LEGG MASON
GLOBAL ASSET MANAGEMENT

AGING AND ITS FINANCIAL IMPLICATIONS: Planning for housing

Perspective, research and practical insights created in collaboration with The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing

A REALISTIC VISION FOR YOUR RETIREMENT

For many, retirement is the much-anticipated culmination of work and savings. Most people envision the part of retirement that is active, and free from the stresses of work and career.

The vision may include travel or volunteering, refining a golf or tennis game, having more time for their family, or checking off experiences on their lifelong "Bucket List."

Some retirees create a lifestyle that has them staying up north in the summers and venturing down south for the winters. And then there's the "Bucket List:" — the list of dreams to fulfill, goals to achieve or places to be visited. Knocking off the visits to the rest of the 50 states; hiking in all the State parks; taking flying lessons; learning how to cook from a French chef...in Paris! The "Bucket List" is the Holy Grail of active retirement.

Unfortunately, the "Bucket List phase" of retirement might be shorter than you think. The truth is, the years spent in retirement may offer a mixed bag of good health and periods of infirmity. There is no question that health issues can interrupt the carefree retirement you may have planned. Age-related changes (e.g., hearing or vision loss, reduced energy) and chronic health conditions begin to take their toll on the quality of life and often contribute to declines in everyday functioning.

Our lifestyles may change dramatically in our 70s, 80s, 90s and beyond, and the reality of retirement may turn out quite differently from what we have envisioned. Unfortunately, many of us have looked at our "golden years" in idealized terms, and have not given careful consideration to the realities of aging. Aging and frailty know no economic boundaries and often bring physical, lifestyle, financial planning, family, psychological and social challenges. Truly understanding the realities of retirement can help in giving financial, emotional and family considerations the proper attention well in advance in order to make appropriate plans.

Please note that Legg Mason is not affiliated with The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing.

The challenge

A brave new world greets retirees who may live as long as 30 years in retirement. Most people don't think through advanced retirement, where they will live, and what it will cost in their 70s, 80s and 90s. Housing is both a major financial asset on the balance sheet and a significant expense in the household budget. Housing may also be the largest expense component of retirement income; the time for planning is in advance of a major health event and before advanced age takes its toll. Where to live should be proactively thought through in advance of a health crisis, even if the intent is to age in place; that is, remain in your home. Mobility limitations, a chronic illness or a catastrophic health crisis may give way to a housing move, reshape the best-laid plans and disrupt your financial preparedness.

Legg Mason's commitment and response

We created *Aging and its financial implications: Planning for housing* in collaboration with The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing, to bring you the perspective, research and practical insights to assist you with the challenges of aging. Third-party research as well as perspectives from our skilled partners from The Center for Innovative Care in Aging were used to inform this document.

Broadening your knowledge base of housing options will help you understand more deeply how aging impacts housing requirements. When people are weighing current and future housing choices, they often reveal conditions of frailty, personal issues that are close at heart. As the conversation continues with family members, children and grandchildren, this can become a go-to source of information that informs family decision-making. We have tools to help initiate the conversation, support the dialogue and help prepare for this important life stage.

What's inside

PROFILE OF AGING

There are a number of trends that impact decisions related to housing during the years of retirement.

Aging population (65+) will continue to increase

The aging of America is manifested in the lives of all of us. Between 2010 and 2030, 77% of the housing demand will be for people aged 65-plus.[1] Commonly quoted is the fact that 10,000 baby boomers each day reach the retirement age of 65. Just wait until 2030. By then, all of the baby boomers will have moved into the ranks of the older population. This will result in a shift in the over-65 age structure, from 13% of the population in 2010 to 19% in 2030. 8.7 million people will be 85 or older.[2] People who survive to age 65 can expect to live an average of 19.2 years. Once they live until age 85, there is a good chance their lives will extend another 6–7 years.[3]

Important note

The figures cited in this section are from the Federal Interagency Forum on Aging-Related Statistics. Older Americans 2012: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office. June 2012.

[1] "Housing and demographic trends are changing: How our cities will develop," by Maria Saporta, June 11, 2012, http://saportareport.com/blog/2012/06/housing-and-demographic-trends-are-changing-how-our-cities-will-develop/.

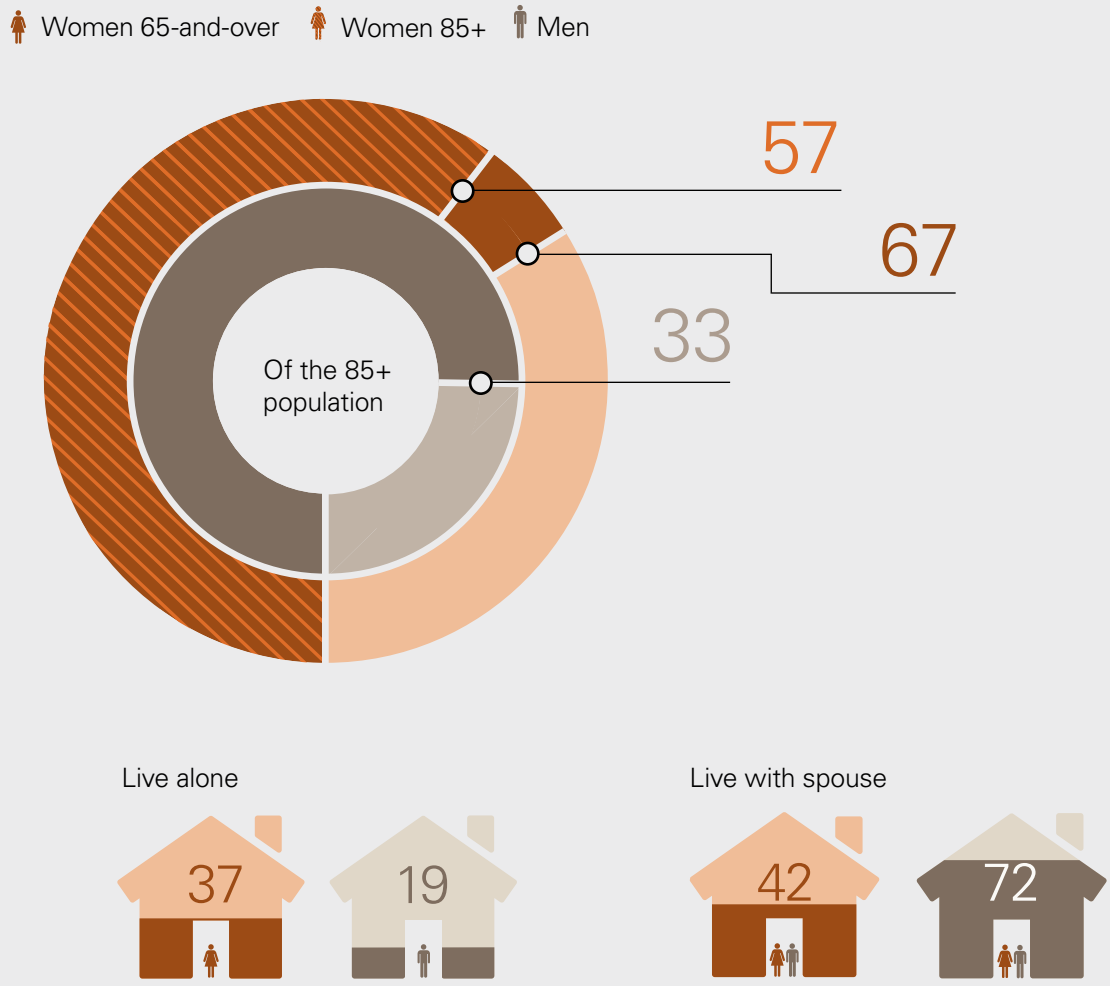
[2] U.S. Census Bureau: The Next Four Decades; The Older Population in the United States: 2010 to 2050. Available Electronically at http://www.census.gov/prod/2010pubs/p25-1138.pdf.

[3] U.S. Census Bureau, 1900 to 1940, 1970 and 1980, U.S. Census Bureau, 1983, Table 42, 1950, U.S. Census Bureau, 1953, Table 38; 1960, U.S. Census Bureau, 1964, Table 155; 1990, U.S. Census Bureau, 1991, 1990 Summary Table File; 2000, U.S. Census Bureau, 2001, Census 2000 Summary File 1; U.S. Census Bureau, Table 1: Intercensal Estimates of the Resident Population by Sex and Age for the U.S., April 1, 2000 to July 1, 2010 (US_ESTOOINT-01); U.S. Census Bureau, 2011. 2010 Census Summary File 1; U.S. Census Bureau, Table 2: Projections of the population by selected age groups and sex for the United States. Note: These projections are based on Census 2000 and are not consistent with the 2010 Census results. Projections based on the 2010 Census will be released in late 2012. Reference population: These data refer to the resident population. Also Werner, C.A. (Nov. 2011). The older Population: 2010. 2010 Census Briefs. U.S. Census Bureau. Retrieved 3/26/2013 at http://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf . Also Federal Interagency Forum on Aging Related Statistics (2012). Older American 2012: Key Indicators of Well-Being.

Women continue to outlive men to an increasing extent as they age.

In 2010, women represented 57% of the 65-and-over population, and 67% of the 85+ population. Widowhood is a reality; women are more commonly unmarried than older men. Marital status affects living arrangements as well. Older women were twice as likely as older men to live alone (37% and 19%, respectively). Older men more often lived with their spouse (72%) than older women (42%). Living arrangements are also linked to income, health and the availability of caregivers, as we will discuss later.[4]

In 2010:[4] (%)

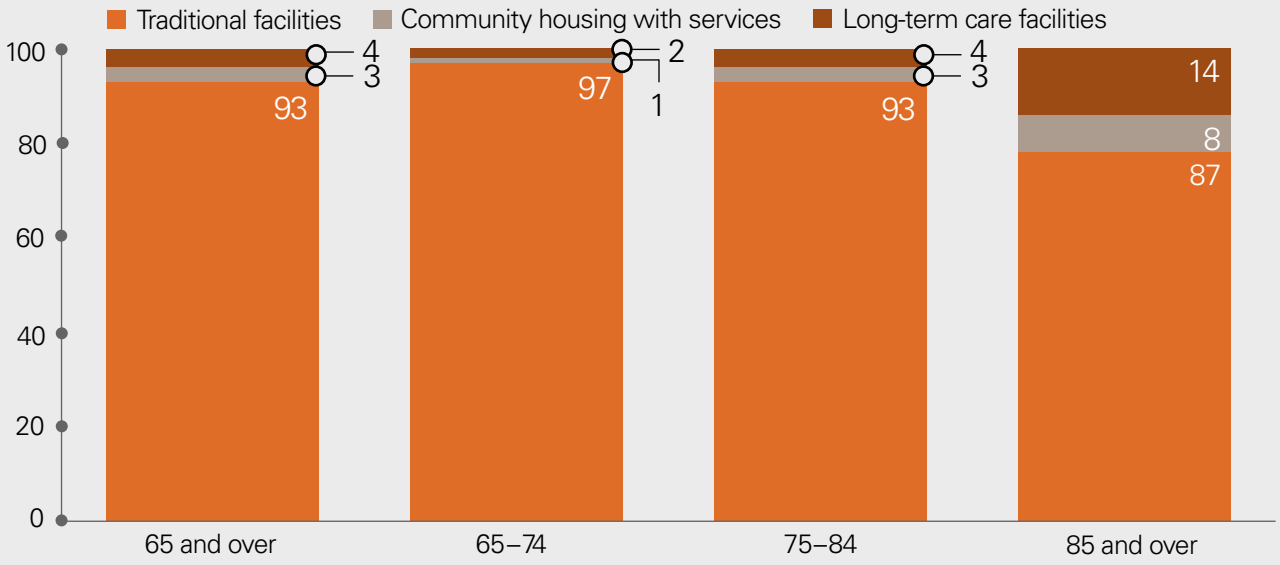


[4] U.S. Census Bureau, 1900 to 1940, 1970 and 1980, U.S Census Bureau, 1983, Table 42, 1950, U.S. Census Bureau, 1953, Table 38; 1960, U.S. Census Bureau, 1964, Table 155; 1990, U.S. Census Bureau, 1991, 1990 Summary Table File; 2000, U.S. Census Bureau, 2001, Census 2000 Summary File 1; U.S. Census Bureau, Table 1: Intercensal Estimates of the Resident Population by Sex and Age for the U.S., April 1, 2000 to July 1, 2010 (US_ESTOOINT-01); U.S. Census Bureau, 2011. 2010 Census Summary File 1; U.S. Census Bureau, Table 2: Projections of the population by selected age groups and sex for the United States.

The vast majority of people over 65 live at home and 97% live in traditional communities until age 75–84, when the move to community housing or long-term care facilities ticks upward.

By age 85, approximately 22% reside in housing communities with services, some of which are long-term care facilities.[5] A move to a full-service facility can be a substantial investment. Will the money be there? The time to factor in the costs of such a move is well in advance of a medical emergency.

Percentage of Medicare enrollees ages 65 and over[6] (%)
in selected residential settings, by age group, 2009



[5] Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey. The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a nationally representative sample of the Medicare population, conducted by the Office of Information Products and Data Analysis (OIPDA) of the Centers for Medicare & Medicaid Services (CMS) through a contract with Westat. Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes, and similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation; cleaning or housekeeping services; laundry services; help with medications. Respondents were asked about access to these services, but not whether they actually used the services. A residence (or unit) is considered a long-term care facility if it is certified by Medicare or Medicaid; or has three or more beds, is licensed as a nursing home or other long-term care facility, and provides at least one personal care service; or provides 24-hour, 7-day-a-week supervision by a non-family, paid caregiver. Reference population: These data refer to Medicare beneficiaries.

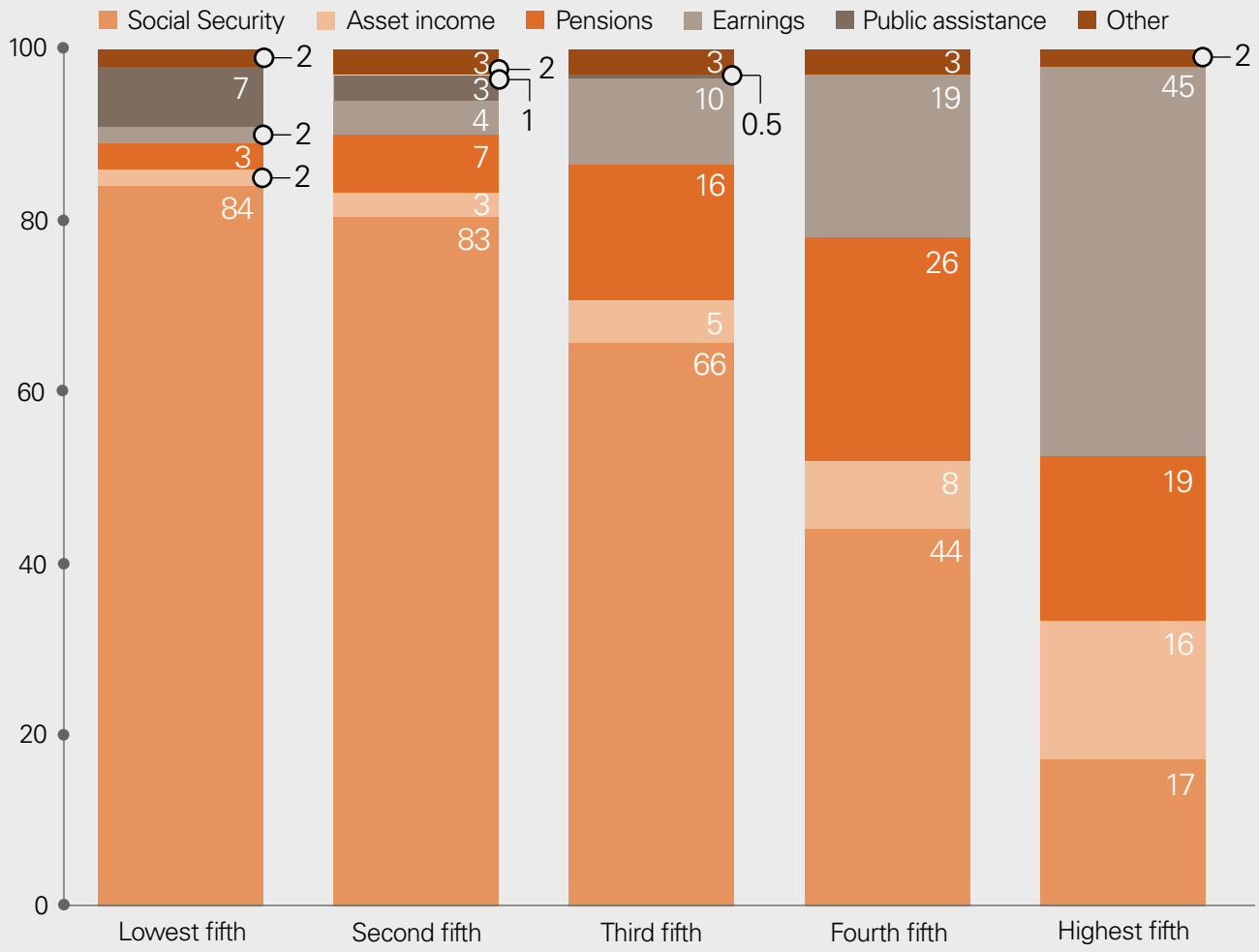
[6] Source: Centers for Medicare and Medicaid Services, Medicare Current Beneficiary Survey. The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a nationally representative sample of the Medicare population, conducted by the Office of Information Products and Data Analysis (OIPDA) of the Centers for Medicare & Medicaid Services (CMS) through a contract with Westat. Note: Community housing with services applies to respondents who reported they lived in retirement communities or apartments, senior citizen housing, continuing care retirement facilities, assisted living facilities, staged living communities, board and care facilities/homes and similar situations, AND who reported they had access to one or more of the following services through their place of residence: meal preparation; cleaning or housekeeping services; laundry services; help with medication. Respondents were asked about access to these services, but not whether they actually used the services. A residence (or unit) is considered long-term care facility if it is certified by Medicare or Medicaid; or has three or more beds, is licensed as a nursing home or other long-term care facility, and provides at least one personal care service; or provides 24-hour, 7-day a week supervision by a non-family, paid caregiver. Reference population: These data refer to Medicare beneficiaries.

