)</i>	435 Ericksen Ave NE, Suite #100	Bainbridge Island	(206) 780-9889
Edward Jones - Brock Tidball <i>(Please see our ad on pg 9)</i>	2500 W. Sims Way, Suite #202	Port Townsend	(360) 385-2243
Investor Resources Inc. <i>(Please see our ad on pg 14)</i>	691 Bethel Ave, Suite #B	Port Orchard	(360) 895-9119
George Shipe <i>(Please see our ad on pg 17)</i>	509 4th Street, Suite #7	Bremerton	(888) 622-0171, ext 103

Name	City	Name	City	Name	City
Agate Pass Inv., LLC	Bainbridge Island	South Beach Capital Management	Bainbridge Island	Pacific Asset Management, LLC	Port Orchard
Bainbridge Agency	Bainbridge Island	Turloff Financial Consulting, Inc.	Bainbridge Island	Ameriprise Financial	Poulsbo
Brackenwood Capital Management	Bainbridge Island	American Financial Solutions	Bremerton	Foster Financial	Poulsbo
Coast Capital Management	Bainbridge Island	Envision Retirement	Kingston	Janis Financial, LLC	Poulsbo
Coast Capital Management, LLC	Bainbridge Island	Hallett & Associates, P.S.	Port Angeles	Advocate Wealth Management, LLC	Sequim
High Tower Advisors	Bainbridge Island	Sound Financial Center	Port Angeles	Companion Portfolio Management, Inc.	Sequim
Mercer Asset Mgm't, Inc.	Bainbridge Island	Evergreen Wealth Management Services, Inc.	Port Ludlow	Prism Capital Management, LLC	Sequim
Nuku Asset, Inc	Bainbridge Island	Berry Arlene Jones	Port Orchard	First Command Financial Planning	Silverdale
Pegasus Investment Mgm't, LLC	Bainbridge Island	Coast Capital Management	Port Orchard	Fleury Financial Group	Silverdale
				Raymond James	Silverdale

To Check the Disciplinary History of a Financial Adviser

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

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

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

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

Veterans Benefits Can Help Pay For Long-Term Care

The VA offers veterans and survivors two categories of benefit programs.

The first is the Veterans Pension which provides veterans and their families tax-free supplemental income to assist them with coping with financial challenges. To be eligible for the program the veteran must have at least 90 days of active duty service with at least one of those days during a wartime period. Veterans who entered active duty after Sept. 7, 1980 generally need to have served at least 24 months with at least one day during a wartime period (see note below).

Eligibility for most VA benefits is based on discharge from active military service under other than dishonorable conditions. In addition, the veteran must be either : 65 or older; totally and permanently disabled; a patient in a nursing home receiving skilled nursing care; receiving Social Security Disability Insurance; or receiving Supplemental Security Income; and a family income less than the amount set by Congress.

The second benefit program is the Survivors Pension benefit (Death Pension) which is a tax-free monetary benefit payable to a low income, un-remarried surviving spouse and/or unmarried children of a deceased veteran with wartime service. The un-remarried spouse may be any age but a child must be either: under 18, under age 23 if attending a VA-approved school, or permanently incapable of self-support due to a disability before age 18.

If you are eligible for the pension, you may also be eligible for two supplemental (Improved) pension programs designed for veterans and their spouses should they need assistance with Activities of Daily Living (ADL) such as bathing, dressing, eating due to the beneficiary having physical or mental limitations.

HOUSEBOUND BENEFITS:

This benefit is available to eligible veterans and their spouses who live at home. The benefit is available to qualifying veterans and spouses who reside in an assisted living facility or in their own home. To meet

the qualifications for household benefits, the veterans must have a single disability rated at 100 percent and have other disabilities rated independently at 60 percent or more or be permanently housebound due to the disabilities. Medical evidence of the disability is required. The veteran or the spouse cannot receive both Aid & Attendance and Housebound benefits at the same time.

AID & ATTENDANCE BENEFITS:

If the veteran requires the aid of another person in order to perform ADLs or if the veteran is bedridden due to disabilities or the veteran is a patient in a nursing home due to mental or physical incapacity or the veteran has eyesight that is corrected to 5/200 or less in both eyes or has concentric contraction of the visual field to 5 degrees or less, an increased monthly pension amount may be added to the monthly pension.

To apply for Veterans Benefits for the first time, the veteran must submit a copy of their DD-214, DD-215 or for WWII veterans their WD form. To request your military records, you'll need access to a printer and have Adobe Acrobat Reader software.

Benefits are technically available the day after a veteran transfers assets to meet financial requirements, however **It is critical to speak with an elder law attorney before transferring any assets as transferring access may impact your ability to receive Medicaid benefits.**

A wartime period is at least one of the following:

- World War I (April 6, 1917 – November 11, 1918)
- World War II (December 7, 1941 – December 31, 1946)
- Korean conflict (June 27, 1950 – January 31, 1955)
- Vietnam era (February 28, 1961 – May 7, 1975 for Veterans who served in the Republic of Vietnam during that period; otherwise August 5, 1964 – May 7, 1975)
- Gulf War (August 2, 1990 – through a future date to be set by law or Presidential Proclamation)

Social Security

Name	Address	City	Phone
Social Security Branch Office	9594 Mickelberry Rd NW	Silverdale	1 (800) 772-1213

Please check out our website at AgingOptions.com for dozens of stories about Social Security benefits.

Veterans Benefits

Name	Address	City	Phone
Bremerton CBOC	925 Adele Ave	Bremerton	(360) 782-0129
Department of Veterans Affairs	32020 32nd Ave S Suite 110	Federal Way	(253) 838-3090
Washington Veterans Home	1141 Beach Dr E	Port Orchard	(360) 895-4693
VA Puget Sound Health Care System - Seattle Division	1660 S Columbian Way	Seattle	(206) 762-1010
Disabled American Veterans			(877) 310-4167
Service Officers			(360) 895-4346
Tahoma National Cemetery	18600 SE 240th St	Covington	(425) 413-9614
VFW Post 239	190 Dora Ave	Bremerton	(360) 377-6739
Fleet Family Support Ctr	2901 Barbel St	Silverdale	(360) 396-4115
United States Submarine Vtrn	3100 NW Bucklin Hill Rd	Silverdale	(360) 337-2978
U.S. Department of Veterans Affairs	915 2nd Ave	Seattle	(800) 827-1000

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Pre-planning Your Funeral: Eliminating the Guess Work For Your Family

Many people have begun to equate pre-need funeral planning as an extension of retirement planning.

About two million Americans die each year. For many of them, someone—a family member or possibly a friend—will have to plan a funeral while also handling the grief and stress brought on by death. You can reduce the impact your death brings on your loved ones by pre-planning and even pre-paying for your funeral.

Pre-planning your funeral

Pre-planning funeral arrangements allows time for you to shop around to discover what options you consider important and determine who can provide you those options at the most reasonable cost.

Even if you make no other arrangement, talking

to your family members about your final wishes at a time when your death is not imminent can relieve future stress and even provide a measure of reassurance when the time comes to enact the plans.

Make sure you have a good understanding about your rights before you buy any funeral products. One of the first places to begin looking is with your state's licensing board. In Washington, that board is the Washington State Attorney General's office.

Some things to consider while planning your funeral are:

Final disposition-Depending upon your religious beliefs, customs and personal beliefs your choice might be a full service, immediate burial or direct cremation.

Your finances-Funeral and cremation costs can vary considerably even within the same town. Under

Investor Resources

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the “Funeral Rule,” the Federal Trade Commission requires that funeral directors provide itemized prices. You can find more information at <http://www.ftc.gov/>.

Veterans-All veterans, some civilians with military-related service and some public health service personnel are entitled to a free burial and grave marker in a national cemetery. Spouses and dependent children are also entitled to a lot and a marker when buried in a national cemetery. You can find a list of national and state cemeteries at http://www.cem.va.gov/cem/grants/veterans_cemeteries.asp.

Prepaying your funeral arrangement

Some buyers see prepaid funerals or products as an inflation hedge as the cost of funerals in recent years has risen faster than the Consumer Price Index. Generally, you have two choices for prepaying a funeral.

Pre-need trust-Similar to a life insurance policy, a pre-need trust generally has a term of three, five or ten years for example. The caveat here is that if you have a terminal disease, you may not be insurable and if you die before paying the account in full, your loved ones will need to cover the remainder of the funeral costs.

Funeral insurance-This policy covers you the moment you sign. The benefit to this option is that these accounts are generally not taxable; many insurance policies accrue interest, which guarantees your costs against inflation. One advantage in purchasing funeral insurance is that the insurance is not counted as an asset when determining eligibility for Medicaid. The disadvantages include that funeral insurance is often overpriced as compared to other forms of insurance and the benefits may be variable or decrease drastically once you reach a certain age.

Another option-A POD (payable on death) account (also known as Transferable on Death) allows you to name a beneficiary on your bank account or other assets such as stocks, bonds and mutual funds.

Whatever your decision about planning for a funeral, make sure that your family is aware of your decisions and that they are up to date to avoid them duplicating your efforts (and potentially your costs as well). Keep

Continued on page 16

What Does... Pre-Arrangement Mean?

It simply means that you choose the service & possibilities before they are needed.

Why Are So Many People Pre-Planning Today?

- You & your family can plan together
- Make your personal desires known ahead of time
- Choose what you want and cost, down to the smallest detail
- Brings peace of mind to you & your loved ones



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Preplanning your funeral continued from page 15

funeral information in a location easy to access and avoid a safe deposit box (people rarely die on a bank's time schedule).

Advantages and Disadvantages of Prepaid Plans

One way to plan for the end of one's life is to sign a formal contract called a "preneed funeral plan." With this plan, money to pay for a funeral and/or burial is held in a trust, in an escrow account or paid through an insurance policy on the life of the person desiring the plan. Parts of or all of the funeral service and burial are designed in advance and pre-funded in advance and the family has little to do but show up.

Some advantages

- Having arrangements in advance provides peace of mind. Family members don't have to make decisions when they are most vulnerable to manipulation nor are they stuck with paying a significant bill.

- You are in control and can lock in prices, products and services.
- It allows for inflation in future costs.

Some disadvantages

- With some trust fund and insurance funding options there may be no refund if someone wants to cancel the plan in the future.
- If a purchaser moves to another state there may be little to no transfer options.
- In some contracts, interest earnings on investments resulting in excess money not needed for the plan may be retained by the funeral home or funeral director.
- On installment plans, interest may be charged but not credited to the account.
- **There may be no recourse if the contract provider goes out of business or fails to secure 100 percent of the funds for future payment.**

Funeral & Pre-Planning

Name	Address	City	Phone
Cook Family Funeral Home <i>(Please see our ad on pg 15)</i>	163 Wyatt Way NE	Bainbridge Island	(206) 842-2642

Name	City
Lewis Funeral Chapel	Bremerton
Linde Price Funeral Service	Bremerton
Miller -Woodlawn Funeral Home	Bremerton
Tuell-McKee Funeral And Cremation Services	Bremerton
Drennan & Ford Funeral Home and Crematory	Port Angeles
Harper-Ridgeview Funeral Chapel	Port Angeles

Name	City
Mt Angeles Memorial Park	Port Angeles
Ticknor Douglas	Port Angeles
Veterans & Family Meml Care	Port Angeles
Kitsap Cremation & Burial	Port Orchard
Rill's Life Tribute Center	Port Orchard
Kosec Funeral Home & Cremation Services	Port Townsend
Linde Family Funeral Svc	Port Townsend

Name	City
A Simple Cremation Service	Poulsbo
Lewis Funeral Chapel	Poulsbo
Poulsbo Mortuary	Poulsbo
The Stone Chapel Poulsbo Mortuary	Poulsbo
American Cremation & Casket Alliance	Sequim
Linde-Price Funeral Service	Sequim
Sequim Valley Funeral Chapel & Cremation Center	Sequim



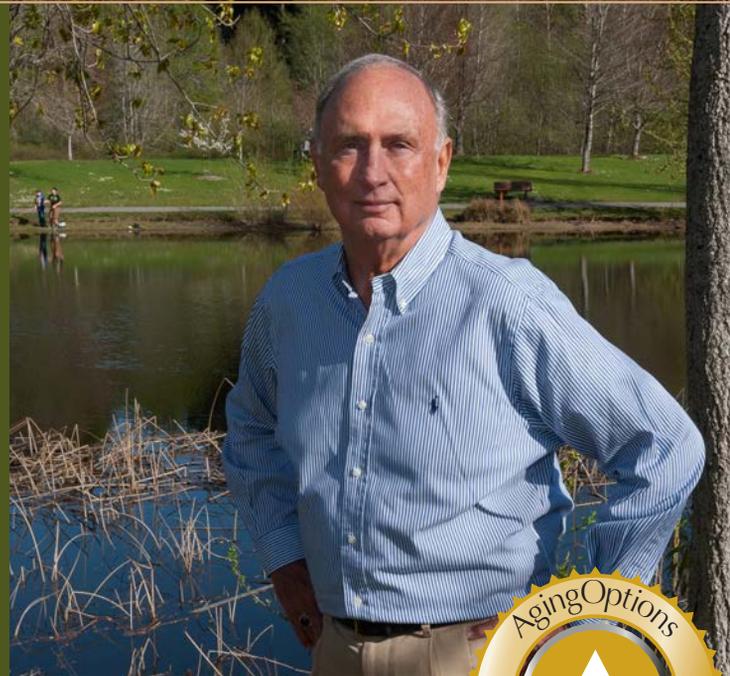
If you are asking yourself these questions...

- Have I planned for the future?
- Is my financial house in order?
- Is my income sufficient if I am ill?
- How will I pay for care?
- Will Medicare pay for nursing home care?
- Is care at home possible?
- What income will my spouse live on if I need care?
- Will my spouse have to sell the home to pay for my care?
- Will I be a burden on my family?

Get answers to these questions and more. Call me for an appointment in the privacy of your home.

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- **VA Aid & Attendance**
- **Medicaid Planning**
- **Retirement Income Planning**
- **Tax Free Income Planning**



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Ending A Marriage Can Throw A Wrench In Your Retirement Plans

It used to be that the incidence of divorce among people 50 and over was very small compared to the rest of the population.

In 1990, less than 10 percent of people in that age group dissolved their marriages. Twenty years later, 25 percent of individuals getting divorced were 50 or older. One in three Baby Boomers is single. Single Boomers are more vulnerable economically and socially and tend to also have poorer health.

The financial implications for gray divorces (the name given for divorces among older couples) are not completely known since there is little research so far but it doesn't take a study to understand that a retirement plan for two people that is split in half will be a great deal less comfortable for either member of the relationship than when it was still whole especially if there wasn't much of a plan to begin with.

Depending on the financial expert, retirement costs 30 percent to 50 percent more for divorced Baby Boomers than for Boomer couples. While younger divorce couples have years to make up the economic losses, for Baby Boomers close to retirement, their window of opportunity is rapidly closing.

If you are 50 or over, divorce considerations should include reviewing the financial consequences, especially for women as they already bear the burden of lower wages, shorter work lives and longer overall lives.

Here are some recommendations for divorcing couples who are staring retirement in the face:

- Hire a financial advisor when you hire the divorce lawyer. The pool of money will now be split in half. The lawyer and the advisor can work together to help create a settlement to lessen the financial impact of the divorce.
- It will take time to rebuild credit, savings and investments. That may mean postponing retirement, reducing your lifestyle or saving a lot more.
- Provide less support to your adult children.

