

Toolkit Introduction

Caring for Aging Parents

Great Places created **TOOLKIT** primarily for the benefit of adult children of aging parents and secondarily for their parent(s). If you are one of the multitudes in the first group you are likely between your early 40s and early 60s. You're probably still working, better off financially than your parents, and pretty computer savvy.

Boomers as Caregivers. You are a member of the Baby Boom generation, the largest of its kind in world history. You are also a member of what is sometimes called the "sandwich" generation, so named because although you may still have children at home, you are beginning to take more and more responsibility for tasks involving your parents. You are taking on yet another title: *caregiver*.

Aging is a natural process, and it can be a very positive experience. Choices made during this time can lengthen and improve quality of life, create new challenges, and open the way to exciting and fulfilling possibilities. We have begun to recognize that older people benefit enormously from lifestyle changes and are able to remain both active and productive.

We built Great Places to help you learn what to do *for* and *with* your parents. We also hope to help you prepare for the same inevitable challenges in your own life. Remember that your parents aren't the only ones who are aging; **your** body is aging as well. As we guide you through this process with your parents you may find yourself saying, "Gee, I wish we'd done this years ago." Remember, that's where *you are now*. We're here to help you do the very best you can for your parents. But think of those who come after you. With a little forethought you can create a workable plan for your own life when you reach the place where your parents are now.

Perhaps you have just begun to call a parent more regularly (and panic a bit when the phone goes unanswered). You may see them more often, include them in grocery shopping outings, or drive them to doctor and dental appointments. You notice that dad is participating less in the conversation, walks a little slower, breathes a little harder, repeats himself

more often, and just doesn't care for himself or the house the way he used to.

The Time Pressures of Caregiving. You, on the other hand, are in the prime of life. You've read--and perhaps believe--that 50 is the new 40, 60 the new 50. You may work more, perhaps much more, than the 40-hour week. But despite your career accomplishments, you are finding yourself worrying more and increasingly stressed about the time and energy it takes to care for your parent. You certainly don't begrudge the attention that mom and dad require, but you're discovering that it is nearly impossible to spare the extra time that's necessary. Worse, you simply don't have a lot of the answers to questions that have arisen.

A survey conducted for the National Alliance for Caregiving and AARP estimates that there are 44.4 million caregivers who provide unpaid care to another adult. Almost six in ten (59 percent) of these caregivers either work or have worked while providing this care. And fully *62 percent* have had to make some adjustments to their work life, from reporting late to work to giving up work entirely.

A Unique Challenge for This Generation. Previous generations simply took their aging parents into their own homes. Or the adult siblings shared the caregiving duties by moving mom from one child's household to the next for weeks or months at a time. Times and circumstances have changed, though, and these arrangements have changed with them. The households of the adult children may have both adults working, or the adult child may be single, divorced or widowed. The needs of the aging parent may be beyond the capacity of the adult child to handle. For example, the adult child's home may be too small to accommodate another occupant, or it might be multi-level, making it impractical and unsafe for a wheelchair-bound parent. Or the parent may be incapable of being left alone during the day and limited finances can't stretch far enough to provide adult day care for the parent.

While more than 90 percent of seniors recently surveyed said that they would prefer to stay in their own homes as long as possible, don't just assume your parent would opt to live with you or one of your siblings. Not all aging parents want to move in with their children. My own 83-year-old mother frequently reminds me that she will *never* move in with any of her three daughters, even though she adores us and we are equally enamored

with her. But my mom cared for both her mother and her mother-in-law at home during decades of protracted illness and dementia. Like many good parents, she wishes better for her own children.

Know that living with you may be a great option. There are any number of resources that can make this work. If you are away during the day and need someone to check on your parent you can hire an in-home health care service on an hourly basis to do just that. You might also consider adult day care. These centers provide up to eight hours of care per work-day. You can arrange for daily care, a few days per week or simply use their drop off service. The days are filled with activities, a noon meal is provided and prices are usually quite reasonable.

But even if a parent moves in with a child, there may come a time when the parent's needs require more attention than can be provided by a working child with outside assistance, a stay-at-home caregiver or somebody without medical expertise. Fortunately, at that point choices abound and we will help you make them.

If you are visiting our site we assume that something has triggered your curiosity. Have you begun to use the word "frail" or "forgetful" when talking about your parent? You may be in that in-between stage when dad is just beginning to falter. You should know that very few in your situation make this transition smoothly so you are not alone. After all, you're a member of a generation that is 76 million strong, 44 million of whom are currently providing some kind of care for an elderly relative. This means you've got lots of company. You are likely one of the great unpaid caregivers in our society.

The most common afflictions requiring ongoing care are heart disease, cancer, diabetes, Alzheimer's and a menu of other maladies that impact memory and the ability to care for oneself. If you have become a caregiver, here's what the study says you can expect:

The average length of care is 4.3 years; however, three in ten caregivers report providing care for more than five years. Caregivers age 50 and older--who tend to be caring for mothers and grandmothers--are among the most likely to have provided care for 20 years or more. The survey found that 17 percent of caregivers

between 50 and 64 and 18 percent of those over age 65 have been providing care for more than a decade.

But we began by talking about what happens to the adult child in these circumstances. Sometimes the life changes we are discussing progress slowly and everyone has time to adjust. Unfortunately, more often the pace accelerates and the adult child is catapulted into the role of caregiver with little training, less information and no extra room in their crowded "life" plate. They try to figure out how to balance their increasingly complicated lives, yet find that the person who most often suffers is the caregiver. Intergenerational living can result in more people sharing the tasks, but it can also create a tug-of-war kids/parents/grandparents, leaving you in between.

This same study indicates that three in ten caregivers carry the heaviest load. These people provide the most hours of care, fulfill the most demanding responsibilities, and are the most affected by their role. This group is more likely to report physical strain, emotional stress, and financial hardship as a result of their caregiving responsibilities. Women are more likely to be providing care at the highest levels compared to men.

I watched a dear friend of mine unravel as her caregiver responsibilities for an 85-year old mother increased. We only lunched once a month but this was a luxury she began to deny herself. When we could get together, she didn't talk about her kids and husband; instead, she talked only about the all-consuming tasks of nursing her mom. I heard about the doctor trips, the insurance claims, her anger at her out-of-state siblings, her exhaustion, the trouble she had keeping up at work, her feelings of inadequacy, the guilt she felt when she took time for herself, and much more. On one occasion she spent most of our time together sobbing uncontrollably in a hotel restaurant.

Caring for the Caregiver. Great Places offers facts, life experiences, surveys and questionnaires. These will serve as your personal guide to assist you to analyze your present situation, weigh alternatives and help make good decisions about next steps. Here's one that is all about you.

How can I know if I am becoming a *stressed caregiver*?

- Am I experiencing feelings of anger, frustration or impatience toward my impaired parent?
- Am I short with them about issues over which they have no control?
- Do I overreact to relatively trivial situations with a “hair trigger?”
- Have I begun to exhibit changes in my own eating or sleep habits?
- Has my social life diminished?
- Do I worry almost constantly about my parents?

If the answer to any of these questions is "yes," you need to step back and assess your personal situation. How is being a caregiver affecting you, your parents and others in your life? It doesn't help you or them if you burn out. So, here are some options that may be available:

- Ask family members for help.
- Check with county and state agencies and local social service agencies for assistance.
- Insure that you are taking full advantage of every homecare benefit to which your parent is entitled.
- Get a break provided by a respite care provider.
- Contact local senior community centers.
- If you or your parent is a church member, inquire about a senior ministry that might provide some help
- Join a support group: there is great comfort in numbers
- Take time for yourself: do some leisure activity you enjoy
- Sign up for the Great Places newsletter and visit our Blog. You'll find cutting edge information and the comfort of other adult children sharing both their problems and creative solutions.

Finally, give yourself a break. This is a huge task. There is no perfect way to handle the relationship between aging parents and their adult children. There are, however, better and more informed choices available. It is emotionally fraught for both generations. The older group may be upset about the ravages of age and the accompanying loss of control and freedom. The younger group hates watching their beloved parent age, resists their new role, and becomes frustrated trying to “parent their parent.” Try to be patient... remember you will be wearing their shoes before long.

Contact Great Places. Know that we are here to help. If you are unable to find the answers or information you need in the pages that follow please let us know at questions@greatplacesinc.com. We promise to do our best to find answers and respond to you quickly.

BEGINNING TO LOOK FOR ANSWERS ADAPTING TO NEW ROLES

So: You're scouring for information about your aging parents. As we mentioned in the last section, you may have simply begun to worry a bit more. You've been noticing things that concern you about mom or dad's physical changes, self-care or memory. These are perfectly normal issues; you have a right to be concerned, yet it's a concern that needs to be managed.

Parent-Child Interactions and "Ageism." From the dawn of time, the parent-child relationship has probably been tense. Most of us went through a teenage phase that frequently strained the relationship with our parents. But for decades you and your parents have gotten along extremely well. Now, however, as you enter this new phase of your life and theirs, you are finding that tension has returned. Their behavior and/or demands on you have become problematic. You are noticing those little changes. Mom mentions the new medications she is on. On a recent outing you notice that dad is having trouble keeping up with you. You have begun to worry about them. None of your friends have dealt with these issues so you are in uncharted waters. But it is time to face the fact that your parents are getting older. This requires some planning and adjustments to your new roles.

One of the problems may be our own attitudes. We grew up with grandparents who either came to live with us or went to live in a nursing home. We inherited an "ageist" attitude. As much as we intellectually know that the world has changed, we are programmed to certain beliefs about aging.

We also don't believe that **we** will ever get old. We work diligently to ward off anything that we perceive related to old age. But who is it, after all, who's buying wrinkle cream, Viagra, cosmetic surgery? It's the Baby Boom generation, in blissful denial about the second half of our lives. How dare our parents remind us about what we have ahead of us!

Boomers as Controllers. Our generation also likes to be in control. Whenever we're asked to participate in an activity, some of us misinterpret the request as an invitation to take over. Put several siblings of this generation in a room and usually more than one wants to be in charge. We mention these facts because we want to offer a bit of advice. We have all heard the phrase "parenting the parent." Please resist the temptation. Instead, we suggest you *partner* with your parent. Jessica Tandy in the movie "Fried Green Tomatoes" becomes exasperated with one of her friends and says, "I'm old, I'm not a child." You are adults and hopefully everyone realizes it. Try to find a balance between being protective and being in denial. Involve your parents in all decisions that affect them and try to respect their wishes whenever possible. Proceed cautiously.

Most aging parents resist giving up control to their adult children. After all, **they** have always been in charge and **you** will *a/ways* be their child--and by definition, children never totally grow up. Giving up control equates to giving up freedom. None of us relishes that. Freedom simply slips away with the loss of mobility, decision-making, the checkbook and the car keys. I look back at the years before the death of my 92-year old grandmother and the most dramatic decline in her health began the day we sold her car and she watched it being driven away by the new owner.

Monitoring Changes. But aging means change and you have come here for help. Let's begin by talking about what you should start to monitor and what may trigger discussions about the need for increased care and supervision and/or a change in housing.

Does your parent need help with *housekeeping, yard work or laundry*? Perhaps a recent injury or a decline in physical health has made these tasks too arduous. Bending and lifting place too great a strain on the older person. This kind of work is easily and relatively inexpensive to get done by others. Most of it can be gotten on a weekly or bi-monthly basis at a cost as low as minimum wage. Seek recommendations from neighbors, local senior groups, high school counselors, local churches or licensed in-home care providers.

Seniors may be reluctant to invite strangers into their homes. Do your best to find reliable, trustworthy individuals to perform these tasks if a family

member is unavailable to do so. It is important that the work be done by someone with whom your parent(s) has a level of comfort.

If *grocery or pharmacy shopping* is a barrier to your parent's independence, it's a problem easily solved. Many stores now offer delivery services. Orders can be called in or placed via the Internet for same-day or next-day delivery; charges for these services are usually minimal. Alternatively, whenever possible, schedule shopping trips to include your parent. This saves time and is an excellent chance to visit and assess how well they are doing.

Bathing and personal care become more difficult as we age. Our homes often cannot accommodate the frailty of aging. The 14"-20" side of a bathtub/shower can pose an insurmountable barrier to someone who can no longer balance on one foot, let alone raise a leg more than a couple of inches from the ground. Wonderful bathroom retrofits are now available that provide a swinging door into the tub or remove the tub completely and replace it with a walk or roll-in shower. Of course, this can be costly. Again, in-home services can provide these kinds of assistance on a one-time or regular basis, and the cost is still fairly modest.

Diet and nutrition often becomes a concern as we age. Seniors complain about how hard it is to "cook for one." Or you might hear, "I'm just not hungry." True, our caloric requirements do lessen as we age, but the need for nutrients does not. There may also be diminishing senses of smell and taste which make eating less appealing. Make sure that your parent is eating at least one good meal each day. Perhaps they can share a meal with neighbors or friends on a regular basis, dine with a local senior group or at a local community center. This will alleviate another common concern: diminished socialization. Fortunately, we are a society for which most group activities involve food. If you can find a seniors' gathering there is usually something to eat. Ask your parents to tell you what they typically eat. Ask if you can check their refrigerator and cupboards for stock and inventory the pace of consumption. If necessary, you might contract with Meals on Wheels or a similar company for a daily delivery service.

Health care and medications are inevitable concerns for adult children, fearing that parents will over- or under-medicate. There are simple devices that can serve as reminders. You might lay out the week's medication in pillbox compartments or small baggies that are clearly marked with day and

time for administration. You can also purchase devices that can be programmed like an alarm clock to remind your parent to take their pills and notify you or others if the dose was not taken.

Getting around can become progressively difficult as we age. There are several available alternatives. Encourage daily walking if it is physically possible. An electric chair or scooter is a good alternative, with the cost often covered by Medicare. You might also investigate the availability of volunteer escort services, free or lower-priced taxis, shuttles or public transportation.

Socialization: Activities and contact with friends. Too often, seniors become prisoners in their own homes, but this is a problem that is easily resolved. Pay attention to whether your parents have stopped seeing friends or have gradually stopped engaging in activities they've previously enjoyed. The underlying cause may be a serious condition, such as depression, for which you will need professional medical advice. But the concern may merely be hearing or vision loss that can be improved. The problem may be boredom. Old friends may have died or moved away. Suggest a visit to the local senior center. Isolation is debilitating. It can dramatically accelerate the aging process. If you are unable to provide regular visits, make sure that you find someone to do so in your place. Check with the senior center or local service group for volunteers who can stop by the house and chat on a regular basis. Televisions and computer monitors may allow you and others to have a frequent video visit. A lack of social stimuli can be a major factor in seeking a lifestyle change.

Safety is another major concern of adult children who may fail to realize how difficult the simplest of tasks can be for an aging parent. Such tasks as putting on a sock, opening a door or getting out of a chair can be daunting. When you visit your parents in their home, pay attention to what they seem to struggle with or avoid. There are readily-available lever door handles, sock assistants and hydraulic chairlifts, to name only a few of the many devices that help persons with physical limitations to live independently. You can find a list of more than 30,000 assistive technology devices on the Department of Education Website, www.abledata.com; they will answer your questions at 1-800-227-0216.