As stated on page 5, the figures cited in this section are from the Federal Interagency Forum on Aging-Related Statistics. Older Americans 2012: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office. June 2012. The full document can be found on: http://www.agingstats.gov/Main_Site/Data/2012_Documents/docs/EntireChartbook.pdf.

People over 65 rely on several sources of income to fund their retirement expenses. Senior discounts have long been society's consolation for age and frailty.

The fact is, the proportion of the older population having a high income has risen over the last 30 years. There are many sources of their retirement income. The highest quintile of the older population has diverse income sources. They tap accumulated savings, start to draw on Social Security, fill in with pension income, collect income from other assets, and in some cases, continue to work, either part time or full time. The irony of giving senior discounts is that their grandchildren may be subsidizing their consumer discounts and may be burdened by their Social Security draw-downs. People over 65 in the top income quintile often enjoy a relatively comfortable lifestyle until an unexpected health event spins out of control, requiring medical and housing support for which they may not have budgeted.

Percentage distribution of sources of income for married couples and non-married persons age 65 and over, by income quintile 2010[7] (%)



[7] Source: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2011. Note: A married couple is age 65 and over if the husband is age 65 and over or the husband is younger than age 55 and the wife is age 65 and over. The definition of "other" includes, but is not limited to, unemployment compensation, worker's compensation, alimony, child support, and personal contributors. Quintile limits are $12,600, $20,683, $32,880 and $57, 565 for all units; $24,634, $36,288, $53,000, and $86,310 for married couples; and $10,145, $14,966, $21,157, and $35,405 for non-married persons. Reference population: These data refer to the civilian non-institutionalized population.

Housing trends

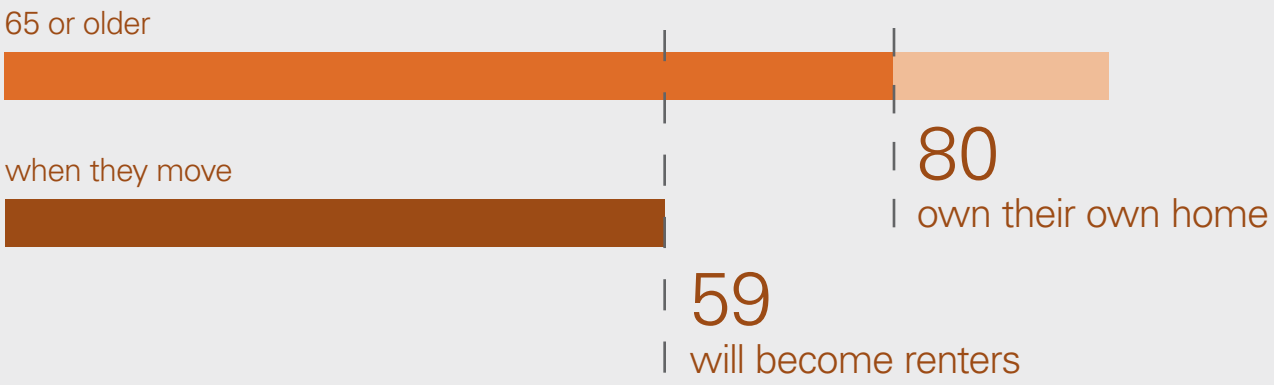
The rapid increase of people getting older is only beginning to shift the demand-supply balance and impact housing stock. The demand for senior housing is expected to continue. Older residents show a preference for either trading down to a smaller home[8] or renting.[9] In a study of 1,300 Coldwell Banker real estate agents, 80% of agents observed homeowners at the upper end of the boomer age spectrum (age 56–64) would like to trade down for a smaller home, preferring condos or townhomes with less maintenance and upkeep requirements.[10]

Housing costs consume a significant portion of average retirement household budgets. In search of a simpler lifestyle, renting is better than owning for many who downsize. 77% of the housing demand will be for 65-plus, between 2010 and 2030. And "half of all new housing will be built for renters," according to Chris Nelson, director of the Metropolitan Research Center at the University of Utah. "The net new demand will be for rental housing. We are not going to build apartments fast enough to meet demand."[11]

At the same time, Nelson believes the nation "will see the largest glut" of houses on the market. Part of that will be due to the "Great Senior Sell-Off." Currently, 80% of people who are 65 or older own their own home. But when they move, 59% become renters.[12]

If the Great Senior Sell-Off takes place, housing values would be impacted measurably. For most individuals and couples, housing accounts for a large share of the budget. At age 55–64, the average household spends less than 33% of income on housing. That share rises to 36% of expenses for the 75+ age cohort, even though people of that age are likely to own a home without mortgages.[13] Housing is directly tied to a person's physical or psychological well-being; that is why having a living situation that fits one's current level of physical and cognitive ability and anticipated future needs is essential.

Currently[12] (%)



8 "Baby Boomer Real Estate Trends," by Ilyce Glink, CBS Moneywatch, October 17, 2011, citing data from a Coldwell Banker Real Estate study.

9 "Housing and demographic trends are changing: How our cities will develop," by Maria Saporta, June 11, 2012, http://saportareport.com/blog/2012/06/housing-and-demographic-trends-are-changing-how-our-cities-will-develop/.

10 "Baby Boomer Real Estate Trends," op. cit.

11 "Housing and demographic trends are changing: How our cities will develop," op. cit.

12 "Housing and demographic trends are changing: How our cities will develop," by Maria Saporta, June 11, 2012, http://saportareport.com/blog/2012/06/housing-and-demographic-trends-are-changing-how-our-cities-will-develop/.

13 Bureau of Labor Statistics, Consumer Expenditure Survey, September 25, 2012.

Health trends

Living longer increases the potential for chronic diseases. While the vast majority of people prefer to live at home for the rest of their lives, by the time they reach age 85, physical health can be a critical factor.

Many chronic conditions negatively affect quality of life, contributing to declines in functioning and loss of the ability to live independently at home. The leading causes of death among people age 65 and over include common chronic conditions:[14]

- Heart disease 28.2%
- Cancer 22.2%
- Stroke 6.6%
- Lower respiratory diseases 6.2%
- Alzheimer's disease 4.2%
- Diabetes 2.9%
- Influenza and pneumonia 2.6%
- Unintentional injury 2.2%
- All other causes 24.9%

These health issues need to be considered, as they lead to predictable declines in physical health that may require people to have more supportive housing arrangements in their declining years.

Lifestyle and health implications

People move for a variety of reasons as they get older and their needs change. They may want less home maintenance to deal with, and so they might choose to sell the family home and move closer to family members, often grandchildren. They may prefer a warmer or drier climate. To stay as independent as possible, they may need to modify their own home, or consider moving to a different housing arrangement that can help keep them healthy and independent. A combination of these factors may also drive their thinking.

Physical limitations also proliferate with age. The ability to carry out everyday activities of preparing meals or bathing and dressing can be diminished by illness, chronic disease or injury. In fact, as many as 41% of Medicare enrollees at age 65 or older reported a functional limitation.[15] Changes in functional limitation rates, whether brought on by chronic disease or gradual deterioration, have important implications for families and greatly influence the selection of the appropriate housing option.

A comprehensive approach that includes addressing the physical and medical needs, social and emotional needs, and financial needs of the future is paramount in ensuring that the proper plans are in place and will help in selecting the optimal housing option(s) for the years spent in retirement.

[14] Centers for Disease Control and Prevention, "Helping People To Live Long and Productive Lives and Enjoy a Good Quality Of Life;" At A Glance 2011, http://www.cdc.gov/chronicdisease/resources/publications/AAG/aging.htm. Page 2.

[15] Federal Interagency Forum on Aging Related Statistics: *Older Americans 2012: Key Indicators for Well-Being.* Page 32.

FINANCIAL PLANNING AND OTHER IMPLICATIONS

Anticipating the realities of aging enhances your ability to make better decisions for the future.

Financial planning considerations

As you know, no amount of wealth can forestall the aging process; the real wealth advantage is preparation. What you can do is get out in front of the potential issues you will face and become familiar with the landscape you may encounter in the advanced stages of aging. This will equip you to work through various scenarios with your financial advisor and shock-test your financial plan.

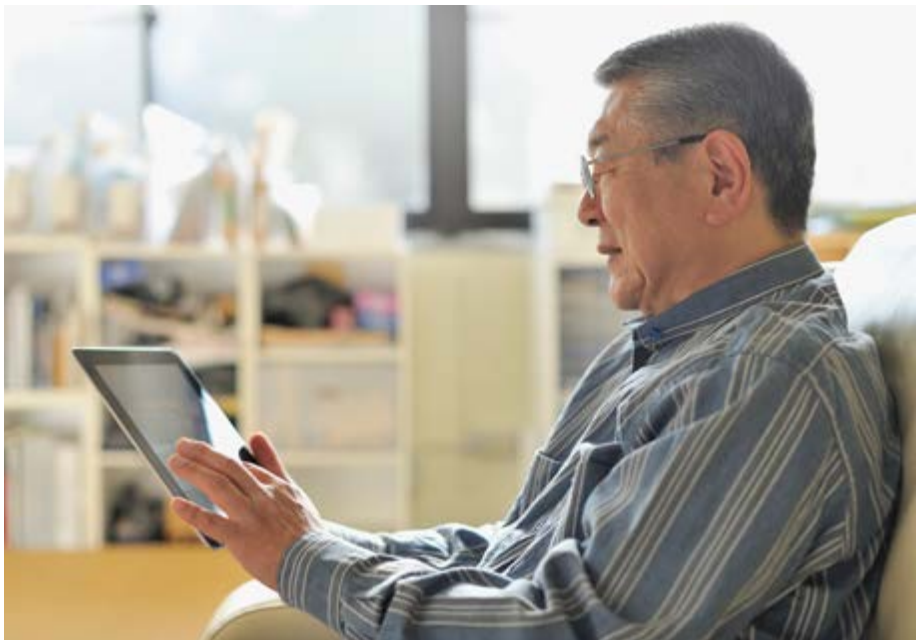
> The important thing is to embrace all of what encompasses a life that stretches into your 70s, 80s, 90s and beyond.

It is important to anticipate the financial impact of a health crisis on your financial plan, whether it occurs in your 70s, 80s or 90s. It may be difficult to imagine today the unintended consequences of a major illness, lack of mobility, or other health issue on housing costs. It may be necessary to maintain a separate residence for one spouse while the other lives in a skilled nursing facility.

Additional costs may include in-home care and transportation for yourselves and out-of-town family members to visit. Some changes could arise from these common occurrences: chronic illness; the loss of a spouse; memory problems symptomatic of dementia; changes to eyesight or other limitation to driving; or loss of physical mobility. If a move becomes medically necessary, are you financially prepared?

Another important consideration is inflation. Inflation can seriously erode a retirement lifestyle that spans 30 years or more. A "what if..." scenario can help you gauge the impact of inflation on buying power in your later years. As for current values, home values in some locales have not yet recovered to pre-2009 levels. Those who had been counting on their homes as a source of wealth often need the money from the sale of their home to afford to move somewhere else.

Fortunately, if you are financially prepared and a move becomes medically necessary, the range of housing options has never been greater, and it is expected to expand in the next decade. Some people plan to move to independent living to enjoy the amenities. Many others will only consider a future move when forced to by poor health or the loss of their spouse. The important thing is to embrace all of what encompasses a life that stretches into your 80s or 90s. Developing a plan that includes more lifestyle support in declining years is essential. Only then can you feel secure about maintaining control and not having to rely on other family members or Medicaid to fund skilled nursing care.



Planning to preserve control, dignity and safety… come what may

For all the talk about "retirement planning," there is little focus on the stage *after* the healthiest and most active years. If you have faced the health crisis of a parent, you have renewed respect for the benefits of proactive planning, rather than waiting for a crisis to drive an immediate decision. Through careful preparation in partnership with a financial advisor and other trusted professionals, you can increase the chances of maintaining control over the most important decisions related to your future. With a realistic view of the future, you have the ability to develop a comprehensive plan that takes in "what if..." and ensures that you will have control over the decisions affecting where you will live, your comfort, and care.

By giving careful consideration to all of the facets of aging, you can also proactively address the myriad of related family issues and decisions, such as: Who will make medical decisions on your behalf? And how much capacity do children and grandchildren have to provide care, support and transportation when help is needed?

It is important to explore these questions before a crisis occurs. When you facilitate a frank discussion about your plans for the future, you have the opportunity to prepare the next generation to understand and help you execute your plans. In doing so, you may deepen your relationship with family members who care deeply about you and are inexperienced with these matters.

Family dynamic implications

Any move from the family home is significant. Sometimes as you grow older, you need help from family members to evaluate such a move. Family members have to know that you value your independence and your own preferences. Understanding what is most important to you is paramount, whether that is the opportunity to maintain social ties, proximity to your doctors, or access to the outdoors and other activities. When family members are consultative in their approach and careful to seek input, you can move forward together.

Unless your immediate health and safety is at risk, you, rather than your family members, will make the final determination about moving. Often the adult children may be more anxious to initiate the move than their parents, and their parent's health and safety is paramount. Use the discussion guidelines on page 15, "Assessing your housing needs," to assess the priorities and preferences that will guide the housing selection. This may ease the conversation from leaving a home that is comfortable, familiar and full of a lifetime of memories to gaining certain functionality and convenience that is more suitable to your needs.

> When a family member (or designated beneficiary) concludes that their loved one's safety is at risk as a result of living without support, it may be time to make a difficult decision and consult the primary physician, other friends and family, or other professionals to assist in the conversation.

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Assessing your housing needs

Discussion guide

Given the wide range of available housing choices, it is important to think about and financially prepare for the housing option that is right for you and your family.

If you are trying to decide whether you should stay or move from your current residence to a new location either now or in the future, make sure you understand the housing options, what is offered by different living arrangements, and the costs involved even if you decide to stay put.

Before making a decision about your living situation, visit the communities or facilities you are considering and interview their residents and key administrative personnel. This discussion guide has been designed to be used as a conversation starter by you and your family members to prepare for future housing plans and it can also be used to decide what the best living option(s) may be for you.