You can also add to that list:

- Look at Long Term Care planning. For married couples, the first individual to fall ill or disabled is generally cared for by the well spouse. That option goes away due to a divorce and as it's likely one of, if not the most expensive aspect of aging, considering how it will be handled in the future needs to be at the forefront of retirement planning.

Social Security planning should also factor into retirement planning. Married couples have a great many options for maximizing their Social Security benefits. When you're thinking about your Social Security benefits, keep in mind that a marriage can add hundreds of dollars a month to your benefit even if the marriage has since been dissolved or your spouse has since died. If you need claiming information on Social Security benefits, please e-mail us at info@agingoptions.com for white papers that cover those topics.

Just as a marriage can improve your Social Security benefit outlook, it can also hurt your benefits. It's important to understand how a late-life marriage can impact your benefits if you choose to make such a move prior to age 60.

There is often a societal assumption that the higher breadwinner in a marriage is the man. While that may have been the case in the past, it is becoming less the case as the Boomers age. Social Security is gender neutral, meaning that benefit claiming strategies for married, divorced or widowed individuals work for either gender. Don't automatically assume that because you are male, that you have fewer claiming options. It's always best to consult with a Social Security expert to solidify Social Security planning.

New Social Security regulations also provide benefits to Same-Sex couples regardless of which state they live in.

If you are retiring or retired and already divorced and are considering a marriage, please ask for our white paper on Second Marriages by contacting us at info@agingoptions.com.

Tax & Accounting

Name	Address	City	Phone
Hurley Williams & Cook CPA's (Please see our ad on pg13)	4312 Kitsap Way, Suite #102	Bremerton	(360) 479-4611

Name	City
Ball & Treger LLP	Bremerton
Clarke Whitney CPA's PS	Bremerton
Eastside Tax & Accounting	Bremerton
Kyle Kincaid CPA	Bremerton
NFP Accounting PS	Bremerton
Sound Data Systems	Bremerton
Whitlock & Forster LLC	Bremerton
All Seasons Accounting Inc	Port Angeles
Burwell & Wolfe Inc PS	Port Angeles
Burwell & Wolfe Inc PS	Port Angeles
Crouse Karen L	Port Angeles
Galvin Accounting & Tax Services Inc	Port Angeles
Garnero, Ronald A CPA	Port Angeles
Karen's Accounting Services Inc	Port Angeles
Lena Washke Accounting Services, Inc.	Port Angeles
McClain Crouse & Co PS	Port Angeles

Name	City
Tucker, Kristin J	Port Angeles
Glessing & Assoc	Port Ludlow
Jon K Froula PLLC	Port Ludlow
Buskirk, Bradford N. CPA	Port Orchard
Data Accounting Services LLC	Port Orchard
Eggers Todd CPA	Port Orchard
Labrum Accounting Service	Port Orchard
Pacific Asset Management	Port Orchard
Peterson & Jake CPA PS	Port Orchard
Randolph V. Glein, CPA/PFS	Port Orchard
Small Business Bookkeeping & Mobile Notary	Port Orchard
Tucker, David W. Jr CPA	Port Orchard
Anderson Accounting Group LLC	Poulsbo
Conrad Nancy CPA	Poulsbo
Farrell Jan M CPA	Poulsbo
Habecker Waddell Habecker	Poulsbo

Name	City
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Bell & Futch PLLC	Sequim
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Grimes, Michael Cpa Ps	Sequim
Kanters Steve CPA	Sequim
Kim Mishko & Associates CPA	Sequim
McHugh, David R CPA	Sequim
Mishko Steve D CPA	Sequim
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Coffey Stephen	Silverdale
Hawkins, Johnnie L CPA	Silverdale
Huddleston	Silverdale
McKenzie & Associates PLLC	Silverdale
Mooers Nona C CPA, MST	Silverdale
Parker Mooers & Cena PS	Silverdale

Interested in more articles on Social Security including information about maximizing benefits? Go to AgingOptions.com for stories such as:

- "When married men claim Social Security too early"
- "Should you spend down your retirement to maximize your Social Security benefits?"
- Or call us for a white paper on Social Security benefits for divorced, widowed, married or single individuals

“Your health is your most important asset...without your health, you have nothing. And if you're less fit than you could be, you're sacrificing not just dollars, but days — or years — from your life.” ~J.D. Roth (Finance Writer)



Your Health

Promotes
independence
and saves money

Why should an elder law attorney be concerned about your health? Everything to do with aging is wrapped around whether or not you remain healthy as you age.

Will you run out of money? The chance that you will increase dramatically if you need to move to specialized housing or need specialized care of any sort.

Will you be able to remain in your home? People with two or more chronic diseases often find that they cannot.

Will you be a burden on your children? It depends upon what you consider a burden but the chances increase that your children will be involved in the financial, housing, legal or health areas of your life if you allow your health to slide to the point that you yourself cannot remain in charge of them.

From what we now know, good health isn't something you start at 60. That's not to say you can't start at 60 and see some real benefits. You can start at 93 and see some benefits. For the optimum amount of benefits though, you need to start being concerned about and working at being healthy when you are in your 20s, 30s and 40s. Barring that, you should start today.

Lifestyle Changes May Slow Cell Aging

It's no secret that a healthy life is a product of eating right, getting enough sleep, reducing stress and exercising but most studies look at how those changes impact your weight or your heart or some other major system. A study at the cellular level found that lifestyle changes that included eating more fruits and vegetables, spending time meditating or doing yoga and managing stress increased the length of telomeres.

Telomeres are the caps on our chromosomes that block the ends of the enzymes. Dr. Dean Ornish, founder of the Preventive Medicine Institute and lead researcher in the study likens them to the plastic caps on our shoelaces. As we age, those caps get smaller. What the study tried to do was look at telomeres in individuals who didn't change their lifestyles and also at telomeres in individuals who did change their lifestyles and found that those that made changes had an increased length in their telomeres. The more changes people made to their lifestyle, the more changes were evident in the telomeres. Since shorter telomeres are associated with increased risk of developing chronic diseases and also of decreased lifespan, the study authors hoped to show that increasing the length of the telomeres showed the opposite response.

In some respects, the study doesn't tell us anything

we don't already know. Ask any doctor, regardless of specialty or even lack of specialty and they'll tell you not to smoke, eliminate any excess weight, get regular exercise and regular sleep, eat right, be socially engaged, and reduce stress. That message hasn't changed much in decades. But, we often think we are genetically engineered for certain things. Here's a study that says it's within our ability to change at least some of that engineering, re-engineering if you will, that part of us that has seemed unchangeable.

It's interesting that long term (the study was for 5-years) changes in lifestyle affected cells in such a way that those changes could potentially prevent or even reverse some common chronic diseases such as heart disease, early-stage prostate cancer, and type 2 diabetes.

Retirement dreams depend upon having your health. If you're not healthy, you may be forced to move somewhere that provides help or you may have to pay for help in the home. Those costs add up. Meaning that, the cost of not caring for your health can be the financially equivalent to choosing to not be able to take a cruise or choosing not to be able to visit where your great-great-grandfather was buried. Your health is your greatest asset. Protecting it should be your greatest priority.

AgingOptions

RESOURCE GUIDE

Nutritionists & Dieticians

Name	City	Name	City	Name	City
Aimee Hayes-Herb	Bainbridge Island	Deanna Marie Minich	Port Orchard	Annie M James	Poulsbo
Passionate Nutrition	Bainbridge Island	Lighthouse Nutrition and Wellness	Port Orchard		

Personal Trainers

Name	City	Name	City
Jessica Moon	Bainbridge Island	Vic Olvera	Annapolis

Medigap Or Medicare Advantage?

Medicare Advantage and Medicare Supplement (also called Medigap) are two entirely different things but many people confuse the two of them. Choosing which one will work best for you will depend upon your needs and circumstances as well as how much effort you want to put in to the process of selecting a plan.

MEDIGAP

Medigap has been around since Medicare and refers to the plan's ability to fill the "gaps in protection from original Medicare (Part A and Part B).

Medigap plans are standardized in that each Plan A covers the same things as any other Plan A and so on and provides a uniformity of coverage in the 47 states that offer it. (Massachusetts, Minnesota and Wisconsin offer their own programs.) So if you choose a more expensive plan, you are paying strictly for a perception (either rightly or wrongly) of better service.

Part A and Part D together make up original Medicare, which covers benefits on a fee for service (FSS) basis.

Medigap only covers the gaps in covered expenses. This means that it does not cover uncovered expenses such as dental, vision or hearing.

Medigap also does not cover prescription drug coverage needs. Those who have a need for prescription drug coverage need to purchase Part D (except with the rare exception of some early Medicare beneficiaries). If you exclude drug coverage from the comparison between Medigap plans and Medicare Advantage plans, any standard Medigap plan will contain more benefits than any standard Medicare Advantage plan, however, some Medicare Advantage programs offer benefits beyond those found in Part A and Part B.

Medigap plans always require an additional monthly premium. But because the plans are much more comprehensive than Medicare Advantage they are significantly less risky for those who may have major medical needs or have lower incomes allowing them to budget for out-of-pocket expenses.

One other thing that differentiates Medigap from Medicare Advantage is that Medigap has no network. This means that individuals are able to go to any provider that accepts Medicare and be covered.

MEDICARE ADVANTAGE

Medicare Advantage plans provide an alternative to Medigap plans.

They are private insurance company contracts that provide Medicare Part A and Part B coverage but depending upon the insurer and the specific plan may also include additional benefits not offered under Medigap. Most Medicare Advantage plans offer a prescription drug program and may also offer additional benefits such as dental, vision, hearing, gym memberships, discounts for some medical supplies and transportation to and from medical appointments. Some may even waive the three midnight hospital stay requirement before approving nursing home coverage.

Medicare Advantage plans are often but not always cheaper than Medigap plans at least on paper and sometimes there are no monthly premiums for Medicare Advantage plans. The plans are a vital source of coverage for low-income beneficiaries. Forty-two percent of Medicare Advantage plans had incomes below \$20,000 and most (35 percent) cite the lower costs as the reason for choosing Medicare Advantage Coverage.²

Medicare Advantage plans are not standardized and they are often network-based meaning that you must see their providers usually through one or more of the following options: An HMO or health maintenance organization that uses a primary care physician to coordinate patient care;

A PPO or preferred provider organization similar to an HMO but not requiring a primary care physician and offering more flexible options around out-of-network care;

That network may mean that if you are traveling out of network that you may be subjected to additional fees and/or may not get support for non-emergency

care. There is almost never coverage for traveling outside the United States.

And finally a PFFS or private fee-for-service that does not limit care to networks but offers no guarantee that a doctor or hospital will accept the plan.

That network may mean that if you are traveling out of network that you may be subjected to additional fees and/or may not get support for non-emergency care. There is almost never coverage for traveling outside the United States.

CHOOSING BETWEEN MEDIGAP AND MEDICARE ADVANTAGE PLANS

Before making a decision between Medigap and Medicare Advantage plans you'll need to research the benefits of every plan that you are considering on these merits:

- Monthly premium
- Deductibles
- Provider restrictions

- Benefits
- Anticipated costs associated with your typical use of any healthcare options (doctors, hospitalizations, prescription drugs, preventative care, etc.)

Making a decision between types of plans or between Medigap and Medicare Advantage plans can be daunting. Healthcare is a major financial decision for people 65 and over and likely to impact them the rest of their lives. In cases where a person's health takes a major downturn, that choice may be more or less permanent. If you are either unwilling or unable to put the effort into comparing all the variables, your best bet will be Medigap rather than Medicare Advantage.

Choosing which type of plan to go with does not have to be done alone. In fact, a *reviewjournal.com* article suggested that all healthcare enrollees, regardless of their age should consult a financial advisor before choosing a plan.

For more information on Medicare and Medigap, ask for our white papers on these topics.

Can I get better service and coverage with a Medicare Advantage plan?

Can I get the SilverSneakers® Fitness Program?

Do you have questions about Medicare?



As an experienced, local Medicare plan advisor, I can help you explore your options and find the right plan for your needs. If you decide to enroll in a Medicare Advantage plan, I can also help with the paperwork. Call me now and learn how you can get:

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Your Health Is America's Most Important Asset

Since 1992, the Americans, through the efforts of the U.S. Health and Retirement Study (HRS), have interviewed more than 27,000 individuals over a period of 200,000 hours. Likewise, beginning in the late 1990s, the British put their own study in place. That study, called the English Longitudinal Study of Ageing (ELSA), is directly comparable to the HRS study. When scientists began studying the data they found significant differences and similarities.

One of the most important things they noticed was that in a comparison between American and British citizens, White Americans between the ages of 55 and 64, were not as healthy as their English counterparts. In both countries there is a correlation between health, income and education such that lower incomes and education levels were associated with poorer health. However, Americans at the highest income and education levels had rates of diabetes and heart disease similar to the least healthy in England. One study found that Americans had significantly larger waist sizes as compared to the British. When waist sizes were taken into account, approximately three-quarters of the differences for women and 38 percent of the differences in the men can be explained. Researchers found that the differences existed despite the higher cost of U.S. health care expenditures, similar life expectancies in both countries and similar smoking habits.

Why it matters

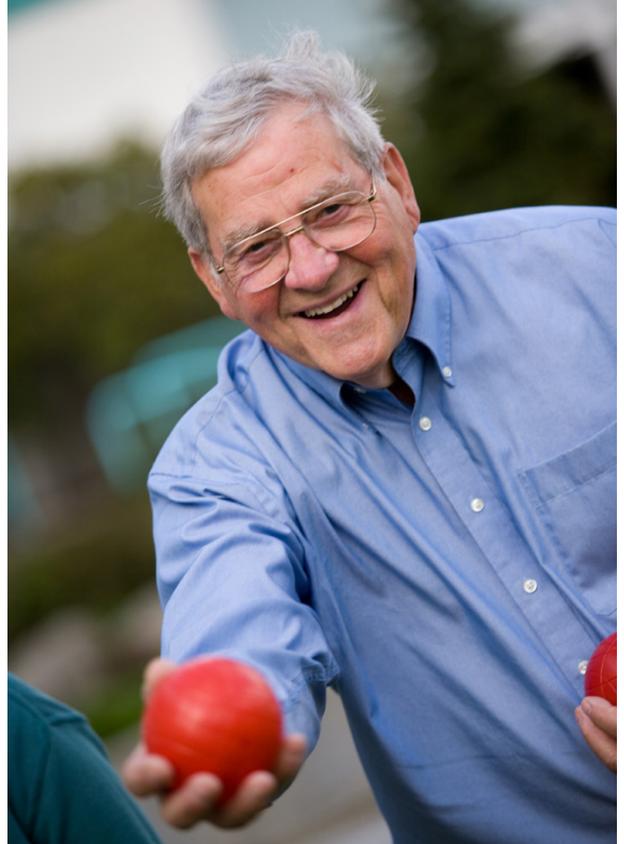
A study using data from HRS looked at the impact of health events on cumulative household income over a ten year period. Researchers then looked at the impact at 2-year intervals. What they found was that the cost of lost income due to a major health event (cancer, heart condition, stroke and/or lung disease) over an 8-year period was \$37,000. The cost due to a minor health event (all other health events) during the same period of time was \$8,700. When increased medical expenses were factored in the costs rose to \$49,000 and \$11,500 respectively. More importantly, researchers

did not find that households were ever able to regain the costs associated with those events.