Resources are abundant, but you need to know where to look. Although the Federal government offers an enormous amount of information, you

may find their websites difficult to navigate. We've discovered that the best resources are the Eldercare Locator (www.eldercarelinkdirectory.com) and the local Area Agency on Aging whose number can be found in your local directory. There is also the National Institute on Aging's Resource Directory for Older People (www.njia.nih.gov/HealthInformation); you can call them at 1-800-222-4227 with a specific question. Both Medicare www.medicare.gov (in the Home Health Compare section) and www.medlineplus.gov are good resources for home care needs. There is a relatively new specialist--the *Geriatric Care Manager*—known as GCM--a professional who specializes in assisting older people and their families in determining their long term care arrangements. They will work with you to prepare a health care plan and can assist with finding appropriate services. GCMs are particularly helpful when family members live far apart. They charge on an hourly basis for this help; unfortunately, it can be expensive and it is probably not covered by insurance. Choose carefully, because this is not a tightly regulated industry. You can find a list on www.caremanager.org or call Elder Care Locator 1800-677-1116 for resources in your state.

Finally, you will probably need information regarding costs and the availability of insurance coverage, as well as financial assistance. Knowing how you are going to pay for the medical equipment or services is an important part of your plan. Some devices may be covered by Medicare, private “Medigap” policies or other private health insurance, long-term health care insurance or Medicaid. As adult children purchase long-term health care policies for themselves, they are discovering these policies are also available to their aging parents. Some long-term health policies even offer coverage for Assisted Living expenses *if* services are provided as specified in the policy. Begin with a call to your insurance agent or for resources and information regarding this type of policy go to www.longtermcare.com.

Realistically, the preference for many aging individuals is to live in their homes as long as possible. It may also be the least expensive alternative, because paying for in-home services is usually less expensive than moving into an assisted living facility. Your parents want to stay home and in-home health care will allow them to do that. The range of in-home options is far more extensive than was available to previous generations. In-home health care is a rapidly growing industry. But when--and if--safety and/or health concerns make living at home infeasible, fortunately there are

numerous housing possibilities that were also not available to previous generations.

Now that you have begun to do some research you may want to move on to the Toolkit section entitled “*Careful Planning is The Key.*”

CAREFUL PLANNING IS THE KEY ASSESSING YOUR SITUATION

Sadly, nearly 85 percent of long-term health care decisions are made after the older person has experienced a medical crisis. That’s simply too late. This lack of knowledge, together with the elevated emotional environment, often causes families to make decisions different from ones they would have made had there been a plan in place. Rushed decisions are frequently poor decisions. If you are just beginning to get more involved with your parents as they age, here is a guide to create your family plan:

- Get a complete list of their **medications**. Check it against the medicine cabinet and nightstand contents. Check the names of physicians on the bottles and, with the parent’s consent, contact each medical professional who cares for your parents. This will allow you to crosscheck the accuracy of their medication list and to understand what foods, exercise or other regimens have been prescribed. Help them to keep supplies on hand--hearing aid batteries, special vitamin supplements and well-functioning reading glasses. But be wary of potential drug interactions. For example, calcium supplements may help prevent bone loss but may have negative interactions with other medications. The healthier and more self-sufficient your parents remain, the happier everyone will be.
- Memory can and should be exercised. Encourage your parents to read, assemble jigsaw puzzles, work word or numbers puzzles, play cards and board games, listen to the radio, indeed *anything* that exercises brain “muscles.”
- Make some of your visits activity-based. Golf with mom and dad, take a walk, play tennis, cook together, introduce them to your gym, try a little weightlifting or work through a simple exercise CD together. It may take

awhile to find the right level of workout for your 80-year old sedentary father, but keep it up: it's fun and rewarding.

- Stay alert for behavioral changes. Everyone can have a bad day. But recognize increasing confusion, changes in grooming or hygiene, sleep patterns, weight loss, unanswered phone calls, bumps and bruises. These can be a sign of encroaching Alzheimer's or other illnesses. Early diagnosis and proper care will lessen the effects of most maladies.
- Just as you may need the medical information to deal with some future crisis, it might also be helpful to know the names of lawyers, accountants, or other professionals your parents have trusted to handle their affairs. We are suggesting a number of ways to embark on the sometimes difficult discussion about housing choices in the Toolkit section, "How to Start the Big Talk." Conversely, we know of many families where legal and financial information is very closely guarded. As the parents age, it's possible that they perceive relinquishing this information tantamount to admitting defeat. Also, there may be some undercurrent of distrust about the implications of surrendering this information. We suggest that you begin this conversation as early as possible, hopefully long before it is needed.
- Look for opportunities in conversations about retirement, free time, or medical issues. You might say something like this: "I know you're doing fine on your own and will likely do so for a long time into the future, but please remember that I am here for you if you need me. Have you given any thought to what you would like to do if either of you needed more help?" Here's another: "Is there any information you'd like to share with me that would you if a need arose?" Or, "Would you like me to keep a list of your medications?" And another: "Would you like me to know where you keep important documents in case you ever need me to bring them to you?" Long-term married couples frequently have very defined roles. One may pay all of the bills; the other might deal with taxes. Your inquiries might be phrased something like this: "I know that mom pays the bills and dad, you pay the taxes, but if one of you is in the hospital during a critical period, do you know each other's filing systems? Would you be willing to show me so that I could help out if you needed me to?" This should always be a gentle offer of assistance, rather than a challenge to your parent's capabilities and independence.

- Insurance, both medical and life, is another area of confusion and anxiety for both parents and their family members. There is an insurance segment on our site that deals with this subject in more detail. But for the purpose of information-gathering you need to find out what policies are in place, where they are filed, the named beneficiaries and how to file a claim. This is very private and can be a touchy subject. You might start this conversation by telling your parents that you have just had an insurance review and realized how underinsured you have been all these years. Share with them any new policies that you may have taken out, such as a long-term health insurance policy. Mention how surprised you were about the mounting costs of skilled nursing care and the premiums you were charged. This often opens the door for them to reciprocate with information about their own policies. If not, simply inquire as to whether they have any policies in place.
- Know the status of both the income and property taxes they've paid. Are payments and filings current? Where are documents located?
- Many of our parents paid off their homestead mortgage years ago. But your parents may have taken out a new mortgage, a second mortgage or a line of credit while using their home as security. What is the status of the home in question? Where are the ownership documents?
- Do some homework to find out about long-term living expectations. Ask your parents about what they want. You may discover that they want you to quit your job and move in and take care of them. But if that doesn't work for you, it's time to have a gentle, but frank, conversation. Human beings in general and families in particular communicate better when they understand each other's expectations. Even if we don't agree with the other person's desired outcome, it is helpful to understand their position. They may wish to live at home when you believe this is no longer a healthy choice. They may only consider a move to an assisted living facility when their needs far exceed this level of care. Or, their finances won't support their preferred choice. Nonetheless, the subject needs to be raised. We offer a number of useful ways to start these conversations in the Toolkit section **On Your Mark, Get Set...Having the Big Talk with Parents and Siblings.**

- Assuming, perhaps with our help, you are able to successfully have the Big Talk and have arrived at an agreement about a change that involves an agreed upon housing choice, additional homework is necessary. You are usually responsible for reconnaissance. Most of the seniors we encounter in assisted living or senior apartment communities tell us that a daughter or son was pivotal in both the decision to move and the eventual housing choice. This means that you'll need to know what housing options are available for your parents.
- Keep in mind the specific needs, wants and interests of the parent involved. Review what's available and narrow the field to the top three choices.
- If there are a number of siblings to share the responsibility consider how you might all participate by dividing up the roles according to interests and skills. One might gather the medical information, while another inquires about the financial records and yet another puts together the legal documents. Keep in mind this is simply a fact finding mission for the purpose of creating a workable plan for future implementation.
- Review the questions that need to be asked of the facility staff members. Make appointments with these individuals and conduct your interviews.
- Review your work with your parent and share your assessments.

And remember to give yourself a break. ***Your parents may not listen to you.*** Remember there was a time when the shoe was on the other foot. Do as much as you can, but recognize that you are not superhuman.

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- Assuming, perhaps with our help, you are able to successfully have the Big Talk and have arrived at an agreement about a change that involves an agreed upon housing choice, additional homework is necessary. You are usually responsible for reconnaissance. Most of the seniors we encounter in assisted living or senior apartment communities tell us that a daughter or son was pivotal in both the decision to move and the eventual housing choice. This means that you'll need to know what housing options are available for your parents.
- Keep in mind the specific needs, wants and interests of the parent involved. Review what's available and narrow the field to the top three choices.
- If there are a number of siblings to share the responsibility consider how you might all participate by dividing up the roles according to interests and skills. One might gather the medical information, while another inquires about the financial records and yet another puts together the legal documents. Keep in mind this is simply a fact finding mission for the purpose of creating a workable plan for future implementation.
- Review the questions that need to be asked of the facility staff members. Make appointments with these individuals and conduct your interviews.
- Review your work with your parent and share your assessments.

And remember to give yourself a break. ***Your parents may not listen to you.*** Remember there was a time when the shoe was on the other foot. Do as much as you can, but recognize that you are not superhuman.

Reviewing Your Options

Moving in with You. For previous generations this was the *only* solution when a parent could not live independently. It was either go live with the kids or move to a nursing home. Children may assume this task out of a sense of love and obligation. Parents may expect that their children will take them in out of a sense of tradition. But consider several things carefully before selecting this housing option with your parent.

- Do they *want* to move in with you? Don't just assume they would love to be near you 24/7.
- Examine your motives for taking them under your roof and take a close look at how you feel about assuming this obligation.
- How will this intergenerational living arrangement realistically affect everyone in the family? Make sure to include them all in the decision?
- If you have reservations about whether the arrangement will work, have an open discussion about doing so on a trial basis.
- Is your home a safe environment? Stairs, lighting, floor coverings and the like can make your home a dangerous place for your parent to move around. These bullet points are repeated elsewhere in *Toolkit* but here is a checklist to consider when assessing the physical environment.
 - Handrails
 - Tub and shower grab bars
 - Remove throw rugs
 - Flooring choices (tile, wood, low-pile carpeting) that are conducive to the use of walkers, canes, wheelchairs
 - Furniture arrangements that improve flow and movement throughout the home
 - Lighting additions to improve illumination of dark or shadowy areas.
 - Enlarged numbers on telephone and amplification on phone and TV

- In-home medical monitoring of blood pressure, sugar levels and medication supervision
- In-home bathing and meal provision
- Ramps or lifts on exterior or interior staircases.

Appreciate that intergenerational living can be an enriching experience for all involved. Children can learn a great deal from living with and participating in caring for a grandparent. With more people to share the care, the responsibility on the adult child may be lessened. However, intergenerational living can also result in intergenerational conflicts. It is difficult to satisfy everyone's needs. The caregiver – often the daughter/mother/wife - struggles to satisfy all of her obligations. Recognize there may not be enough of you to go around. Sharing your home with another adult can mean little power struggles over family decisions. You and your parent may not agree on religion or lifestyle or child rearing methods. These disagreements create a tense environment which can be most unpleasant. I remember as a child growing up in a home with my parents and my paternal grandmother with frequent skirmishes over authority. For example, my mother and grandmother often debated what I should and should not be allowed to do. My teenage years taught me some extraordinary negotiation skills, but in retrospect, I now recognize that each occasion was a tiny battle over who was "head of the household.

Independent Living in Market Rate Housing. This is a common type of housing: an apartment that charges a rent that is not subsidized in any way, offers little or no additional services but is restricted to persons who are at least either 55 or 62 years of age. So, you must be able to live independently, provide for most of your needs and be able to pay whatever the "market" will bear for rent. A lease is signed for some period--usually a year but it may be for six months or, occasionally the landlord will offer a month-to-month or 60-day lease. While under the lease the landlord is not allowed to raise rent (unless such increases were made a part of the original agreement) but each time the lease term expires the rent may be increased. Because these buildings cater to seniors many offer some services such as housekeeping, transportation and meals. These are usually charged according to use. This type of housing can be the most economical choice for a senior who finds the size of a single family home unnecessary or the work required in upkeep overwhelming. It can also be an excellent choice for the senior who travels a good deal.

Independent Living in Market Rate Housing with Subsidy. This housing is exactly as described above with the added benefit of reduced rent. Government entities, most often federal, state, city and county programs, set funds aside to assist individuals with limited incomes to pay for housing. These programs frequently require the individual to pay approximately 30 percent of their income with the remainder subsidized by the contributing program.

Congregate Care Facility. A congregate care facility combines private living quarters with centralized dining services, shared living spaces, and access to social and recreational activities. Many congregate care facilities offer transportation services, personal care services, rehabilitative services, spiritual programs, and other support services. It may be a good choice for seniors who are in good health and want their private space but enjoy the socialization of communal meals and activities.

Assisted Living. This term may be the most confusing. Buildings may be advertised as an assisted living facility when there is simply a “meals on wheels” delivery or the title may designate a community with a wide variety of transportation, meal, recreation, housekeeping, and other services. Before you visit you should be able to determine the quantity and perhaps the quality of services provided. We hope you will find our presentation of properties on this website very helpful in that regard. Seniors are living long and healthy lives but many anticipate the need for housing with increased services at some point. Or, a couple may find themselves in situations where one has a need for more care than the other. For that reason, campuses were developed with a combination of two or more of the following:

- Independent Living
- Assisted Living
- Transitional and Long-term Skilled Nursing Care

Although the initial move from a family homestead may be traumatic, this type of *campus* allows for fairly simple progressive moves to housing with additional services as needs dictate. With the need for increased care, costs escalate. Assisted living is often twice the cost of independent living and the price may double again for a skilled care facility. Note that insurance coverage and subsidies are not readily available for assisted

living. However, elderly waivers and alternative care assistance programs do exist.

Continuing Care Retirement Communities/Life Care Communities.

The principle behind this type of housing is that the need for services will increase as we age. A continuing care retirement community (CCRC) is a complex of residences that includes independent living, assisted living and nursing home care, intended to enable seniors to live in the same general location as their housing needs change over time, beginning when they are still healthy and active. Typically, you will move into one of these when you are able-bodied and fully independent. You will pay a substantial endowment fee (usually charged to both parties if a couple is taking occupancy) and a monthly maintenance fee. As needs dictate and services are required they will be provided usually on the same campus. The individual contracts with the facility to provide services “for life.”

In home care. Often as we age we need just a “little help.” Perhaps it is with occasional cleaning, dressing, grooming, meal preparation, regular bathing, light housekeeping or the running of errands outside the home. Or, it may be that we need a registered nurse or therapist to help us maintain our medication levels, oversee our blood pressure or our insulin levels, provide physical or speech therapies. The past few years have seen a marked increase in the number of in-home health care providers to fill these needs. They provide services to older adults for short or extended periods of time which are intended to promote, maintain or restore the health of the older adult in their home. They charge according to the level of skill required of the provider and the amount of time required to provide the service. As families have become more geographically dispersed and busier than ever, their needs for assistance have also generated a variety of other care providers:

Adult Day Care is intended to benefit adults who need a variety of health, social and related support services during the weekday but have the support they need at night and on weekends. This type of care is typically provided in a center where able bodied seniors may be dropped (or picked up and transported to) for the purpose of adult supervision during the day when other family members are unavailable. They offer meals and a variety of stimulating activities. Some may also specialize in memory care. Services vary as does cost.

Adult Foster Care. As the name suggests, this living alternative is provided by an individual or family who will take a senior into their home for extended care. Adult foster care providers offer housing, meals, laundry and a variety of non-medical services.

Respite Care. This is short-term care that helps a family take a break from the daily routine and stress. It can be provided in the client's home or in a variety of out of home settings and is usually done for a time frame ranging from a week to a month in length. Respite care is an essential part of the overall support that families may need to keep a loved one with a disability or chronic illness at home.

Skilled Nursing Home Care, also known as a “skilled nursing facility” or “rest home,” is a type of care for people who require constant nursing care and have significant deficiencies with activities of daily living. Residents can stay in a skilled nursing facility to receive physical, occupational, and other rehabilitative therapies following an accident or illness. These facilities provide 24-hour medical care, including short-term rehabilitation (physical therapy) as well as long-term care for people with chronic ailments or disabilities that require daily attention of RN's in addition to help with personal care such as bathing, dressing or getting around.