Continued discussion, especially in cases where a move is not required, may be part of the process. The important thing is to be prepared for any and all scenarios, so that if an event such as an injury (major or minor) or something else occurs, existing plans can be simply and quickly put into motion. Having options in place can reduce stress and help to potentially avoid any decisions that could have adverse financial implications in the future.

As you review the questions in this guide, think about how your future needs will impact your financial well-being:

What type of housing arrangement appeals to you as you get older?

What are the primary considerations that will drive the housing decision (e.g., neighborhood, location and social support)?

What are the secondary considerations?

Are there any differences among family members about these priorities?

If so, consider visiting a few communities and talking to staff, who may assist you in evaluating the contrast in stated needs.

The following are a few key areas for discussion in assessing the needs for you and/or a loved one:

Level of care

If a medical condition or physical ailment is the impetus for the move, it is important to identify the type and level of support that will be needed now and in the future.

	Yes	No	Comments
If you were to fall or encounter a chronic health issue, would family members be available to help you?	☐	☐	
Are they available to provide sustained care?	☐	☐	
Have you discussed this with them?	☐	☐	

If family assistance is not an option, how will you handle the need for assistance with the activities of daily living?

Finances

Making a budget with anticipated expenses can help you weigh each housing option. Alternate arrangements like assisted living can be expensive, but extensive in-home help can also rapidly mount in cost, especially at higher levels of care and for live-in or 24-hour coverage.

How prepared are you for a household move to increase lifestyle support and services?

	Yes	No	Comments
Have you budgeted for a range of possible outcomes for long-term care and assistance?	☐	☐	
If you were healthy and your spouse required a move to assisted living or a skilled nursing facility, have you considered the impact on your retirement assets?	☐	☐	

What are your longevity-related financial concerns?

Happiness/Comfort

Contentment is tied to physical and emotional well-being. The comforts of home are uniquely identified by the resident or prospective resident.

What type of home or community would you be happy living in?

What type of amenities would be most important to you?

What social, educational and spiritual activities would you like to continue to enjoy?

How important is it to get off campus to visit family and friends?	☐	☐	

Caregiving support

The type and level of caregiving support varies greatly by community type.
It is important to consider your needs today and what your needs will be in the future.

How will you get care if you are no longer able to care for yourself?

Do you have family or other support available nearby?	☐	☐	

Caregiving support (Continued)

	Yes	No	Comments
Is your family able to provide you with round-the-clock care or will you need to hire someone? (Please note that even if family members can commit to caregiving, they might not be able to fill in all the gaps if physical or medical needs become extreme.)	☐	☐	

Neighborhood considerations

Neighborhood considerations refer to characteristics of the neighborhood or community such as location and security that can support you as you age.

How far is the residence from shopping, medical facilities and other services you might need?

How far is the residence from hobbies and interests that you want to be close to such as theatres, museums, restaurants or other entertainment and social events?

What kinds of transportation are available to you?

Is the residence easy for family and friends to get to?	☐	☐	
Are the care and services you will need easily available?	☐	☐	
How convenient are doctors' offices, hospitals and pharmacies?	☐	☐	
Are shops, restaurants and other entertainment located within walking distance?	☐	☐	

Social support

When older people lose the ability to drive, they often feel isolated. Being with others and having regular social interaction can improve one's outlook and quality of life.

If it becomes difficult or impossible for you to leave your residence, what will your options be for social engagement so you do not become isolated or depressed?

How easy would it be for you to visit family, friends, neighbors, or engage in hobbies and cultural activities that you enjoy?

How can you connect with your peers and feel comfortable in the community?

Security

Security is a concern for people as they get older, whether they are healthy or frail. In some cases they may feel especially vulnerable.

What security features does the community have in place, for examples, a neighborhood watch, a gated community, a security guard?

	Yes	No	
Do you feel safe coming and going from the residence at different hours of the day?	☐	☐	

Next steps

Based on a discussion of these considerations, your housing priorities will emerge.

Your abilities need to be determined to establish the level of care you need. Please refer to the "Making the Grade" Worksheets, which can be found on pages 79–92.

If you are relatively healthy and social and neighborhood considerations are paramount, look to Independent Living Communities or Continuing Care Retirement Communities. Please refer to the "Making the Grade" Worksheets, which can be found on pages 79–92.

Some considerations are universal, such as financial, location and security.

Additional information

When assessing your own housing needs or the needs of a family member, it may be beneficial to consult a Geriatric Care Manager who can help you navigate the path of senior housing and care by assessing the situation and providing recommendations.

You can find Geriatric Care Managers or more information about housing by contacting the following places:

- Eldercare locator: sponsored by the Department of Health & Human Services http://www.eldercare.gov/Eldercare.NET/Public/Index.aspx.
- Housing for seniors: http://www.usa.gov/Topics/Seniors/Housing.shtml.
- Call your state Department of Aging or your local Area Agency on Aging (AAA).
- For dementia care, call the Alzheimer's Association Helpline 1-800-272-3900.
- For-profit sites include:
  - Senior Housing.Net: http://www.seniorhousingnet.com.
  - A Place for Mom: http://www.aplaceformom.com.

HOUSING **OPTIONS**

There are a range of housing options for retirees.

Current and future housing needs are a component of long-term retirement planning. There are a number of considerations in the over-55 housing decision. Many people in the same stage of life take divergent paths. A remarkable number of considerations factor into their decision. As people age, there is a range of viable options available, from staying in your own home or long-term residence, to moving to a facility that offers more support. Each choice has significant financial considerations. We focus on the most common housing choices available for older adults and their families and some of the variables and considerations that may guide senior housing selection.

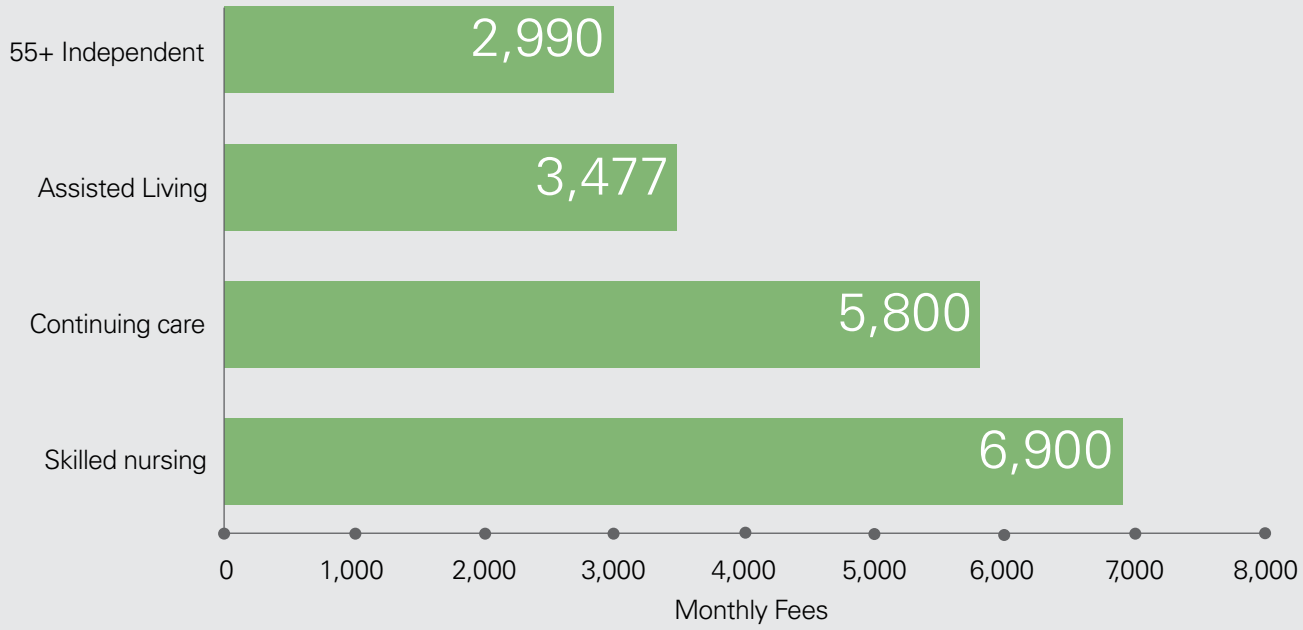
HOUSING OPTIONS

Service comparison overview[16]				
Life Stage	55+ Independent	Continuing care	Assisted living	Skilled nursing
Active	●	●	●	
Healthy	●	●	●	
Social	●	●	●	●
Help with daily living		●	●	●
Medical care		●		●
Daily living and medical care		●		●

Comparing costs: Can you afford what you need?[16]

As you compare the costs, features and facilities of various senior retirement housing alternatives, here are some tools to assist you in matching the needs of the resident with the type of housing community.

Cost comparison of senior housing options[16] ($)



[16] Source: The comparison of senior housing options was made by comparing the midpoint of housing cost estimates provided from sources including The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing. The price ranges shown reflect averages of minimum and maximum rates, which vary widely by place and are subject to change at any time. Doesn't take into account equity buy-in fees, which averaged $248,000 in 2010. Please see, "How costs were derived" on the next page for further details about the specific costs.

How costs were derived

Within each housing type, there is wide variation in costs based on public versus private ownership, regional fluctuations in real estate values and differing service models. The averages shown were derived from the following information, which is sourced below.

Price ranges by housing type ($)			
Housing option	Average monthly cost	Minimum monthly cost	Maximum monthly cost
55+ Independent	2,990[17]	1,822	4,157
Assisted Living	3,477[18]	2,500	4,500
CCRC (Independent)	3,150[19]	900	5,400
CCRC (Assisted Living)	3,350[20]	1,300	5,400
CCRC (Skilled Nursing)	5,750[21]	1,500	10,000
Skilled Nursing: Semi-private room	214[22] (daily cost)	6,506 (average computed monthly cost)	N/A
Skilled Nursing: Private room	239[23] (daily cost)	7,266 (average computed monthly cost)	N/A

Additional resource

For state-specific information on housing costs, please refer to the Genworth Cost of Care Survey, www.genworth.com.[24]

[17] http://www.seniorhomes.com/p/55-and-overcommunities.

[18] https://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-market-survey-nursing-home-assisted-living-adult-day-services-costs.pdf, Page 4.

[19, 20, 21] U.S. Government Accountability Office (GAO), testimony before the Special Committee on Aging, U.S. Senate, July 21, 2010, "Older Americans – Continuing Care Retirement Communities Can Provide Benefits But Not Without Some Risk," statement of Alicia Puente Cackley, Director, Financial Markets and Community Investment. Calculated from - http://www.gao.gov/new.items/d10611.pdf. Page 7.

[22,23] https://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-market-survey-nursing-home-assisted-living-adult-day-services-costs.pdf. Page 25.

[24] Genworth 2013, Cost of Care survey, (c) 2007-2013, Genworth Financial, Inc. and National Eldercare Referral Systems, LLC (CareScout). All rights reserved.

AGING IN PLACE

There is no place like home. Given the choice, the vast majority would rather remain in their homes for the rest of their lives. And why not? By the time you retire, your home is often paid for and whether it's the house you have lived in for a lifetime or a short time, you may feel comfortable there.

Your furnishings and treasured possessions are connected to a lifetime of memories. Perhaps you raised your family here or remember happy times that emotionally tether you to the home. Staying at home also means a more independent lifestyle to many; that's why 80 to 90% of older people say they want to remain in their homes as long as possible.[25]

In order to accommodate the physical, sensory and cognitive changes that occur with advancing age, home modifications will be necessary. Universal Design principles, home care, support services and assistive technologies enable aging in place.

Being proactive and creating a plan for aging in place can prevent unforeseen events from compromising one's ability to live independently. Thinking through everything from the safety and convenience of the home to accessibility of services to make life easier is part of sensible preparation. Safety, comfort and well-being are vital; that is why a professional such as a geriatric care manager, nurse, or Occupational Therapist may be the best person to conduct a safety assessment. Simple precautions can help to prevent accidents or incidents that could lead to a disabling injury, such as a fall.

> Aging in place refers to the choice to maintain control of your environment by planning to live at home as you age. Aging in place recognizes that physical functions decline with age and certain tasks — such as climbing stairs, bending and lifting — become more challenging. Aging in place calls for conforming the home to a safe and convenient place by making modifications to accommodate needs as circumstances change.

[25] "Staying Independent in Old Age, With a Little Help," by Jane E. Brody, The New York Times, December 24, 2012.

Key requirements for Aging in Place




- Generally in good health. People who are healthy, mobile and active are good candidates for aging in place.
- Part of a social network and have family support. Those who have a circle of family and friends who live nearby and who can check on them, stop by and be a resource are generally the best candidates. The network may include a spouse, family living nearby and a network of good friends.
- Living in a home with a favorable floor plan. While a home's floor plan can be modified, some dwellings are not ideal for aging in place. Homes that have steep driveways, or can be accessed only by a large number of steps, or have living space on multiple levels, may not be suitable for older residents. A challenging layout may isolate you from your friends and older visitors as well as challenge your mobility in later years.
- Ability to drive and/or access to transportation. Having a driver's license is essential to independence. When eyesight or reflexes diminish driving capability, or driving is curtailed for other reasons, it often becomes a trigger for rethinking staying in place.

Benefits

Enjoyment of the comforts of home and continuity of residence

No change in geography that could disrupt medical and social relationships

Could be cost-effective if home is suitable for aging in place

Preparing for Aging in Place: Key considerations

The most commonly needed services include lawn care, snow removal, and assistance with home maintenance, housekeeping, errands, and meal preparation.

Home services and maintenance

Putting some labor-saving services in place makes good sense. As you get older, it can be challenging to think ahead and anticipate future needs. Family members can help by discussing these needs with you, offering to identify companies or service providers who can help. With a bit of advanced planning, you can have contractors in place in advance of the need. The most commonly needed services include lawn care, snow removal, and assistance with home maintenance, housekeeping, errands, and meal preparation.

In certain regions of the country, winter snowstorms are a common occurrence. Unless there is a snow removal contractor in place, you may find yourselves stranded for a few days or more. Waiting for a blizzard to put a snow removal contractor in place is too little too late. In other places, neighborhoods lose power or encounter emergency flooding during hurricanes and tropical storms. Getting stranded during a power outage without a backup generator can be a serious situation. These examples illustrate how advanced planning is directly related to safety and maintaining control and independence.

Safety inspection

Most homes were built for growing families and not for people who may be less steady on their feet, have limited visual clarity and cannot bend as far as they once could. The risk of tripping and falling is greater and the prospect of a serious injury is dire. There are many common hazards that can be addressed by a home safety inspection. A safety inspection should turn up the need for home modifications to accommodate your physical needs and minimize the risk of falls. For example, assistance such as mobility aids, grab bars and other home modifications help older people navigate their home better and maintain their independence. A safety checklist is provided later in this book.

After a safety inspection and more reflection about your home layout and what you need, you may conclude that your current home does not meet your continued needs in retirement. In this case, you may want to learn more about a form of home design, Universal Design, which is driving accessible home construction for people of all ages.

There are many common hazards that can be addressed by a home safety inspection.

Please refer to the Home Safety Assessment Checklist on p. 63.

The Americans with Disabilities Act (ADA) provides a set of design standards that guides the Universal Design movement. Communities of architects and builders who are interested in Universal Design have begun to contribute to best practices and learn from each other.

Resource

For more information about Universal Design, please visit: www.universaldesign.com or the National Association of Home Builders at www.nahb.org.

Universal Design

The current housing stock fails to meet the needs of today's aging population and people with disabilities. Universal Design is a movement that builds on the design features that are common and convenient for everyone, regardless of age, size or ability. A home with Universal Design makes life easier for residents and for guests to visit now and in the future, even as one's needs and abilities change.

The common design elements in Universal Design include:

- No-step entry: At least one step-free entrance into your home for safer entry.
- Single-floor living: A bedroom, kitchen and full bathroom with plenty of room to move around is a common feature.
- Wide doorways and hallways: Doorways are at least 36 inches wide; hallways are 42 inches wide and free of hazards. Steps let everyone and everything move in, out and around easily.
- Reachable controls and switches: Anyone can reach light switches that are from 42–48 inches above the floor, thermostats no higher than 48 inches, and electrical outlets 18–24 inches off the floor.
- Easy-to-use handles and switches: Lever-style door handles and faucets, and lower light switches make opening doors, turning on water, and lighting a room easier for people of every age and ability.