One reason for the impact is that lower income individuals were more likely to leave the work force due to a health event, however, the onset of a major health event from any income level frequently led directly to withdrawal from the work force. In 2002, 20 percent of men and 25 percent of women between the ages of 55 and 64 reported that a health problem limited their work activity. When you incorporate the costs of family members providing care, the HRS study found that the value of care amounted to an estimated \$18 billion annually.

On top of the cost to the individual are the corporate and national costs. An article in September of 2012, the author, Sarah Kliff wrote that employer-sponsored health plans cost \$15,745 annually. When employees miss work because of illness, the cost associated with that runs to \$344 billion. Employers spend an additional \$232 billion on medical bills and pharmacy costs.

Staying healthy means eating right, exercising, getting enough sleep and staying socially engaged.



Insurance

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Kitsap Senior Information & Assistance	1026 Sidney Ave, Suite #105	Port Orchard	(360) 337-5700
JC Madison Inc <i>(Please see our ad on pg 23)</i>	18887 Highway 305, Suite #300	Poulsbo	(360) 779-1082

Name	City
A Harding Insurance	Bremerton
Mutual Of Omaha	Bremerton
Cherry Creek Mortgage	Port Angeles
D & D Insurance Agency	Port Angeles
Farmers Agent-Timothy W Morgan	Port Angeles
Focus1 Insurance	Port Angeles

Name	City
KMi Kristin Manwaring Insurance	Port Angeles
Reed & Associates	Port Angeles
TW Morgan	Port Angeles
A Harding Insurance	Port Orchard
Port Orchard Health Insurance	Port Orchard
TW Morgan Insurance Services	Port Orchard

Name	City
WAHealth.com	Port Orchard
Poulsbo Health Insurance	Poulsbo
Castell Insurance	Sequim
Bancorp Insurance	Silverdale

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Why Bother Hiring A Geriatric Physician?

If it made sense to hire a pediatrician for your children's health doesn't it make sense to hire a geriatrician for the health of a geriatric?

If you want the best care for whatever stage of life your body is in, you need to hire someone who specializes in that stage of care. If you don't already have a Geriatric Physician, consider switching to one. A comprehensive geriatric assessment is often considered impractical in a primary care setting but can be essential to an older patient's success in remaining at home and independent.

Geriatric physicians have completed a residency in either Internal Medicine or Family Medicine but in addition have one to two years in the study of the medical, social

and psychological issues of individuals 65 and over. Rather than concentrating on just the treatment of physical problems, geriatricians address issues such as memory loss, arthritis, osteoporosis and mobility issues and recognize how those health conditions an older adult on a social and emotional level.

Some tests and procedures that make sense for younger members of society not only don't make sense any longer but actually pose a risk for the elderly. You can read more about how some of those studies in the article, "Five recommendations for treatment for older adults with chronic diseases," later in this guide.

Geriatric Physicians

Name	City	Name	City
Dieter Eppel MD	Port Orchard	Young-ki Paik MD	Bremerton



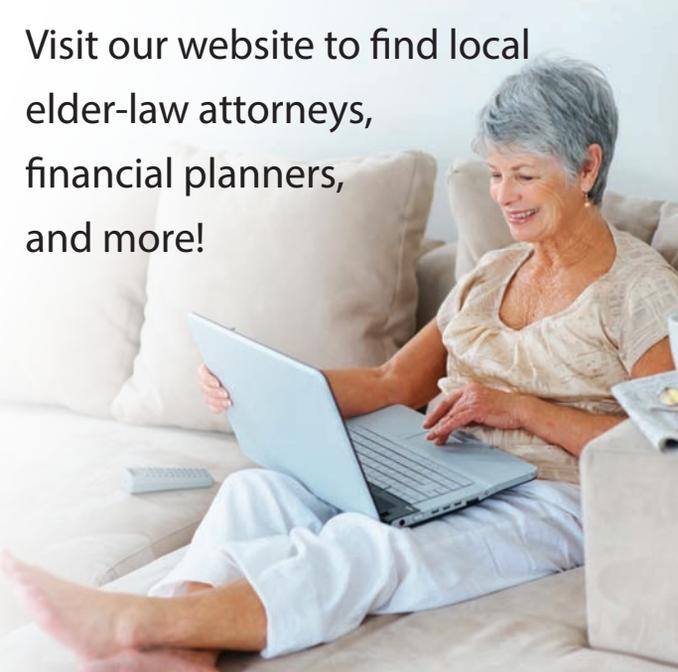
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- Diagnosis & Treatment of ADHD and Major Depression
- Family Practice Clinics

<p>Crown Hill Medical Center 2641 Cherry Avenue Bremerton, WA 98310 360.373.6656</p> <p>Alfred Aflatooni, MD</p>	<p>So. Auburn Medical Clinic 3830 A Street SE, Ste 204 Auburn, WA 98002 253.804.9190</p> <p>Alfred Aflatooni, MD & James P. Pepka, DO</p>
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Cost Of Alzheimer's Expected To Skyrocket

The *New England Journal of Medicine* published an article in April 2013 that found that the financial burden along with the number of people projected to get dementia will more than double within the next 30 years. Previous information had mostly come from the advocacy group, the Alzheimer's Association.

The research, led by an economist at the RAND Corporation found that nearly 15 percent of people aged 71 or older have some form of dementia. By 2040, the number of people expected to have Alzheimer's or some other form of dementia will reach 9.1 million people.

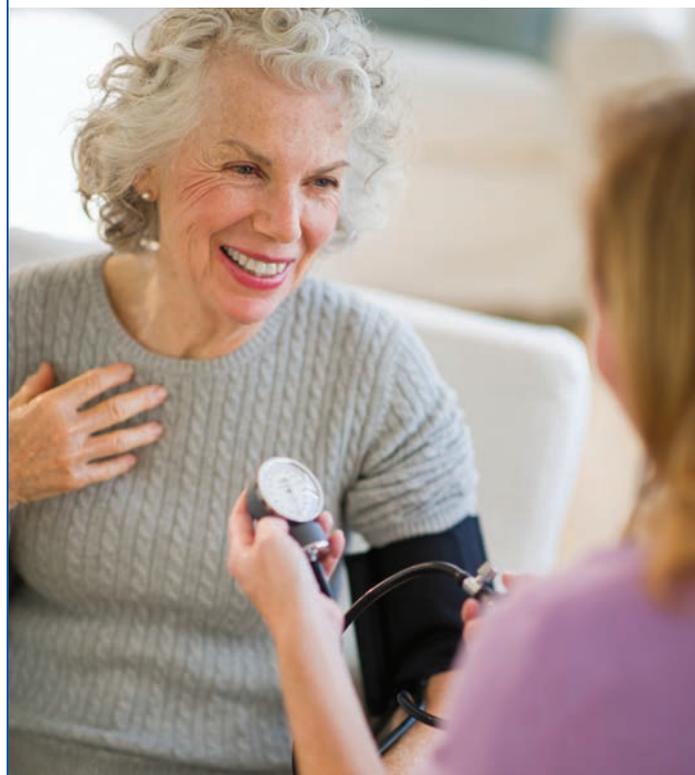
One major cause for concern is the Baby Boomer generation had fewer children. According to the Centers for Disease Control and Prevention (CDC), the average number of children per family peaked at 3.7 between 1940 and 1957. However, since 1972, the average family size leveled off to approximately two children per family. In addition, approximately 20 to 25 percent of Baby Boomers are childless. Research in 2010 found that a projected 30 percent of baby boomers who will need assistance will lack care from spouses or adult children. Being unmarried reduces the likelihood of having personal care and increases the likelihood that you will end up in a nursing home.

While it's true that childless and especially childless and unmarried older adults need to proactively find solutions for aging issues, even adults with children may find that the geographical distance from their family members or family dynamics may prevent those children from playing an active role in their caregiving later in life.

Regardless of whether or not you get Alzheimer's, planning for future disability won't ever be a wasted effort. Putting plans in place through living wills, advanced directives, conversations with your support community (family, neighbors etc.), and Powers of Attorney will help to get your legal house in order and relieve stress.

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Hearing Loss Linked To Brain Shrinkage

Need a reason to wear your hearing aid or to get one in the first place? Look no further than a study that found that for aging adults the brain shrinks with age but that initial shrinking increases with hearing loss.

Researchers from Johns Hopkins and the National Institute on Aging added to the growing list of health consequences associated with hearing loss. Previous studies have found that hearing loss increased the risk of dementia, falls, hospitalization and diminished physical and mental health overall. Nearly two-thirds of Americans 70 and older have hearing loss. You are at greater risk of having hearing loss if you are an older white, male. Despite the sheer numbers of older individuals with hearing loss, experts believe that only one-fifth have hearing aids and only 3 percent of those with mild hearing loss take advantage of hearing devices.

Researchers compared brain changes of normal hearing adults over time with adults with hearing loss. The adults in the study underwent annual MRI testing to track changes for up to ten years. The study participants also had complete physicals at the time of the MRIs. What they found was those subjects that had hearing loss began the study with significant shrinkage in particular regions associated with sound and speech. Those results were not unexpected. However, researchers found that those areas don't work in isolation and that atrophy in those areas can be associated with mild cognitive impairment and Alzheimer's disease. Researchers found that impaired hearing individuals lost more than an additional cubic centimeter of brain tissue each year compared to those subjects with normal hearing.

Question still exist on whether treating hearing loss early can reduce the risk of health problems.

The Nation Institutes of Health recommend you answer these questions to see if you might have hearing loss.

- Do you have a problem hearing over the telephone?
- Do you have trouble following the conversation when two or more people are talking at the same time?
- Do people complain that you turn the TV volume up too high?
- Do you have to strain to understand conversation?
- Do you have trouble hearing in a noisy background?
- Do you find yourself asking people to repeat themselves?
- Do many people you talk to seem to mumble or not speak clearly?
- Do you misunderstand what others are saying and respond inappropriately?
- Do you have trouble understanding the speech of women and children?
- Do people get annoyed because you misunderstand what they say?
- Do you hear a ringing, roaring, or hissing sound a lot?

If you answered yes to three or more of these questions, you may want to see an otolaryngologist (an ear, nose, and throat specialist), or an audiologist for a hearing evaluation.

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Lynn E Byrne, MSPA, Licensed Audiologist
1411 Wheaton Way, Bremerton WA 98310
(360) 479-4065 / www.help2hear.com

Audiologists

Name	Address	City	Phone
Audiologists Northwest (Please see our ad on pg 28)	1411 Wheaton Way	Bremerton	(360) 479-4065

Name	City	Name	City	Name	City
Kitsap Audiology	Bremerton	Avada Audiology & Hearing Care Center	Port Orchard	Raszler Diane MS CCC-A	Poulsbo
Audiologists Northwest	Bremerton	Link Audiology	Poulsbo	Olympic Hearing Center	Sequim
Becken Amy M AuD Dr. Of Audiology	Bremerton	Hearing Advantage	Poulsbo	The Hearing Advantage	Sequim
Simply Hear	Bremerton	Nightingale Megan AuD	Poulsbo	Miracle-Ear Hearing Aid Center	Sequim
Robin Fiscus, CCC-A	Bremerton	Peninsula Hearing Inc.	Poulsbo	Kinyon Harley W. CCC-A	Silverdale
Hear For Life Audiology LLC	Port Ludlow	Hearing Advantage Inc	Poulsbo	Hearing Solutions Inc.	Silverdale
Nilsson Audiology & Hearing Aid Clinic	Port Orchard				

Opticians

Name	Address	City	Phone
Summit Eye Consultants (Please see our ad on pg 25)	945 Hildebrand Lane, Suite #235	Bainbridge Island	(206) 201-3669

Name	City	Name	City	Name	City
Peninsula Eye & Contact Lens Clinic	Bremerton	Olympic Eye Care Center	Port Angeles	R. Mathews Optical Works, Inc.	Poulsbo
The Visual Connection	Bremerton	McCurdy Thomas O OD	Port Angeles	Poulsbo Eyecare Center	Poulsbo
Kitsap Eye Physicians	Bremerton	Peninsula Contact Lens & Vision Care Clinic	Port Angeles	Pacific EyeCare	Poulsbo
tm Terry Mestrovich	Bremerton	Specialeyes	Port Angeles	Sequim Vision Clinic	Sequim
Kitsap Eye Physicians	Bremerton	Pacific Eye Care of Port Orchard	Port Orchard	Sequim Optical	Sequim
Olympic Peaks Optical	Bremerton	Port Orchard Eyecare Center	Port Orchard	Vision Optical	Sequim
Wal Mart Vision Center	Bremerton	Brockett, Mayes, McCown & Willems	Port Orchard	Precision Optical	Sequim
Kitsap Eye Physicians	Bremerton	20/20 Eyecare Centers	Port Orchard	Wickline William J OD	Sequim
The Visual Connection	Bremerton	Woodridge Vision Clinic	Port Orchard	Silverdale Opticians and Optical Goods	Silverdale
Reis Thomas P	Port Angeles	Iversen, Denise Dr	Port Orchard	Kitsap Optical Inc	Silverdale
The Contact Lens & Eye Care Clinic	Port Angeles	Brocket, Mitchel Dr	Port Orchard	Pearle Vision	Silverdale
Thompson, Kirk L	Port Angeles	Ames I D Don	Poulsbo	Knight, Tracy O.D.	Silverdale
Optometry- Frame and Eye	Port Angeles	Pacific Optical	Poulsbo	Goodman Eye Clinic	Silverdale
Angeles Vision Clinic	Port Angeles			Sears Optical	Silverdale
				Silverdale Eyecare Center	Silverdale



Five Myths About Exercising For Older Adults

Have you eliminated your movement-based activities and replaced them with sitting-based activities?

In a recent survey, 65 percent of seniors admitted that they had two or more chronic conditions but most were apathetic about doing something to improve their health. The *United States of Aging Survey* by the National Council on Aging found that one-fourth of seniors indicated they did no exercise despite concerns about maintaining their quality of life and health and a slightly higher percentage expected their lives to get worse in the next five years. A third of all seniors have taken no steps to prevent having a fall. So you'd think that there would be a reason or a barrier of some sort to cause people to say that they won't take even minor steps to improve their chances of aging healthy but in fact the survey found that 46 percent of all seniors did not find the lack of energy, money, willpower or insurance were the deciding factors to do nothing. They chose to do nothing because that was their choice.

Exercise helps to build muscle and bone strength or maintain it if you already have it. People with chronic pain conditions such as arthritis, osteoarthritis, back pain or other conditions can improve their overall condition by strengthening the muscles of their stomach, hips and thighs. Stronger muscles can take weight and stress away from joints while repeated mild stress to bones helps them to maintain their calcium content and structure. Repetitive motion can help lubricate joint surfaces and help lessen joint stiffness and achiness. Here are some other reasons it's important to stay active.

A study by the World Health Organization (WHO) found that despite our longer lives we aren't living better. Most of us will live a decade or longer with disabilities or poor health. WHO recommends that older adults (65+) get at least 150 minutes of moderate exercise or 75 minutes of vigorous exercise each week.

If you are like most people, you've developed a list of reasons why those recommendations pertain to someone other than yourself. Here are five of the most used excuses for not applying yourself physically to the task of staying out of a nursing home.

I'm already too far out of shape to ever recover.