Condominium/Townhome Ownership. This type of ownership is very much like living in an apartment with the benefits of ownership. You hold the title to the unit in which you live and have a joint ownership (with all other owners) to the common areas such as parking garage and lots, halls, fitness rooms, community rooms and the like. You will also jointly own the land upon which the building sits. *Townhomes* are similar to condominiums in ownership except that the owner also holds title to the land. The term townhome usually refers to a multi-story structure with at least one common wall. However, the term is loosely used in real estate and can refer to a single level dwelling. For both of these housing types mortgages may be secured and real estate taxes are assessed. Whenever common areas are shared which require maintenance, there will be a monthly assessment or dues collected by the governing association to cover the costs. This association will generally be governed by written documents (the "declaration," "by-laws" and "rules and regulations") administered by an elected board of directors. Ask about pet restrictions, subletting policies, noise restrictions, restrictions on improvements, and insure that you receive a copy of the documents for your review. Depending on the quality and

quantity of the common areas, assessments may be substantial and should be considered in any purchase. Assessments may add dramatically to the monthly cost of housing. Depending on the age of the building you should *ask* for an assessment history, what plans may exist for major projects (e.g., roof or driveway work) and how much money the association has in its reserve fund. Also, most condominiums and townhomes qualify for reverse mortgages.

Cooperative Ownership. Although this may resemble a condominium is a very different type of ownership. The residents of this type of housing purchase shares in the corporation which owns and operates the property. *Ask* what the share price is. Most often, the resident will be required to sign an occupancy agreement and pay a one-time membership fee in order to move in. This agreement also commits the resident to pay their portion of the mortgage and maintenance costs. *Ask* the amount of the underlying mortgage and how much the monthly carrying charges will be. It is important to have a clear understanding of what happens if and when the unit is sold. Some cooperatives permit a “limited equity,” which might be a minimal amount of profit at the time of sale. Because the unit is not owned outright you are only selling your membership and your equity at the time of sale. *Ask* for a list of sale restrictions and insure that you are provided a set of documents for your review. Most people have lived in single-family homes and apply that experience to any purchase. It is critical that you read the fine print and understand your ownership position before purchase. Although cooperatives have become a more common form of ownership, their financing is done by a select group of lenders. *Ask* where you can obtain financing before purchase.

Hospice Care. This type of care is provided to the terminally ill. Comforting measures and counseling provides social, spiritual and physical support to patients and their families during this particularly difficult period. Hospice care requires a decision by the patient or other authorized decision maker to discontinue what is known as curative medical treatments and replace them with palliative (comfort-providing) care. A physician-authorized document is required to qualify for the Medicare Hospice benefit. The care may be provided in a person’s own home, or in an assisted living or nursing home environment.

**CONDUCTING THE SEARCH
MAKING THE DECISION
MINIMIZING REGRET, ANXIETY AND GUILT**

In 1943, the psychologist Abraham Maslow confirmed what all of us already knew: Shelter is *a basic human need*, joining such others as air, food, drink, warmth, sex and sleep. Shelter and these biological and physiological needs are so fundamental that they must be met before we can even consider achieving others—safety, law, relationships, self-actualization and many more.

It's not surprising, then, that basic needs arouse human emotions. The decision to make a housing change, particularly one that requires a move from a treasured home into a seniors' facility, has profound emotional consequences. There are other practical complications, of course, such as choosing from among several options—an independent-living apartment, an assisted living facility, or a nursing home. Additional decisions—about location preferences, cost limits, available services—have to be made as well.

So: Making the best senior housing choice, given the emotions and practicalities involved, is difficult, and it doesn't matter whether you live down the block or across the country from your aging parent. If he or she is like most aging Americans, they prefer to stay in their homes as long as possible. They may have done so for the past months or even years, relying on family, friends and in-home health care providers for whatever assistance they may have needed.

But now, you realize that it's time for a change, and you need to make the right decision. Bad decisions mean repeated moves, which can result in emotional damage, not only to the parent but to the entire family as well.

Fortunately, you've got an experienced ally in Great Places. This section of our Toolkit gives you a workbook containing information that will help you to

- Focus on your parent, including their needs, preferences and interests;
- Determine the best housing product type to consider;
- Find and sort through options; and
- Make the optimum choice after narrowing the field.

Let's begin by evaluating the parent's needs, preferences and interests:

- What are their immediate and probable future medical needs?
- How much supervision will be necessary?
- Have they expressed a preference for a particular senior housing product type (e.g., apartment living, assisted living with some services)?
- Would the parent's preference be appropriate, given their current physical, mental, financial and emotional condition?
- What do *you* think would be the best option?
- Have you gotten advice from a medical or geriatric professional who is familiar with your parent's situation? What is it? Is there agreement?
- What activities do they currently enjoy? What did they enjoy in the past?
- Do they want a variety of social interactions or do they prefer privacy? Some balance between the two?
- Do they have friends in similar facilities who have spoken positively or negatively about the transition experience? This can help or complicate your situation.

Begin to compile a list of priorities. You might even give each entry a number or letter. All the "A's" are the *deal breakers*. The new home choice must have these qualities, amenities or attributes. The "B's" are also pretty important, but they're not absolutes. And the "C's" are the ones that would be nice to have but your parent can get along without them if they are not available.

Be careful when you assign priorities. Sometimes the smallest item, and one that might be easily overlooked, can actually be a deal breaker for your parent. For example, a 94-year old woman who was moved to skilled nursing care facility did poorly there, not because the care was substandard, but because she couldn't get any sleep. She had been a

night owl most of her life, but the nursing home staff tucked her in just after sunset and got her up at the crack of dawn. Once this disruption in her sleep cycle was noted and she was allowed to return to her old habits she rallied.

The most common concerns that adult children have about their aging parents are these:

- *Administration of medication:* Taking the right medication at the right time and in the right dosage;
- *Diet:* Lack of interest or the opportunity or ability to shop for groceries--even the ability to taste and smell—which may result in poor nutrition;
- *Memory:* Memory loss monitoring and prevention;
- *Depression:* Loss of friends and vitality frequently result in the onset of depression;
- *Lack of socialization:* The loss of mobility, hearing and sight may result in a lack of healthy social interactions with friends and family;
- *Hygiene:* Reduced mobility, memory loss and depression issues can reduce capacity to launder clothing, bathe and perform personal grooming tasks;
- *Transportation:* Loss of sight, hearing and physical stamina often result in a shrinking world. Others become more responsible for transportation to shopping, medical appointments, and other important places.

Seniors'-Oriented Housing Types. A description of the most common housing types is available in our Toolkit and our homepage. Here are the three most common groupings:

- *Independent senior housing* is typically an age-restricted apartment community with a few seniors'-oriented services. This is usually the lowest cost product. Meals may be delivered by an outside service and transportation provided by local government resource.
- *Assisted living communities* are also private apartments but here you may find a wide range of age-related services (e.g., medical and personal care, social activities, minimal meals), with additional services offered at escalating costs (e.g., supplemental meal plans, cleaning, skilled nursing visits).

- *Skilled nursing care*--nursing homes--often provide private or semi-private rooms with costs based upon levels of care provided.

You may be able to find available housing in a senior apartment community that offers some financial subsidy provided by the local city or county. However, Medicare, Medicaid and private insurance rarely offer coverage for independent- or assisted-living costs, although assistance for care in nursing homes is frequently provided and are expanding for in-home health care.

Narrowing the alternatives. If you need help in determining the type of housing that would be appropriate for your parent, consider the following table. It is intended to correlate the services and levels of care that are available to meet the needs of the aging parent.

Concern	Independent	Assisted Living	Skilled Nursing
Medications	Self administers	May need reminders or monitoring system	Requires medical personnel to administer and monitor
Nutrition	Prepares and eats meals without assistance	Requires one daily meal prepared by others	Requires all meals prepared by others and/or may require assistance eating
Memory	Seems fine although may exhibit occasional forgetfulness	Seems normal most of the time but has bouts of confusion or disorientation	Exhibits poor judgment, has increased memory lapses, is unable to follow directions without guidance
Housekeeping	Makes beds, vacuums and does dishes consistently	Requires some assistance with home upkeep	Needs others to perform housekeeping tasks
Dressing	Is able to make appropriate clothing choices and dress self	May have some difficulty with closure devices (zippers, shoelaces, buttons)	Needs assistance getting dressed
Getting around	Is able to get around (even with a cane, walker or scooter), ask directions and respond appropriately in an emergency situation	May need occasional assistance getting around, or getting out of bed, a chair or on and off a toilet.	Requires full assistance from others
Hygiene	Can perform bathing, grooming, shaving tasks without assistance	May require some assistance or reminders to perform daily tasks	Requires the assistance of others for most personal hygiene tasks
Toilet needs	Is totally continent or incontinent, has a colostomy or catheter but is able to handle all hygiene issues independently	May have difficulty maintaining good hygiene while coping with incontinence, a colostomy, catheter or other eliminatory assistance	Needs care and assistance with toileting

		device.	
Behavior	Behaves normally in social situations.	May have difficulty with stress, controlling emotions or coping with daily life	Potentially poses threat to themselves due to inability to cope or control emotions. Requires constant monitoring

Many people who choose assisted living facilities may not have any of the problems that are listed in the columns above; instead, they make this housing choice for other reasons. Perhaps they have friends already living in the community. Maybe they like the social environment and activities. Some are planning for their future when they anticipate the need for some care. Your visits to the property will be a good learning experience. You may learn that your parent isn't as independent as you thought and that assisted living is a better choice. Or you may learn that assisted living cannot provide the level of care that is necessary, and a nursing facility is the better choice.

If you are starting from scratch you will need to find sources that list the potential properties or in-home healthcare services and then sort them according to how well they match the needs, wants and interests of your parent.

The first search is often for some type of in-home health care. Dad may be able to return home if his doctor prescribes skilled nursing visits and/or visits from a physical therapist. In addition to nurses and therapists, home-health aid services to handle bathing, dressing, meal preparation and the like are necessary and are usually covered by Medicare.

To search for licensed service providers go to www.medicare.gov, scroll down and click on [Compare Home Health Care Agencies in Your Area](#). You will then be asked to select the city, county or zip code in which you wish to search. Then you are asked what type of health care you seek (nursing, a variety of therapists or home health aid). Once you have focused your search you will receive the names of the service providers in the area you have designated and which of the services they provide. From this list you are now able to select up to 10 companies for which you can view data.

For example, you are able to compare the percentage of patients whose wounds improved or healed, the percentage who had less pain moving

around or perhaps more tellingly, and such statistics as the percentage of their patients who had to be admitted to the hospital or who needed urgent, unplanned medical care.

You will need to check boxes at the left to select which companies you wish to compare; then hit “next step” to proceed. The site will show you all of the criteria that are measured. Again, you will need to go to the bottom of the page and hit “Compare Quality Measures.” This will take you to the graphs which appear to be the easiest to read. They compare all of the companies you have selected against not only each other, but also the state and national average. In our sample searches we found that these graphs particularly useful in helping us to quantify the quality issues that were most important to us.

Sorting through the product. Medicare also provides helpful information regarding licensed nursing homes. Many seniors experience their first stay in a skilled nursing facility after a health episode that renders them unable to return to their home. This type of care is most often called “short-term nursing care” or “transitional care” and can be found in a nursing home or CCRC (continuing care retirement community). If this is the type of facility that will best serve your parent’s needs, the first decision to be made is *where* the facility should be located--the city or suburb where you will start your search.

Most important: Where does your parent *want* to live? It may be the one with which they are most familiar. But, there may more critical considerations, such as the proximity of family or even a medical specialist. So, start with the geography. This is how you would begin:

www.medicare.gov offers a section called *Compare Nursing Homes In Your Area*. You will then be taken through a series of questions that will focus your search. You can search by city, county, zip code or name. For example, if Dad wishes to remain in a particular city, you would enter the name of the city and state. You get some choices as to how far you wish the search to extend (e.g., in the city itself, 10 miles, 25 miles, etc.). You will then hit the search button and receive a list of all of the licensed homes or health care providers that are available.

The site contains the following information: The name address and phone number for the facility and whether it accepts Medicare and Medicaid; the

number of certified beds; the type of ownership; whether there is a hospital on the premises; whether the facility is a part of a continuing care retirement community; and whether there are active resident and/or family councils that assist in the governance of the facility.

You can take this search a bit further. As you review the list, check boxes on the left of as many as 10 facilities and you will be able to compare them based on some quality criteria.

The next page contains a wealth of information. You are now just a few clicks away from being able to compare your selected facilities based on Quality Measures and Health and Fire Code Deficiencies. Some of the quality criteria that the site compares are these: Presence of pressure sores in patients; increases in patient depression; the percentage of residents who spend most of their time in a bed or chair; and the percentage of patients whose ability to move in and around their room got worse. The facility scores are displayed against the average for your state, the national average and each other.

Perhaps one of the most telling statistics is the average number of hours per patient per day that a skilled nurse and a certified nursing assistant are available to spend with each patient. Quality is such an important issue in nursing home care we would like to offer another resource for your consideration. We find www.aarp.org a bit cumbersome to navigate, but the **AARP Bulletin** offers a state to state guide on nursing home performance data. The **bulletin** also lets you know which states have published nursing home “report cards”. Each state has an ombudsman office which serves as a resource providing information about complaints received on senior facilities. For contact information refer to the Toolkit Resource Directory.

Also, all states have websites dedicated to services for the elderly. Some states provide senior housing directories. The Toolkit Resource Directory defines which states provide these housing guides. If you are unable to locate a list of facilities using your state website, we suggest you visit www.eldercarelinkdirectory.com.

We assume that you will make an initial determination of the property type and then compile a list of potential facilities or services before you call them or physically visit with their staff. If you are dealing with directories,

scroll through the properties or companies that are listed and eliminate any that don't meet your basic criteria. Then sort them according to what you learn about their quality.

If you fail to find any candidates, you will need to broaden your geographic search. This takes a bit of research but you should be able to compile a list of choices. Now, you will need to make some phone calls. Introduce yourself and describe your situation. This call is intended to learn if there are vacancies and if this might be a good match for your parent. Don't be discouraged by waiting lists. Units open fairly frequently and are often awarded to anyone on the list who is able to make a quick decision.

Making the Selection.

The initial search is just the beginning. Now you will need to gather information and sort through it to make the best informed decision you can. Here are some questions that you might use as talking points on the phone and in person to elicit the kind of information you need:

In-Home Health Care

- How long has the business existed?
- Is it licensed, and if so, in what states?
- Have you ever had a complaint lodged with the state? What was the nature of the complaint? How was it resolved? (Verify the information received with your state ombudsman.)
- Have you ever been sued?

Skilled Nursing Home Facilities

- Medicare/Medicaid certified?
- How is level of care determined?
- What are the costs at each level?
- Inquire about how the facility would provide assistance to meet the special needs of your parent (e.g., Alzheimer's, rehabilitation, Incontinence).
- During the personal visit: Is there any unpleasant smell present? Do you observe kind and caring interaction between staff and patients? Are there any patients that appear to need attention? Do you encounter staff performing patient-focused tasks? Are staff uniformed

and wearing name tags? Are residents called by name? Do staff members show respect by knocking on doors before entering patients' rooms? Does the staff engage the patients in interesting conversation? What do you hear when you visit? Is the atmosphere punctuated with cries or the pleasant sounds of conversation and laughter? What is the atmosphere (e.g., good lighting? Comfortable temperature? Homelike furnishings? Smoking?