Other Universal Design features may include:

- Raised front-loading clothes washers, dryers and dishwashers
- Side-by-side refrigerators
- Easy-access kitchen storage (adjustable-height cupboards and "Lazy Susans")
- Low or no-threshold stall showers with built-in benches or seats
- Non-slip floors, bathtubs and showers
- Raised, comfort-level toilets
- Multi-level kitchen countertops with open space underneath, so the cook can work while seated
- Windows that require minimal effort to open and close
- A covered entryway to protect you and your visitors from rain and snow
- Task lighting directed to specific surfaces or areas
- Easy-to-grasp D-shaped cabinet pulls

READY TO CONSIDER **AGING IN PLACE?**

Financial considerations

Modifications to home to accommodate older residents and services to lessen burden of home ownership should be considered. Changes may be minor, such as $2,000 to equip the bathroom with grab bars, add a shower bench and modify the shower entry, to a more substantial project to accommodate wheelchair access and a first-floor master suite.

Family considerations

For many individuals, their home is located near where many family members reside, which makes it easier to rely on family members for things like transportation to medical appointments and running errands. However, placing additional responsibilities on family members is something that needs to be proactively discussed. If you do not reside near family members, how would you get around if you were to lose the ability to drive? You may become isolated, which could lead to loneliness and depression.

Lifestyle considerations

Driving and transportation are important factors for ensuring success of aging in place. Many simple household tasks can be handled by service providers. Arrangements for shoveling snow, handyman tasks, preparing meals and housekeeping can be made as needed.

Health care considerations

Healthy residents who can drive or have transportation can keep up with regular doctors' visits. As you get older, you can bring in home health care services to provide assistance with medical and non-medical care.

AGING IN PLACE: FREQUENTLY USED SERVICES

With the aging in place option, it is important to understand the resources, such as caregivers and service workers, that may be required at home.

You can find Geriatric Care Managers or more information by contacting your local aging information and assistance provider or area agency on aging.

Home care services

Home care services are defined as private agencies that provide a variety of medical and non-medical services for in-home patient care.

Homemaker and chore workers perform light household duties such as laundry, meal preparation, general housekeeping and shopping. Their services are directed at maintaining patient households rather than providing hands-on assistance with personal care.

Home health aides help with daily living activities (such as getting out of bed, bathing, getting dressed and making a meal). Some have special training and are qualified to provide more complex services under the supervision of a nursing professional.

Visiting nurses provide skilled care. The intricacy of a patient's medical condition and required course of treatment determine whether care should be provided by an RN or an LPN. Intermittent skilled nursing care to assist with a patient's personal and medical needs is usually covered by Medicare. These skilled nursing in-home visits might avoid the need for Emergency Room trips. The only requirements are that the patient is homebound and the physician has seen the patient within 90 days.

Managing a 'Network of Support'

Aging in place works best in healthy households. The arrangement grows more challenging as residents grow older and need more help. Family members can lend a hand, helping with driving and errands, reviewing contractors' bids or filling in when a caregiver fails to show up. It is helpful to have family members who check in regularly and can help manage the bumps in the road and unexpected challenges, whether that involves driving someone to the doctor or negotiating with a neighbor over a fallen tree.

Keep in mind, if aging in place involves nursing care, a family member may have to coordinate the schedule, line up the medical or non-medical care and arrange for any reimbursement from insurance providers. This may be viewed by some as an added burden on family members who may work, have children of their own or live some distance from their parents.

Social services

The hospital may assign a social worker if additional support is recommended after a hospital stay. A social worker can help you navigate the process and paperwork for available services or to find support groups or mental health services to fit your needs.

Geriatric care managers

Some people engage a geriatric care manager, a private service contracted by the patient or family, to act on their behalf. The care manager schedules appointments and interacts with health care providers and insurers, and continuously monitors services to ensure you receive the care for which you have contracted.

Adult day services

Caregivers need a break and patients need proper and safe care in a friendly environment. Adult day care is a summary term for three distinct types of daytime services: activities and crafts; social activities with skilled services from nurses, therapists, social workers, etc.; and services specifically designed to support and care for Alzheimer's patients. The staff may monitor medications, serve hot meals and snacks, perform physical or occupational therapy, and arrange social activities. They also may help to arrange transportation to and from the center.

Adult day care centers are found in most communities and can be identified by going to the Administration on Aging website (http://www.aoa.gov).

Companion care services

Companion care services refer to non-medical staff hired by the hour to provide companionship and comfort to individuals who, for medical and/or safety reasons, may not be left at home alone. Some companions may assist clients with household tasks, but most are limited to providing sitter services.

Aging in Place snapshot

Aging in place is a good option for people in relatively good health who are able to drive or have reliable public transportation to get to appointments and activities.

Family and social support is essential to physical, mental and emotional well-being of those aging in place.

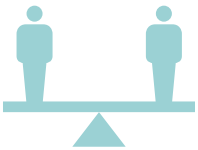
Safety inspection can determine if floor plan, functionality and location are appropriate to aging in place. Modifications can be made, and cost is a factor if modifications to floor plan are deemed advisable.

Those who age in place arrange to bring in essential services, most commonly home repair, housekeeping, meal preparation, lawn care and snow removal. Medical and non-medical care can also be arranged.

Resource

For a list of aging in place resources, go to page 77.

55+ INDEPENDENT LIVING COMMUNITIES



Independent living communities offer services and amenities specific to the needs of engaged older adults, usually 55 and over, who do not need nursing or medical care, although the resident may bring in these services if needed.

Independent living communities may include Active Adult communities, which can have single family homes, rental apartments, condos, and may offer clubhouse-type dining and other social activities. In other cases, independent living buildings are multi-family rental units.

Other terms commonly used to describe independent living communities include:

- retirement communities
- retirement homes
- senior housing
- senior apartments

Suitable for:
Active, healthy, 55+ adults who desire a leisurely, hassle-free lifestyle with access to extra services and features that they would enjoy or find helpful.

Benefits to residents
Freedom from external home maintenance and a floor plan designed for active older adults. There is typically a clubhouse-type dining facility, lounge, group social activities (card games, group trips, movie night, etc.), and often such amenities as a fitness center, pool, tennis courts and golf course. Residents can hire in-home help for light housework, meal preparation, shopping, laundry services and transportation.

> Independent living communities are planned residential facilities that offer services and amenities specific to the needs of older adults and which promote active, healthy senior lifestyles. Independent living is not an option for someone who cannot care for him or herself.

Financial considerations

In 2012, the average cost of renting was $2,990/month (representing a range of $1,822–$4,157 per month), plus application fees.[26] There is much variability in the cost to purchase a home in a retirement community or 55+ community. The cost to buy is often comparable to local real estate values and can range up to $499,000 or more, depending on what type of home you want and where you are buying. There are also monthly resident fees that are also highly variable depending on the type of services offered by the community.[27] Some people choose to rent vs. buy a home after reviewing their budget and assessing the cost of ownership net of taxes and the unplanned costs associated with home ownership. When they sell their home, the proceeds are then available to invest in an investment account that can help to provide the necessary income.

Family considerations

Family members, including grandchildren, may visit and stay in the home with the residents. In a situation where one spouse becomes a caregiver for the other, the couple may live together in residence while bringing in home health aides to assist in care.

Lifestyle considerations

These communities offer residents a simplified lifestyle, built-in social outlets and recreational facilities. Neighbors share a common lifestyle and stage of life. Residents are offered organized activities and transportation.

Health care considerations

Doctors' offices are often located close to these communities. Policies vary, but residents may bring in medical or non-medical care but usually not skilled nursing care.

[26] SeniorHomes.com, http://www.seniorhomes.com/p/independent-living-costs/.

[27] SeniorHomes.com, http://www.seniorhomes.com/p/55-and%20-over-communities/"http://www.seniorhomes.com/p/55-and -over-communities/; Genworth 2013, Cost of Care survey, (c) 2007-2013, Genworth Financial, Inc. and National Eldercare Referral Systems, LLC (CareScout). All rights reserved, www.genworth.com; SeniorHomes.com, http://www.seniorhomes.com/p/independent-living-costs/.

Independent living snapshot

Ideal for fully independent residents who require no medical care or medical staff on-site; should their medical needs change, they can bring in home health care at their own expense or move to a different type of facility if skilled nursing care is required

Hassle-free lifestyle — suitable for those who wish to simplify their lifestyle, with no home maintenance and freedom to travel

Access to paid-for-hire services specific to older adults

Social activities with other people in similar stage of life

Additional resource

You can locate home health care agencies by zip code through the Medicare site. Click on the Forms, Health & Resources tab, then choose "Find & Compare doctors, plans, hospitals, suppliers and other providers." at: http://www.medicare.gov/homehealthcompare

CONTINUING CARE RETIREMENT COMMUNITIES ('CCRCs')

CCRCs are housing communities that provide a range of services: independent living, personal care, adult day services, assisted living, skilled nursing care, and rehabilitation.

CCRCs offer a range of living options that accommodate the residents' needs as they age. The community provides a transition to assisted living and skilled nursing as residents age and their health care needs increase.

- Comprehensive housing solutions
- On-site health care services
- Community location, home-like townhome or apartment-style residences

Suitable for:

Middle-class or affluent people, age 62+, who are looking for a comprehensive housing solution. Residents know that regardless of their health, their needs will be covered as they age and their health changes. These communities require a substantial entrance fee and high monthly service fees.

Benefits to residents

Older adults can plan for a transition in health care services as they age, with guaranteed skilled nursing care and the option to live in one place even if the money runs out.

Continuing Care Retirement communities (CCRCs) are a type of retirement community that offers a continuum of care, from independent living to assisted living, skilled nursing care, and potentially rehabilitation, all on one campus. They typically require a significant down payment in the form of an entrance fee, as well as monthly service fees. For those who can afford it, CCRCs guarantee lifetime housing and increased tiers of care and service as health needs change.

Financial considerations

The entrance fees (excluding rental-only facilities) range from $80,000 to $750,000+, with an average in 2009 of $248,000.[28] The monthly service fees at the independent level range from $900/month to $5,400+/month. The monthly fees increase as the level of care increases (assisted living range $1,300–$5,400; skilled nursing range $1,500–$10,000).[29] CCRCs have complex, multi-tier contracts and should be reviewed by an elder care attorney before you sign. Many offer some degree of refund or repayment of the entrance fee if the resident moves out or dies, in which case it is paid to the estate. It's important to check on the financial strength of the organization (you could live there 10, 15, 20+ years). While policies vary, long-term care insurance may pay for some assisted living and skilled care. Of course, independent living is generally not covered by long-term care insurance. The IRS may recognize a percentage of both the entrance fee and the monthly service fee as a prepaid medical expense deduction.

Family considerations

Often couples find themselves in a situation where one spouse becomes a caregiver for the other. In a CCRC, couples can receive individualized care while still living within walking distance of each other; and they may be able to dine together.

Lifestyle considerations

CCRCs provide 24-hour security, social and recreational activities, attractive dining options, housekeeping, transportation, and wellness and fitness programs.

Health care considerations

Every level of care is offered, from independent through skilled nursing care. The resident usually must be able to live at the independent level of care at the time he/she moves in. As the resident's health care needs change, assisted living and skilled nursing care are available.

[28,29] http://www.gao.gov/new.items/d10611.pdf. Page 7.

CCRC snapshot

Most comprehensive of all housing options, from healthy and active years through and including skilled nursing stage of care

Ideal for affluent people who do not have family members or do not want to be a burden to them

Access to increased care as health needs change, without moving to a new location

Premium entrance fees, with additional high monthly service fees

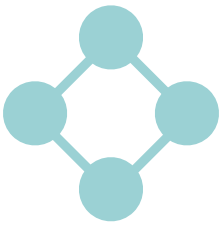
Complicated financial contracts should be reviewed by elder law attorney

Additional resources

The website www.ccrcdata.org provides a listing of all such communities by state and provides average costs by state and by regions.

You can also find CCRCs by city and state at: http://www.seniorliving.net/TypesOfCare/ContinuingCareRetirementCommunity

ASSISTED LIVING FACILITIES



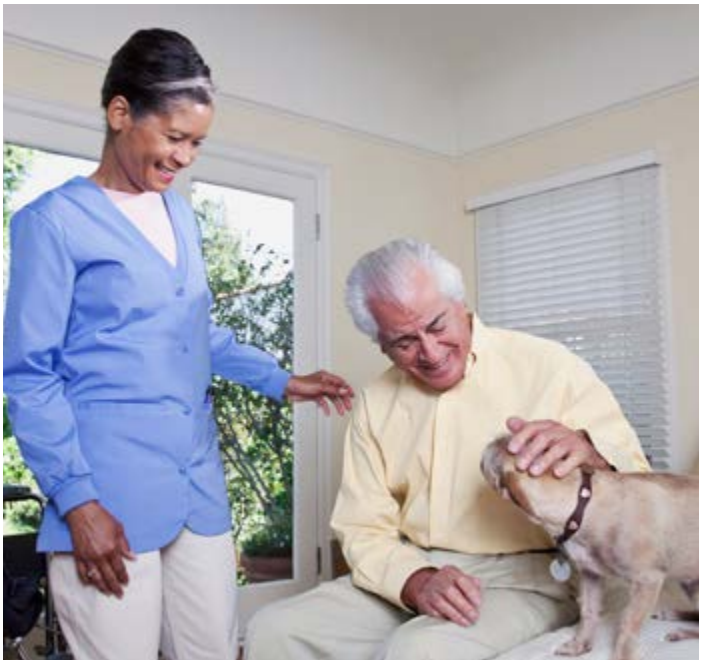
Older adults who do not require 24-hour monitoring and care are appropriate candidates for an assisted living arrangement.

Assisted living facilities provide social and community interaction and will monitor residents' activities to ensure health, safety and well-being. They do not provide 24-hour medical or skilled care. Some assisted living facilities offer specialized round-the clock supervision and therapeutic activities for residents suffering from dementia.

The incidence of residents entering assisted living facilities with cognitive impairment or becoming cognitively impaired is on the rise.

The industry is responding to this concern by developing special care units; however, availability varies by geographic region and the type of care provided, even within a single community.

Assisted living facilities are state-licensed and services can vary from state to state. Some offer independent apartments or units with studios or one- or two-bedroom apartments, usually with a living room and kitchenette. Others offer a private bedroom and bathroom with a communal area. Dining options may be offered; often some or all meals are included; family and friends may participate at an additional cost. These facilities provide a supported living environment to those needing some assistance with daily living tasks. If a resident's health deteriorates and 24-hour nursing care is required, the patient will likely need to move to a skilled nursing facility.



Suitable for:

Older adults who are still performing some daily living tasks on their own and do not require 24-hour monitoring or skilled care. Residents typically stay unless their health deteriorates and a higher level of care such as memory care and/or skilled nursing care is needed.

Benefits to residents

Assistance with personal care (bathing, dressing, etc.), medication, mobility, transportation or specialized supervision. Appropriate for people who need some assistance with personal care and medication management, and are looking for social engagement activities with others.

> Assisted living facilities are designed for individuals who want to be as independent as possible and need help with some activities of daily living (bathing, dressing, cooking or taking medications).

Activities of Daily Living (ADLs) are as follows:

Bathing: personal hygiene and grooming.

Dressing: dressing and undressing.

Transferring: movement and mobility.

Toileting: tasks of continence, including control and hygiene.

Eating: preparing food and feeding.

Medication Management: Ensuring that prescribed medication is being taken at the proper times.

Financial considerations

In 2011, the average monthly cost was $3,477 and the range was $2,500–$4,500. Some long-term care insurance policies may cover the cost, but this varies by policy.[30]

Family considerations

Family gains peace of mind from knowing that their family member is not alone and has support to carry out activities of daily living.

Lifestyle considerations

Social engagement with others in a more supported living environment.

Health care considerations

Health care supervision ensures that medical needs are being met either through on-site staff or periodic medical visits. Patient can be referred if health deteriorates or a higher level of care is required.