It's true that if it's been awhile or you've never exercised you need to take some precautions. Ideally you would have a chat with your doctor and he or she could recommend some light exercises for starting out. One of the easiest exercise options is to go for a walk. Walking requires very little equipment (appropriate clothing and comfortable shoes) and you're liable to already have what you need. The benefit to walking is that no one but you has to know your goal. Your goal could be to walk to the mail box this week and then to gradually increase that distance over weeks until you reach the length of your block and then around the block.

I'm too old.

Jack LaLanne, the fitness guru once said, "The only way you can hurt the body is not use it. Inactivity is the killer

and, remember, it's never too late." LaLanne said his life was transformed when as a 15 year old boy struggling with bulimia and headaches, he heard a lecture by pioneering nutritionist Paul Bragg. "After the lecture I went to his dressing room and spent an hour and a half with him. He said, 'Jack, you're a walking garbage can.'"

LaLanne was an early proponent of lifting weights. At a time when doctors were preaching that lifting weights would likely cause people to have heart attacks, LaLanne was opening one of the first fitness clubs and was one of the first to suggest that the elderly, women and disabled should also exercise.

As people age, they tend to lose muscle mass in a condition known as sarcopenia. That reduced muscle strength is one of the major causes of disability as we age. We might not even notice the first signs of our increasing disability (or age) thanks to what Dr. Mark Lachs, a geriatric physician and writer of "Treat Me, Not My Age" calls an embarrassment of riches when it comes to the human body. We have so much excess capacity beginning at birth that it's not until much later in life that we begin to notice the lack of capacity (for

most people that time is between 80 to 90). Lachs says that we can "tweak" that time-frame so that you never experience severe disability and you delay a future date with a wheelchair or walker.

I'm too busy.

How busy will you be when you can no longer live unassisted? You can get a decent amount of exercise by working out 20 to 30 minutes three times a week. You can do your exercises in 10 minute increments. You could exercise simply by running (or walking) in place whenever a commercial comes on. A 2007 study published in the "Monthly Labor Review" on how Americans spend their leisure time found that at that time, individuals 65 to 69 watched an average of 3.1 hours of television a day. The study also found that those 70 and over watched an average of 3.8 hours of television a day. Those numbers are for women. Men watched even more television.

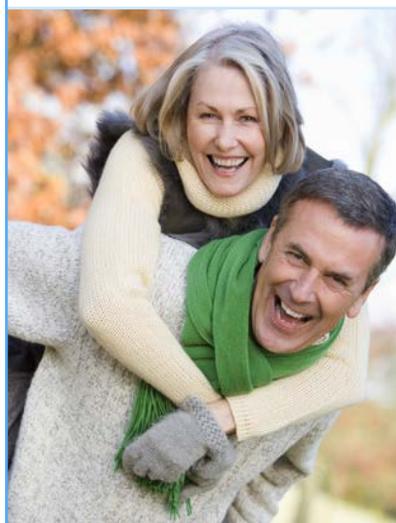
I might fall.

Exercises not only build strength and tone muscles but they strengthen our balance. For those people truly concerned that they might fall while exercising, there are exercise options that don't require leaving a chair. One such program is Sit and Be Fit created by Mary Ann Wilson, an RN in the field of post-polio rehabilitation and geriatrics. Her program has won awards for years and can be found on PBS and YouTube.

Exercise is boring.

Routines can make work of even the most fun activities so it's little wonder that many people consider the daily drudge of an exercise program to be... well the physical equivalent of going to the dentist. But exercise comes in many shapes and sizes and while it can be a chore to create workouts that continue to be fresh and exciting day after day, you've only to hang out in the morning at your nearest shopping mall to find people who look happy and engaged as they troop around the inside of a giant box. Mall walkers make use of having buddies to chat with to help them stay engaged but you can achieve many of the same sort of benefits by having workout buddies, whether it's a pickup game of hoops (yes, seniors can play basketball) or dancing, gardening, swimming or Tai Chi. Having a group of friends in the same activity will make the time fly and force you to be accountable for your exercise routine.

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Concierge Medicine Offers Another Option To The Traditional Approach To Health

It's often called concierge, boutique, retainer, or subscription-based medicine but whatever it's called, it's a direct health care practice that's becoming more popular with physicians. There are 28 practices or individuals currently offering this service in Washington. In 2013, the Washington state Office of the Insurance Commissioner reported that 13,373 patients had enrolled in direct practice.

An estimated 1.5 million Americans are under the care of a private-physician. So why choose to pay an additional \$25 to \$72 or more per month for care when you already pay for insurance? Part of the answer is that the doctors using this business model have far fewer patients and can provide more in-depth preventive care.

Doctors in private pay practices have more time to spend with patients and can offer extensive annual physicals. That additional time to educate and talk to patients about prevention can pay off in better overall health.

A 2013 *Forbes* article offered Concierge Medicine as an option for patients seeking better medical care especially with looming doctor shortages. The Affordable Care Act aggravated an already dire situation by bringing even more patients into a mix in which huge numbers of doctors retire, not enough doctors are being given residencies and poor work situations brought on by low

reimbursement rates have combined to create a perfect storm.

One way that doctors have responded is that an increasing number of them have chosen to open Concierge medical practices. Medical practices offer patients the ability to pay a monthly fee for enhanced services such as 24/7 access, e-mail consultations, longer appointments and same day appointments. "The recipe and mechanism for these improved metrics is quite simply the much better doctor-patient relationship and unrestrained access and communication that is generally "standard" within these concierge models," said Dr. Rob Emerick of Choice Cardiovascular in Gig Harbor. Dr. Emerick left traditional medicine to start his own clinic where his goal is to have no more than 150 patients. In contrast, the average U.S. primary care physician carries 2,300 cases in the traditional medical system.

Another provider is. After practicing in the traditional medical model for twenty-three years, Dr. Jerry Mixon founded the Longevity Medical Clinic. His internal medicine practice's focus led him to develop protocols for concentrating more on preventative care rather than treating illnesses in an acute treatment setting.

Neither of these physicians replaces their patient's primary care physician but rather coordinates their efforts with the primary care physician.

Concierge Physicians

Name	City
Bruce A. Nitsche, MD, ABIM	Bainbridge Island

Name	City
Hendler Family practice	Bainbridge Island

For more articles about Concierge Medicine or about Concierge Physicians, please visit us on our website at agingoptions.com.

Why your hospital status matters if you end up in the ER

Being admitted to a hospital for observation or being an inpatient can feel remarkable similar but the two statuses have vastly different outcomes when it comes to billing. The difference is especially distinctive if the patient is on Medicare. That's because the status reflects Medicare's billing status and not the patient's care status.

A hospital utilization review committee can change the status to observation if they feel that the admission does not meet the hospital's inpatient criteria. Certain procedures and diagnosis do not support inpatient admission because they are not "medically necessary. Some of those include:

- Outpatient blood administration
- Awaiting transfer to another facility
- Overnight care as part of planned diagnostic testing
- Services provided concurrently with chemotherapy

But other health situations can also be considered to lack medical necessity. They include mild asthma/COPD, atrial arrhythmias and uncomplicated presentations of chest pain. A patient under observation may end up receiving hospital services including overnight stays of

multiple nights while you're under observation.

Patients who were previously protected by Medicare Part A, no longer qualify under that insurance. Part A pays all but an inpatient deductible (\$1,216 in 2014) but under outpatient status the patient can be charged for every line item, potentially adding up to tens of thousands of dollars worth of medical costs to the patient's bill. To add insult to injury, if for some reason a patient does not qualify for inpatient status and gets transferred to a nursing home, the nursing home costs are also not covered 100 percent as they would be under Medicare.

If you are a patient or a family member of someone who is a patient and have been in the hospital for several hours or even days and you are on Medicare, it's best to track someone down to find out what status your hospital stay is.

For more information about observation status and how it can affect you, go to our website at www.agingoptions.com or go to <https://www.medicare.gov/Pubs/pdf/11435.pdf>.



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Five Recommendations For Treatment For Older Adults With Chronic Diseases

More than half of all adults 65 and older have three or more chronic diseases and meet the criteria for multimorbidity. The Oxford Journal defines multimorbidity as the co-existence of two or more long-term conditions in an individual. These “complicated” patients are usually excluded from research causing patients with complex health issues to be under-represented and making diagnoses and treatment difficult. The result is that patients are often treated for each individual disorder. According to the American Geriatrics Society, a 2005 study following the guidelines for treating a hypothetical 71-year old woman with chronic obstructive pulmonary disease, type 2 diabetes, mellitus, osteoporosis, hypertension and osteoarthritis “would result in her taking a list of medications that would put her at significant risk of multiple drug side effects and drug-drug interactions.” In addition to the overuse of medications, a 2012 study found an overuse of surgery and unwanted intensive care at the end of life.

One approach that American Geriatrics Society (AGS) has taken was to update and improve the Beers Criteria for Potentially Inappropriate Medication use. At least 5 percent of seniors were prescribed one or more medications from that list according to some studies. Another approach was to create a series of articles for lay people based on the new criteria. Those articles are published as a series of brief, easy to understand tip sheets covering avoidance of drug interactions, questions to ask your healthcare provider and a medication diary to make it easier to keep track of medications. Those sheets can be found at www.healthinaging.org.

Choosing Wisely is a program designed by the American Board of Internal Medicine Foundation (ABIM Foundation) to lead families, patients and medical personnel in discussions about the safety and appropriateness of medical tests and procedures with the aim to reduce inappropriate or overuse of tests and procedures in patients making health care decisions. The goal of the program is to improve the quality of patient care and reduce what the Congressional Budget Office estimates is an overuse of healthcare spending by as much as 30 percent. The ABIM Foundation

partnered with over 60 other leading medical specialist societies, as well as consumer and advocacy groups to identify lists the physicians and patients should question as they relate to older adults. One of those groups was the AGS whose list includes five commonly prescribed medications and treatments that older adults, caregivers, and healthcare providers should question and discuss.

ABIM asked each participating organization to keep in mind the following criteria when they submitted their lists: the five items must be within the purview of the society submitting the lists, the tests and procedures must be used frequently or were costly, recommendations must be based on sufficient evidence and the process must be documented and available to the public if requested. (The “uncut” version of this list can be found at www.choosingwisely.org.)

Here are the five recommendations in brief:

1. Rather than recommending percutaneous feeding tubes in patients with advanced dementia, suggest oral assisted feeding. Hand feeding offers comfort as well as functional status that is as good as if not better than tube feeding and runs a lower risk of aspiration pneumonia and mortality. Tube feeding often results in agitation that is then handled by the use of physical and chemical restraints and worsening pressure ulcers.

2. Avoid using antipsychotics for treatment of behavioral and psychological symptoms of dementia. Findings show that the medications are generally ineffective and can increase the risks of serious harm, including stroke and premature death and should only be used when other measures have failed and patients pose a threat to themselves or others.

3. Avoid using medications to achieve tight glycemic control in older adults with type 2 diabetes. Trials are generally focused on middle-aged adults and as a result there is sparse evidence of effectiveness in using targets of less than 7 percent as they risk greater harm. Benefits are less likely to be achieved than among younger adults primarily because it takes so long (10 to 19 years) for the benefits to be seen and because older adults are less likely to be newly diagnosed and established levels are

less likely to respond to treatment.

4. Don't use benzodiazepines or other sedative-hypnotics in older adults as a first choice for insomnia, agitation or delirium. Extensive evidence exists that benzodiazepines and other sedative-hypnotic medications more than double the risk of falls and hip fractures and lead to hospitalization and death in older adults.

5. Avoid antimicrobials for treating bacteriuria in older adults unless specific urinary tract symptoms are present. Studies have shown that older adults not treated with antimicrobials have no adverse outcomes

while those who are treated with antimicrobials run the risk of adverse drug reactions, and re-infection with more resistant organisms.

Eighty percent of adults 65 and older have at least one chronic health condition and half have three or more. The evidence for treating or conducting many common tests on these older adults is inadequate and due to the complexity of their conditions, that evidence is likely a long ways off. It's important for the individual, family caregivers and healthcare providers to follow the suggestions outlined by the ABIM to allow them to research the benefits and risks before making a choice about their healthcare.

AgingOptions

RESOURCE GUIDE

Medical Supplies

Name
Americare Respiratory Services
Bellevue Healthcare
Carlsborg Medical Equipment and Supplies
CVS Medical Alert

Name
Jim's Pharmacy & Home Health Care
Liberator Medical Supply
LifeRun Medical Alert Systems
LifeWatch USA Medical Alert Systems

Name
Master's Orthotics & Prosthetics
Medical Guardian
Sequim Medical Equipment and Supplies
Tim's Home Medical Supplies

Pharmacies

Name	City
Farrell's Home Health	Bremerton
QFC-Quality Food Centers Inc	Bremerton
Rite Aid	Bremerton
Safeway Food & Drug	Bremerton
Walgreens	Bremerton
Jim's Pharmacy & Home Health Care	Port Angeles
Qfc-Quality Food Centers	Port Angeles
Rite Aid	Port Angeles
SavOn Pharmacy	Port Angeles
Walgreens	Port Angeles

Name	City
QFC-Quality Food Centers Inc	Port Ludlow
Geiger Rexall Family Pharmacy	Port Orchard
QFC-Quality Food Centers Inc	Port Orchard
Rite Aid	Port Orchard
Safeway Food & Drug	Port Orchard
South Park Pharmacy	Port Orchard
Walgreens	Port Orchard
Kitsap Pharmacy At Central Market	Poulsbo
QFC-Quality Food Centers Inc	Poulsbo
Rite Aid	Poulsbo

Name	City
Safeway Food & Drug	Poulsbo
Frick Drug	Sequim
Q F C-Quality Food Centers Pharmacies-Sequim	Sequim
Rite Aid	Sequim
Walgreens	Sequim
QFC-Quality Food Centers Inc	Silverdale
Rite Aid	Silverdale
Safeway Food & Drug	Silverdale
Target Stores	Silverdale
Safeway	West Hills

Health Care Providers

Name	Address	City	Phone
Crown Hill Medical Center (Please see our ad on pg 26)	3830 A Street SE, Suite #204	Auburn	(253) 804-9190
Living Well Physical Rehabilitation Center (Please see our ad on pg 31)	1050 Hildebrand Lane	Bainbridge Island	(206) 842-4929
Summit Eye Consultants (Please see our ad on pg 25)	945 Hildebrand Lane, Suite #235	Bainbridge Island	(206) 201-3669
Audiologists Northwest (Please see our ad on pg 28)	1411 Wheaton Way	Bremerton	(360) 479-4065
Crown Hill Medical Center (Please see our ad on pg 26)	2641 Cherry Avenue	Bremerton	(360) 373-6656
Jefferson Healthcare Home Health & Hospice (Please see our ad on pg 25)	2500 W. Sims Way, Suite #300	Port Townsend	(360) 385-0610
Jefferson Healthcare Internal Medicine (Please see our ad on pg 25)	934 Sheridan	Port Townsend	(360) 385-5330
Jefferson Healthcare Oncology Clinic (Please see our ad on pg 25)	834 Sheridan (outpatient speciality)	Port Townsend	(360) 344-3091
Jefferson Healthcare Orthopedic Clinic (Please see our ad on pg 25)	834 Sheridan, 2nd Floor	Port Townsend	(360) 344-0400
Jefferson Healthcare Primary Care & Women's Health (Please see our ad on pg 25)	915 Sheridan	Port Townsend	(360) 379-8031
Jefferson Healthcare Surgery & Endoscopy Center (Please see our ad on pg 25)	1010 Sheridan, Suite #201	Port Townsend	(360) 385-5444