- How is the patient's care plan developed, executed and monitored? How often is the plan revised? Who is involved in the planning?
- What are the nursing and staff/patient ratios? Can you verify how many hours are allotted per patient per staff member?
- Is there a team approach? If so, how long do teams work together?
- Is there a full-time registered nurse on staff 24 hours each day? Is there a full-time doctor on staff that is there daily and easily reached at all other times? Is there preventive care in place (e.g., vaccinations for flu and pneumonia? Are there any health deficiencies that have been noted in the past two years? Ask to see certification that these have been remedied.

Assisted Living, CCRCs and other campus based facilities.

After you've narrowed these options, your first contact with the property will most likely be a manager or marketing representative. Remember that this person's job is to sell you and your parent on the idea of moving into their facility, but he or she will probably have little involvement with your parent after the contract is signed. Depending on the size of the facility there will be a cast of other players whom you may wish to interview before making your decision. Here are a few of the people you will encounter in an assisted-living community and some questions you might ask them:

Executive director

- How many staff are employed and in what capacities?
- What background checks—specifically, regarding past employment and criminal histories--do you perform before you make your hiring decision?
- What kinds of training do your employees receive? Are there training programs in place for each position? Are employees trained on listening and care standards? Are these standards in writing?
- What kind of staff turnover does the community experience? Are there frequent vacancies? Is the facility often understaffed?
- What language do staff members speak?

- What is the availability of skilled nursing staff (e.g., 24/7? Or specific hours per week?)
- Is there a full-time maintenance staff? How are requests for maintenance handled?
- Is there a full-time activities director?
- How frequently do you survey your residents and their families regarding quality and customer satisfaction?
- How are questions, concerns or complaints handled?

Resident Services Director

- Is there a care plan established for each resident? How is it created, executed and monitored for accuracy?

Move-in Coordinator

- What is the assessment process that assures that the community is a good match for the needs and preferences of each resident?

Director of Dining Services

- How many balanced meals are served each day?
- Does a dietician plan and approve all meals and menus?
- How many meals are included in the monthly payment? What is the cost of additional meal plans?
- Is there restaurant-style dining? Are there seating assignments?
- Are snacks and beverages available 24 hours a day?
- What is the policy regarding guests at meals?

If possible, sample the food and have your parent do so as well. Review weekly menus for variety and ask current residents to rate the food service.

Director of Nursing

- What are the credentials of the nursing staff (e.g., RNs, LPNs, etc.)?
- How many are on the staff?
- What hours are they available?
- How long have they worked with this community?
- What services are provided by the nursing staff? What are the costs for these services?

Director of Maintenance

- Is there a 24-hour emergency call system in place in each unit and/or bathroom?
- What security is in place at the entrances and how is it monitored?
- Does the building currently meet all government code and safety requirements? (Request a copy of the most recent inspection.)
- How are maintenance requests handled? What is the response time?

Director of Social Services

- Are there special programs for memory impairment? What are they and how are they administered?
- What level of memory impairment is the community able to provide?
- How is the safety assured for a memory-impaired resident?
- How are the care and satisfaction of each resident monitored?
- What is the availability of laundry and housekeeping services and what costs are involved?
- What is the availability of transportation, including medical appointments, shopping, visits to friends and relatives? What radius is covered, and is there an additional cost? How is this transportation arranged for by the resident?

Director of Activities

- Ask for a calendar of scheduled events.
- Evaluate whether there is a match between what is offered and the interests of your parents. For example, we have found that many assisted-living residents enjoy outings to the local casino and happy hour gatherings, neither of which is mentioned in the brochure or provided at the property.
- What kinds of wellness programs are provided? How regularly are exercise programs offered? What kind of exercise facility and equipment, if any, is available? How does this program interface with the care plan for each resident?

Questions the claims made on their websites, advertisements and brochures. We found that things changed or claims are more “puffing” than reality. Focus your questions around the particular concerns of your parent. Your situation is probably not unique but it is to you and your family.

You will probably “click” with one or more of these individuals. This may lead to a positive impression of the community and could factor favorably in your decision.

Comparing Senior Housing Developments. Once you have narrowed the search, here is a checklist to use when comparing the communities:

- Does your parent like the neighborhood? Is the location convenient to the things they enjoy? Is the location convenient to friends and family members who will visit and provide ongoing support?
- How does the building look and feel? Are the common areas well maintained, both exterior and interior? Do you get the impressions that the staff cares about the condition of the facility?
- What were the interactions between staff members, between staff members and residents, and between residents? Did the employees address the residents in a warm, friendly tone? Did they do so by name? Were staff members actively and positively involved in resident or patient issues, or were they speaking about their dissatisfaction with their jobs or negatively referencing any resident? Was there laughter and the buzz of conversation between residents as you walked through the common areas?
- What did your senses tell you? Was there anything you encountered during your tour of the facility that concerned you? What did you hear, smell, see or feel as you walked around?

As we’ve seen, the initial decision to make a change in housing has emotional consequences. Adding to the challenge is the variety of housing options that are available, and the practicalities that are involved which impact the location of the housing, its cost and the services that are necessary for the aging parent. Although Great Places cannot solve these problems, we’ve provided a straightforward way to consider them, together with some guidance to resolve them.

Finally, it’s important to keep in mind that there are certain common emotional reactions—guilt and anxiety--to putting parents in some type of senior housing project. Virginia Morris in her book, [Caring for Aging Parents](#) offers a poignant but somewhat humorous look at the 10 most common feelings that plague adult children who place their parent in a nursing home:

- *Guilt* that you're not doing enough for your parent;
- *Anxiety* that the nursing staff will not do enough for your parent;
- *Guilt* that your parent isn't in a nicer, more expensive place;
- *Anxiety* over the high cost of the place;
- *Guilt* that you don't visit more often or *anxiety* because you have to visit so often;
- *Guilt* for feeling relief that your parent is living in a nursing home;
- *Anxiety* that the living situation won't work and you will have to devise another plan;
- *Guilt* because you promised you would never put them in a nursing home; and
- *Anxiety* about whether you, too, will end up in a nursing home one day.

The accommodations have gotten better as the choices have increased. There is a wealth of wonderful care available and Great Places will do all we can to help you find the perfect choice for your parent and family.

But there is so little time! Searching for Alternatives in a Crisis

Sadly, the need to make quick decisions often follows a traumatic episode, after which a parent can no longer care for themselves. Strokes, falls and heart attacks may leave a person temporarily or permanently disabled. Most often, the parents wish to remain in their home as long as possible-- which is impossible, at least in the short term.

Here's the typical scenario: dad and mom have been living independently for years in a two-story home. Mom is quite forgetful, yet they seem to be getting along pretty well. You get a call at work one morning that dad has been hospitalized. A neighbor discovered him at the foot of his driveway and he is now in surgery with a broken hip. The doctor says he won't be able to return home, and "perhaps you should think about other arrangements." You rush to the hospital. As you sit in the waiting room with your traumatized mother, you realize you don't know anything about senior housing or insurance; worse, you never got around to having that "discussion," the "Big Talk." What are you going to do?

Do a quick assessment:

Short-term decisions.

- Mom: what are her immediate needs?
 - Housing
 - Care. If she's in the early stages of dementia, she needs someone to watch over her.
 - Transportation for visits with dad.

- Dad: what are his immediate needs?
 - Ask physicians about prognosis in terms of time, rehabilitation and likely long-term prognosis
 - Where are the insurance cards? What is the coverage?
 - Based upon the prognosis, call Medicare, Medicaid and any other gap insurance carriers to inquire about coverage for anticipated care and rehabilitation therapies.

- Does dad have a “living will” or durable health care power of attorney? Where is the document? (Check the legal section of *Toolkit* for websites that offer legal forms that can be quickly accessed in a crisis.)
- **You.** Check with your employer for company leave policy. The Family and Medical Leave Act grants eligible employees up to 12 workweeks of unpaid leave during any 12-month period for certain purposes, including caring for a parent with a serious health condition. Employers must give the employee his/her job back (or a similar position) when he/she returns. If you have worked for many years in the same job you may have accrued vacation and sick leave that will help ease your financial burden. Check with your Human Resources Department to determine what arrangements can be made. One of our clients with a dying mother was permitted to temporarily relocate to another regional office in the last months of her mother’s life. She moved back into the family home for more than four months to help her father cope. It was important for her to be near her mother. She also recognized how critical it was to keep her father, the primary caregiver, well.
- American employers are acutely aware of the responsibility that many of their best employees have outside the workplace.
 - Quickly review the other sections of *Toolkit* in the order that makes the most sense to you (Legal...Planning...Financial). Check to see that your parents have a durable power of attorney for health care and a living will.
 - Who else can you call?
 - Given what you learn, what timeframe do you have to make some long-term decisions? Often, the patient will be hospitalized for several days, after which they will be required to receive additional care in a nursing home or some type of transitional facility. Learn from the doctor how soon this will happen and from the insurance companies what coverage is available and for how long.
 - Ask to see the Hospital Discharge Planner. Most hospitals have them. This person is knowledgeable about your parent’s situation, the facilities in your community that will meet their needs and will also know whether space is available. They can be a great help.
 - Speaking of time, *buy some* for yourself and your parent. If there is, or has been, serious resistance to any kind of housing change, this can be a time for experiential experimentation. In past decades patients who needed more recovery time following a hospital stay went to a nursing home. Today, it is common for that

- patient to recover in a transitional care facility. This may be a nursing home but it may also be found in assisted living communities. Knowing that the move is temporary usually makes the parent more open to the experience and the long-term possibilities.
- You can make very good decisions in a short period of time using the checklists we provide in “Conducting the Search, Making the Decision...” However, there is one last phone call you might want to make before making your final selection. In every state there is an *ombudsman* (the list of state websites is given in the “Resource Directory”). You can call this person and ask about the facilities that you are considering. They will share with you both the number and nature of any complaints that have been lodged against facilities about which you are inquiring.
 - A geriatric manager can be hired to help work through this difficult time. This is a professional who specializes in assisting older individuals and their families in meeting their long-term care arrangements. They will conduct assessments, act as a liaison to families at a distance and help screen, arrange and monitor in-home health care. You can find one in your area at www.caremanager.org. Choose carefully. This is not a regulated industry.

Depending upon the severity of the injury or episode you will have at least a few days and perhaps a few weeks to begin to make more permanent arrangements.

Hopefully, mom and dad will join in the discussion fairly quickly and you can begin to tailor the search around their wishes. Although dad may have resisted moving to a senior facility, it's time to have that discussion. Many people find that once they have experienced care in a transitional facility, skilled nursing home or respite community, they rather like the idea. You may discover that what was objectionable the first day after surgery becomes quite palatable a week or so later. If you believe that a return to their home or the home of a relative is infeasible, begin your crisis search with permanent placement in mind. Start your search from the Great Places Home Page. Select assisted living, skilled nursing, transitional care or whatever type of facility has been deemed appropriate for the current crisis. Be careful to include any memory care needs in the initial

conversations you have with the staffs of the communities you call and visit.

If the aging, infirm parent will be moving in with you or another relative, here is a checklist of modifications you might consider:

- Handrails;
- Tub and shower grab bars;
- Remove throw rugs;
- Flooring choices (tile, wood, low-pile carpeting) that are conducive to the use of walkers, canes or wheelchairs;
- Furniture arrangements that improve flow and movement throughout the home;
- Lighting additions to improve illumination of dark or shadowy areas;
- Enlarged numbers on the telephone;
- Amplification of the phone and television set;
- In-home assistance for physical tasks such as cleaning, laundry, snow removal and lawn care;
- In-home medical monitoring of blood pressure, sugar levels and medication supervision;
- In-home bathing and meal provision;
- Ramps or lifts on exterior or interior staircases.

Next, you might consider the use of a variety of in-home health care services.

The level and variety of in-home health care services has grown dramatically allowing far more elderly individuals to stay in their home or return to their home after some traumatic episode.

Don't underestimate the level of physical and emotional demands that will suddenly be thrust upon you and your family. Changing homes for most of us is daunting, even if it is of our own choosing. As we age, the challenges increase exponentially.

Consider this. When Marion Swanson's father was diagnosed with Alzheimer's she took him home to live with her. She even arranged for some in-home care in the afternoons while she was at work. But his condition worsened and Marion feared for his health and safety while she was away. She found a couple of assisted-living communities near her

apartment and selected the one with the first opening. That was four facilities ago.

The first choice was a project that couldn't provide enough monitoring and her dad wandered off. The next three were unable to provide adequate care. Her father fell several times and when Marion visited she found her father sitting alone in the hallway in need of hygiene or other attention. The facilities were understaffed and personnel resented of her requests. Her father will be finishing yet another hospital visit and she has only two weeks to find another alternative. The constant change of environment has taken its toll. She cannot afford another mistake.

Although this entire *Toolkit* is intended to help the adult child in both non-crisis and crisis situations, we are aware that many of you may find yourself in crisis mode. Here are a number of things that we hope will help you through it.

- *Respite care* is a term that is used for two different types of care. It can be both a nursing home facility that provides for short-term stays for individuals such as the father we described above. But it is also a service. You can hire care providers, both nursing and custodial to “sub” for you for a day, evening or even longer so that you can take a break from your duties. Sometimes this kind of care is arranged informally through a church or community group, but taking care of an aging parent can put enormous stress on the caregiver. Recognize that you need a break and take it.
- Don't mistake fancy décor for quality of life in a seniors-oriented facility. Remember that the marketing director is just doing his or her job when he or she gives you the full-court sales pitch. Print off the “How to Conduct a Thorough Search,” study it, take it with you and use it to research the best fit for your parent.
- Utilize “How to Conduct a Thorough Search” to determine the housing type that is the best fit for your situation. Then begin the search. Quickly research the available facilities, set up appointments for visits and critically assess the results. If the facility where dad went to transitional care was not a good fit, make sure you know why and adjust your criteria.

One-third of all care givers do so from afar. Many of you make your home across the state, country or world from your parents. You may respond to

a parent's medical crisis and be forced to return to work and home before everything is back to normal. Or, in the absence of a crisis, you need someone to check in on your parents--to be there when you cannot. Having this substitute will offer you great comfort and is usually a reasonably priced service. This will ease the burden whether your parents are still living at home or have moved to a senior facility. Here is where you might look:

- In addition to relatives and family who live in close proximity, don't underestimate your parent's network. Ask a neighbor or one of their friends to check in on them for you.
- Check with your state's eldercare services for agencies who provide such services,
- If your parent is in a care facility, ask for the names of individuals currently visiting the residents and inquire about licenses and references from other patients and their families
- If your parent is a member of a religious congregation, call the church or synagogue to inquire about the existence of an elder ministry.

Reach out. Although you may feel terribly stressed and alone, know that there is help available. Many dedicated, empathetic individuals are willing to lend a shoulder, hand or sympathetic ear if you will only ask.

FINANCES

WHO'S GONNA PAY?

More than 60 percent of Americans who reach the age of 65 will require some type of long-term health care. In today's dollars that care would cost more than \$70,000 a year. So, who's going to pay for the care that your parents are likely to require? First of all Medicare is not the answer. Many people have misconceptions about what Medicare covers. We talk at length about this in the insurance section, but here is a review.

Medicare is a governmental insurance program that workers contribute to during their employment years. In order to receive free Medicare A benefits you must have contributed for 40 quarters of employment of 10 years. It is still available to individuals over the age of 65 who have contributed for fewer quarters than this, but there is a charge. Specific costs can be found on their website www.medicare.gov. Medicare doesn't pay for long-term health care, nor does Medigap or the Medicare Advantage Program. Medicare will pay for skilled nursing care when ordered by a physician but with very specific parameters. The patient must be hospitalized for at least three days, after which the attending physician orders "medically necessary treatment" such as rehabilitative therapy or other specific medical care. Most of us have known someone who has had a stroke or taken a bad spill and required some stay in a skilled nursing facility. Many of these patients return home, but for some the medical conditions may be permanently debilitating.