[30] Rosenblatt, A, Samus, QM, Steele, CD, Baker, AS, Harper, MG, Brandt, J, Rabins, PV, Lyketsos, CG (2004). The Maryland Assisted Living Study: prevalence, recognition, and treatment of dementia and other psychiatric disorders in the assisted living population of central Maryland. Journal of the American Geriatrics Society. 52(10):1618-25 and Market Survey of Long-Term Care Costs: The 2011 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs, MetLife Mature Market Institute, © 2012, Metropolitan Life Insurance Company, https://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-market-survey-nursing-home-assisted-living-adult-day-services-costs.pdf, page 4.

Assisted living facility snapshot

Individuals who need help with some activities of daily living — such as bathing and dressing, mobility, transportation or specialized supervision — can access assisted living and the social/community interaction offered

Residents typically stay unless their health deteriorates and a higher level of care such as skilled nursing care is needed

Each state has its own licensing requirements for assisted living and it's important to check to see what services may be provided

High monthly cost; some long-term care insurance policies will cover it, but Medicare will not

Additional resources

You can search for assisted living facilities by zip code: http://www.assistedlivingfacilities.org/

You can also browse monthly assisted living fees by state for all 50 states and Washington, D.C.: http://www.seniorhomes.com/p/assisted-living-cost/

SKILLED
NURSING FACILITIES

Skilled nursing facilities are medical facilities that offer full-time, on-site nurses and nurse practitioners, social workers and dieticians.

These facilities, also known as nursing homes, provide the highest level of medical care with 24-hour nursing care for residents with serious medical conditions and/or advanced dementia.

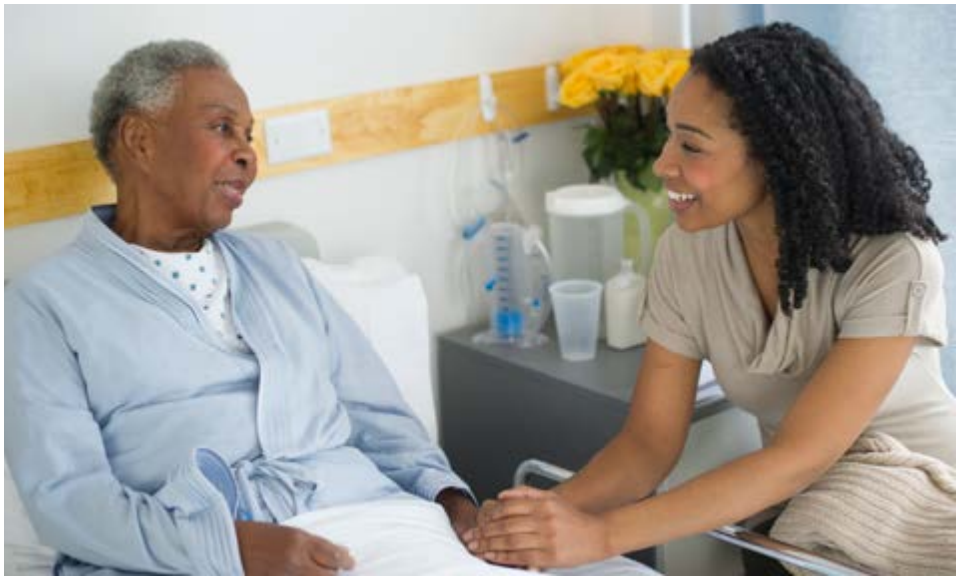
They provide patients with assistance with the tasks of everyday life, including eating, dressing and medication management. In short, skilled nursing offers the highest level of supervision for ongoing care for the rest of the patient's life.

When chronic illness or advanced age takes its toll, full-time nursing care may be required.

Suitable for:

Older adults who require around the clock nursing care, a protective environment and other services. Skilled nursing facilities are often the next step when an individual's medical needs can no longer be met at home or in another facility. Residents of skilled nursing facilities usually need 24-hour supervision to prevent risk of falls or wandering off. Some nursing homes have specialized memory care units for dementia patients.

> At a skilled nursing facility, a licensed physician supervises each patient's care and a nurse or other medical professional is always on the premises. In addition to skilled nursing care, skilled nursing facilities may offer rehabilitation, medical services and protective supervision, as well as assistance with basic activities of daily living such as bathing, feeding or dressing.



Financial considerations

In 2011, the average cost of a semi-private or private room was $214–239/day, or a computed average monthly rate would be $6,506 for semi private and $7,266 for private room.[31] Medicare covers only a limited amount of the cost, up to 100 days after a hospitalization. Long-term care insurance varies by policy. (Medicaid may pay for those with limited income/assets, but not all Skilled Nursing Facilities accept Medicaid and the quality of facilities that accept Medicaid can be questionable.)

Family considerations

These facilities provide full-time skilled nursing care that may be difficult for the family to provide in the home. Family members may visit or arrange to pick up a resident for a home visit, if the medical condition permits.

Lifestyle considerations

Communities are designed to provide on-site access to services, including activities for residents, all meals and medical care.

Health care considerations

Medical and nursing care on-site; can often meet the health care needs of patients for the rest of their lives; some facilities offer separate memory care units for dementia patients.

[31] Market Survey of Long-Term Care Costs: The 2011 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs, MetLife Mature Market Institute, © 2012, Metropolitan Life Insurance Company. https://www.metlife.com/assets/cao/mmi/publications/studies/2011/mmi-market-survey-nursing-home-assisted-living-adult-day-services-costs.pdf. Page 25.

Other health care considerations

Security level

Elevator, wheelchair and bed alarms may be in place to protect patient safety. Ask about evacuation procedures.

Alzheimer's/dementia care

Memory Care units are separate units designed for dementia patients, where skilled staff care for them outside of the general population.

Skilled nursing facilities snapshot

Skilled Nursing Facilities provide the highest level of medical care prescribed by a doctor
Licensed health care professionals administer physical, speech, occupational therapies
Duration is usually long-term
Run like medical facilities, including set times for medications and meals, and 24-hour skilled nursing care for those with serious medical conditions and/or advanced dementia
Daily activity schedule for those who wish to participate
Close supervision to prevent risk of falls or wandering off

Additional resources

Each State's Department of Health Services does an annual inspection of skilled nursing facilitates in the state. The results are posted on the Internet at the Centers for Medicare & Medicaid Services website, www.cms.gov
If you are considering a nursing home for your loved one, you can learn how to choose the facility for your particular needs by going to the following website: http://www.helpguide.org/elder/nursing_homes_skilled_nursing_facilities.htm

SUB-ACUTE REHABILITATION

People of any age who need rehabilitative care after an injury, such as a fall other event requiring a hospital stay, may be assigned to rehabilitation for a period of time.

Sub-acute rehabilitation facilities offer a short-term level of care for patients who require more intensive skilled nursing care or rehabilitation than is provided to patients in a skilled nursing facility.

The goal is to rebuild strength and return the patient to independence; sub-acute care is often associated with recovery from falls or surgeries on knees or hips. Sub-acute rehabilitation often follows a hospital stay, where the patient is medically fragile and requires special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care.

Sub-acute rehabilitations normally use a multi-disciplinary, coordinated approach (nurses, doctors/specialists, physical therapy, and occupational therapy). Services can be provided in a facility that specializes in sub-acute rehabilitation only or in nursing homes and hospitals that have specialized units in place; occasionally it is offered in the home.

Financial considerations

Normally Medicare or private insurance covers the cost of short-term rehabilitation, until the patient returns to a maximum level of independence.

Additional resources

Choosing a sub-acute rehabilitation facility can be planned ahead of time when you or a loved one are facing an elective operation (such as a joint replacement, heart surgery or abdominal surgery) or while your loved one is unexpectedly hospitalized and a discharge is anticipated. You can read how to select a sub-acute rehab facility here: http://www.seniorsbluebook.com/articles/Professional_Services_and_Resources/Rehabilitation/How-to-Select-a-Subacute-Rehabilitation-Facility-142.php

From the U.S. Department of Health and Human Services, this link will provide a description of sub-acute rehab along with services, providers and cost: http://aspe.hhs.gov/daltcp/reports/scltrves.htm

SOLVING THE RETIREMENT HOUSING PUZZLE: CASE STUDIES

The years spent in retirement will differ for all of us.

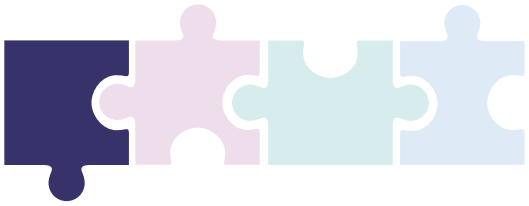
There is not a single pathway to old age or aging. Individuals age in remarkably diverse ways depending upon many different factors, which include but are not limited to their financial, health, education, social, emotional and home and neighborhood profiles. There are cues that signal a level of chronic disability or acute need that can help you find suitable resources.

The four cases that follow illustrate four distinct and common scenarios of aging and highlight the financial considerations of each. These examples illustrate that each person's situation is unique but that there are common financial considerations regardless of the case scenario, which include housing, transportation, health care, home and social services, and access to socialization.

1

SCENARIO:

Healthy, aging in place, preparing for the future



Bob and Sheila, a retired engineer and a homemaker, are both in their early 70s and live in the home they have owned for 30 years. Their two grown children and three grandchildren live nearby.

They are still able to take care of their home but realize that it will be increasingly difficult as they get older.

Bob and Sheila are fairly healthy and active in their community. Bob has hypertension and high cholesterol that are controlled with medications. Shelia has hypertension and arthritis that are also controlled with medications. They attend the local gym regularly and watch their grandchildren after school. Sheila volunteers at the library and the church soup kitchen. Bob volunteers with Meals on Wheels and plays golf whenever he can. They are still able to take care of their home but realize that it will be increasingly difficult as they get older. They are looking into a lawn care service, and housekeeping to assist with the larger jobs. They have grab bars in their master bath but want to adapt their home so that they can age in place. They both drive, but they have concerns about their future if one or both are unable to drive.

Financial considerations for Bob and Sheila

- Transportation
- Health care
- Home modifications and assistive devices
- Home repair and home maintenance
- Future health care and social service needs

Other considerations

- What is the Plan B when Bob and Sheila can no longer drive to their activities or to see family or friends?
- Can the current home be easily modified for aging in place?
- Could either spouse live in the house alone if the other one passes away?
- What are the financial considerations for a move to a retirement community?
- What estate planning issues do Bob and Sheila still need to address?

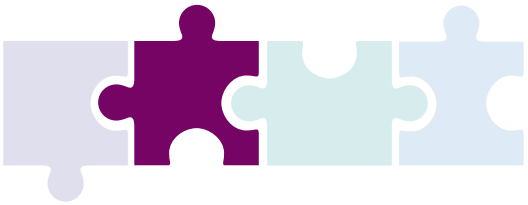
Action steps that Bob, Sheila and their family can take

Arrange to schedule a safety review of residence to identify potential safety hazards
Identify any modifications to floor plan, bath and kitchen to accommodate advanced age and arrange for contractor's cost estimate
Explore local transportation options
Discuss suitability of residence for living solo
Address financial planning impact
Revisit estate plan

2

SCENARIO:

Planning for a long and comfortable retirement into age 90s



Kathleen and her husband Jack are a professional couple in their 50s with no children or close family members. They realize that they have the resources to last the rest of their lives.

As they age, their home is designed for their safety. They plan to bring in health care and home maintenance services as one or the other needs help.

They find comfort in knowing they will not have to rely on others to make decisions about their future care. They are designing a home in Tennessee in a senior community with swimming pool and clubhouse, where they hope to live out their retirement in comfort. The new home will employ Universal Design features, such as wide doorways and seats in the shower. As they age, their home is designed for their safety. They plan to bring in health care and home maintenance services as one or the other needs help. This is important because Alzheimer's runs in Jack's family. Should they need skilled nursing care, Kathleen has arranged for their long-term care policies to cover skilled nursing care.

Financial considerations for Kathleen and Jack

- Independent living
- Universal Design
- Socialization outlets
- Home health care
- Skilled nursing care for final days

Other considerations

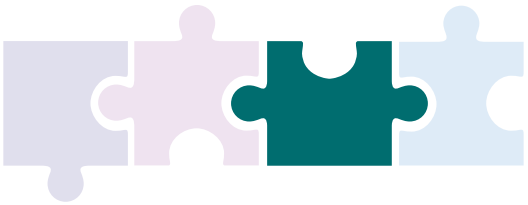
- What estate planning issues do Kathleen and Jack still need to address?
- Is their estate plan as well planned as their housing and lifestyle arrangements?
- What is the plan (in the event that one spouse requires skilled nursing care or passes away) for the surviving spouse? What happens if they both need assistance? What is the plan should Kathleen's death precede Jack's?
- Have Kathleen and Jack considered a Continuing Care facility? Do they have the financial resources for that option?
- What is the plan should Kathleen pre-decease her husband? Who will serve as medical power of attorney for the surviving spouse? Are there nieces, nephews or cousins to assist in this capacity?

Action steps that Kathleen, Jack and any family members can take

Review estate plan annually
Research which expenses are covered under Kathleen's long-term care policy, should skilled nursing care be required

3 SCENARIO:

Getting older, chronic illness and a need for socialization and support



Mary is a widow in her late 70s who lives in the home that she and her late husband have owned for 35 years. She is fairly healthy but has macular degeneration that is starting to impact her ability to drive.

She has looked into home services to help her, but now with increasing vision problems, she is considering a move to a community where she can receive meals, have access to transportation, social activities and medical care.

Mary was always very active in her community but without being able to drive or rely on public transportation, she has dropped many of the activities she once enjoyed. Mary was a librarian and until recently had volunteered in the library at the local elementary school. She participated at the local senior center, often attending classes and going on trips. She is starting to feel lonely and isolated. She has two adult children and five grandchildren, but they live some distance away and cannot assist her on a daily basis. The house is paid off but she is finding it increasingly difficult to take care of the home and lawn.

She has looked into home services to help her, but now with increasing vision problems, she is considering a move to a community where she can receive meals and have access to transportation, social activities and medical care. One consideration would be moving to an Assisted Living or Continuing Care Retirement Community.

Financial considerations for Mary

- Transportation
- Medical care
- Eye care
- Home adaptations for vision loss
- Home repair and maintenance services
- Home care services
- Relocation considerations to senior housing options

Other considerations

- How will Mary's vision problems affect her living requirements in 2–5 years?
- What kind of medical care will be needed and is proximity to her doctors an important consideration? How will Mary travel to medical appointments?
- Can she financially afford a flexible option such as an Assisted Living or Continuing Care Retirement Community?
- Has Mary put an estate plan in place?

Action steps that Mary and her family can take

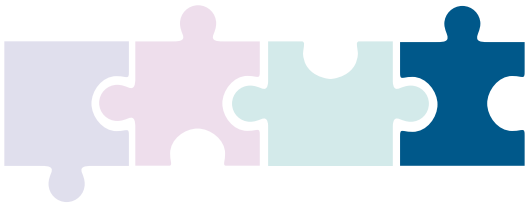
Determine monthly budget and assets available for more supportive housing alternatives

Investigate local senior day care programs with transportation, as well as on-site activities for residents of local retirement communities

Revisit estate plan

4 SCENARIO:

Chronic illness, functional decline and need for in-home care or relocation



Ann is a widow in her early 80s who has been living in her home for more than 40 years. She is suffering from dementia.

> The family believes that Ann can no longer safely stay in the home alone so they are looking into bringing in a home health aide or relocating Ann to assisted living.

Always very sociable and a bridge player, she has dropped these activities due to the change in her cognition. Two of Ann's children and three grandchildren live close by, but because of work and school, they are not able to stay with her 24 hours a day. Ann's family took away her car last year after a minor accident. Her days are happy, as she has been attending an adult day care center for the past six months, but her family cannot stay with her at night. Several recent incidents have concerned the family. She left the stove on and a hand towel caught fire.

Also, she wandered out of the home and was found by a neighbor several blocks away, agitated and confused. The family believes that Ann can no longer safely stay in the home alone, so they are looking into bringing in a home health aide or relocating Ann to assisted living.