Hospitals

Name	Address	City	Phone
Harrison Medical Center (Please see our ad on pg 33)	Multiple Locations: Kitsap, Jefferson & Clallam Counties		866-844-WELL

Name	City	Name	City	Name	City
US Naval Hospital	Bremerton	Olympic Medical Center	Port Angeles	Harrison Medical Ctr	Poulsbo
West Sound Emergency Phys	Bremerton	Olympic Memorial Hospital	Port Angeles	Sequim Same Day Surgery	Sequim
Concentra Managed Care Inc	Port Angeles	Port Orchard Medical Ctr	Port Orchard	Harrison Medical Ctr	Silverdale
				Silverdale Medical Ctr	Silverdale

Podiatrists

Name	City	Name	City	Name	City
Bernstein David	Bremerton	Well Foot Clinic	Port Angeles	DPM Peninsula Foot	Sequim
Caliva Ramona	Bremerton	Franciscan Foot & Ankle Specialists	Port Orchard	Huff Harold R	Sequim
Foot Clinic	Bremerton	Port Orchard Medical Clinic	Port Orchard	Aufderheide Paul W	Silverdale
Kitsap Foot & Ankle Clinic	Bremerton	Liberty Bay Foot & Ankle	Poulsbo	Downey Ryan	Silverdale
Pederson Bradley M	Port Angeles	Skidmore Karen	Poulsbo	Kitsap Podiatry	Silverdale
Port Townsend Foot & Ankle Clinic	Port Angeles				

Specialty Care~Home Health & Hospice Agencies

Name	Address	City	Phone
Hospice of Kitsap County (Please see our ad on pg 52)	10356 Silverdale Way NW	Silverdale	(360) 698-4611

Name	City	Name	City	Name	City
Adult Care Placements, Inc.	Bremerton	Franciscan Hospice & Palliative Care	Port Orchard	Jefferson Healthcare Home Health/ Hospice	Sequim
Franciscan Hospice & Palliative Care	Bremerton	Northwoods Lodge	Port Orchard	Adult Care Placements, Inc.	Silverdale
Hospice Care Ctr	Bremerton	Providence SoundHomeCare And Hospice	Port Orchard	Franciscan Hospice & Palliative Care	Silverdale
Northwoods Lodge	Bremerton	Adult Care Placements, Inc.	Poulsbo	Hospice Of Kitsap County	Silverdale
Providence SoundHomeCare And Hospice	Bremerton	Franciscan Hospice & Palliative Care	Poulsbo	Northwoods Lodge	Silverdale
Adult Care Placements, Inc.	Port Angeles	Northwoods Lodge	Poulsbo	Providence SoundHomeCare And Hospice	Silverdale
Assured Hospice	Port Angeles	Providence SoundHomeCare And Hospice	Poulsbo	Adult Care Placements, Inc.	West Hills
Jefferson Healthcare Home Health/ Hospice	Port Angeles	Adult Care Placements, Inc.	Sequim	Community Home Health & Hospice	West Hills
Volunteer Hospice- Clallam Cnty	Port Angeles	Assured Hospice	Sequim	Elder Options	West Hills
Adult Care Placements, Inc.	Port Orchard	Hospice of Clallam City	Sequim		

In-Home Care

Name	Address	City	Phone
Kitsap Home Care Services (Please see our ad on pg 61)	109 Olding Road, Suite #100	Bremerton	(360) 377-7307 or (888) 449-9048
Martha & Mary Health AT HOME (Please see our ad on pg 27)	2497 Bethel Road SE, Suite #101	Port Orchard	(360) 871-4425 or (877) 266-2856
Visiting Angels (Please see our ad on pg 41)	Serving Kitsap & Surrounding Areas	Port Orchard	(360) 602-0609 or (206) 408-7433
Northwoods Lodge (Please see our ad on pg 51)	2321 Schold Place NW	Silverdale	(360) 698-3930

Name	City	Name	City	Name	City
Abiding Homecare	Port Orchard/ Bremerton/ Poulsbo/ Silverdale	Gentiva Health Svs / Bremerton	Bremerton	Rainshadow Home Services Inc	Sequim /Port Angeles
Avail Home Health	Port Orchard/ Bremerton/ Poulsbo/ Silverdale	Home Instead Senior Care	Bremerton/ Port Angeles/ Sequim	Rescare Homecare	Port Orchard/ Bremerton/ Poulsbo/ Silverdale
Caregivers Homecare Team	Port Angeles / Sequim	Korean Women's Association	Port Orchard	The Personal Touch LLC	Port Orchard/ Bremerton/ Poulsbo/ Silverdale
Compassionate Care In Home Svc	Poulsbo	Lutheran Community Services	Port Orchard/ Bremerton/ Poulsbo/ Silverdale	Total Care	Port Orchard/ Bremerton/ Poulsbo/ Silverdale
Conchitas Home Care Svc	Port Orchard	Quality Care At Home	Port Orchard		

“Winter is the time for comfort, for good food and warmth, for the touch of a friendly hand and for a talk beside the fire: it is the time for home.”~Edith Sitwell



Move By Choice Rather Than By Crisis

It used to be that the choice of where you wanted to age was pretty simple. You could choose to remain at home, move in with a family member or go to a nursing home. Today, the options can be overwhelming. That’s why it’s important to begin the process of looking at where you intend to spend your last days early on because even the old choices have gotten complicated.

Take for instance the concept of staying at home. Sounds simple except how does that look? Does it refer to the current home you’re living in, a different home you’ll have time to create memories and friendships in, or does it involve having a child or other family member move in with you? If you stay in your current home, what changes need to be made to make it safer for you to remain or does your home already make safe aging possible? Will you hire someone to care for you, become part of a village concept and pay a fee for services or join formally or informally with your neighbors to care for each other? If the people in your neighborhood move or die, will you still want to live in that neighborhood?

These are a lot of questions. Then you add on things like transportation, meals and costs and suddenly the world opens up to a dizzying amount of information.

In the next few pages, you’ll find information about these housing options:

- NORCs (Naturally Occurring Retirement Community)
- Village Concept (connecting neighbors to services)
- Walkable Neighborhoods (getting around)
- Moving to the city

Other options include Adult Family Homes, Independent or Assisted Living Facilities, and Adult Communities. Please visit our website for additional housing stories but whatever you do begin the conversation today about what retirement looks like from the housing point of view because if you wait until you can’t wait any more, you’re options are likely to be very much limited, costly and likely less than what you hoped for.

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Paying The Caregiver

Almost 30 percent of Americans provide care for someone who is ill, disabled or aged according to the Family Caregiver Alliance.

Informal caregivers shoulder a greater and greater portion of care for their loved ones as hospitals shorten the lengths of stays, medications and therapies provide better management of chronic conditions and the health care field experiences a shortage of available personnel to care for individuals. The result is that the time spent caring for someone needing care has grown and the types of care requires more skill than simple companionship and meals. The impact to the life of the caregiver is a wearing away of their own health and their finances.

Generally the caregiver is a woman and women face an uphill climb financially already due to lower wages and longer lives. Taking time off to provide care might seem logical as well as nurturing however, the long term affect is an average \$324,000 in lost wages, Social Security and pension benefits over a lifetime according to a MetLife and Caregiving Alliance 2011 study.

Even in-home care can be tremendously expensive. Many people think that choosing to either provide for care or to pay for care are the only two options. But, there are other options that won't decimate either your health or your finances as much.

State Medicaid programs are required to recover certain Medicaid benefits paid on behalf of an individual for services such as nursing home services, home and community-based services and related hospital and prescription drug services. They may also have the option of recovering payments for other Medicaid

services. In Washington, DSHS may file a lien or make a claim against any property including real property in order to repay the state for payments associated with Medicaid and long-term care services. However, like most rules associated with the federal and state governments, there are exceptions. For instance, a home can be transferred without penalty to a:

- Spouse,
- Any sibling with an equity interest in the home who has lived for at least one year in the home prior to the date of Medicaid eligibility,
- Dependent children under the age of 21
- A blind or disabled child

The Medicaid recipient does not need to be living in the home at the time of the transfer and DSHS cannot recover property solely owned by either a spouse or a child.

There is one other time that a transfer can be made without penalty. Individuals with more than one or more chronic conditions and who would otherwise be moved into a nursing home but are able to remain at home due to the care of a child who has lived at home for a period of two years prior to the date of COPES coverage or institutionalization may also have a home transferred to that child in exchange for that period of care. However, making an incorrect transfer can potentially cost you the money you thought you might save so it's best to get professional help either through a geriatric care manager or an elder law attorney.

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Senior Housing Options

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

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.

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.

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.

Retirement communities come in all shapes and sizes. They can run the gamut between mobile homes to Continuing Care Retirement Communities (CCRCs) 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. 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

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average monthly charge is around \$3,500. 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. In response, some CCRCs now offer guarantee refunds at a certain percent based on the entry fee you pay. 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.

Multigenerational Households

Over 51 million Americans live with at least two generations of adults under one roof. That’s a 60 percent increase in multigenerational households since 1990 according to the U.S. Census Bureau. Americans on the whole haven’t lived in multigenerational families since the end of World War II but a combination of our current economic woes, a rapidly aging society and a shifting demographic has caused many to take another look at it as a viable option.

Multigenerational families can pool resources and share costs, provide opportunities for increased educational opportunities and allow the generations to spend time and really get to know each other. Researchers in one study found that 82 percent of individuals living in multigenerational households felt that it “enhanced family bonds.”

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Choosing To Age In Place Means Choosing To Live Where You Can Walk

Is your neighborhood walkable? That question has become more and more of a selling point for people looking to move. There is a growing interest in having neighborhoods and cities become more walkable and because people are often willing to pay more for housing in areas that embrace walkability, there is growing economic reasons for developers to build those types of communities.

A walkable city is one where daily errands do not require a car. Sanjeev Sanyal, president of the Sustainable Planet Institute and Global Strategist at Deutsche Bank defines it as “allowing an average citizen to use walking as an important, if not dominant mode of transport for work and leisure.” It may seem odd to have the president of a global bank talking about walkability but according to Sanyal, walkable neighborhoods provide cheap, low technology solutions to issues of environmental, economic and social sustainability while also generating more economic value to a successful city.

It's not just that walkable cities are healthier—people in walkable neighborhoods weigh 6 to 10 pounds less than those who don't according to *www.walkscore.com*. But people who walk in their neighborhoods are more likely to know their neighbors, be actively involved in their community and be happier and healthier. People who live in walkable communities feel that they have more friends, feel their neighborhoods are safer and are more active.

What makes a city or neighborhood walkable? The most critical factor is sidewalks or walking paths. Other criteria are: crime rate (perceived or real), aesthetics, distance to destinations such as shopping areas, parks or playgrounds, and comfort (are their benches and shelters for instance). According to another study, the average age at which driving was given up was 72 years but the average age people intended to give up driving was 79 years. If your neighborhood isn't walkable, how do you propose to age in place?



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NORCs

A natural way to age-in-place

Since the 1950s Americans have moved away from city living to suburban living leaving a significant portion of the 50 and older crowd living on the outskirts of cities, away from easy access to doctors, grocery stores and even neighbors that they know. When transportation was an easy option because everyone had two cars in their driveway, that didn't seem to be a problem but as we age our ability to continue to drive is often hampered by physical as well as mental challenges. Those suburban communities frequently don't have access to shopping, doctors or friends within a short (less than a mile) walk. And, unlike city living, bus transportation is often non-existent or sparse.

As a result Baby Boomers are flocking to urban areas known for the vitality, energy and youth cultivated for younger hipsters. The amenities appeal to a growing number of people in their 50s and 60s who are trading peace and quiet for intense and energized by replacing their suburban homes with condos and apartments in downtown neighborhoods from Seattle, Washington to New York City.

The parents of the boomers often chose to retire in warmer climates or in age-restricted communities but some speculate that boomers are finding the urban environment's enforced minimalism appealing. Smaller, more efficient condos and apartments relieve them of many of the maintenance burdens of the suburbs. In the city, there's no yard to maintain, the need for private vehicles can more or less disappear and the time not

spent doing those things and caring for those things can be easily spent on nearby museums, shops, theaters and concert halls that aren't as readily accessible in the suburban environment.

Online real-estate brokerage Redfin, estimates that more than a million baby boomers moved from neighborhoods 40 to 80 miles outside downtown city areas to within five miles of the downtown of the nation's 50 largest cities between 2000 and 2010.

The trend really began in the 1990s but the recession put a kink in things. Now with the economy warming up some developers known for creating hip neighborhoods focused on bringing in young money are finding that many of those same qualities that appealed to the 20-somethings and 30-somethings are highly desirable for boomers. As a result, cities are scrambling to meet the demand not just for more housing but for improved walkability, proximity to public transit and venues from eateries to entertainment.

If you live in the city, you presumably live in an apartment or condo. What city-dwellers have that their suburban or rural fellows do not have as easily is a built-in care system.

One thing to come out of this silver migration is a focus on community building within the urban environment. About ten years ago, a community in Boston created the "village" model with the Beacon Hill Village. Each village helps connect members to a local network of

service providers and volunteers that help members meet needs that might prevent them from staying at home. Unlike the Assisted Living facilities or the Adult Family Home models or any of the other senior living options, the village concept requires more elbow grease than money. It requires dedicated people who don't just say they want to age-in-place but put in the foundation blocks so that they can. It's obviously not an idea for everyone and the Continuing Care Retirement Communities and all the other senior residences are not in any jeopardy of losing out to the village concept but if you really want to age in your current home, you're going to need to make some investments, not just in your home but also in your community.

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.

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. The neighborhoods reap the benefit of having healthier communities.



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Is A Move The Best Option?

Balancing the elder's need for security, comfort and routine with the younger generation's need to ensure safety and peace of mind

Daily routines bring comfort. Changing things up often brings stress even if the reason for the change is a good one. Let's face it, on the job, we talk about how change is a good thing (and secretly wonder if it's so wonderful why anybody has to tell us so) but once we're home, we get comfortable in the fact that Junior has baseball practice on Tuesdays so we all eat at the pizza place on the way home every Tuesday.

Why should it be any different when it involves a parent or our own aging? We look around and suddenly recognize that Mom can't see well enough to drive any more. Dad's fallen twice in the last month. These are serious issues that often cause the adult children of seniors to begin looking at alternative housing arrangements often to the dismay of their parent who enjoys the feeling of independence and control over their environment that they get living at home. So how do you balance the elder's need for security, comfort and routine with the younger generation's need to ensure safety and peace of mind?

Many families simply don't. Rather than trying to create plans when siblings can't agree on even minor things or finding options when an elder draws a hard line in the sand, some families avoid those uncomfortable topics altogether until a crisis forces action. That's not to say that a crisis will occur or that a move is imminent but realistically, for most people a health crisis will occur and if the current place of residence is not capable of providing a safe, secure, accessible environment, a move will occur at significant financial and emotional costs to the family and afford little to no opportunity to seek expert advice.

Ideally, before a crisis occurs, a conversation (more likely several) has occurred to begin the process of identifying how the elder wants their needs met and siblings, no matter how antagonistic their relationships with each other, have put aside their differences in order to do what's best for their parent. Unfortunately, we don't live in that ideal world. However, there are ways to move closer towards it.