In these situations Medicare will provide coverage for exactly 20 days, after which Medicare's coverage drops off dramatically. For the next 80 days Medicare covers some of the care and the patient is responsible for the remainder (\$100 or more). On day 101 the patient is on his or her own.

Medicaid was created to assist the poor with these kinds of catastrophic medical costs. It is not specific to the elderly but they are primary recipients as the program requires demonstration of a financial need, low income and minimal assets. Medicaid only covers medical costs such as doctors, nurses, hospitals, dentists, drugs, medical equipment, physician-

prescribed long-term health care, insurance premiums and transportation to medical facilities and appointments.

If your parents have Social Security income, retirement income or pensions and/or assets, they will likely have to cover the expenses of long-term care out-of-pocket until their assets are depleted at which time Medicaid will step in to cover costs. Not all facilities accept Medicare and Medicare insurance. Check with the individual facility.

Long Term Health Care. Most experts agree that long-term health insurance is a wise investment. These policies cover long-term health care for specific periods at a specified daily rate which usually increases with inflation. As with any insurance based on life expectancy, the earlier you purchase a policy the more reasonable the premium is likely to be. Inquire whether your parents have such insurance. It may not be too late. Find out if the type of insurance would be feasible given their current age and medical conditions. Although this type of insurance is typically purchased to cover the costs of skilled nursing home care, most policies cover in-home health care services at a reduced rate (perhaps 50 percent).

How Long Will the Money Last? Be practical. The math is fairly straightforward. If you parents decide to move from their home to an apartment, you can easily help them determine what rental amount and living expenses make good economic sense for them. If they would prefer or, are in need of, an assisted living community the math gets a little more complicated. If it is strictly a rental property there will be a monthly fee for the unit with some services included. Many other services are available but most likely come with an additional charge. We have known many residents who found themselves surprised, and a bit short of cash, after their first couple of months in their new home. All because they failed to understand what was included and how much it cost for the extras.

Take a copy of this with you when assessing assisted living facilities and their costs:

Monthly Rental Fee	\$ _____
Meals # _____	\$ _____
Housekeeping (times per month) _____	\$ _____
Laundry (times per month) _____	\$ _____
Linen Service (times per month) _____	\$ _____

Additional Meal Package # meals _____	_____
Housekeeping Service	\$ _____
Laundry	\$ _____
Linen Service (times per month) _____	\$ _____
Medication Management	\$ _____
Personal Care Assistance (bathing, dressing, etc.)	
\$ _____	
Cable Television	\$ _____
Telephone Charges	\$ _____
Transportation	\$ _____
Field Trips	\$ _____
Beauty/Barber Shop Charges	\$ _____
Other	\$ _____
Other	\$ _____
Total Monthly Costs	\$ _____

Jim Miller in The Savvy Senior makes the point that “nationwide, over 20 percent of seniors 65 and older live strictly on their social security retirement benefits.” Some parents may require financial assistance from family and/or outside agencies. If there is a shortfall, talk with your parents and family members to decide what each is willing to contribute. But if you cannot assist financially, know that there are programs and resources available to help.

Most seniors wish to live in their own homes as long as possible. Before you sell the ol’ homestead, explore in-home health care options that would allow them to do so. Emotionally and financially this makes sense.

Most seniors are mortgage-free and have much of their worth tied up in their home. While they reside in the home Medicaid may still be available to them if they income-qualify for coverage. However, once the home is sold, the proceeds then revert to assets and are calculated for qualification. Seniors who wish to leave “something” to their children may decide to deed the home to the children while they live independently. The government sees this as a way to skirt the rules and frowns on the practice. In order to qualify as a legitimate sale and transfer, the property must change hands at least 36 months in advance of application for Medicaid benefits.

Your parents may remain in the home under a couple of scenarios

- Deed the home to their children and reserve for themselves a life estate status allowing them to live there until they are no longer able or no longer wish to.
- Consider a reverse mortgage. If your parents are cash poor but have paid all or most of their mortgage, a reverse mortgage is a way to borrow against the equity in their home. When considering this option you need to do your homework. Ask lots of questions and thoroughly understand the documents signed. You may want to visit www.aarp.org/revmort for the free booklet “Home Made Money: A Consumer’s Guide to Reverse Mortgages.”

Whether in crisis or non-crisis mode, it may simply be time to sell the family homestead. Here are a few things to consider:

- Selling a home requires lots of work. Preparing the home to capture the best market price requires time, energy and money. If family and friends are not available to help, hire professionals.
- Selling an older home often requires hiring and coordinating the efforts of specialists who will handle the sale, the updating, the code compliance, and similar matters. Get references and hire people you can trust.
- Housing markets are currently suffering from a sub-prime mortgage crisis. There are fewer buyers than houses for sale. You will need to make a decision on how quickly you need to sell your parent’s home and then price it accordingly. The faster you need to sell, the more reasonable the price will need to be. If the sale of a residence is a pivotal part of the plan, you will need to position the property as best you can, price it appropriately and temper everyone’s expectations for sale. It may take several months, not days or weeks, for the property to sell.
- Be aware of the tax implications when making any major financial decision. Check with your attorney, accountant or visit www.irs.gov .

We would offer one final piece of advice. We have watched many families devour each other in battles over their parent’s finances. Try to *always* remember whose money it is. Be kind.

LEGAL ISSUES EVERYONE, *INCLUDING YOU*, NEEDS A LIVING WILL

Introduction. As we age, many of us become infirm and experience loss of perception and memory. Although these circumstances are common, they challenge our friends and members of our families, and frequently result in a stressful environment that complicates the resolution of the underlying difficulties. Legal issues may arise. Ready resolution of these problems is complicated by at least two factors: first, seniors' children are often their caregivers, as well as their heirs; second, the services of attorneys and other professionals with experience in managing and disposing of seniors' assets can be essential.

In these circumstances, family members may try to avoid dealing with—or even recognizing-- seniors' declining abilities, increasing health issues, and such intensely private and personal subjects as financial matters. Consequently, family members describe these inevitable aging issues as the most difficult, expensive and contentious they've ever encountered, and would recommend to others that honest discussions occur to surface the legal and social issues that become increasingly important as the aging process continues.

Finding an Attorney. Many caregivers and family members realize that professional assistance is appropriate to assist in resolving seniors' aging issues, and look to seasoned attorneys and other professionals for guidance. Although initially they may seek recommendations for legal counsel from family and friends, they may eventually turn to advertising media to assist them in their search.

For many years, attorney advertising was regarded as unethical, and attorneys who advertised their services were censured and even disbarred. Gradually, however, states loosened these restrictions, recognizing that constitutional issues--particularly freedom of speech--were involved. As a result, attorneys routinely advertise in multiple media, including the Yellow Pages and, especially, the World Wide Web. States continue to regulate the form and contents of such advertising, especially including the content of advertisements by attorneys who are regarded as specialists in particular

areas of practice, such as estate planning. Restrictions may include the manner of advertising fees, and especially contingent fees; implications that past successes indicate the likelihood of future success; use of a trade name, particularly a potentially misleading one; use of examples of results or verdicts; inclusion of an endorsement, particularly a paid endorsement, or a testimonial; a comparison of the firm's services or fees with others; and many others.

There are numerous Internet sites that help prospective customers find attorneys, including these websites: www.LegalMatch.com; www.lawyers.com; www.lawyers.findlaw.com; www.Lawyers-Attorneys-USA.com. These sites may be accessed by using search engines with "Attorneys + (Location, that is, the geographic location of interest, such as 'Pendleton Oregon') in the subject line. One of the most respected resources, the Martindale-Hubble legal directory, can be found on the Internet at www.martindale.com. The Martindale resource includes an easy-to-use search engine to find attorneys by jurisdiction, locality, areas of specialization and much more.

Legal Specialization. Just as laws vary from state to state--and even between cities and counties in the same state--some attorneys choose to concentrate their practice in a particular area of the law. The State Bar of California, for example, offers the state's lawyers the opportunity to become certified in 11 areas of law practice, including Admiralty and Maritime Law; Appellate Law; Bankruptcy Law; and Estate Planning, Trust and Probate Law. The requirements for certification as a specialist are rigorous in California, as they are in all states that allow for specialization. For example, in order to be identified as a "certified" specialist in California, attorneys must be certified either by The State Bar of California Board of Legal Specialization, or an organization whose certification program has been accredited by the State Bar, and must pass a written examination in their specialty field, demonstrate a high level of experience in the specialty field, fulfill ongoing education requirements and be favorably evaluated by other attorneys and judges familiar with their work. Because attorneys choose to concentrate their practices in certain areas of the law, it is possible that an attorney who is a certified specialist in the field of "Estate Planning, Trust and Probate Law" deserves consideration.

Whether or not senior caregivers or family members elect to proceed with an attorney, several alternatives can be successfully employed to manage seniors' end-of-life affairs. Here are some of them:

Power of Attorney. The "power of attorney" enables a family member or a trusted friend of the senior to act on the senior's behalf, thereby gaining access to bank accounts and other assets as funds are needed for the senior's care, as well as the legal right to sign documents and handle insurance and other matters that arise over time. Because individual states have differing requirements and procedures for obtaining the power of attorney, it is prudent to seek counsel from an attorney who is licensed in the subject state, or seek assistance from AARP or the local state bar association. Other resources are the National Academy of Elder Law Attorneys (NAELLA), at www.naela.org, or the American Academy of Estate Planning Attorneys, www.estateplanforyou.com.

Living Wills. There are occasions when a service provider, often during a medical visit, a meeting with an attorney or an accountant--even while flying on an international air carrier--inquires whether an individual has a "living will." A "living" will, although not a will in the traditional sense because it doesn't dispose of property during a person's lifetime, is nonetheless a binding legal instrument, the purpose of which is to document a person's wishes regarding the potential use of life-sustaining treatment in the event that he or she becomes terminally ill or permanently unconscious and thereby unable to communicate these instructions to a potential caregiver. Family members may use a doctor's visit as a vehicle to discuss a senior's interest in a living will, or even as a tool to initiate a conversation about long-term care preferences, disposition of assets, and other end-of-life matters.

Advance Directive, also sometimes referred to as **Medical Durable Power of Attorney**. The advance directive is similar to, but more flexible than, a living will. Living wills are customarily used in a deathbed situation, while an advance directive can be used to manage a patient's healthcare even when death is not imminent. This document enables seniors to advise their caregivers and family members of their preferences for care if, for example, they become afflicted with Alzheimer's disease, or if they want to prohibit insertion of a feeding tube that would otherwise prolong their life.

A word of caution is advisable at this point. Professional advice from a reputable attorney is often appropriate in these instances. The use of legal documents purchased from an office supply store or on the Internet is extremely risky: the documents may be too generic or may fail to comply with the legal requirements of a particular state or local community. Conversely, for a reasonable fee, most general practice attorneys will draft these documents that will meet the necessary standards.

Last Will and Testament. The last will and testament is a legal document that a person (legally known as the "testator") uses to govern the disposition of his or her assets following death. The will may also create a [trust](#)--a "**testamentary trust**"--that takes effect only after the death of the testator. Any person over the [age of majority](#) and of [sound mind](#) can draft his or her own will without the aid of an attorney. Additional requirements vary by state, but generally include the following:

- The testator must be identified as the maker of the will, and that he or she intends to make a will by the use of the document. The use of the language "last will and testament" satisfies these requirements.
- The testator must declare that he or she "revokes all previous wills and [codicils](#)." Failure to do so revokes only the provisions of previous documents that are inconsistent with the current will.
- The testator has to demonstrate that he or she has the capacity to dispose of the property included in the document, and does so freely and willingly.
- The testator must sign and date the will at the end of the document, usually in the presence of at least two witnesses who are not beneficiaries of the will.

Although there is no requirement that a licensed attorney has to draft a will, it is a preferable way to ensure that the testator's wishes will be effected. A typical error in so-called "homemade" wills is the use of a beneficiary, a spouse or a family member, as a witness to the will, which operates to disinherit that person, and frustrates the testator's intent.

Approximately 20 states recognize "[holographic wills](#)". These are wills prepared by the testator by hand, either handwritten or prepared on a computer. A holographic will is effective even if it is not witnessed. The so-called "**nuncupative will**", which is recognized by a handful of states, is an oral will.

Probate Proceedings. Following the testator's death, probate proceedings are initiated to determine whether the will is legally valid and to appoint an executor to assume responsibility for settling the testator's accounts and disposing of the assets included in the "estate." An "estate" consists of all property that the testator owns at the time of death, and includes real estate; bank accounts; stocks and other securities; life insurance policies; and personal property, such as automobiles, jewelry, and artwork.

Estate Planning. Estate planning is a way to ensure that a person's property, healthcare and intentions are honored, and a comprehensive estate plan can effectively resolve various legal questions that may arise after people die. Here are some of them: What is the state of the testator's legal affairs? Do they own any real or personal property? How should it be disposed and to whom? Is there a need for a personal guardian to be appointed to care for the testator's minor children? What are the tax liabilities on the estate? What funeral arrangements are appropriate?

An estate plan can accomplish the following objectives:

- Identifying family members and others whom the testator wishes to receive particular items of property after death;
- Ensuring that this property will be transferred consistent with the testator's wishes, as quickly and with as few legal hurdles as possible;
- Minimizing the amount of taxes to be paid in order for the property to be appropriately distributed;
- Avoiding the time and costs associated with the probate process by utilizing such estate planning devices as living trusts;
- Prescribing the type of life-prolonging medical care that the testator wishes to receive, if unable to express these preferences;
- Detailing how expenses are to be paid; and
- Describing preferred funeral arrangements.

Choosing from among the various estate planning alternatives that are available can be difficult. Fortunately, there are Internet resources that provide useful guidance. These include www.ameriprise.com, www.estate.findlaw.com/estate-planning. FindLaw's estate planning center is a particularly comprehensive way to identify estate planning needs,

recognize potential solutions, and locate an estate planning attorney to facilitate the process.

The essential foundation of an estate plan is the identification of principal objectives. Following is a list of typical estate planning goals and strategies for accomplishing them:

- **Providing for the testator's immediate family.** Husbands and wives want to make sure that there are sufficient resources for the surviving spouse, which often requires an income stream provided by life insurance. Couples with children want to assure that funds are available for their education and upbringing. For those with children under age 18, the couple should have a provision nominating personal guardian(s) for the children in their wills; absent this provision, a court will be without direction as it makes decisions about minor children's welfare.
- **Providing for other relatives needing help.** Testators who have family members whose lives can be difficult in their absence--an elderly parent or a disabled child, for example--should consider establishing a special trust fund to provide necessary support.
- **Getting assets to beneficiaries quickly.** Testators want their beneficiaries to have access to the assets that have been bequeathed to them. Strategies include insurance proceeds paid directly to beneficiaries; joint tenancies; living trusts; and other means that will use simplified or expedited probate that is available in many states.
- **Planning for incapacity.** One component of many estate planning processes is planning for possible mental or physical incapacity, which is especially important for single people. Living wills and durable health-care powers of attorney enable testators to decide in advance about life support options and selection of a personal guardian to make decisions about end-of-life medical treatment. Moreover, disability insurance can provide protection for testators and their families should the testator become disabled and unable to work.
- **Minimizing expenses.** Everyone wants to minimize the costs of transferring assets to their beneficiaries and good estate planning can reduce these expenses significantly.
- **Selecting competent executors/trustees** and giving them the necessary authority saves money, reduces the burden on the testator's survivors, simplifies the administration of the estate, and can reduce the probate court's involvement.