Financial considerations for Ann

- Care coordination
- Home health care
- Home modifications
- Relocation to assisted living
- Socialization outlets

Other considerations

- Will a home health aide likely meet Ann's needs well into the future?
- Has Ann assigned a medical power of attorney to a family member?
- Does Ann have long-term care insurance?
- Can Ann afford a memory care assisted living facility?

Action steps that Ann and her family can take

Determine monthly budget and assets available for more supported housing alternatives.

If remaining in the home:

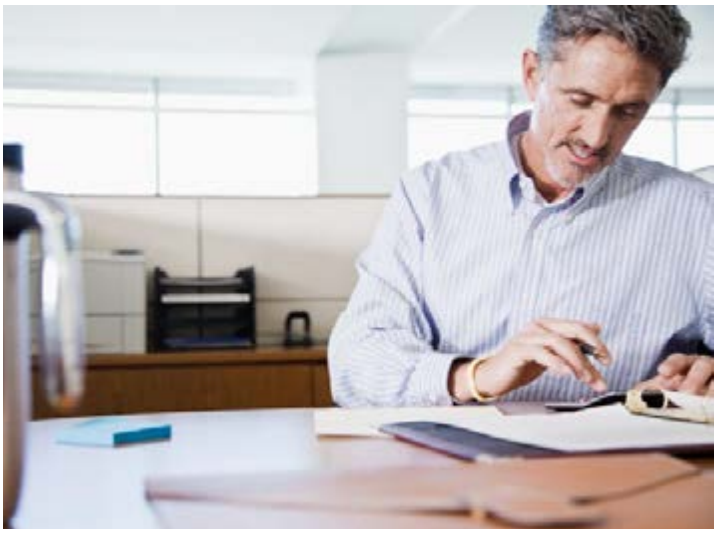
- Consider senior day care programs for Alzheimer's patients that provide transportation
- Arrange to schedule a safety review of residence to identify potential safety hazards
- Identify any modifications to floor plan, bath and kitchen to accommodate advanced age and arrange for contractor's cost estimate
- Explore local senior transportation options
- Discuss suitability of residence for living solo
- Address financial planning impact

Research what expenses are covered under Ann's long-term care policy

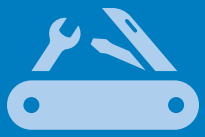
Revisit estate plan

Where you will go when you can't stay here…and can you afford it?

These scenarios point to some of the issues and considerations that impact housing selection and financial planning. No single answer applies when it comes to personal preferences for independence, socialization or allocating financial assets. The important thing is to uncover the multiple variables that factor into your housing preferences, family, health and financial considerations. Family members may present options to their senior members and let them make the final decision.



TOOLS AND **RESOURCES**



Myths and realities of aging:

'In general...don't generalize' guide

To best understand the aging experience, review this guide. Use as a tool to generate discussion and make informed decisions.

Myth	Reality
Dementia is an inevitable part of aging.	Dementia is a progressively degenerative disease and is not a normal part of aging. While age is the most significant risk factor, it is not an inevitable part of aging. Approximately 13% of adults age 65 years and older have Alzheimer's or another form of dementia and about 45% of those age 85 years and older have some dementia symptoms.
Older adults become more rigid in their thinking and are unable to learn or change.	Learning patterns do change with age and it may take a bit longer to learn something new. Older adults do not become more rigid, and the basic capacity to learn is retained.
Older adults are alone or lonely, they have been abandoned by their families.	While the number of casual friends may decrease as a person ages, the number of close friends remains stable throughout one's life. 80% of parents over the age of 65 see adult children every one to two weeks. 75% of grandparents see their grandchildren every one to two weeks.
Older adults are in poor health.	More than 76% of older adults describe themselves as being in good, very good or excellent health despite having an average of two or more chronic conditions.
Lifestyle changes late in life have no effect on older adults' health and well-being (e.g., begins exercise, quit smoking).	Lifestyle changes including, exercise, diet, sleep, and other health-promoting behaviors such as quitting smoking can positively impact an older adult's well-being regardless of age. Older adults who exercise are able to better fight chronic disease.
As age increases, older adults become withdrawn, inactive, and cease being productive.	While older adults are not in paid employment, many have important roles as grandparents, caregivers, volunteers, and participate in civic and social activities.
Older adults are more likely to become clinically depressed.	Most older adults are not depressed. Depression is not a normal part of growing old but rather an illness that needs to be treated.

With age, older adults lose individual differences and become progressively more alike.	The opposite is true. Individual differences appear to increase with age. There is more variety among older adults than among any other age group.
Most older adults end up in nursing homes.	Only about 4% of older adults are living in nursing homes or long-term care facilities. An additional 2% live in community housing that has services for older adults. About 75% of older Americans never live in a nursing home.
Most older adults live in poverty.	Only 9% of older adults live in poverty (less than 100% of the federal poverty threshold). An additional 26% of older adults are considered low income.
With age, most older adults become helpless and cannot take care of themselves.	About 27% of older adults over the age of 65 years report difficulty in performing one or more activities of daily living. Individuals over the age of 85 or 90 may need some help with some activities, such as shopping, carrying heavy packages, taking out the garbage.
Older adults are an economic burden on society, and this takes away resources from the young.	Improving the quality of life for older people benefits all age groups. Additionally, many older adults transfer financial and caretaking resources to younger generations. Spending on appropriate services for older people can save money by increasing their mobility, reducing the need for additional care, and reducing hospital and nursing home admissions — all costs to society.
Falling is normal with advanced age.	Almost one-third of older adults experience a fall every year. However, falling is not a normal part of aging. Falls can be minimized by addressing risk factors such as removing tripping hazards in the home, monitoring medications, and enhancing balance and mobility.

Please go to the References tab on PAGE 103 for more information on the resources cited.

LEGG MASON
GLOBAL ASSET MANAGEMENT

Making the grade: Home safety assessment

Checklist

As physical abilities change with age, it may become more difficult to manage at home safely.

Evaluating your home for its safety and whether it supports your ability to carry out everyday activities efficiently and safely is important.

This easy-to-use Home Safety Assessment Checklist provides a guide to the features of your home that may be unsafe for you as you age.

To use this checklist, walk through your home and consider each of the features listed. Also, use the checklist to help you develop a plan to modify your home to make it safer for you.

To learn about possible home modifications that can make your home safer, consider consulting with a health professional such as an occupational therapist.

Questions for financial advisors and clients about home safety:

1. How are you managing at home?
2. Are you able to do the things you want to do safely?
3. Would you consider making changes to your home to keep you independent and safe?

The first step is for you to evaluate whether your home is safe for you now. You can use this checklist and also seek a home evaluation from a health professional such as an occupational therapist.

In using this checklist, keep in mind the following points

- Some features of your home may be safe for you but not other members of your household.
- Some home modifications or changes you make may be beneficial to one person but may not be appropriate for another.
- If you have Medicare, you can ask your primary doctor for a prescription for a home safety evaluation from an occupational therapist who has the skills and knowledge to evaluate the safety of your home for you. You can also pay out of pocket for this consultation.
- Any home modifications you decided to make should be conducted by licensed and bonded contractors that are familiar with Universal Design principles.

Release from liability: Any modifications the individual or family makes to the home are the sole responsibility of the homeowner. The Financial Advisor, Legg Mason, and The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing are held harmless and released from any liability that may occur from making a home modification.

Entry to the home

Lighting	Yes	No	If no, plan of action
Is there adequate lighting in the following areas?:			
Driveway	☐	☐	
Garage	☐	☐	
Walkways	☐	☐	
At all doors	☐	☐	
Near the trash area	☐	☐	
Any other areas of the yard that are used after dark?	☐	☐	
Driveway			
Is the driveway smooth and evenly paved?	☐	☐	
Is the transition between the driveway and surrounding surfaces (such as the yard), smooth and even, free of ruts and other things (rocks) that could cause tripping?	☐	☐	
Is the slope of the driveway low enough that it does not cause a problem?	☐	☐	
Walkways to and around home			
Are walkways smooth and level (no cracks, gaps, or other tripping hazards)?	☐	☐	
Are steps along walkways clearly visible?	☐	☐	
Do they have handrails?	☐	☐	
Are transitions between different surfaces (a patio and sidewalk, concrete and asphalt, walkway and grass, etc.) even and level?	☐	☐	
If there are steeply inclined walkways, do they have sturdy, easy-to-grasp handrails?	☐	☐	
Are shrubs, bushes, and grass trimmed back or removed so that they do not infringe on or obstruct the walkway (potential tripping hazard)?	☐	☐	
Steps to the doors			
Do all steps (even single steps) have sturdy, easy-to-grasp (cylindrical) rails on both sides?	☐	☐	
Are the risers on stairs and multiple steps of equal height?	☐	☐	
Are the stair treads sturdy, level and in good condition?	☐	☐	

Garage

	Yes	No	If no, plan of action
Are there adequate overhead lights in the garage?	☐	☐	
Is there a clear pathway to walk through?	☐	☐	
Do entry stairs or ramps to the house have railings?	☐	☐	

Ramps (if applicable)

Is there adequate lighting in the following areas?

	Yes	No	If no, plan of action
Are ramps rising at a minimum slope of 12:1 (12 inches of ramp length for every 1 inch of height is standard. However, 16:1 is recommended.)	☐	☐	
Do ramps have sturdy rails on both sides?	☐	☐	
Are the rails cylindrical for easy grasping?	☐	☐	
Do ramps have smooth transitions from ramp surface to ground surface?	☐	☐	
Do ramps have non-skid surfaces or have non-skid strips been added?	☐	☐	
Do ramp railings extend beyond the ramp to help people transition off the ramp?	☐	☐	
Do ramps have sufficient width of at least 36" between handrails?	☐	☐	

Entry porches/decks/landings

	Front		**Rear**		
	Yes	No	Yes	No	If no, plan of action
Have all potential tripping hazards, such as clutter and overgrown bushes, been removed?	☐	☐	☐	☐	
Is the landing wide and deep enough to safely open the door?	☐	☐	☐	☐	
Is there a clearly visible, easily reachable doorbell?	☐	☐	☐	☐	
Do porches and decks have railings or barriers to prevent someone from stepping or falling off? (Are the railings securely fastened?)	☐	☐	☐	☐	
Does the decking have secure, even floorboards with no protruding nails?	☐	☐	☐	☐	
Is there a non-skid surface on the porch/ deck/landing?	☐	☐	☐	☐	
Do doormats have non-skid backing with no upturned corners?	☐	☐	☐	☐	

Exterior doors	Front		Rear		
	Yes	No	Yes	No	If no, plan of action
If necessary, are doorways wide enough to accommodate wheelchairs?	☐	☐	☐	☐	
Is a lock or deadbolt present on interior of door?	☐	☐	☐	☐	
Are locks in good working order and easy to use?	☐	☐	☐	☐	
Are latches and door handles in good condition and easy to use?	☐	☐	☐	☐	
If someone has trouble turning a doorknob, are there lever handles?	☐	☐	☐	☐	
Do the doors open and close easily without sticking?	☐	☐	☐	☐	
Do doors on springs close slowly enough (so they don't close on someone going through the door)?	☐	☐	☐	☐	
Is the threshold at the door less than one inch high?	☐	☐	☐	☐	
Do glass sliding doors have decals at eye level?	☐	☐	☐	☐	
Are the doors easy to open?	☐	☐	☐	☐	
Other outdoor area concerns					
If there is a patio or deck, is it level, smoothly surfaced and free of tripping hazards?	☐	☐	☐	☐	
Are garbage and recycling areas well lit?	☐	☐	☐	☐	
Do these areas have safe, accessible stairs and railings?	☐	☐	☐	☐	
Have working chimneys been professionally inspected and cleaned within the last year?	☐	☐	☐	☐	

Inside the home

Entryways and vestibules	Front		Rear		
	Yes	No	Yes	No	If no, plan of action
Have throw rugs (potential tripping hazards) been removed?	☐	☐	☐	☐	
Is there a clear pathway (devoid of clutter) through the entry hall?	☐	☐	☐	☐	
Are all cords and wires out of the pathway?	☐	☐	☐	☐	
Are thresholds low enough (<1 inch) so someone does not trip over them?	☐	☐	☐	☐	
Is there adequate lighting?	☐	☐	☐	☐	
Is the light switch at the entrance to the room?	☐	☐	☐	☐	
If necessary, is the entryway wide enough for a wheelchair/walker?	☐	☐	☐	☐	

Hallways

	#1		#2		#3		
	Yes	No	Yes	No	Yes	No	If no, plan of action
If people need support, are there handrails along the hall?	☐	☐	☐	☐	☐	☐	
Are halls free of clutter and other tripping obstacles?	☐	☐	☐	☐	☐	☐	
Are carpet runners tacked down or have anti-skid backing?	☐	☐	☐	☐	☐	☐	
Are thresholds less than one inch so they are not tripping hazards?	☐	☐	☐	☐	☐	☐	
If necessary, are halls wide enough for a wheelchair/walker?	☐	☐	☐	☐	☐	☐	
Is there adequate lighting?	☐	☐	☐	☐	☐	☐	
Is there a light switch at both ends of the hall?	☐	☐	☐	☐	☐	☐	

Doors/doorways

	Yes	No	If no, plan of action
Do all doors open easily?	☐	☐	
Are thresholds less than one inch?	☐	☐	
Are latches and door handles in good condition and easy to use?	☐	☐	
If someone has trouble turning a doorknob, are there lever handles?	☐	☐	

Interior stairs

	2nd floor		Basement		Other		
	Yes	No	Yes	No	Yes	No	If no, plan of action
Do stairs have sturdy rails on both sides that are securely fastened?	☐	☐	☐	☐	☐	☐	
Do rails continue onto the landings?	☐	☐	☐	☐	☐	☐	
Are the stair treads sturdy, not deteriorating or broken?	☐	☐	☐	☐	☐	☐	
Are edges of stair treads clearly visible (no dark, busy patterns)?	☐	☐	☐	☐	☐	☐	
Are stair pads in good repair (tacked down, in one piece)?	☐	☐	☐	☐	☐	☐	
(If bare wood) Are stair treads slip-resistant?	☐	☐	☐	☐	☐	☐	
(If carpeted) Is carpet securely attached, not worn/frayed?	☐	☐	☐	☐	☐	☐	
Are top and bottom steps highlighted?	☐	☐	☐	☐	☐	☐	
Are stairs free of clutter?	☐	☐	☐	☐	☐	☐	
If stairs have a low, overhanging beam that people could bump their heads on, has it been padded?	☐	☐	☐	☐	☐	☐	
Are stairs and landings well lit, with light switches at both top and bottom?	☐	☐	☐	☐	☐	☐	

Living room and dining room

	LR		DR		
	Yes	No	Yes	No	If no, plan of action
Is the lighting adequate?	☐	☐	☐	☐	
Is there a light switch at the entrance to the room?	☐	☐	☐	☐	
Is there a clear, unobstructed path through the room (no clutter, cords, wires, baskets, and other things to trip over)?	☐	☐	☐	☐	
Are thresholds minimal and carpet binders tacked down?	☐	☐	☐	☐	
Are carpets in good condition (not frayed or turned up, torn, or with worn spots that someone could trip over)?	☐	☐	☐	☐	
Are plastic runners/carpet protectors tacked down (not folded or turned up at edges)?	☐	☐	☐	☐	
Do throw rugs have anti-skid backing and no upturned corners?	☐	☐	☐	☐	
Is tile/linoleum free of chips, tears, and not slippery?	☐	☐	☐	☐	
Are bare wood floors slip resistant?	☐	☐	☐	☐	
Is there at least one comfortable chair people can get in and out of safely and easily?	☐	☐	☐	☐	
Is furniture stable?	☐	☐	☐	☐	
Do tables have rounded edges that are clearly visible (no sharp edges or made of glass)?	☐	☐	☐	☐	
Do windows open easily?	☐	☐	☐	☐	
Are shades and blinds easy to open?	☐	☐	☐	☐	
Are they securely attached?	☐	☐	☐	☐	
Are electrical cords run behind furniture and not across the floor or under the rug?	☐	☐	☐	☐	

Family and other room(s)