Our homes weren't originally built with older bodies in mind. A typical senior today lives in a 1970s-style home, often with multiple floor levels. To allow seniors to remain at home, most homes will need to be retrofitted with ramps, grab bars, chairlifts for stairs, easy access showers and other accommodations. Houses aren't the only things that will need modifications. Sidewalks need access for wheelchairs and walkers, stairs need two sets of rails and lighting needs to be brighter just about everywhere.

Dr. Mark Lachs, in his book "Treat Me, Not My Age" wrote "We've been building things for generations expecting few people to live past fifty but when they do we're surprised when the environment becomes unmanageable." He goes on to say that "most dwellings in existence today can be modified to meet the needs of just about everyone at every age." That's not to say that he doesn't believe that a move shouldn't be in the future of some people. Sometimes modifications can simply be outstripped by overwhelming physical or mental issues.

Moving is stressful. It 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.

Increasing attention has been paid to the stress caused by moving. Enough so that it even has its own name: 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. But according to an article at *Caring.com*, 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. It's important to keep in mind that by remaining too long in a home that isn't appropriate for remaining in 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 2010 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.

The point isn't to discourage people from making a move or even making the move to stay but to avoid trivializing 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 and should take into consideration as much as possible all the parties involved. Questions to ask before making the jump to moving include:

Is there a way to improve safety in the home?

Universal Design is the concept of designing a home to meet the need for safety, comfort and convenience of everyone regardless of age, size or ability. Some components of a universal design home are no-step

entries, wide doorways and hallways, reachable controls and switches, easy-to-use handles and controls, low or no-threshold showers with built-in benches or seats. If an individual wants to remain living in a home but is open to moving to a new home built with Universal Design practices in mind, it's usually less expensive to make those changes pre-construction than as a result of remodeling a home with traditional design features. Universal Design concepts can improve the livability of a home environment by designing a home that is environmentally friendly, requires less maintenance and is easily adaptable.

Could someone move in with them or could they move in with someone?

Living alone can be dangerous to your health. Apart from the effects of loneliness which are dire enough, scientists found that those living alone had significantly higher risks for death and cardiovascular death. Other problems that arise from living alone include an increased risk of poverty, trip and fall risks without a means of alerting others should they experience trauma, and difficulty getting around running errands. A growing number of people are choosing and thriving in multi-generational housing.

Can a home care service provide the necessary services to keep a loved one safe and healthy?

If it's a matter of laundry needing to be done, dishes washed, a reminder to take medication, meals prepared or checkbooks balanced, there are private enterprises that will address them for a fee that isn't likely to rival the price of moving.

Do they need someone to actually provide medicine to them or do they just need a reminder? Home care will provide reminders and handle what is referred to as non-skilled care but which means care that doesn't



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require a nursing degree of some sort. Home health care on the other hand can provide the kind of care you might see in a hospital or nursing care environment such as wound care, injections, intravenous therapy and health monitoring such as blood pressure checks, heart rate and temperature checks. Review medical needs and health conditions to see if your loved one really needs around the clock care.

Warning signs that the current situation is no longer safe for an older adult:

- Medication management issues
- Poor eyesight
- Social isolation
- Forgetting appointments
- Unable to keep up with daily chores and housekeeping
- Poor nutrition or malnutrition
- Home safety hazards such as poor lighting and loose carpeting
- Unable to pay bills on time

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 when broaching the subject about any sorting, donating or cleaning that may need to be done. Start with a little bit at a time. 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.

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. One way to make the transition easier and to eliminate family dynamics is to hire a professional senior move manager.

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Medicaid And The Middle Class

Two populations of middle-class Americans benefit from Medicaid: the elderly and children with disabilities. Congress created Medicaid as an entitlement program in 1965 to provide low-income families and individuals with medical coverage. If there hadn't been any changes to the program it would still be just a program for the poor. However, by the 1980s, Americans were living longer but with diseases that resulted in nursing home stays that bankrupted middle class families. Only a very small percent of the population can afford the staggering cost of a nursing home (in the Seattle-area around \$130,000 per year) for the average two-to-three year nursing home stay. As a result, new laws were put into place that turned Medicaid into a program to protect middle class couples from being forced into poverty.

In his 2012 Convention speech, Bill Clinton differentiated Medicaid from Welfare calling it, "a vital safety-net for middle-class families." Total Medicaid spending in 2010 was a little under \$400 billion but \$123 billion (about one-third) paid for nursing home care. A Kaiser Health Tracking Poll asked people how important Medicaid was

for them, 61 percent said that Medicaid was important to them, and of those individuals, 49 percent said it was because either they or someone they knew depended on Medicaid to pay for long-term nursing care.

So why do elder law attorneys provide Medicaid planning to clients? Most states require nursing home residents to spend virtually all their money (to as little as \$2,000) before they can qualify for assistance. Because the government doesn't want to pay for care if the individual has funds of their own to pay for it, there is a period of time in which asset transfers or gifts are looked at. A person with moderate income who must enter a nursing home may eventually need to rely on Medicaid to pay for care. But many states leave the well spouse with too little in protected assets to provide them with enough resources to continue to live at home. Medicaid planning then is about moving assets either by spending them down or by transferring them in order to qualify for Medicaid and still compensate for care or provide for the other spouse.

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AgingOptions

RESOURCE GUIDE

Adult Family Homes

Name	Address	City	Phone
Bailey Manor Adult Family Home (Please see our Ad on page 52)	1534 Whited Place NW	Bainbridge Island	206-780-1970

Name	City	Name	City	Name	City
Bailey Manor Ii	Bainbridge Island	Peace And Love Adult Family Home	Bremerton	Blooming Rose Ridge Inc	Port Orchard
Fir Acres Llc	Bainbridge Island	Peace And Love Afh 2	Bremerton	Christellace, Llc	Port Orchard
Hope House Of Bainbridge Island	Bainbridge Island	Prime Care Adult Family Home Ii, Llc	Bremerton	Conchita'S Home Care Service	Port Orchard
Janice And Craig Fredrickson Adult Family Home	Bainbridge Island	Prime Care Adult Family Home Llc	Bremerton	Foxwood Adult Family Home Llc	Port Orchard
Alpha Care Adult Family Home Care Llc	Bremerton	Rolling Hills Adult Family Home	Bremerton	Gentle Family Home Llc	Port Orchard
Angels Care Adult Family Home	Bremerton	Serenity Place, Llc	Bremerton	Grannies Place Llc	Port Orchard
Bremerton Afh	Bremerton	Sheridan Afh	Bremerton	Hogan House Llc	Port Orchard
Candle Brook Lodge	Bremerton	Smooth Living	Bremerton	Horseshoe Lake Adult Family Home Llc	Port Orchard
Caring Place Afh Llc	Bremerton	Terre Bella	Bremerton	Hunt Afh	Port Orchard
Central Kitsap Adult Family Home I, Inc	Bremerton	The Moore The Merrier Inc	Bremerton	Jj'S Adult Family Home Llc	Port Orchard
Comfort Plus Adult Family Home Llc	Bremerton	Bogachiel Afh	Forks	Pattys House	Port Orchard
Compassionate Adult Family Homes	Bremerton	Connecting Links Adult Family Home	Forks	Periquet Afh	Port Orchard
Evergreen Adult Family Home	Bremerton	Alpine Adult Family Home Inc	Olalla	Robinson Afh	Port Orchard
Foster Meadows Afh Llc	Bremerton	Family First	Olalla	Sacred Heart Adult Family Home	Port Orchard
Later Years Afh	Bremerton	Home Away From Home	Port Angeles	Sedgwick House	Port Orchard
Maria Lourdes V Zosa	Bremerton	Tall Cotton, Llc	Port Angeles	The Elkins House I	Port Orchard
Oakmont Manor Adult Family Home	Bremerton	The Good Shepherds Haven Inc	Port Angeles	The Elkins House Ii	Port Orchard
		Bear Creek Assisted Living	Port Orchard	Willow Creek Afh	Port Orchard
		Bethesda, Llc	Port Orchard	Willow Creek Afh 2	Port Orchard
				Willow Creek Afh 3	Port Orchard
				Mccallums Manor	Port Townsend

For the complete listing, visit our website AgingOptionsGuide.com

Washington Ranked #2 For Providing Information on Assisted Living Facilities

Washington state scored an exceptional rating on a new report rating consumer access to assisted living information by A Place for Mom (APFM). Of the top 10 states in the State Guide to Assisted Living Records & Reports, Washington ties with Florida, Indiana, and Maryland for 2nd place. The guide is the culmination of three years of work that APFM performed to ensure that the facilities on their lists were licensed and in compliance with state regulations. APFM looked at accessibility of data online, frequency that records were updated, publication of inspection and violation status and the scope and breadth of the information available for consumers about assisted living facilities.

Many states require consumers and senior advocates to file a Freedom of Information Act (FOIA) request to obtain records and then can take anywhere from two weeks to six months to provide the information requested. Some require that all information requests be sent via snail mail. For individuals looking to find emergency placement of a loved one, even two weeks

can aggravate an already stressful situation. Arkansas requires that people filing a FOIA be from that state, completely ignoring the fact that as many as 7 million Americans provide care for family members at least 100 miles distant from them.

APFM found that Washington scored high on all levels of transparency except providing information about costs. Missouri topped the list at number one for the ratings. That state also offers consumers information about Long-Term Care facilities and inspects its assisted living facilities every six months (Washington inspects every 12 months and does not provide information about Long-Term Care facilities).

Having the information so readily available ensures that you can make the best possible decision about your loved one's safety and comfort while also accessing the level of care needed should you need to make an emergency decision. However, it's also useful for those individuals carefully planning their housing options.



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Adult Family Homes-cont'd

Name	City	Name	City	Name	City
Greenhills Adult Family Home	Poulsbo	Wild Rose Residence	Sequim	Later Years Two Llc	Silverdale
Jerrienne West	Poulsbo	All Care Adult Family Home Llc	Silverdale	Little Star Elderly Care	Silverdale
Gracelaine Assisted Living Res	Sequim	Amana Care Adult Family Home, Llc	Silverdale	Ridge View Afh Llc	Silverdale
Lifeworks Afh	Sequim	Country Manor Afh	Silverdale		
Perez Afh	Sequim	Franzen Family Adult Home Care	Silverdale		

Affordable Senior Housing

Name	Address	City	Phone
The Pearl on Oyster Bay (Please see our Ad on page 44)	550 Russell Road	Bremerton	(800) 635-2558
Village Green Senior Apartments	26150 Dulay Road NE	Kingston	(360) 297-2836

Alzheimer's/Memory Care

Name	Address	City	Phone
Bay Vista Commons	191 Russell Road	Bremerton	(360) 377-8300
Marine Courte Memory Care	966 Oyster Bay Court	Bremerton	(360) 373-9904
San Juan Villa (Please see our Ad on page 39)	112 Castellano Way	Port Townsend	(360) 344-3114
Emeritus at Montclair Park (Please see our Ad on page 56)	1250 NE Lincoln Road	Poulsbo	(360) 697-2223
Martha & Mary Health & Rehab Center (Please see our Ad on page 27)	19160 Front Street NE	Poulsbo	(360) 779-7500
The Ridge (Please see our Ad on page 51)	1501 Tower View Circle NW	Silverdale	(360) 697-4488

Name	City	Name	City	Name	City
Bay Vista Commons Assisted Living Community	Bremerton	Orchard Pointe Senior Alzheimer Community	Port Orchard	Discovery Memory Care	Sequim
Marine Courte Memory Care Community At Bay Pointe	Bremerton	San Juan Villa	Port Townsend		
		Liberty Shores Assisted Living	Poulsbo		

For the complete listing, visit our website AgingOptionsGuide.com

Assisted Living

Name	Address	City	Phone
Bay Pointe Retirement Community	966 Oyster Bay Court	Bremerton	360-373-9904
Bay Vista Commons	191 Russell Road	Bremerton	360-377-8300
Stafford Suites <i>(Please see our Ad on page 45)</i>	1761 Pottery Avenue	Port Orchard	360-874-1212
Emertius at Montclair Park <i>(Please see our Ad on page 56)</i>	1250 NE Lincoln Road	Poulsbo	360-697-2223
Sherwood Assisted Living <i>(Please see our Ad on page 43)</i>	550 Hendrickson Road	Sequim	360-683-3348
Clearbrook Inn <i>(Please see our Ad on page 51)</i>	12295 Schold Place NW	Silverdale	360-692-1228

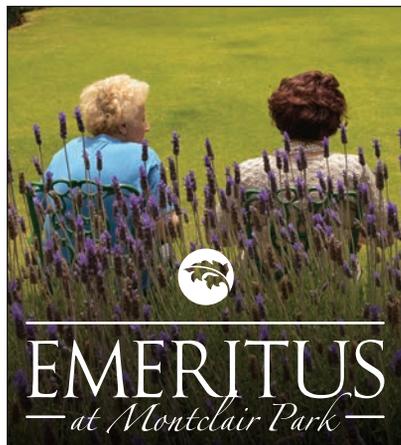
Name	City
Bay Pointe Retirement Community	Bremerton
Bay Vista Commons Assisted Living Community	Bremerton
Cypress Gardens Retirement Center	Bremerton
St Andrews Place Assisted Living	Port Angeles

Name	City
Orchard Pointe Senior Alzheimer Community	Port Orchard
Park Vista Retirement & Assisted Living Community	Port Orchard
Seaport Landing Retirement & Assisted Living Community	Port Townsend

Name	City
Emeritus At Montclair Park	Poulsbo
Liberty Shores Assisted Living	Poulsbo
Sherwood Assisted Living	Sequim
Courtyard At Crista Shores	Silverdale

Continuing Care Retirement Communities (CCRCs)

Name	Address	City	Phone
Northwoods Lodge <i>(Please see our Ad on page 21)</i>	2321 Schold Place Northwest	Silverdale	(360) 698-3930



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Geriatric Care Managers

Name	Address	City	Phone
Better Care Management (Please see our Ad on page 54)	31919 Sixth Avenue S	Federal Way	1 (877) Elder-47

Name	City
Certified GCM	
Linda Wohlsen	Bainbridge Island
Steve Emmer	Poulsbo

Name	City
Carrie Mulcahy	Poulsbo
Associate GCM	
Rhonda Carrell	Port Angeles

Name	City
Kim Rafferty	Port Townsend
Mindi Blanchard	Sequim

Independent Living

Name	Address	City	Phone
The Ebenezer	19225 Fourth Avenue NE	Poulsbo	(360) 598-4357
The Fifth Avenue (Please see our Ad on page 43)	500 Hendrickson Road	Sequim	(360) 683-3345
The Lodge at Sherwood (Please see our Ad on page 43)	660 Evergreen Farm Way	Sequim	(360) 681-3100
Country Meadows (Please see our Ad on page 51)	12169 Country Meadows Lane NW	Silverdale	(360) 692-4480

Name	City
Belmont Terrace	Bremerton
BremerCare Manette Adult Family Home	Bremerton
Bremerton Care LLC	Bremerton
Bremerton Health & Rehabilitation Center	Bremerton
Canterbury Manor	Bremerton
Claremont East Retirement Apartments	Bremerton
Forest Ridge Health & Rehabilitation Center	Bremerton
Keepsake Cottage	Bremerton
Keepsake Cottage Adult Family Home	Bremerton
Kitsap County Adult Family Homes	Bremerton
Marine Courte At Bay Pointe	Bremerton
Pinewood Manor Senior Apartments	Bremerton