- **Easing the strain on the testator's family.** Estate planning provides an opportunity for the testator to plan for their funeral arrangements, reduce the costs of burial, or select cremation or other options.
- **Helping a favorite cause.** An estate plan can direct financial support for religious, educational, and other charitable causes, either during or after the testator's lifetime, while taking advantage of tax laws that encourage private philanthropy.
- **Reducing estate taxes.** A good estate plan will deliver the maximum assets to the testator's beneficiaries and the minimum to the government, an especially important goal as the estate approaches one million dollars in value, the figure that currently triggers the federal estate tax.
- **Ensuring that the testator's business will continue after death.** A small business can be thrown into chaos upon a principal's death or incapacity. The estate plan can direct its succession and continuation of its activities.

Personal and Family Information. It is extremely important to collect information to get prepared to meet with an attorney to begin the estate planning process. Here are some examples:

- The exact names and dates of birth of the testator and spouse to appear in the Last Will and Testament.
- Home address and telephone number of the testator and spouse.
- Country of nationality of testator and spouse.
- Names and dates of birth of children of testator and spouse or testator or spouse.
- Names and dates of birth of adopted children of testator and spouse or testator or spouse.
- Names and dates of birth for any deceased children.
- Names and dates of birth of any grandchildren of testator and spouse.
- Names of any previous spouses of testator and spouse; divorce decree.
- Significant personal information affecting testator, spouse or children/grandchildren (e.g., serious medical or physical condition requiring special care).
- Personal and family assets:
 - Common stocks.

- Real estate assets, including location, type of property, legal description and how the asset(s) is held (e.g., joint tenancy with right of survivorship, land trust) and estimate of fair market value.
- Insurance policy details
- Personal residence; address; how held (e.g., single-family, condominium, similar); how title is held; fair market value; mortgage balance; mortgage life insurance (if any)
- Other residences, vacation homes (same information as above).
- Personal and household effects (e.g., automobiles, furniture, furnishings, books, pictures, valuable jewelry/antiques/art/coins/stamps/gold), including descriptions, estimated value and insurance information.
- Cash, cash deposits, and cash equivalents, with the name and address of the bank(s) or institution(s), ownership of each item.
- Checking, ordinary saving accounts, short-term U. S. obligations (e.g., treasury bills), certificates of deposit, money market accounts, pension and profit-sharing plans, IRAs, ESOPs, or other tax-favored employee-benefit plans, with the owner(s) name(s).
- Insurance.
 - Life insurance: company, name, address, and policy number; face amount (i.e., proceeds) of policies; beneficiaries; cash value; loans, if any, against the policy; amount of accidental death benefits, if any.
 - Term/group term insurance: company, name, address, and policy number; face amount of policies (proceeds); owner' beneficiaries; accidental death benefits.
 - Similar information with respect to other life insurance or other insurance having life insurance features.
 - Life insurance on the testator's spouse's life. Company, name, address, and policy number; face amount of ordinary life insurance; owner; beneficiaries; cash value; loans, if any; accidental death benefits.
 - Term/Group life insurance. List company, name, address, policy number.
 - Face amount of term/group term insurance; owner; beneficiaries; cash value; loans (if any); accidental death benefits.
 - Other insurance on spouse's life.
- Closely held business interests.
 - Nature of the business
 - Form of organization (e.g., corporation, partnership, or the like)

- Estimated value.
- If a corporation, is an "S election" in force with respect to federal taxation?
- Belief that the business would continue to operate successfully in the event of testator's permanent absence or the permanent absence of some other key person.
- Investment assets. How title is held and approximate value of the following:
 - Publicly traded stocks and corporate bonds.
 - Municipal bonds.
 - Long-term U.S. Treasury Notes and Bonds.
 - Limited partnership interests.
 - Other investments: general nature and value.
- Other interests of current or future value
 - Interests in trusts.
 - Anticipated inheritances.
 - Other assets or interests of value.
- Liabilities: substantial financial liabilities not reflected in the above information. If secured, indicate the nature of the security. Substantial contingent liabilities, including personal guarantees. Insurance against any of these obligations?

Personal Estate Planning Objectives

- How would the testator dispose of the estate if there were no such thing as estate or inheritance taxes?
- In the event of the testator's death, would the spouse or children be likely to receive income from sources other than the estate, e.g., resumption or initiation of employment?
- Testator's personal objectives for family and the estate that override possible adverse tax consequences arising from trying to achieve them?

Guardians, Executors, and Trustees

- Guardians for minor children to be designated in the will in the event of death of testator and spouse.
- Guardian/substitute guardian of the person: name/contact information.

- Guardian/substitute guardian of the estate, if different: name/contact information.
- Principal/substitute executor: name/contact information.
- Principal/substitute trustees: name/contact information.

Other Matters

- Other factors. Facts or matters that do not seem to be covered by the other sections of this questionnaire?
- Community property. Property or any residency in a community property state (i.e., Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin).
- Powers of attorney given to any person? Name/contact information.
- Living will? Previously executed or currently desirable?
- Health care power? Previously executed or currently desirable?

Intestacy: Death without an Estate Plan

When a person dies without having executed a valid will, his or her property is distributed by "intestate succession" to persons according to state law. All 50 states have provisions governing intestacy, which distribute the decedent's wealth according to the way that the average person would presumably choose. It is very important to recognize that intestate succession can differ substantially from what the decedent really would have wanted. No exceptions are recognized, nor are there any exceptions based on need or special circumstances.

Estate Planning and Probate Dictionary

Following is an explanation of commonly used words and phrases related to estate planning and probate.

AB trust. A trust designed to make sure the personal estate tax exemption of each spouse (currently \$1.5 million) is used to the fullest extent possible, while allowing the surviving spouse to have use of the assets of the deceased spouse during the remainder of the surviving spouse's lifetime.

Administrator. A court-appointed person who manages the estate of a deceased person who has died without a will.

Attorney-in-fact. An individual designated in a power of attorney to act as the agent of the person who executed the document.

Basic will. A will that distributes everything to your spouse, if living, otherwise to your children when they reach the age of majority (18 years old).

Beneficiary. A person who receives funds, property, or other benefits from a will, contract, or insurance policy.

Durable power of attorney for health care. A written document in which an individual designates another person to make health care and health-related decisions in the event that the individual becomes incapacitated.

Durable power of attorney for property. A written document in which an individual designates another person to make his or her property and property-related decisions in the event that the individual becomes incapacitated and is unable to do so.

Estate tax. A tax that is imposed at a person's death, on the transfers of some types of property from their estate to heirs and beneficiaries.

Fiduciary. A person or institution that is legally responsible for the management, investment, and distribution of funds; i.e. the trustee identified in a trust.

Grantor. A person who transfers assets to another, usually into a trust.

Guardian. An individual with the legal authority to care for another, usually a minor child.

Incapacity. A person's inability to act on his or her own behalf, i.e., the "sound mind" requirement for drafting a valid will. A court makes a finding of incapacity.

Inter vivos trust. A trust that is created during a person's lifetime, which holds property for the benefit of another.

Intestate. A term used when a person dies without a will.

Joint tenancy with right of survivorship. A title that is often placed on co-owned property. At the death of one owner, the other owner will be legally entitled to sole possession of the property, regardless of what provisions are made in a will. A husband and wife often use this form of ownership.

Living trust. A revocable trust established during a grantor's lifetime that is used for the placement of some or all of the grantor's property. In a situation involving a married couple, a basic living trust does not effectively use the personal estate tax exemption of either spouse (the amount of a deceased person's estate that may pass to his or her heirs without estate taxes, currently \$1.5 million). Because of this deficiency of a basic living trust, an AB Trust (discussed above) is often recommended instead to married couples with substantial assets.

Marital deduction. A federal tax deduction that allows one spouse to pass his or her estate to the other spouse without having to pay estate or gift taxes.

No will. A decedent dies without a valid will, so that his or her estate passes to heirs based on the laws of descent and distribution of his or her state.

Power of appointment. A legal right given to a person in order to allow him or her to decide how to distribute a deceased person's property. A "general" power of appointment places no restrictions on the named person, while a "limited" or "special" power of appointment places restrictions on who may receive distributions.

Probate. A process whereby a court reviews a will to make sure that it is authentic, and allows others to make legal challenges to the will.

QTIP Trust. A trust designed to permit a spouse to transfer assets to his/her trust while still maintaining control over the ultimate disposition of those assets at the spouse's death. QTIP Trusts are particularly popular in situations where a person is married for a second time but has children from a first marriage for whom he/she wants to reserve assets.

State death or inheritance taxes. Taxes that may be imposed by the state where a deceased person lived, or where his or her property is located after death.

Trust. A written document providing that property be held by one (the "trustee") for the benefit of another (the "beneficiary"). A trust may be created during the grantor's lifetime or after his or her death.

Trustee. A person named in a trust document who will manage property owned by the trust, and who will distribute the trust income or property according to the terms of the trust document. A trustee may be an individual or a business.

Will. A document that directs how property shall be distributed upon a deceased person's death

Personal and Family Information

State the names requested below exactly as you want them to appear in your will and other estate planning documents. Where the space on the form is insufficient, please use the reverse side.

Your name: _____ Date of birth: _____
Spouse's name: _____ Date of birth: _____
Home Address: _____
Telephone Number: _____
Are you a United States citizen? _____
If not, of what country are you a citizen? _____
Is your spouse a citizen of the United States? _____
If not, of what country is he/she a citizen? _____
Your children, their spouses, and their children

Indicate which, if any, of your children is your child but not your spouse's, or vice versa. Also show the date and place of adoption of any adopted child. Be sure to include any deceased child and indicate the date of the child's death and his or her surviving spouse and children.

1. (a) Child: _____ Date of birth: _____

(b) Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

(c) Child's spouse: _____

(d) Child's children (and their dates of birth):

2.(a) Child: _____ Date of birth: _____

(b) Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

(c) Child's spouse: _____

(d) Child's children (and their dates of birth):

3. (a) Child: _____ Date of birth: _____

(b) Personal data (specify is the child from prior marriage, adopted, deceased, etc.)

(c) Child's spouse: _____
(d) Child's children (and their dates of birth): _____

4. If either you or your spouse has been married previously, state the name of each prior spouse and indicate whether he or she is now living (if living, give his or her address): _____

If either you or your spouse has been divorced, attach a copy of the divorce decree.

5. Is there other important personal information that might affect your estate plans? For example, does a member of your family have a serious long-term medical or physical problem that will require special care or attention in the future?

Personal and Family Assets

The following questions do not require detailed responses. For example, shares in publicly traded companies might be shown simply as "common stocks." On the other hand, for property interests that are more or less unique, such as interests in real estate, greater detail will be helpful.

With regard to real estate, it is important for your lawyer to know the location (city and state) of the real estate, how title is held, and the character of the property, e.g., residence, shopping center, apartment house, or similar description.

The following abbreviations may be used to describe certain attributes of particular assets:

- JT = Joint tenancy with right of survivorship
- TE = Tenancy by the entirety
- TC = Tenancy in common
- H = Husband's name alone
- W = Wife's name alone
- LT = Land trust
- FMV = Fair market value (or your best estimate)
- CV = Cash value of life insurance policy
- PV = Proceeds of life insurance policy

1. Personal residence:

Address: _____
Description (e.g., single family, condo, or co-op, similar description): _____
How you hold title: _____

Fair market value: _____
Mortgage balance, if any: _____
Mortgage life insurance? _____

2. Other personal residences or vacation homes:

Address: _____
Description (e.g., single family, condo, or co-op, similar description): _____
How you hold title: _____

Fair market value: _____
Mortgage balance, if any: _____
Mortgage life insurance? _____

3. Personal and household effects: If you think that the general categories do not provide an adequate description, please provide additional detail. Also state your best estimate of the value of each kind of property and who owns it (how you hold title).

Automobiles: _____

General personal and household effects such as furniture, furnishings, books, and pictures of no special value:

Valuable jewelry (indicate if insured): _____

Valuable works of art (indicate if insured): _____

Valuable antiques (indicate if insured): _____

Other valuable collections, e.g., coins, stamps, or gold (indicate if insured):

Other tangible personal property that does not seem to be covered by any of the other categories:

4. Cash, cash deposits, and cash equivalents: State the name and address of each bank or institution and who owns each item.

(a) Checking accounts, including money market accounts:

You: _____

Spouse: _____

Jointly with: _____

(b) Ordinary savings accounts:

You: _____

Spouse: _____

Jointly with: _____

(c) Certificates of deposit:

You: _____

Spouse: _____

Jointly with: _____

(d) Short-term U.S. obligations (T-bills):

You: _____

Spouse: _____

Jointly with: _____

5. Pension & profit-sharing plans, IRAs, ESOPs or other tax-favored employee-benefit plans.

(a) Pension plans.

You: _____ Vested: _____ Current value: _____

Spouse: _____ Vested: _____ Current value: _____

(b) Profit-sharing plans.

You: _____ Vested: _____ Current value: _____

Spouse: _____ Vested: _____ Current value: _____

(c) Individual Retirement Accounts (IRAs).

You: _____ Current value _____

Spouse: _____ Current value _____

(d) Other tax-qualified employee benefit plan interests. Please provide similar information. _____

6. Life Insurance on your life.

(a) Ordinary life insurance. List company, name, address, and policy number.

Face amount of policies (proceeds): _____

If you do not own it, who does? _____

Beneficiaries: _____

Cash value: _____ Loans, if any, against it: _____
Amount of accidental death benefits, if any: _____
(b) Term/group term insurance. List company, name, address, and policy number.

Face amount of policies (proceeds): _____
Owner other than you: _____
Beneficiaries: _____

Accidental death benefits: _____

(c) Please supply similar information with respect to other life insurance or other insurance having life insurance features: _____

7. (a) Life insurance on your spouse's life. List company, name, address, and policy number. _____

Face amount of ordinary life insurance: _____
Owner other than spouse: _____

Beneficiaries: _____
Cash value: _____ Loans, if any: _____
Accidental death benefits: _____

(b) Term/Group life insurance. List company, name, address, policy number. _____

Face amount of term/group term insurance: _____
Owner other than spouse: _____
Beneficiaries: _____
Cash value: _____ Loans, if any: _____
Accidental death benefits: _____
(c) Other insurance on spouse's life: _____

8. Closely held business interests. Describe any interest you have in a family or other business with limited shareholders. Include the nature of the business, its form of organization (e.g., corporation, partnership, or the like), whether you are active in its operations, and your estimate of its value. If it is a corporation, please indicate whether an "S election" is in force with respect to the federal taxation of the corporation. _____

With respect to any such business, do you believe it would continue to operate successfully in the event of your permanent absence from it or the permanent absence of some other key person?

9. Investment assets. With respect to each category, please state the owner (how title is held) and the approximate value.

(a) Publicly traded stocks and corporate bonds.
You: _____
Spouse: _____
Jointly owned with: _____

(b) Municipal bonds.
You: _____
Spouse: _____
Jointly owned with: _____

(c) Long-term U.S. Treasury Notes and Bonds.

You: _____

Spouse: _____

Jointly owned with: _____

(d) Limited partnership interests.