	FR		Other		
	Yes	No	Yes	No	If no, plan of action
Is the lighting adequate?	☐	☐	☐	☐	
Is there a light switch at the entrance to the room?	☐	☐	☐	☐	
Is there a clear, unobstructed path through the room (no clutter, cords, wires, baskets and other things to trip over)?	☐	☐	☐	☐	
Are thresholds minimal and carpet binders tacked down?	☐	☐	☐	☐	
Are carpets in good condition (not frayed or turned up, torn, or with worn spots that someone could trip over)?	☐	☐	☐	☐	
Are plastic runners/carpet protectors tacked down (not folded or turned up at edges?)	☐	☐	☐	☐	

Family and other room(s) continued

	FR		Other		
	Yes	No	Yes	No	If no, plan of action
Do throw rugs have anti-skid backing and no upturned corners?	☐	☐	☐	☐	
Is tile/linoleum free of chips, tears, and not slippery?	☐	☐	☐	☐	
Are bare wood floors slip resistant?	☐	☐	☐	☐	
Is there at least one comfortable chair people can get in and out of safely and easily?	☐	☐	☐	☐	
Is furniture stable?	☐	☐	☐	☐	
Do tables have rounded edges that are clearly visible(no sharp edges or made of glass)?	☐	☐	☐	☐	
Do windows open easily?	☐	☐	☐	☐	
Are shades and blinds easy to open?	☐	☐	☐	☐	
Are they securely attached?	☐	☐	☐	☐	
Are electrical cords run behind furniture and not across the floor or under the rug?	☐	☐	☐	☐	

Bathrooms

	Bath #1		Bath #2		
	Yes	No	Yes	No	If no, plan of action
General considerations					
Is there a light switch at the entry?	☐	☐	☐	☐	
Is there adequate lighting overall?	☐	☐	☐	☐	
...At the sink?	☐	☐	☐	☐	
...Over the tub/shower?	☐	☐	☐	☐	
Is there a night-light?	☐	☐	☐	☐	
Is the door threshold less than one inch?	☐	☐	☐	☐	
Is the room free of clutter and tripping hazards?	☐	☐	☐	☐	
Is the flooring non-slip/non-skid (including throw rugs), even when wet?	☐	☐	☐	☐	
Are there grab bars in other areas of the room, as needed?	☐	☐	☐	☐	
Is the room kept warm during bathing (heat lamp, towel warmers, etc.)?	☐	☐	☐	☐	
Sinks					
Are sink faucets easy to reach and read?	☐	☐	☐	☐	
Is it easy to determine where the hot and cold areas of the faucet are?	☐	☐	☐	☐	
Is it easy to mix the temperature?	☐	☐	☐	☐	
If necessary, have anti-scald devices been installed?	☐	☐	☐	☐	
Is the sink wheelchair accessible or can someone sit at the sink?	☐	☐	☐	☐	
Are mirrors at an appropriate height?	☐	☐	☐	☐	

Bathrooms (Continued)

	Bath #1		Bath #2		
	Yes	No	Yes	No	If no, plan of action
Tub/shower					
Are there sturdy grab bars in the tub and/or shower, if needed?	☐	☐	☐	☐	
Is the shower curtain bottom out of the way so it is not a tripping hazard?	☐	☐	☐	☐	
Are toiletries in the tub easily reached from sitting and standing positions?	☐	☐	☐	☐	
Is there a non-skid bathmat in the bathtub?	☐	☐	☐	☐	
Is there a hand-held shower head?	☐	☐	☐	☐	
Are tub/shower faucets easy to use and read (hot and cold clearly marked)?	☐	☐	☐	☐	
If needed, is there a tub or shower seat?	☐	☐	☐	☐	
If shower/tub doors are present, are they made of a non-shattering material?	☐	☐	☐	☐	
Toilet					
Are there sturdy grab bars at the toilet (or toilet arms and a raised seat)?	☐	☐	☐	☐	
Is toilet paper easily reachable from the toilet seat?	☐	☐	☐	☐	
Is the toilet seat in good condition and securely fastened?	☐	☐	☐	☐	

Kitchen

	Yes	No	If no, plan of action
Are frequently used items visible and easily reached (front of pantry and refrigerator)?	☐	☐	
Are sink faucets easy to reach and read?	☐	☐	
Is it easy to determine where the hot and cold areas of the faucet are?	☐	☐	
Is it easy to mix the temperature?	☐	☐	
If necessary, have anti-scald devices been installed or the hot water temperature lowered?	☐	☐	
If necessary, have timers been installed on the oven and cook top?	☐	☐	
Are burners and control knobs clearly labeled and easy to use?	☐	☐	
Are the controls on the front of the stove, not the back?	☐	☐	
Is there a close resting place nearby for hot vessels coming out of the oven?	☐	☐	
Is glass cookware being used so person sees food is being cooked?	☐	☐	
Is the microwave easy to read, reach and operate?	☐	☐	

Kitchen (Continued)			
	Yes	No	If no, plan of action
Are towels, curtains, potholders, and other objects that might catch fire located away from the range?	☐	☐	
Is there a step stool that is stable and in good condition?	☐	☐	
Is kitchen ventilation system or range exhaust functioning properly?	☐	☐	
Is there good lighting over work areas?	☐	☐	
Laundry			
Is there a light switch at the entry?	☐	☐	
Is there sufficient lighting?	☐	☐	
Is the route to the laundry room (stairs) safe?	☐	☐	
Are the appliances at the right height so it is easy to get clothes in/out of the washer and dryer?	☐	☐	
Are the control knobs easy to reach, read and operate?	☐	☐	
Are laundry supplies easy and safe to reach?	☐	☐	
Is there a non-slip floor surface?	☐	☐	
Are tripping hazards off the floor (laundry basket or dirty clothes)?	☐	☐	

Bedrooms					
	Bed #1		**Bed #2**		
	Yes	No	Yes	No	If no, plan of action
Is there a light at the entrance to the room?	☐	☐	☐	☐	
Is a light reachable from the bed?	☐	☐	☐	☐	
Can bureau drawers be reached (height of the drawer) and opened easily?	☐	☐	☐	☐	
Is there a clear, unobstructed path through the room (clutter and furniture are out of the way)?	☐	☐	☐	☐	
Are cords and wires off the floor?	☐	☐	☐	☐	
Do throw and area rugs have non-slip backing and no upturned corners?	☐	☐	☐	☐	
Are wood and linoleum floors non-skid?	☐	☐	☐	☐	
Is carpet smooth (no folds or holes) and tacked down?	☐	☐	☐	☐	
Are curtains and bed coverings off the floor so they are not tripping hazards?	☐	☐	☐	☐	
Is there support for getting in and out of bed, if needed?	☐	☐	☐	☐	
Is there a place to sit and get dressed, if needed?	☐	☐	☐	☐	
Are windows easy to open and close?	☐	☐	☐	☐	
Are window blinds and shades working properly and easy to open?	☐	☐	☐	☐	
Are blinds and shades properly secured?	☐	☐	☐	☐	

Bedrooms (Continued)

	Bed #1		Bed #2		
	Yes	No	Yes	No	If no, plan of action
Is there a telephone within reach of the bed?	☐	☐	☐	☐	
Are any assistive walking devices (cane, walker, wheelchair) within reach of the bed?	☐	☐	☐	☐	
Is there a flashlight or some other form of non-electric lighting within reach of the bed in case of a power outage?	☐	☐	☐	☐	
Are electric blankets not folded, covered by other objects, or "tucked in," when in use. The power cord is not pinched or crushed by the bed, between a wall or the floor?	☐	☐	☐	☐	

Closets

	Clo #1		Clo #2		
	Yes	No	Yes	No	If no, plan of action
Are shelves and clothes poles easy to reach?	☐	☐	☐	☐	
Have closet organizers been installed to maximize use of space?	☐	☐	☐	☐	
Are closets organized so clothes are easy to find?	☐	☐	☐	☐	
Are clutter and other tripping hazards off the floor?	☐	☐	☐	☐	
Do closets have lights that are easy to find and reach?	☐	☐	☐	☐	
Are closet doors easy to open?	☐	☐	☐	☐	
If closet has sliding doors, do they stay on track?	☐	☐	☐	☐	

General home safety concerns

	Yes	No	If no, plan of action
Can an older person contact someone in an emergency (medi-alert, names and numbers by phone, picture telephone, etc.)?	☐	☐	
Are smoke detectors installed and working on every level of the home, outside sleeping areas and inside bedrooms?	☐	☐	
Are carbon monoxide (CO) alarms installed and working on every level of the home, outside sleeping areas and inside bedrooms?	☐	☐	
Is there a fire extinguisher in the house?	☐	☐	
Is there a safe place outside to hide a key to the house for emergency entry?	☐	☐	
Are emergency numbers posted on or near all telephones?	☐	☐	
Are telephones positioned low enough so they can be reached if a fall occurs?	☐	☐	
Is there a fire extinguisher in the kitchen?	☐	☐	
Are all portable space heaters and wood-burning heating equipment at least 3 feet from walls, furniture, curtains, rugs, newspapers or other flammable materials?	☐	☐	

General home safety concerns (Continued)			
	Yes	No	If no, plan of action
Are all medications in child-resistant containers that are clearly marked with the medication name and dose?	☐	☐	
Is the area where medications are kept well lit?	☐	☐	
Is the water heater set to no more than 120 degrees Fahrenheit?	☐	☐	
Are containers of flammable and combustible liquids stored outside of the house?	☐	☐	
Are portable generators not operating in the basement, garage, or anywhere near the house?	☐	☐	
Is there an emergency exit plan?	☐	☐	
Are small appliances, such as hair dryers, toasters, etc. unplugged when not in use?	☐	☐	
No electrical outlets or switches are unusually warm or hot to the touch?	☐	☐	
Do all electrical outlets and switches have cover plates installed so no wiring is exposed?	☐	☐	
Are all GFCI receptacles working properly?	☐	☐	
Specific safety considerations for people with Alzheimer's Disease or other dementias			
	Yes	No	If no, plan of action
General considerations			
Is there a safe outdoor area that the person with dementia can use without wandering away (escape-proof porch or deck, fenced-in yard with locked gate)?	☐	☐	
Have poisonous plants and shrubs or plantings with berries been removed?	☐	☐	
Are there security locks on all exterior doors (double key, installed out of sight, etc.)?	☐	☐	
Is a key hidden outside in case the person locks out the caregiver?	☐	☐	
Are exterior and other doors to off-limit areas alarmed?	☐	☐	
Is access to stairwells, storage areas, basements, garages, and other off-limit areas controlled (with locks, secure gates, Dutch doors, etc.)?	☐	☐	
Is access to home offices and computer/home finance areas controlled?	☐	☐	
If necessary, can all doors to off-limit areas be disguised?	☐	☐	
Are there eye-level decals on all glass doors and large picture windows?	☐	☐	
Can all windows be securely locked?	☐	☐	
Is there a drawing, picture or short instruction list for tasks or daily schedule?	☐	☐	
Is there use of colors or color contrast to highlight an object?	☐	☐	

Specific safety considerations for people with Alzheimer's Disease or other dementias (Cont.)			
	Yes	No	If no, plan of action
Is there a safe, clear pathway through the house where the person can walk or wander safely without tripping, knocking into, or damaging something?	☐	☐	
If necessary, are childproof plugs in all unused electrical outlets?	☐	☐	
Are radiators and hot water pipes that the person might touch covered?	☐	☐	
Are all prescription medications and over-the-counter medicines locked up?	☐	☐	
Have all poisonous plants been removed (including artificial ones that look real)?	☐	☐	
Is alcohol out of sight and locked up?	☐	☐	
Are plastic/dry cleaner's bags out of reach (could cause choking or suffocation)?	☐	☐	
Are all weapons locked up or removed from the house (guns, knives, etc.)?	☐	☐	
If orientation or getting lost in the house is a problem, complete the following checklist			
Are there signs, arrows, photographs, pointing to the bathroom, bedroom, and other places the person needs to find?	☐	☐	
Are doors that the person needs to use highlighted (signs, color)?	☐	☐	
Is there a photo or memento on the door to help someone find his/her bedroom?	☐	☐	
Are there night-lights or light strips leading to the bathroom from the bedroom?	☐	☐	
Is the bathroom door left open when not in use to serve as a visual cue?	☐	☐	
Are closets, drawers, and cabinets that hold things the person can use labeled?	☐	☐	
If hallucinations/misrecognition are problems, complete the following checklist			
Are light levels even so that shade and shadows are kept to a minimum?	☐	☐	
Has ominous-looking artwork been removed (masks, distortions, abstract work)?	☐	☐	
If the person gets upset by his/her or another person's image			
Are windows covered at night so person cannot see his/her reflection?	☐	☐	
Are mirrors covered?	☐	☐	
Have portraits and large photographs of people been removed or covered?	☐	☐	

Specific safety considerations for people with Alzheimer's Disease or other dementias (Cont.)

	Bath #1		Bath #2		
	Yes	No	Yes	No	If no, plan of action
Bathroom safety checklist for people with dementia					
Have all medicines and non-electric razors been put away?	☐	☐	☐	☐	
Have all cleaning agents been put away?	☐	☐	☐	☐	
Are other harmful objects removed from the cabinets and fixtures?	☐	☐	☐	☐	
Are sink faucets easy to reach and read?	☐	☐	☐	☐	
Is it easy to determine where the hot and cold areas of the faucet are?	☐	☐	☐	☐	
Is it easy to mix the temperature?	☐	☐	☐	☐	
Have anti-scald devices been installed?	☐	☐	☐	☐	
Does the color of the toilet fixture and/or seat contrast with the wall and floor for easy identification?	☐	☐	☐	☐	
Have all trash cans been removed if the person uses them as a toilet?	☐	☐	☐	☐	
Are there night-lights/signs giving directions to the bathroom and fixtures?	☐	☐	☐	☐	
Are instructions posted by the toilet, sink and shower/tub?	☐	☐	☐	☐	
Kitchen safety checklist for people with dementia					
Are all drawers and cabinets with safe objects labeled?	☐	☐			
Are childproof locks on drawers and cabinets that are, or should be, off limits?	☐	☐			
Has access to the stove been controlled (knobs removed, lock on oven door, stove connected to hidden circuit breaker or gas valve)?	☐	☐			
If necessary, has access to the refrigerator and freezer been controlled with a refrigerator lock?	☐	☐			
Is there a night-light in the kitchen (for safe midnight snacking)?	☐	☐			
Have sharp knives and other dangerous implements been removed or locked up?	☐	☐			
Has excess clutter been removed from counter-tops and tables?	☐	☐			
Have all vitamins, sweeteners, over-the-counter medicines, and prescription drugs been removed (or left out in limited quantities only)?	☐	☐			
Have all poisonous cleaning agents been removed or locked up?	☐	☐			
Have all "fake" foodstuffs been removed (wax/ceramic fruit, food-shaped magnets)?	☐	☐			
If necessary, has the kitchen been closed off?	☐	☐			

Specific safety considerations for people with Alzheimer's Disease or other dementias (Cont.)

Bedroom safety checklist for people with dementia

	Yes	No	If no, plan of action
Are there night-lights (and signs, if necessary) along the path to the bathroom?	☐	☐	
Is there a monitor/intercom between the person's and the caregiver's areas?	☐	☐	
Has clutter and other potentially dangerous items (cologne, after-shave lotion, deodorant, etc.) been removed from dresser tops?	☐	☐	
Are drawers organized simply and labeled?	☐	☐	

About this checklist

This checklist was developed using the following process. A search was conducted on the following terms: "Home safety checklist for elderly," "home safety evaluation," and "CDC home safety checklist." Based on these terms, 18 checklists were identified and reviewed for content. Additionally, three sources were used as a starting point: Olsen & Hutchings, Home Safety Checklist, Clemson's Westmead Safety Checklist, and Gitlin et. al's, "Home Environmental Assessment Protocol for People with Dementia." Additional checklists were then examined to determine if additional items should be added.

For additional information go to the References section on p. 103.