Name	City
Crestwood Convalescent Center	Port Angeles
Golden Years Personal Care	Port Angeles
Golden Years Residential Care	Port Angeles
Olympic Elder Care	Port Angeles
Park View Villas	Port Angeles
Park View Villas	Port Angeles
Peninsula Manor	Port Angeles
Port Angeles Care Center	Port Angeles
Grannie's Place	Port Orchard
Hunt Adult Family Home	Port Orchard
Life Care Center Of Port Orchard	Port Orchard
Orchard Pointe Memory Care Community	Port Orchard
Ridgemont Terrace	Port Orchard

Name	City
Sarah's Place Adult Home	Port Orchard
Sedgwick House Adult Family Hm	Port Orchard
Stafford Healthcare at Ridgemont	Port Orchard
Willow Creek Adult Family Home	Port Orchard
Willowcreek Adult Family Home	Port Orchard
Seaport Landing Retirement & Assisted Living Community	Port Townsend
Martha & Mary Childrens Svc	Poulsbo
Martha & Mary Health & Rehab Services	Poulsbo
Montclair Park Assisted Living & Memory Care Community	Poulsbo

Independent Living cont'd

Name	City
Avamere Olympic Rehabilitation of Sequim	Sequim
Olympic Care And Rehabilitation Center	Sequim
Sequim Health And Rehabilitation Center	Sequim
Sherwood Assisted Living	Sequim

Name	City
Sherwood Assisted Living	Sequim
Suncrest Village Retirement Community	Sequim
Wild Rose Senior Residence	Sequim
Apex Gardens	Silverdale
Clearbrook Inn	Silverdale

Name	City
Clearbrook Inn	Silverdale
Country Meadows	Silverdale
Later Years Adult Family Home	Silverdale
Later Years Two	Silverdale
Northwoods Lodge	Silverdale

Placement Agencies

Name
A Change is Afoot
Adult Care Placements
A Place for Mom

Name
Assisted Living Options
CayCare
Choice Advisory Services

Name
Choice Senior Services
Concierge Care Advisors
Graham and Graham

Skilled Nursing Facilities

Name	Address	City	Phone
Martha & Mary Health & Rehab Center (Please see our Ad on page 27)	19160 Front Street NE	Poulsbo	360-779-7500

Name	City
Island Health And Rehabilitation Center	Bainbridge Island
Messenger House Care Center	Bainbridge Island
Bremerton Health And Rehabilitation Center	Bremerton
Forest Ridge Health And Rehabilitation Center	Bremerton
Stafford Healthcare At Belmont	Bremerton

Name	City
Forks Community Hospital Ltc Unit	Forks
Crestwood Health And Rehabilitation Center	Port Angeles
Life Care Center Of Port Orchard	Port Orchard
Stafford Healthcare At Ridgmont	Port Orchard
Life Care Center Of Port Townsend	Port Townsend

Name	City
Martha & Mary Health Services	Poulsbo
Washington Veterans Home-Retsil	Retsil
Avamere Olympic Rehabilitation Of Sequim	Sequim
Sequim Health And Rehabilitation	Sequim
Northwoods Lodge	Silverdale

For the complete listing, visit our website AgingOptionsGuide.com

“ We’ve put more effort into helping folks reach old age than into helping them enjoy it. ” ~Frank A. Clark



Should You Hire An Elder Law Attorney?

It's been at least 10 years since every news agency in the nation began proclaiming the approaching Boomer retirement wave. So by now you are not surprised that the fastest growing segment of Americans is the elderly. What that means to those of us who are prone to cynicism is that there are a lot of people looking to aging individuals for their paychecks.

Some of those people, and I would suggest that it's most of those people, are legitimate businesses recognizing a need and wanting to provide a service. Still, it's tough to not wonder what is chaff and what is wheat. Your grandfather for instance probably never hired an elder law attorney so the question you might ask is what about

today's environment would suggest that you should hire one?

Elder law focuses on parts of the law pertaining to seniors but what does that mean exactly. Why, for instance, can't you hire any lawyer to create your will and draw up your estate plan? And the answer is that you can. However, someone who isn't versed in things like Medicare and Medicaid can actually cause unintended affects that can harm your estate.

Medicaid has complex rules and provisions that are ill-understood by the majority of lawyers so that something as run of the mill as a trust requires specific language to withstand a Medicaid examination. Why should

anyone care about Medicaid? You probably don't if you have several million dollars in assets but if you are like most of us, the specter of long term care is hovering over your shoulder. An uncovered span of time in a nursing home can cost upwards of \$100,000 a year or more. With so many people living 20, 30 or more years after retirement, having one spouse impoverishing the remaining spouse after a long term stay in a nursing home is often sadly reality. Planning the transfer of assets to preserve them without undercutting Medicaid benefits for the remaining spouse requires in-depth knowledge of the process.

No one used to spend any time at all looking at Social Security benefits. You came of age to claim and then poof like magic you claimed. But suddenly making an ill-timed decision on when to claim benefits or whose benefits to claim can cost you hundreds of thousands of dollars.

Long term care insurance costs insurance companies and policy holders a great deal of money and aren't always a great deal for either one so having someone knowledgeable about reading long term policies and making recommendations isn't just useful, it's a priority.

Americans often spend 10 years or more with disabilities before we die. Nursing home policies can reduce patient's rights but often get signed when patients

or their family members are under great duress from sudden health issues.

Elder law attorneys approach the law holistically usually incorporating aspects of planning from several professions beyond the legal field including housing, financial, quality of life, long term care and health. One significant difference between an elder law attorney and an estate planning attorney is that an elder law attorney seeks to preserve your assets for your benefit while you are still alive rather than trying to make sure that your children get the biggest inheritance possible.

Hiring a lawyer of any sort can be a major project in and of itself. It is even more so with Elder Law Attorneys because many people wait until they are in an emotional crisis situation before looking for professional assistance.

If you are looking to hire an elder law attorney, ask your friends if they have hired one and get referrals. Contact the National Academy of Elder Law Attorneys (NAELA) and once you get a few names, speak with the lawyer directly to find out how long he or she has been practicing, whether or not elder law is the attorney's specialty and whether there is a consultation fee. You can also go online and find the attorney's website and find out what review sites such as Avvo.com and LawyerRatingz.com have to say about them. Do your research before you hire.

AgingOptions

RESOURCE GUIDE

Elder Law Attorneys

Name	Business Name	Address	City	Phone
Richard Tizzano (Please see our ad on page 3)	Sherrard McGonagle Tizzano	19717 Front Street NE	Poulsbo	(360) 779-5551

Name	City
Rorden David H	West Hills
Roesch Paul R Jr	West Hills
Ott, Dennis	West Hills
Edensword-Breck, George Sanchez Mitchell & Eastman	Bremerton

Name	City
Rudman, Rhonda Lee Attorney at Law	Bremerton
Hastings Michael R	Sequim
Jones Erwin P Jr PS	Sequim
Grimes Law Office	Sequim

Name	City
Mullins Mark D	Forks
Neudorfer Teresa	Forks
Rutz John R	Forks

Avoiding Running Afoul Of The Tax Man When You Hire A Caregiver

Are you an employer and don't know it? You might reasonably wonder how you could possibly fail to recognize when you hired your first employee but if you have hired a senior caregiver you are in jeopardy of running afoul of the IRS.

The IRS considers tax evasion a serious problem—so much so that the IRS and the Department of Labor (DOL) have announced enhanced enforcement and collection efforts with one of their primary targets being domestic employment. Let's back up a moment and look at how you could possibly be an employer without realizing it and then what you do about it.

First, how do you know you have hired an employee? Say that Mom needs a bit of help around the house. Maybe she needs someone to do the heavier housework, drive her to the doctor and the grocery store and

provide some companionship. As a result, you hire someone to come in for a few hours every day. Did you hire someone through a home health agency? It's important to ask that agency if they file taxes for their caregivers. If the answer is yes, you have no liability when it comes to reporting or remitting any taxes so you're okay and that would be the end of this story. If instead the answer is that you are responsible for taxes or you hired someone who "works for themselves," you have hired an employee.

You might ask yourself why your new employee isn't an independent contractor rather than an employee. That's a common mistake. An independent contractor might put a new roof on your home or do lawn maintenance but the law determines a worker's independence by the use of a test. That test examines how much control the employer has over the worker. If you have the right to



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determine who cares for your mom, how that person performs the job, when that person works, in other words if you have control over an individual's work environment, you are the employer because ultimately you call the shots. An independent contractor, by contrast, is hired to complete a specific task and gets to make the decisions necessary for completion of that job, the task is limited in scope and is as needed.

As mentioned before, not filing correctly is considered tax evasion. Tax evasion comes with back taxes and penalties. You have four primary tax duties if you hire an employee.

•You must withhold Social Security and Medicare taxes from paychecks each pay period. You are not required to withhold Federal Income tax but doing so protects your employee from a large tax burden at the end of the year.

•You must file tax forms with the Washington Employment Security Department and with the IRS on a quarterly basis.

•You must pay the employer's portion of Social Security and Medicare as well as federal and Washington unemployment insurance taxes as well as a small employment administration fund tax.

•You must prepare a W-2 at the end of each year and distribute it to each employee. You must also file Form W-2 Copy A and Form W-3 with the Social Security Administration and file Schedule H with your personal income tax return.

You can find a tax and labor summary for the state of Washington at <http://www.breedlove.com/Answers/State-Nanny-Tax/WA/Overview>.

In addition, if your employee becomes injured while

Guardians

Name	Address	City	Phone
Carolyn Olberg <i>(Please see our ad on pg 62)</i>	Serving Kitsap & Surrounding Areas	Bainbridge Island	(206) 261-8208
Kathleen Traci <i>(Please see our ad on pg 62)</i>	Serving Kitsap & Jefferson Counties	Port Ludlow	(360) 301-5378

Name	City
Albert A. Abuan	Bainbridge Island
Patrick Saunders	Bainbridge Island
Paulette Peterson	Bainbridge Island
Steven L. Olsen	Bainbridge Island
Susan E. Spuller	Bainbridge Island

Name	City
Philip B. Wade	Bremerton
Mary Spaun	Burley
Curtis J. Coyne	Couville
Cynthia Trenshaw	Freeland
Rayna Abrahams	Port Angeles
Amanda M. Wilson	Port Hadlock
J. Michael Liebert	Port Orchard

Name	City
John P. Brody, Jr.	Port Orchard
Laura Jorgensen	Port Orchard
Ron Richmond	Port Orchard
Jenifer Mick	Seabeck
Mark S. Elgot	Silverdale
Stephen J. DeVoght	Vashon



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www.CarolynOlberg@vpweb.com

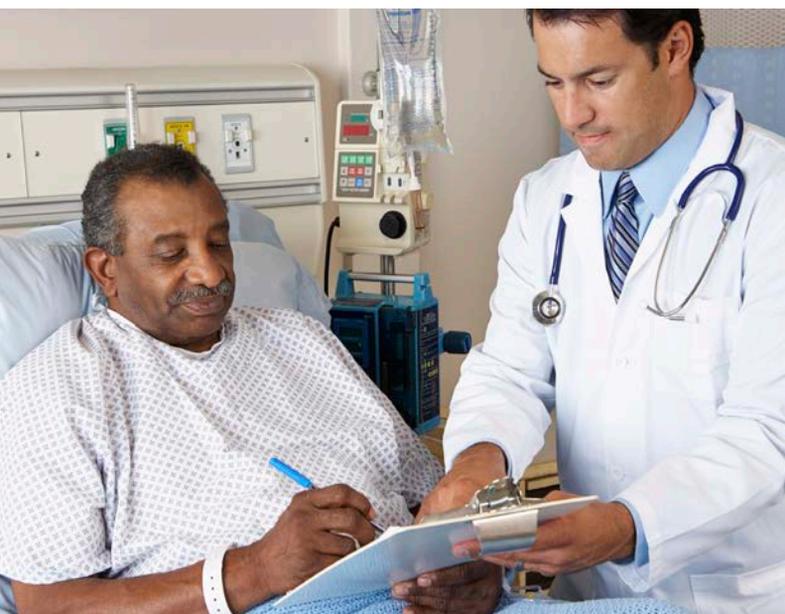
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Should You Sign A Nursing Home Admission Agreement?

Admitting a loved one to a nursing home can be very stressful. In addition to dealing with a sick family member and managing all the details involved with the move, you must decide whether to sign all the papers the nursing home is giving you. Nursing home admission agreements can be complicated and confusing, so what do you do?

If possible, have your attorney review the agreement before signing it. Read the agreement carefully because it could contain illegal or misleading provisions. Try not to sign the agreement until after the resident has moved into the facility. Even if you have to sign the agreement before the resident moves in, you should still request that the nursing home delete any illegal or unfair terms.

Two items commonly found in these agreements to pay close attention to are a requirement that you be liable for the resident's expenses and a binding arbitration agreement.

A nursing home may try to get you to sign the agreement as the "responsible party." It is very important that you do not agree to this. Nursing homes are prohibited from requiring third parties to guarantee payment of nursing home bills, but many try to get family members to voluntarily agree to pay the bills.

Signing the agreement as a responsible party may obligate you to pay the nursing home if the nursing resident is unable to. If possible, the resident should sign the agreement him- or herself. If the resident is incapacitated, you may sign the agreement, but be clear you are signing as the resident's agent. Look over the

agreement for the term "responsible party," "guarantor," "financial agent," or anything similar. Before signing, cross out any terms that indicate you will be responsible for payment and clearly indicate that you are only agreeing to use the resident's income and resources.

Many nursing home admission agreements contain a provision stating that all disputes regarding the resident's care will be decided through arbitration. By signing it, you are giving up your right to go to court to resolve a dispute with the facility. The nursing home cannot require you to sign an arbitration provision, and you should cross out the arbitration language before signing.

The following are some other provisions to look out for in a nursing home admission agreement.

- Private pay requirement. It is illegal for the nursing home to require a Medicare or Medicaid recipient to pay the private rate for a period of time. The nursing home also cannot require a resident to affirm that he or she is not eligible for Medicare or Medicaid.
- Eviction procedures. It is illegal for the nursing home to authorize eviction for any reason other than the following: the nursing home cannot meet the resident's needs, the resident's health has improved, the resident's presence is endangering other residents, the resident has not paid, or the nursing home is ceasing operations.
- Waiver of rights. Any provision that waives the nursing home's liability for lost or stolen personal items is illegal. It is also illegal for the nursing home to waive liability for the resident's health.



Annuities

Annuities have been around since the Middle Ages when Dutch and German cities and monasteries raised money by the sale of life annuities.

Annuities are a financial contract in the form of an insurance product between an individual and an insurance company in which the seller (the insurance company) provides a series of future payments in exchange for an immediate lump sum payment or a series of regular payments prior to the paying out of the annuity.

Dennis Miller, in an Investopedia article, wrote that “you are better off with no annuity as opposed to the wrong one.” That isn’t to say that he doesn’t believe they are ever appropriate. Simply put, you shouldn’t buy an annuity unless it will work for you and for many people it isn’t the right tool.