You: _____

Spouse: _____

Jointly owned with: _____

(e) Other investments. Please describe the general nature and value of other investment interests:

You: _____

Spouse: _____

Jointly owned with: _____

Other interests of current or future value

1. Interests in trusts. Describe any trusts created by you, by any other person, such as a parent or ancestor, in which you or a member of your immediate family has a right to receive distributions of income or principal, whether or not such distributions are actually being received or anticipated in the future. Be as specific as you can. If possible, submit a copy of the trust agreement. If the trust agreement is not available, show the date the trust was created, whether it can be amended or changed, whether she or someone has a power of appointment over it, when the trust terminates, and who will receive the trust property upon termination. Also, state the approximate current value of the trust and the annual income from it.

2. Anticipated inheritances. If you or any other members of your immediate family are likely to receive substantial inheritances in the foreseeable future from persons other than yourself or your spouse, describe your best estimate of the value and the nature of each inheritance.

3. Other assets or interests of value. Describe the general nature, form of ownership, and your estimate of the value of any asset or interest of value that does not seem to fit in any of the categories above.

Liabilities

Describe here substantial financial liabilities not reflected in the asset information you have provided above. If they are secured, indicate the nature of the security. Also show any substantial contingent liabilities, such as personal guarantees you have made on obligations of a business, a family member, or any other person. Indicate whether you have insured against any of these obligations in the event of your death, or if the obligations do not survive your death.

Personal Estate Planning Objectives

1. How would you dispose of your estate at your death if there were no such thing as estate or inheritance taxes?

2. In the event of your death, would your spouse or children be likely to receive income from sources other than your estate, such as the continuance or resumption by your spouse of his or her vocation or profession?

3. Describe any personal objectives you have for your family and your estate that override possible adverse tax consequences arising from trying to achieve them.

Guardians, Executors, and Trustees

1. Guardians for minor children. If you have minor children, you may designate in your will a guardian or guardians of the person and their estate in the event of your death and/or your spouse's.

(a) Guardian of the person.

Name(s): _____
Address: _____

(b) Guardian of the estate, if different.

Name(s): _____
Address: _____

(c) Substitute guardian of the person.

Name(s): _____
Address: _____

(d) Substitute guardian of the estate.

Name(s): _____
Address: _____

2. Executor. Your executor has the responsibility to wind up your affairs at your death, see to it that your assets are collected, that claims, expenses, and estate and inheritance taxes are paid, and then distribute your property to trustees or others you have named. It is a task of limited duration, substantial responsibility, and much work.

(a) Principal executor.

Name(s): _____
Address: _____

(b) Substitute executor.

Name(s): _____
Address: _____

3. Trustees. Your trustees have the responsibility for the long-range management of property that is to be held in trust for the benefit of the beneficiaries of trusts you may create.

Depending on the terms of the trust, there may be adverse tax consequences if a trustee has an interest or possible interest in the trust, although usually if the trustee's discretion is limited those adverse tax consequences are similarly limited. A trustee can be a corporation (qualified to act) or individual. You may choose to have co-trustees, one of which may or may not be a corporation. Because corporate trustees must charge fees for their services, they may decline to accept small trusts. Their fees to administer a small trust may turn out to be disproportionately large if they are to cover their costs in handling the trust. In general, choose a trustee with the following qualities: integrity, mature judgment, fiscal responsibility, and reasonable business and investment acumen. If you wish to select co-trustees, you may want to choose them for how well their individual strengths compliment each other. Frequently, the same person(s) or corporation selected as executor(s) may be designated as trustee(s).

(a) Principal trustees.

Names: _____

Addresses: _____

(b) Substitute trustees (to act if one or more of the principal trustees cannot or will not act).

Names: _____

Addresses: _____

Other Matters

1. Other factors. Describe or list here any facts or matters that do not seem to be covered by the other sections of this questionnaire and that you believe may be important for your estate planning attorney to know.

2. Community property. If you now live in or have lived in one of the states listed below, or if you own real estate in one of these states, please circle the name of the state and indicate whether you and your spouse have entered into any agreement about whether that property is separate property.

States: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin _____

3. Powers of attorney. Have you given a power of attorney to your spouse, a child, or any other person authorizing them to do either specific things on your behalf or to act generally on your behalf? If so, please indicate to whom it was given, the nature of the power (specific or general), the date, and the location of the document granting the power. _____

4. Living will. Have you signed any document indicating your wishes concerning the "heroic" or extraordinary measures to save your life in the event of a catastrophic illness or injury? If not, would you like to do so? _____

5. Health care power. Have you signed any document specifically authorizing another person such as your spouse to make decisions with respect to your health care in the event that you are unable to do so? If not, would you like to do so? _____

Date completed: _____

INSURANCE WHO'S GONNA PAY?

Because it's so freakishly complicated, it's amazing how many seniors manage to navigate through the policies and pitfalls of the insurance industry on their own. Let's start with some simple definitions and brief explanations.

Medicare is the national health care program for people over the age of 65 and some younger disabled persons (e.g., any individual with kidney disease at any age). There are certain requirements a recipient must meet in order to be eligible for benefits, including United States citizenship or status as a permanent resident of the United States with eligibility to receive Social Security benefits. In order to explain the coverage it is helpful to break the program into its four components:

- **Medicare Part A** (Hospital Insurance) helps to cover *inpatient care in hospitals*, the costs of a *skilled nursing facility, hospice, and home healthcare* if the applicant meets certain conditions, and *respite care* under some circumstances. www.medicare.gov provides a detailed explanation of Medicare coverage and any updates.

Individuals who have worked for some time during their lifetimes have contributed to Medicare through their payroll deductions. Most seniors receive a notice three months before their 65th birthday alerting them to their automatic enrollment in Medicare which begins the month of that birthday. Individuals who have not worked and are not eligible may enroll in the program. The above website provides enrollment detail. Persons who are eligible for the program are also required to purchase Medicare Plan B coverage (below); the premium cost varies by marital status and income.

Medicare Part B (Medical Insurance) helps to cover such medically-necessary services as doctors' services and outpatient care, as well as some preventive services to help maintain participants' health and to keep certain illnesses from getting worse. There is a monthly premium for services, the cost of which varies according to marital status and income. This coverage is available through local Social Security offices

or the Railroad Retirement Board (if the applicant is a recipient of a railroad pension).

There are very specific enrollment procedures, and they are date-sensitive. Late enrollments may be subject to penalties. Be aware of the co-insurance stipulations, the deductible amounts and check the website for restrictions governing a specific procedure (e.g., the conditions under which an ambulance may be used for transportation, or whether a medical procedure or test is allowed under the plan). Moreover, only the “Welcome to Medicare” physical is covered; regular annual doctors’ visits are not covered. In addition, some procedures are not covered, others require a co-payment of 20 to 50 percent, and the first \$135 of charges for Part B-covered services or items are paid by the individual.

Pay particular attention to the specific requirements for and general lack of coverage for *custodial care*. Medicare doesn’t cover it unless it is part of a skilled nursing care which is physician-prescribed.

- **Medicare Part C** (Medicare Advantage Plans) is another way to secure Medicare benefits. It combines Part A, Part B, and, sometimes, Part D (prescription drug) coverage. Medicare Advantage Plans are managed by private insurance companies approved by Medicare. These plans must cover medically-necessary services, which requires some investigation. There are various Medicare Advantage Plans, most of which, like HMOs, have networks of doctors that are available to participants who belong to the plan. Others, such as Private Fee-for-Service (PFFS) Plans, allow the participant to go to any doctor if the doctor agrees to accept the plan’s terms of payment *before* treatment. There are also Medicare Advantage Plans—“Medicare Special Needs Plans (SNPs)”--that serve certain people with Medicare who are chronically ill, who live in institutions (e.g., nursing homes), or who have other special needs. You will need to determine if a provider is Medicare-approved and you should compare their coverage, co-payments and deductibles.
- It is also possible to subscribe to a **Medigap** plan, which is a private supplemental insurance plan that, as the name suggests, fills the gap between Medicare Plans A and B. The Advantage and Medigap Plans are usually mutually exclusive.

Select a plan or group of plans that you can afford that offers the greatest amount of coverage and flexibility. Customize your plan according to your needs. Check the Medicare website for coverage or exclusions regarding your particular health concerns, and consult with your family doctor or specialist to see if you can remain a patient and continue to get coverage under your plan.

- **Medicare Part D** (Medicare Prescription Drug Coverage or PDPs) helps to cover prescription drugs. This coverage may lower your prescription drug costs and help protect against higher future costs. Part D has involved a difficult adjustment for seniors, many of whom have sought advice regarding prescription coverage from their doctors and pharmacists. Medication costs become an ever increasing drain on the fixed income of seniors.

Enrollment in a Medicare Advantage Program or a Medigap Plan (such as an HMO or PPO) probably provides drug benefits; Medicare drug plans are also available for an additional monthly premium. Check with Medicare and/or your insurance carrier to compare monthly premiums, co-pay amounts and deductibles so that you can make an informed decision about enrolling in any of these plans. If your prescription costs are in excess of \$1,200 per year, this may be a good investment, since benefits will likely pay 15 to 55 percent of the cost of prescriptions.

Medicare does not cover costs associated with long-term health care, day-to-day care, or supervision for those afflicted with Alzheimer's or dementia or most skilled nursing home care (whatever the ailment). Medical science has extended our lives, and care options have increased dramatically in recent years, but the cost of health care continues to skyrocket. Few of us can afford the costs of nursing home or in-home health care that may extend over many years.

Medicaid qualification requires that a parent appear to be "paper poor," which means that while the parent is allowed to keep their home and pension, all other investments must be dedicated to the expense of their ongoing care. Many seniors choose to transfer these assets to their heirs while they are living. At present, Medicaid requires that this transfer take place at least three years in advance of application.

Medicaid is health insurance providing coverage for some low-income individuals, including people who are eligible because they are over the age of 65, blind, or disabled, or certain people in families with dependent children. Medicaid is a state-administered Federal program. Consequently, individual states determine eligibility and services covered. Although age may qualify an individual for the program, states may also impose additional eligibility requirements (e.g., proof of income and other financial resources).

To apply for Medicaid, contact your local social services department to show proof of your financial need for this assistance. Medicaid coverage may apply retroactively to any or all of the three months prior to application, if the individual would have been eligible during the retroactive period.

If your parent falls under the low or very low income level for your area, check to see if they qualify for a *Limited Income Subsidy*. This program began in 2006 and requires almost no out-of-pocket expenditures by participants.

The Federal government is also offering tax-free subsidies to employers who continue to provide prescription drug coverage for their retired employees. This program is scheduled to continue through 2016. Check with the employer for participation.

Long-term health care. Most plans take effect when two of six ADLs (activities for daily living)--bathing, dressing, toileting, eating, grooming and moving around--are impaired. There may also be a waiting period for benefits. For example, once a physician has written an order for skilled health care, the policy may require a period of time (perhaps six months) during which financial responsibility remains with the individual or family before benefits begin to be paid. If purchased in a person's fifties, the premiums are usually affordable. Long-term health has historically been purchased to cover nursing home care. However, some policies offer coverage for assisted living facilities depending on the amount of service provided. There is stiff competition in the marketplace, so shop for the best policy for you or your parent. www.ltcg.net provides quotes on long term care policies and www.insure.com compares the rates of more than 200 insurance companies. If you or a family member has been a Federal government employee or has served in the military, visit www.ltcfeds.com for information on long-term care insurance.

Lessons. Plan now for the extended life that medical science has made possible, but also consider the possibility of crippling care costs. When beginning your new role as caregiver/advisor, find out what plans and policies are in place and what premiums are being paid. Become knowledgeable. Insurance must be part of a solid aging plan. It is also the area where mistakes can be most costly.

BUILDING YOUR RICH FAMILY HISTORY REVISITING THE PAST, REVIVING THE MEMORIES

A few families keep exquisite records. They keep, and regularly update, albums full of pictures, scrapbooks of mementos, or journals that record day-to-day thoughts and feelings. But most of us have only jumbled boxes of photos, a few precious Christmas cards and a birth certificate or two, leaving us wondering: Who is that person standing next to grandma, anyway? Glorious memories and the histories they represent are kept randomly--if at all.

Knowledge helps us to understand. Many cultures are replete with oral histories. Parents put their children to bed every night with wondrous stories of their *larger-than-life* ancestors. Most of us don't even know the first names of our great-grandparents, the number and names of their siblings or what they did with their lives.

Are there family stories that you remember from your childhood that make you smile? What do you really *know* about your own parents? How did they meet and fall in love? What were the dreams they shared? What was the hardest thing they ever had to do? What was the best joke they ever heard?

Because you are visiting our *Toolkit*, you are probably intimately involved with one or more of your parents on their aging journey, a situation that inevitably requires some difficult conversations. We've designed the *Toolkit* to ease your burden by suggesting a series of interview questions that we believe will lighten the mood, strengthen your family bond and produce a rich family history that you and the generations that follow will treasure.

This interview may be self-administered. Answers can be written or recorded. Perhaps a child may wish to conduct a series of interviews and memorialize the information gathered as your family chooses. Our personal favorite is a voice recording with an accompanying transcript. We have found that some aging parents don't want to be filmed because they would rather to be remembered as being young and vital. Fortunately, for the most part, our voices are timeless. We can imagine the speaker at any age and that pleases us and them.

Here's a place to start recording your family history, your priceless memories:

The Early Years

When were you born? How much did you weigh? Did you have a nickname?

Did you suck your thumb? Did you carry a security blanket?
Who did you look like? Who were you named for?
What is your earliest memory as a child? How old were you?
Where did you live? Describe to me the house you grew up in.
Who were your childhood friends? What were their names? What did you like and dislike about them?
What schools did you attend? What were your best and worst subjects?
Did you have any teachers that made a difference in your life? What did they do that made them special?
What did you want to be when you grew up?
What games did you play?
Describe your home life like? Was it happy/sad/loving/frightening/religious/safe?
Why did you choose that word?
What do you think your father valued? When you were a kid how did you feel toward your father? Why?
What do you think your mother valued? When you were a kid how did you feel toward your mother? Why?
Which of those values do you think you carried into your own life?
Were there any family secrets about your mom, dad, family members or close friends that you were expected to keep? Would you be OK sharing them with me now?
What were you expected to do as chores? Were your parents strict? Why do you say that?
What were you taught to value as a child?
What did you love most about your mother? Your father?
As you grew into your teenage years do you remember your favorite:
Song *When that song was playing, what did you think about? How did that song make you feel?*
Movie *Who saw it with you? Why did you like it so much?*
Actress/Actor
Book/Radio program
Season/Vacation spot
Holiday/Flower/Birthday present
Color/Sport/Food

The Adolescent Years

What school did you graduate from? When?
What is your favorite high school memory?
When did you start to date?

Tell me about your first kiss. Who did you kiss? How was it?
Who was your first crush?
What was the fashion then? What was your favorite article of clothing?
What did you do for fun on weekends?
What was your first part-time job? How much did you get paid?
What was your first full-time job? Did you get a raise?
With whom was your first serious romance?
Did you ever get jilted? By whom? How long did it take you to recover?

How Our Family Started

When did you meet mom/dad?
What did he/she do for a living?
Was it love at first sight?
Why did you like him/her?
What was your favorite date activity?
How long before you got engaged?
Was the proposal memorable? What did you/he say?
How long was it before you got married?
What is your most vivid memory of your wedding day? Tell me about your honeymoon.
Were there any memorable wedding gifts?
What was the most memorable vacation?
Question: As a wife/husband I tried to be...
Question: As a mother/father I tried to be...
Let's talk about your relatives. Let's begin with your parents.

What did they do?
What were their virtues and vices?
What did you like and dislike about each of them?
What did you admire about them?
What were their dreams?
What did they believe in?
What did you call them?
What are your most vivid memories of them?
Are there any great family stories about them?

Can we try to do a family tree?

Place family tree skeleton here

Tell me about all your relatives. Describe each of them. What did they mean to you? What did you like them? Why?

Tell Me More About You

Who made you laugh?

What made you sad?

What dreams did you share over the years?

What dreams do you still hope to fulfill?

What is your greatest achievement? Why?

Is there anything you regret?

What skills did you learn in life? What are your favorite hobbies?

What was the hardest decision you ever had to make? Do you think you made the right choice?

Who have you most admired? Why?

If you could invite anyone in history to dinner who would it be? What would you talk about?

If you had all the time and money in the world what would you do with it?

What was the hardest decision you ever had to make? Do you think you made the right choice?

What was the most frightening moment of your life?

If you were in perfect health and money and location where not an issue, what would be a perfect day?

Is there a secret you have never told anyone? If so, would you like to tell it now? You certainly don't have to, but if you'd like to do so, this would be a perfect time.

Do we have any skeletons in our closet that you would like to tell us about?

These Histories May Come in Handy! Create scrapbooks, memory books and make the organization of those boxes of old photos a family activity. These treasures become not only family heirlooms, but can serve as an invaluable resource for families with a loved one stricken with Alzheimer's or other memory loss.

Sadly, visitations in memory care facilities often wane as patients fail to recognize family and friends and can no longer converse. These visitors begin to feel that their visits serve no purpose and besides they leave feeling empty and depressed. Memory often recedes as it was created--short-term leaves and old memories linger.

Create these albums and then leave them in the rooms of your loved ones.

The people and events they represent will provide material for hours of great conversation and needed patient stimulus. The conversations may be repetitive, and your parent may have no idea who you are, but you will both benefit from the experience. Happy scrapbooking!

Resource Directory

Here is a directory of some websites that you may find useful. If there is any subject not covered or information you are unable to find please e-mail us at info@greatplacesinc.com and we'll be happy to help.

Aging Gracefully/Exercise/Diet/Nutrition

<http://www.everageless.com>

<http://www.go60.com>

www.spry.org

www.eatright.org

www.5aday.gov

Caregiver Support

www.wellspouse.org offers a wealth of support for people caring for a sick spouse

www.caps4caregivers.org offers info and referrals for caregivers.

There is a minimal membership fee and a small charge for some of their materials

Disease-Specific Sites

Parkinson's - www.apdaparkinson.org

Alzheimer's - www.alz.org

Financial

www.aarp.org/revmort Contact for a free booklet on reverse mortgages

www.reversemortgage.org National Reverse Mortgage Lenders Association

www.reverse.org National Center for Home Equity Conversion

Government Sites and Agencies

www.medicare.gov

www.hud.gov Provides listings of subsidized senior apartments

www.ltcombudsman.org Ombudsman can provide info on facility

complaints/issues and may be valuable in helping compare homes. Every state has one for the elderly and the service is free

www.usda.gov Rural development low-interest repair loans for very low income and elderly homeowners

www.irs.gov

Insurance

www.longtermcare.com

www.ltcq.net Provides quotes on long-term care policies available to military and federal employees.

www.insure.com Compares insurance rates of more than 200 companies

www.ltcfeds.com Federal Long-Term Care Insurance Program

Legal

www.naela.org National Academy of Elder Law Attorneys

www.estateplanforyou.com American Academy of Estate Planning Attorneys

www.estate.findlaw.com Useful legal forms

www.legacywriter.com

www.legalzoom.com

www.lawdepot.com

Ombudsman

www.ltcombudsman.org Ombudsman can provide info regarding facility complaints/issues and may be valuable in helping compare homes. Every state has one for the elderly and the service is free

Professional Organizations

www.caremanger.org National Association of Professional Geriatric Care Managers

www.nahc.org National Association of Home Care Providers

www.private-duty-homecare.org

Quality

www.aahsa.org Check out the Quality First Covenant. Facilities agree to sign this covenant to be members of aahsa

www.carescout.com For a fee, provides quality ratings for nursing homes, assisted living facilities and in-home health care agencies. Also offers a package fee of \$499 to help families assess the most appropriate housing for the senior and will negotiate a discount with the facility along with other services. Might be very helpful for the adult child who lives away

www.nhqualitycampaign.org The National Housing Quality Campaign has set health care standards which properties may voluntarily agreed to strive to achieve. More than 200 communities participate in the state of Minnesota and more than 6000 nationally.

www.medicare.gov or www.nursinghomecompare.com
Provide comparisons of nursing homes and in home health care agencies

<http://www.health.state.mn.us/nhreportcard.com> Report card is available for 18 states

www.myZiva.net Zip code search provides a nursing home directory. Site also provides quality measurements and staffing info

Safety

www.abledata.com Lists more than 30,000 assistive technology devices

www.101-identitytheft.com

State Housing Directories. Great Places provides useful links to state websites where you can access housing directories and, in most cases, the offices of the ombudsmen. NOT every state website is easily accessible and some are frustrating to navigate. In providing the following we hope we have made your quest for housing information a little easier.

Alabama www.adss.state.al.us

If looking for housing directory search

www.eldercarelinkdirectory.com

Click: Services

Find: Ombudsman

Montgomery, Alabama: Limited search

www.volunteer-info.org

Click: Online Service Directory

Scroll services: housing/elderly

Click: Search now

Alaska

www.alaskaaging.org

If looking for their housing directory search

www.eldercarelinkdirectory.com

Arizona

www.azhca.org/public/facilities/

Directory of nursing homes and assisted living facilities

www.AZcareheck.com

Provides up-to-date info on inspections, complaint investigations and quality ratings

Phoenix, Arizona

<http://www.phoenixpubliclibrary.org/fiftyplus.jsp>

Find: Community Resource section

Find: Housing

Click: Assisted Living Facilities

Find: assisted living or long term care. Provides three formats to download directories for nursing homes, assisted living facilities, adult day care, respite care and adult foster care

Arkansas

www.state.ar.us/dhs/aging

Access Arkansas consumer guide to nursing homes

Home page provides ombudsman info, assisted living choices and independent living choices

California

Quick access: <http://www.calnhs.org>

Select housing Option: Nursing Homes

Home Health Care

Congregate Living

Residential Care Facilities

Hospice Services

Adult Day Care

Continuing Care Retirement

Provides directories and quality ratings for facilities

Click: More search options to search by city, county

Independent Living Options: Search by zip code

Colorado

www.cdhs.state.co.us

If looking for housing directory search

www.eldercarelinkdirectory.com

Connecticut

www.ct.gov/longtermcare

Find: Directory of providers

Delaware

Find: Nursing home directory

www.dhss.delaware.gov/dhss/dtcrp/assistedlivingfacilities.html

Find: Assisted living directory

www.dhss.delaware.gov/dhss/dsaapd/assistliv.html

District of Columbia

www.dcoa.dc.gov

Find: Nursing home services. Provides directory of facilities

Florida

<http://elderaffairs.state.fl.us>

Find: Housing & Assisted Living. Provides a Find a Facility by County Search for affordable ALF in state and Adult Family Care Homes

Georgia

www.ors.dhr.state.ga.us

Provides facility location and information by county, city or zip code

Hawaii

www2.state.hi.us/ea

Search: Programs & Services

Find: Long-Term Care

Ombudsman

Scroll to: Hawaii links for directory of skilled nursing and intermediate care facilities

Idaho

www.idahoaging.com

Click: Programs & Services to access Ombudsman and survey results for all long-term care facilities

Click: Scroll down to Other Links, then access A Guide to Long Term Care

Click: Home care, Nursing homes, Assisted Living to access directory of facilities

Select: care option and search

Illinois

www.state.il.us/aging

Ombudsman contact on home page

Click: Long term care on home page

Click: Survey of long term care facilities

Provides links to list of nursing homes in state

Indiana

If looking for housing directory search

www.eldercarelinkdirectory.com

Iowa

www.state.ia.us/elderaffairs

Find: Ombudsman

If looking for housing directory search

www.eldercarelinkdirectory.com

Kansas

www.agingkansas.org/Publications/eyo/findbycounty.htm

Provides directory of housing options by county for:

- Adult Day Care

- Assisted Living Facilities

- Hospice/Respite Services

- Independent Living

- Home Health Care

- Nursing Home Compare

Kentucky Division of Aging Services

www.chs.state.ky.us/aging

Click: Aging Service

Click: Aging and Independent Living. Offers link which provides report and list of nursing homes with history of serious quality issues (SFF)

Click: Retirement communities for directory of facilities

Click: Assisted Living Communities for directory of facilities

Click: Adult Day Care and follow link

In Search box: Enter long term care. Search files for directory of nursing homes by county

Louisiana

www.louisiana.gov/

Office of elderly affairs

Find: ombudsman office

If looking for housing directory search

www.eldercarelinkdirectory.com

Maine

www.state.me.us/dhs/elder/htm

Locate: DHHS OFFICE/DIVISION

Select: Elderly Services

Find: Assisted Living Facilities

Nursing homes

Home Health Agencies

Enter search information to access directory

Maryland

www.mdoa.state.md.us

Click: Services and programs

Find: Long term care ombudsman

Find: Nursing Home Guide

Click: "How to find a nursing home" to access directory by county

Click: Data and ratings. Provides performance info on quality measures

Find: Housing options

Home Health Care

Congregate Housing

Continuing Care Retirement Communities

Group Homes

Select option and find "facility search" to access directory of facilities

Assisted living directory:

<http://mhcc.maryland.gov/consumerinfo/assistedliving/search.aspx>

Search by county or zip code for facilities
Office of Health Care Quality offers nursing and assisted living reports
Visitors may request copy of a facilities list of recent deficiencies

Massachusetts

If looking for housing directory search

www.eldercarelinkdirectory.com

Michigan

www.michigan.gov/miseniors

If looking for housing directory search

www.eldercarelinkdirectory.com

Minnesota

[Search Great Places Home Page](#)

Mississippi

www.mdhs.state.ms.us/aas.html

If looking for housing directory search

www.eldercarelinkdirectory.com

Missouri

If looking for housing directory search

www.eldercarelinkdirectory.com

Montana

www.dphhs.mt.gov

Click: Programs and services

Click: Long term care

Find: Ombudsmen

Find: Housing Options

Find: Facility Search currently under construction

Assisted Living

Adult Foster Care

Adult Day Care
Veterans Homes
Shared Homes

Select housing option
Search directory by county, city, zip code

Nebraska

www.hhs.state.ne.us/ags/agsindex.htm

Find: Long term care for Ombudsman
If looking for housing directory search
www.eldercarelinkdirectory.com

Nevada

www.aging.state.nv.us

Select: Aging Services
Select: Ombudsman
Select: Resources for Seniors
Find: Assess My Needs to enter criteria to begin search for housing options

New Hampshire

If looking for housing directory search
www.eldercarelinkdirectory.com

New Jersey

www.state.nj.us/health/healthfacilities/search.shtml

Select type of facility: Nursing homes, Assisted Living, Hospice, Home Health Care, Residential Health Care Facilities
Search for directory by county or city
Site offers facility evaluation report card information

New Mexico

www.nmaging.state.nm.us

Click: Elder Right for Ombudsman

If looking for housing directory search
www.eldercarelinkdirectory.com

New York

www.aging.state.ny.us

Find: ombudsman

Click: Housing

Find: "Search the Guide"

Find: Begin your search

Search directory contains 13 types of housing options by county.

Search by criteria or <http://www.nyhealth.gov/facilities>

Find: Directory of Assisted Living Facilities

Find: Directory of Adult Care Facilities

Find: Long Term Care to access Nursing Home Profile to find and compare Nursing homes in New York

North Carolina

www.dhhs.state.nc.us/aging

Click: Long term care options

Find: Ombudsman

Find: Nursing Homes

Find: List of homes

Provides a PDF directory of nursing home facilities by alphabet or county, adult care homes, hospice care

North Dakota

<http://www.nd.gov/>

Search: Nursing Homes

Find: Health Resources

Click: List of Nursing Homes facilities

Search: Assisted Homes: Medicaid

Find: List of Assisted Living facilities

Click: List of facilities

Ohio

www.goldenbuckeye.com

Find: Ombudsman program

Find: Long-term Care Consumer Guide

Provides directories for nursing homes, assisted living, home health options and Resident Satisfaction Survey Results

Oklahoma

www.ok.gov/health/

Find: Long-term care facilities

Provides a directory for nursing, homes, assisted living facilities, adult day care, residential care homes, continuing care facilities, Alzheimer's and dementia facilities by alphabetical listing or by county

Oregon

If looking for housing directory search

www.eldercarelinkdirectory.com

Pennsylvania

www.aging.state.pa.us

Click: Professionals and providers

Find: Ombudsman

Search: Nursing homes

Find: Statewide directory of nursing homes listed alphabetically

Find: Nursing home facility locator by county

www.longtermcare.state.pa.us

Find: Provider Directories for Assisted Living Facilities (refers to AAHSA site), Nursing Homes, Continuing Care Retirement Communities, Hospice Care, Home Health Care, Personal Care Homes. Search by county, city, zip, or name

Rhode Island

www.dea.state.ri.us

Search: Nursing homes

Find: Nursing home regulations provides nursing home survey info to help consumer evaluate quality

Search: Assisted Living Facilities

Find: RIALA. Directory of facilities by city, maps, and name

South Carolina

If looking for housing directory search

www.eldercarelinkdirectory.com

South Dakota

<http://dss.sd.gov/elderlyservices/resourcedirectory>

Provides directory of assisted living facilities, nursing facilities, adult day care, in-home health care, senior apartments,

Tennessee

<http://health.state.tn.us/HCF/board.htm>

Find: Facilities directory by type of service and county for assisted living, nursing homes, home health care, and hospice care

Find: Nursing Home Reports

Find: Nursing Home Surveys

Texas

If looking for housing directory search

www.eldercarelinkdirectory.com

Utah

www.hsdaas.state.ut.us

Find: Ombudsman

If looking for housing directory search

www.eldercarelinkdirectory.com

Vermont

www.dad.state.vt.us

Find: Division of Disability and Aging Services

Click: Service Providers to select type and access directory of facilities and services for nursing homes, assisted living, adult day care, residential care homes, home health care

Virginia

If looking for housing directory search

www.eldercarelinkdirectory.com

Washington

www.aasa.dshs.wa.gov

Find: In home services

Find: Assisted living

Select type of licensed care. Assisted living/boarding homes, nursing homes, adult family homes or contact info for non-licensed housing, Continuing Care Retirement Communities, Independent Living

Find: Quick link to find licensed facility in area by city, county, zip code

West Virginia

<http://www.wv.seniorservices.gov/>

Search: Nursing homes

Find: Ombudsman

Wisconsin

www.dhfs.state.wi.us/aging

Find: Ombudsman

Select type of care. Long term care for nursing homes, assisted living, home health care, Alzheimer's and dementia care

Find: Directory of facilities by county, city, and name

Wyoming

<http://wdhfs.state.wy.us/aging>

If looking for housing directory search

www.eldercarelinkdirectory.com

Useful Organizations

<http://aarp.org>. Everyone knows this site. Offers many resources, information and services. AARP BULLETIN provides a state-by-state guide to nursing home performance giving the specific websites

which provide this information in each state. Must access the BULLETIN. Scroll down to find what are the best sources to provide quality comparisons in every state. Notes which states provide nursing home report cards, surveys, inspection reports, ombudsman offices and more

www.caremanager.org

Provides referrals for geriatric care managers who help in assessment and placement along with a range of other services. Fees range from \$75-\$150 per hour

www.nahc.org National organization for home care and hospice providers

www.njia.nih.gov/Healthinformation.org National Institute on Aging Resource Directory for Older People

www.nahbrc.org/seniors National Center for Senior Housing Research provides information regarding the latest technologies, trends and housing issues