THE GOOD

At one time, annuities were sold as a vehicle to make it possible for anyone to have a pension. Annuities can offer a degree of certainty to retirees by paying out a fixed stream of payments over a specified period of time. They were simple enough to make them useful for people who wanted absolutely nothing to do with managing their own finances. According to Fool.com, for those who fear the potential loss of all their money because of poor investments choices, that guarantee can be very important. Other good things about annuities are that there are no heavy record-keeping requirements and there are no investment limits.

Desirable if:

- IRAs, 401(k) and other tax deferral plans have been maxed out
- You will keep it for at least 15 to 20 years
- You are in a 28 percent tax bracket or higher today but

expect to be in a lower income tax bracket at retirement.

- You need a “guaranteed” income for life in retirement

THE BAD

As a Kiplinger article says, “Seniors are often bombarded with pitches for annuities, and there’s a reason for that: Annuities can be extremely profitable for the agent who sells them.” Over the years, annuities lost their “glow” for a variety of reasons. Chief among them:

- **Market performance**-You can still lose money according to the Washington State Insurance Commission. Most insurance companies only guarantee you will receive 90 percent of the premiums you paid plus interest at a specified minimum rate. If you didn’t earn enough you could lose some of your paid premium.

- **Too expensive**-An Investopedia article says that the old joke about annuities is that you make a fortune on the headline and the fine print takes it all back. Introductory rates often act as loss leaders and then when rates are adjusted and the fees kick in all the benefits disappear. Annuities in the past were prone to hidden fees and as a result many states now regulate the percentage of annuities you can hold in your portfolio.

The state of Washington has a pamphlet on what you need to know before buying an annuity. You can find that here. Here’s a list of fees you’re likely to run across:

- **Commission**-People think of annuities as an investment, but they are actually an insurance policy and the nice person selling you the annuity is getting a cut of your return or principle for selling it to you.

- Underwriting-Fees for those who take a risk on the benefits
- Fund management-management fees for any investment in mutual funds
- Penalties-If you pull your contributions out before you are 59 ½, the IRS will get 10 percent and a surrender charge of between 5 percent and 10 percent will be charged. You can transfer your annuity from one insurance company to another but if the check comes to you while in the process of transferring, you could be stuck with fees there as well. Because of surrender charges, any annuity should be considered a long term investment. If you decide to replace your annuity, the agent must provide a notice on the pros and cons of doing so.
- Tax opportunity cost-Your 401(k) is a better option for tax deferral unless you have maxed out your contributions to it. During the accumulation phase, annuities provide a tax advantage however annuity gains are taxed at ordinary tax rates. If your income tax rate will have dropped during the period of time that the annuity is accumulating, you could still come out on top but that's an individual determination.
- Tax on Beneficiaries-Assets which appreciate over time have what is called a step-up in basis when they are left to beneficiaries. Basically, that assigns a new value to the asset based on the market price at the time of transfer. However, annuities don't offer the same protection and your beneficiaries are likely to be charged taxes on gains.
- Lack liquidity-If you die, you die but what if instead you live and now you can't work or you have high medical costs. Now you have a greater need for the money you don't have access to.
- Lack of security-Annuities were created to provide just that but if the insurance company goes under, your money may be lost. You can check on an insurer's rating at on the Washington State Insurance Commissioners website to make sure an insurance company has a rating of at least A+.
- Income must begin being distributed immediately;
- The annuity contract must be irrevocable and must be set up with a non assignable settlement option;
- The income payout must be constant; and
- The state must be named as beneficiary.

Other Issues

•Limited ability to pass on wealth to heirs-In a report out by the Congressional Budget Office, the authors wrote, "Economic modeling dating back to Yaari (1965) shows that individuals who do not aim to leave bequests to future generations should put all of their investments into annuities rather than alternatives such as bonds." The paper goes on to say, "This paper models decisions about purchasing annuities in a context where individuals learn new information about their health status over time (that is, with stochastic mortality risk). In that context, the value of an annuity declines when an individual experiences an adverse health shock that lowers her life expectancy. Because of that valuation risk, risk-averse individuals will not want to fully annuitize their investments when they face higher costs or lower income in bad health. We find that most households should not annuitize any wealth. The optimal level of aggregate net annuity holdings is likely even negative."(emphasis added)

•Investment limitations-According to the Motley Fool, "We strongly believe that Foolish investors can generally do far better for themselves elsewhere." Actually they call the investment choices "so-so, ho-hum, quasi-mutual fund subaccounts."

Options

So if you choose not to buy an annuity, what other options do you have?

•Wait on Uncle Sam. If you have other income, it's best to wait as long as possible to collect on Social Security. Those benefits act as an inflation-adjusted annuity without all the fees. If you think of Social Security as an annuity, says the author of "Should You Buy An Annuity From Social Security?" the increases earned from claiming at a later age are designed to be "actuarially fair" whereas commercial annuities have marketing, management and risk bearing costs that must be added to the actuarial price.

•Get professional help. Check out our Preferred Partners list for professionals in the financial industry who understand how financial decisions can impact your eligibility for government benefits.

Medicaid

For those facing the possibility of long-term care and who may eventually have to rely on Medicaid to pay part or all the costs of care, annuities must qualify as Medicaid-friendly in order to generally be counted as income rather than as an asset (assets are subject to spend down for Medicaid). Those qualifications are:

“It is in his pleasure that a man really lives; it is from his leisure that he constructs the true fabric of self.” ~Agnes Repplier



Staying Engaged With Life

“Leisure, by most accepted definitions, is time separated from the normal routine of work, business and chores. As a means by which individuals realize meaning, leisure encompasses a wide spectrum of activities that are physical (i.e., gardening, playing sports), cognitive (i.e., reading, playing chess), and/or social (i.e., social conversations).” That’s a quote from a research paper in 2012 that looked at competitive sports for older adults as a means to promote successful aging. As the quote suggests, healthy aging is not only a function of exercise, it’s about a balance of activities that promote growth, self esteem and increased vitality the frequency of which was a significant factor in predicting life satisfaction.

In 1994, a study noted that variety, frequency and the perceived benefits of leisure activities were positively

correlated with life satisfaction and that older adults should be actively involved in planning leisure activities that fit their preferences and capabilities to help enhance their well-being. Yet another study, two years earlier linked serious leisure activities to a career due to the combination of special skills, knowledge and experience pursued by the individuals involved.

An English proverb goes, “All work and no play make Jack a dull boy.” The expression was originally used to warn parents not to work their children too hard or they would become dull (stupid). Today, we most often hear it as a reference to adults where dull has changed its meaning to boring rather than stupid. However it’s meant and whomever it refers to, it continues to be as relevant today as it was then. Having leisure activities as a dedicated part of life will help you to remain vital and functionally young. That’s something we all need.



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Living Longer

The good life must include a sense of purpose

We often envision retirement as a time of leisure but Dan Buettner says in a *Ted Talk* on living to 100 that the two most dangerous years of your life are the year you are born and the year you retire.

You've successfully navigated the first but avoiding the dangerous coastline of the second requires consciously choosing to live healthier and that doesn't just mean eating right, getting plenty of sleep and exercise, there's some touchy-feely stuff involved too, in fact quite a bit. 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. For the Japanese, finding *ikagai* requires contemplation and soul searching because its discovery brought satisfaction and life meaning. One of Japan's areas most studied in longevity studies is Okinawa Island. Okinawa is famous for the longest disability-free life expectancy in the world yet it is the poorest prefectures in Japan. Okinawan's reach ages similar to those in the rest of Japan but they grow older in a much better state of health and scientists attribute that to a social support system that includes hobbies, a social network and a spiritual life.

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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."

Having a sense of purpose is not limited to a certain age.

A study in 1997 looked at people in a nursing home that were split into three groups. The first was a control group and was given nothing. The second group was given a speech, a movie and a plant. The movie was given on a specific date. A nurse was assigned to care for their plant. The third group was given a speech in which the director told the participants that they had to take responsibility and make decisions for themselves. They were told to attend a movie but they were given the choice of two different nights to see the movie. They too were given a plant but told that they had to take care of the plant. The study looked at the group 18 months later and found that the impact of being given control over their lives lasted 18 months later. The residents in the experimental group were happier and more active than the control groups and they had a lower mortality rate.

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.

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Successful Aging Through Competitive Sports

Think you've aged out of the opportunity to win Olympic gold? It's time to take another look.

If you're over 50 and you want to earn a medal in the Olympics, your best bet would be to compete in archery, sailing, shooting and equestrian events where your lack of speed isn't likely to impact your chances. And while seven people over the age of 50 competed for the U.S. in the 2012 Olympics, no one over the age of 50 has won a medal recently. But, that doesn't mean you're stuck with being an armchair competitor. Luckily, the youngsters can't compete in the Washington State Senior Olympics and that clears the way for you.

Study after study tells us that staying (or getting) physically active and exercising regularly can prevent or delay disease and disability, manage stress and improve your mood. Studies also indicate exercise is an effective way to improve or maintain cognitive function. In fact the Mayo Clinic says that exercise is your best bet for avoiding Alzheimer's disease. One study that looked at mice bred to develop Alzheimer's-type plaque in the brain found that physically active mice had 50 to 80 percent less plaque than sedentary mice.

For women especially, participating in senior sports may be the first time they've participated in any sport because Title IX, the 1972 measure that outlawed sex discrimination in educational institutions receiving federal financial assistance, didn't exist while they attended school or college. Even for those women who attended schools with sports programs for women, women were often considered too fragile to play strenuous sports and unable to buck up against the strain

of serious competition. Medical professionals warned women and occasionally men of the possibility of injury to organs while exercising. In the 1930s, doctors were still warning women that certain sports could harm a woman's reproductive system and it wasn't until the 1984 Olympics that women were allowed to run in the marathon.

Now, it seems, everyone is extolling the virtues of being in shape. To obtain the most benefit requires vigorous and frequent participation. In other words, you need competition. Just as competition in the market place is good for driving innovation and greater choice, athletic competition drives performance, development and perhaps most importantly, competition eliminates boredom from exercise routines. It also generates a drive to learn and master new skills and to pursue improvement of old skills.

Each state in the United States holds Senior Games for individuals 50 and over. Those who qualify at the state competitions are eligible to participate in the biannual nation games. The Washington State Senior Games is in its 18th year. The multi-sport event will be held in July of this year at various sites throughout the South Sound and expects 2,000 participants in 20 events including Archery, Racquetball, Rock Climbing and Track and Field events. This year is a national qualifying year. For more information on the Washington State Senior Games, call (360) 413-0148.

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RESOURCE GUIDE

Athletic Clubs

Name	City	Name	City	Name	City
Bainbridge Island Athletic Club	Bainbridge	Kingston Fitness	Kingston	SARC (Sequim Aquatic Recreation Center)	Sequim
Island Fitness	Bainbridge	Port Townsend Athletic Club	Port Townsend	Snap Fitness	Silverdale
Kitsap Tennis & Athletic Center	Bremerton	Poulsbo Athletic Club	Poulsbo		

Senior Centers

Name	Address	City	Phone
Bainbridge Island Senior Community Center	370 Brien Dr SE	Bainbridge Island	(206) 842-1616
Bremerton Senior Recreation Center	1140 Nipsic Avenue, Bremerton	Bremerton	(360) 478-5357
Westside Senior Center	702 Charlotte Ave	Bremerton	(360) 479-5588
Brinnon Senior Center	306144 U.S. 101	Brinnon	(360) 796-4350
Hansville Community Center	6778 Buck Lake Road NE	Hansville	(360) 638-1394
Kingston Super Seniors	11212 State Hwy 104	Kingston	(360) 297-2150
Port Gamble S'Klallam Senior Center	31912 Little Boston Road N.E.	Kingston	(360) 297-4858
Port Angeles Senior Center	328 E 7th Street	Port Angeles	(360) 457-7004
Givens Senior Center	1026 Sidney Ave #110	Port Orchard	(360) 337-5734
Port Townsend Senior Center	620 Tyler St	Port Townsend	(360) 385-9007
North Kitsap Senior Citizens Center	18972 Front St. N.E	Poulsbo	(360) 779-5702
Shiple Center	921 E. Hammond Street	Sequim	(360) 683-6806
Silverdale Community Center	9729 Silverdale Way NW	Silverdale	(360) 337-5350
Suquamish Tribe Elders' Lodge	Po Box 498	Suquamish	(360) 598-6883
Puget Sound Senior Center			(360) 377-5905

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Additional Resources

Certified Aging in Place Specialists/Senior Real Estate Specialists/Senior Transition Specialists

Name	Address	City	Phone
New Season Move Management (Please see our Ad on page 50)	Serving Kitsap & Jefferson Counties	Port Hadlock	(360) 774-1255
By Design Group Inc (Please see our Ad on page 47)	11 East Runnion Road	Sequim	(360) 582-1843
Kitsap Seniors Real Estate (Please see our Ad on page 49)	9564 Silverdale Way NW, Suite #100	Silverdale	(360) 440-6211 / (360) 471-1944

Support Groups

Name	Address	City	Phone
Caregiver Support Center	9729 Silverdale Way NW	Silverdale	(360) 337-5700/ (800) 562-6418

Name	Phone	Name	Phone	Name	Phone
AIDS Hotline (Kitsap)	(800) 874-2437	Co-Dependents Anonymous	(360) 479-7845	National Alliance for the Mentally Ill (NAMI)	(360) 377-2910
Alliance for the Mentally Ill of Kitsap County	(360) 377-2910	Compassionate Friends	(877) 969-0010	Nicotine Anonymous	(360) 779-6252
Alzheimer's Association	(800) 848-7097	Diabetes Association	(800)-628-8808	NK Breast Cancer Support Group	(206)-842-6218
American Cancer Society	(800) 729-3880	Diabetes Support	(888) 342-2383	Northwest Kidney Foundation/Center	(206)-292-5351
American Lung Association	(800) 586-4872	Discovery Shop (Breast Cancer)	(360) 613-4319	Ostomy Support Group	(360) 692-3869
Amputee Support Group	(360) 830-4432	Frenz (Mental Health Consumers)	(206) 842-4248	Ovarian Cancer Support Group	(360) 697-6123
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	(800) 782-4747	Gamblers Anonymous	(877) 727-5050	Parkinson's Support Group	(360) 475-6480
Arthritis Foundation	(800) 542-0295	Hepatitis Support Person	(360) 876-3837	Peninsula Community Mental Health Center	(360) 457-0431
AWAKE - Apnea Support	(360) 792-6686	Kitsap Cancer Services	(206) 842-3539	Self Help for Hard of Hearing People (SHHH)	(360) 871-0997
Bereavement, Hospice Support Group	(360) 415-6911	Kitsap Recovery Center	(360) 337-4625	SOS (Survivors of Suicide)	(360) 479-6756
Better Breathers	(360) 792-6885	Look Good, Feel Better (Breast Cancer Support)	(800) 227-2345	Spinal Cord Injury Group	(360) 337-8980
Brain Injury Support	(360) 475-6480	Lung Club Support	(360) 792-6686	Stroke Support Group	(360) 337-8980
Breast Cancer Support	(360) 792-6885	Marine Court at Bay Pointe (Bremerton)	(360) 373-9904		
CHADD (Attention Deficit Disorder)	(360) 779-5362	Multiple Sclerosis National Hotline	(800) 377-4867		

Senior Groups

Name	Phone	Name	Phone
AARP	(888) 687-2277	National Association of Retired Federal Employees	(800) 627-3394
Kitsap School Retirees Association	(360) 373-6602		

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