AGING IN PLACE RESOURCES

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Home health services

Home health care services are private agencies that provide a variety of medical and non-medical services for in-home residents. Some agencies include:

- Care Advantage: www.careadvantageinc.com
- Visiting Angels: www.visitingangels.com
- Visiting Nurses: http://vnaa.org/

If doctor-ordered, the physician's office can recommend preferred providers for skilled nursing care. Be mindful of Medicare restrictions that limit the length of coverage for such care.

Home Instead (non-medical care):
www.homeinstead.com/
Comfort Keepers (nonmedical care):
www.comfortkeepers.com/

Food delivery

Several companies prepare and deliver meals nationwide. Some prepare meals specific to seniors and can accommodate specialized diets such as low-sodium, diabetes-friendly and more.

- Dinewise: http://www.dinewise.com; 800-749-1170
- Magic Kitchen: http://www.magickitchen.com; 877-516-2442
- Let's Dish!: http://www.letsdish.com/
- Meals on Wheels delivers daily meals to interested seniors five days a week. All income levels qualify and determine cost on a sliding scale.

Home safety, security, monitoring

Senior-oriented non-medical aids for help with daily living, bathroom safety and more.

- http://www.goldviolin.com; 1-877-648-8400. Catalog of helpful products and safety items for independent living
- http://www.elderproofhome.com; 1-888-840-1055. Online shopping for Products to make any home "Senior-safe" (contains list of EPH-Accredited Installers (Elder Proof Home)
- http://www.carepathways.com

Home security/monitoring and medical alert systems

Home Security Systems — ADT, Guardian, Xfinity are the names of the top security firms. In addition to home security, they offer smoke and carbon monoxide monitoring, and some offer home health monitoring systems.

These services provide peace of mind for the aging-in-place senior or those with mobility problems. Seniors wear a pendant around the neck or a wristband and can summon immediate assistance in any kind of emergency. Average monitoring pricing is $25–$30 a month. Several national home security systems (such as ADT, Guardian, Xfinity) now offer their home security customers access to home health medical support.

In addition, stand-alone medical alert systems are offered by:

- Medical Alarm: http://www.medicalalarm.com; 1-800-800-1960
- Alert 1: http://alert-1.com; 1-855-643-0199
- http://plumbmetrics.com is an easy online method for a status check on well-being of a family member, friend or patient.

Please note that inclusion on this list does not imply an endorsement or recommendation by Legg Mason and The Center for Innovative Care in Aging at the Johns Hopkins University School of Nursing.

De-cluttering and downsizing

It is important to remember that any move from the family home is significant. A lifetime of possessions needs to be distilled to fit in a much smaller space, so de-cluttering affects every senior regardless of where they move. There are local resources known by area retirement communities. Contact them for a recommendation.

National Association of Senior Move Managers.

- For assistance helping older adults and their families downsize, relocate or modify their homes, contact http://www.nasmm.org

National Association of Professional Organizers.

- Find a professional organizer near you at http://www.napo.net

External home services

Lawn care/snow removal services

- See Angie's list and Craigslist for local listings
- Angie's List is a service that identifies a wide range of services to identify contractors for home maintenance and home improvement projects, home care, in-home medical care, lawn care, snow removal, meal service and much, much more.

Housekeeping

- Merry Maids, www.merrymaids.com and Molly Maids, www.mollymaid.com

Bill paying

- American Association of Daily Money Managers, a group of professionals who provide personal bookkeeping services to senior citizens, the disabled and others; http://www.aadmm.org

Transportation

Transportation is a major issue for seniors who have had to give up driving. Having alternative means of transportation, whether through a town's senior services or through family and friends, can be tremendously important to a senior's sense of independence.

- There are multiple options for senior transportation; they vary by cost and convenience.
- Many communities often reduce fares for seniors on regular public transportation
- Some seniors hire a home care aide to provide transportation
- Taxis and car services may also be available, depending on location
- Call your local senior care center or Eldercare Locator (1-800-677-1116) to learn more about transportation services or vouchers for seniors in your area; www.eldercare.gov

More on housing

For more information about the quality, pricing and availability of retirement facilities:

- Senior Housing.net: http://www.seniorhousingnet.com
- A Place for Mom: http://www.aplaceformom.com
- Housing for Seniors: http://usa.gov/Topics/Seniors/Housing.shtml
- Department of Aging or your local Area Agency of Aging (AAA)

Universal Design

- www.universaldesign.com

Memory loss

- For dementia care, call the Alzheimer's Association Helpline at 1-800-272-3900

Medicare

- Medicare coverage is a big variable in planning the cost of senior care. You can access the Medicare coverage policy by going to http://www.medicare.gov to download or order a copy of the 2013 Medicare Guide.

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Making the grade: Independent Living Communities

Worksheet

Independent living is simply any housing arrangement designed exclusively for seniors, usually those 55 years or older.

Independent living generally offers no assistance with daily living activities, but just like your home, you can hire in-home assistance if needed.

Before choosing an independent living community, consider the following:

Location

	Yes	No
Is the community convenient to family?	☐	☐
Is the community convenient to friends?	☐	☐
Is the community convenient to shopping?	☐	☐
Is the community convenient to medical care (doctors, specialists, hospitals, specialized rehabilitation facility(ies)?	☐	☐

Community features

Is parking available?	☐	☐
Is parking assigned?	☐	☐
Is there a fee for parking?	☐	☐
Is there visitor parking?	☐	☐
Is there storage?	☐	☐

Community services

What types of services are available?

Is there a security system?	☐	☐
Is there a 24/7 concierge system?	☐	☐
Is there an emergency response system?	☐	☐
Is there scheduled transportation or public transportation nearby?	☐	☐

What options are available if you need more care? (For example, registered nurse on staff or ability to bring in home health aides?)

Activities and amenities

What types of activities and events are offered?

What types of amenities are offered (e.g., dining room, fitness facility and lounge)?

Staff

	Yes	No
Is staff available 24 hours a day?	☐	☐
Is staff friendly, respectful and personable?	☐	☐

Contracts and fees

What are the buy-in fees and what are the monthly fees?

What do the fees cover? (For example: club membership, lawn care, snow removal.)

How often are monthly fees increased, for what reasons, and how much notification is given?

What happens if someone wants to leave after a month, year or several years? What happens if someone dies? If there is an entrance fee, is any portion of it refunded to the person or to the estate?

Is there a waiting list?	☐	☐

What is the cost of getting on the waiting list if there is one?

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Making the grade:
Continuing care retirement communities (CCRCs)

Worksheet

Continuing Care Retirement Communities (CCRCs) offer a continuum of care from independent living to assisted living and skilled nursing on one campus.

Before choosing a CCRC, you should look for everything in an independent living community and then also consider the following.

Location	Yes	No
Is the community convenient to family?	☐	☐
Is the community convenient to friends?	☐	☐
Is the community convenient to shopping?	☐	☐
Is the community convenient to medical care (doctors, specialists, hospitals, specialized rehabilitation facility(ies)?	☐	☐

Community services		
What types of services are available?		
Are meals offered, if so how many per day, and can they meet any special dietary needs?	☐	☐
Is there a security system?	☐	☐
Is there an emergency response system?	☐	☐
Is there scheduled transportation or public transportation nearby?	☐	☐
What security measures are in place to keep residents with Alzheimer's disease from wandering out of the building (the assisted living facility or the skilled nursing facility)?		
Is there a secured outside area for the residents to walk in?	☐	☐

Health and medical care

What type of health care and personal care services are available?

	Yes	No
Is there a written plan for the care of each resident and is there an ongoing process for assessing changing needs?	☐	☐

How are health problems handled?

Is there a program of care for persons with dementia?	☐	☐
Does the facility have a special wing or floor for residents with cognitive impairment such as Alzheimer's disease?	☐	☐

What options are available if you need more care? (For example, home health aide or skilled nursing care?)

Who decides when a transition in care level is needed? How much notice is given?

Is the nursing center Medicare/Medicaid certified?	☐	☐
Is there short-term skilled nursing and rehab available if someone requires them after an illness or surgery?	☐	☐

Activities and amenities

What types of activities and events are offered?

Who schedules the activities?

Are they resident or staff led?

What type of amenities are offered (e.g., dining room, fitness facility and lounge)?

Staff

	Yes	No
Is staff available 24 hours a day?	☐	☐
Is staff friendly, respectful and personable?	☐	☐

How does staff handle behaviors such as wandering and agitation?

What type of training has the staff received about Alzheimer's disease and dementia?

Who has trained the staff?

Contract and fees

What kinds of contracts are available to you?
(Entrance fees and monthly fees vary depending upon what type of contract is offered.)

Contract type #1
Cost and services offered

Contract type #2
Cost and services offered

Contract type #3
Cost and services offered

Contract type #4
Cost and services offered

Contract type #5
Cost and services offered

Contract and fees (Continued)

What services are covered under each plan? If a service is not covered, what is the fee for that service?

How often are monthly fees increased, for what reasons, and how much notification is given?

What is the change in monthly fee when level of care changes?

What happens if someone can no longer cover their monthly fees?

What happens if someone wants to leave after a month, year or several years?

What happens if someone dies?

	Yes	No
Is any portion of the entrance fee refunded to the person or to the estate?	☐	☐

What would make the facility discharge a resident?

Is there a waiting list?	☐	☐

If there is a charge to get on the waiting list, what is it?

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Making the grade: Assisted living facilities

Worksheet

Assisted living facilities are designed for individuals who need help with some activities of daily living such as bathing, dressing, cooking or taking medications.

They are not designed to provide 24-hour medical or skilled care. Medicare does not cover assisted living expenses; in some cases, Medicaid may provide for limited services. Some long-term care insurances will cover some of the costs, but this varies by policy. As each state has its own licensing requirements for assisted living, it is important to check to see what services can be provided. Before choosing an assisted living facility, consider the following.

Location	Yes	No
Is the community convenient to family?	☐	☐
Is the community convenient to friends?	☐	☐
Is the community convenient to shopping?	☐	☐
Is the community convenient to medical care (doctors, specialists, hospitals, specialized rehabilitation facility(ies))?	☐	☐
Community features		
Does it feel welcoming?	☐	☐
Is there visitor parking?	☐	☐
Is there storage?	☐	☐
May residents bring personal items from home?	☐	☐
Is there a secured outside area for the residents to walk in?	☐	☐
Community services		
What types of services are available?		
What are the different dining options available and can they provide for special dietary needs?		
Is there a security system?	☐	☐
Is there an emergency response system?	☐	☐

Health and medical care

What type of health care and personal care services are available?

	Yes	No
Is there a written plan for the care of each resident and is there an ongoing process for assessing changing needs?	☐	☐

How are health problems handled?

Is there a registered nurse on-site?	☐	☐

What kind of medication assistance is available?

What options are available if you need more care?

Who decides when a transition in care level is needed?

How much notice is given?

What happens if someone wants to leave after a month, year or several years?

Is there a program for people with cognitive decline such as Alzheimer's?	☐	☐
Does the facility have a special wing or floor for residents with cognitive impairment such as Alzheimer's disease? If so, is it secured?	☐	☐

Activities and amenities

What types of activities and events are offered?

Who schedules the activities? Are they resident or staff led?

What type of amenities are offered (e.g., dining room, fitness facility and lounge)?

Staff

	Yes	No
Is staff available 24 hours a day?	☐	☐
Is staff friendly, respectful and personable?	☐	☐

What is the staff ratio?

What is the staff turnover rate?

What is the staffing level on weekdays, weekends and evenings?

How does staff handle behaviors such as wandering and agitation?

What type of training has the staff received about Alzheimer's disease and dementia?

Who has trained the staff?

Contract and fees

What is the monthly fee and what does that include? (Ask to see the "resident" or "service" agreement.)

What services are covered under each plan? If a service is not covered, what is the fee for that service?

Contract and fees (Continued)

Plan type #1

Cost and services offered

Plan type #2

Cost and services offered

Plan type #3

Cost and services offered

How often are monthly fees increased, for what reasons, and how much notification is given?

What happens if someone can no longer cover their monthly fees?

What would make the facility discharge a resident?

	Yes	No
Is there a waiting list?	☐	☐

What dispute procedures are in place?

Check with local regulatory agencies and the Better Business Bureau to confirm compliance and see if any complaints have been filed.

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Making the grade: Skilled nursing facilities

Worksheet

A nursing home is the highest level of medical care, with skilled nursing on-site 24 hours a day.

A physician oversees each resident's care, and often occupational and physical therapy are available on-site. Medicare covers only a limited amount of the costs, up to 100 days after a hospitalization. It does not cover assistance with bathing, feeding or dressing. Medicaid will cover most of the costs but only for those with very limited income and assets. Also, not all skilled nursing facilities accept Medicaid. Coverage by long-term care insurance varies by policy. Before choosing a skilled nursing facility, consider the following.

Location	Yes	No
Is the community convenient to family?	☐	☐
Is the community convenient to friends?	☐	☐
Is the community convenient to shopping?	☐	☐
Is the community convenient to medical care (doctors, specialists, hospitals, specialized rehabilitation facility(ies))?	☐	☐
Community features		
Does it feel welcoming?	☐	☐
Is there visitor parking?	☐	☐
Do the residents appear happy and engaged?	☐	☐
Does the facility appear clean?	☐	☐
Do you smell urine or strong deodorizers that may be covering up the smell of urine?	☐	☐
May residents bring personal items from home?	☐	☐
What security measures are in place to keep residents with Alzheimer's disease from wandering out of the building?	☐	☐
Is there a secured outside area for the residents to walk in?	☐	☐

Community services

What types of services are available? (For examples: activities, personal care, snacks.)

What kinds of meals are normally served, and can they provide for special dietary needs?

What type of help is available with meals?

	Yes	No
Is there a security system?	☐	☐
Is there an emergency response system?	☐	☐

Health and medical care

What type of health care and personal care services are available?

Is there a written plan for the care of each resident, and is there an ongoing process for assessing changing needs?	☐	☐

How are health problems handled?

Is there a program for people with cognitive decline, such as Alzheimer's?	☐	☐
Does the facility have a special wing or floor for residents with cognitive impairment, such as Alzheimer's disease?	☐	☐

How does staff prevent pressure sores?

Who is the contact when the family has questions about patient care?

Activities and amenities

What types of activities and events are offered?

	Yes	No
Is staff available 24 hours a day?	☐	☐
Is staff friendly, respectful and personable?	☐	☐

What is the staff ratio?

What is the staff turnover rate?

What is the staffing level on weekdays, weekends and evenings?

How does staff handle behaviors such as wandering and agitation?

What type of training has the staff received about Alzheimer's disease and dementia?

Who has trained the staff?

Contract and fees

What are the daily fees and what do they cover?

If a service is not covered, what is the fee for that service(s)?

	Yes	No
Is the facility Medicare/Medicaid certified?	☐	☐

What would make the facility discharge a resident?

Is there a waiting list?	☐	☐

What dispute procedures are in place?

What is the state rating and incident report? Do not hesitate to ask any facility that you visit what kind of procedures and inspection policies they have in place to ensure their patients are safe and receive good quality of care.

Check with local regulatory agencies and the Better Business Bureau to confirm compliance and see if any complaints have been filed.

Resources

Each state's Department of Health Services does an annual inspection of each skilled nursing facility in the state.

The results are posted on the Internet at the Centers for Medicare & Medicaid Services website at www.cms.gov, and should be posted at the facility for your review.

The reports will show how each facility's care and safety record compares to state and national averages for quality of care.

GLOSSARY OF TERMS

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Accessory apartment/Accessory dwelling unit (ADU)
Independent apartment either attached or separate from the main structure, with own entrance, sleeping area, bathroom and kitchen; see also Granny Annex or In-Law suite.

55+/Independent living community/ Age-restricted community
Community limited to residents of a particular age (often 55 and older) and emphasizing an active lifestyle, often with golf courses and other recreational facilities included; rarely provides services to residents.

Activities of daily living (ADL)
Activities of daily living refer to basic activities that are necessary for independent living, including bathing, dressing, transferring, toileting, eating and medication management. Health professionals routinely refer to the ability or inability to perform ADLs as a measurement of the functional status of a person. The ability to perform ADLs is a determining factor in choosing what type of care an individual may need, eligibility for different social services, and for identifying the level of coverage an individual seeks when applying for long-term care insurance or seeking alternative housing.

Adaptation (of residence)
Permanent fixtures or alterations to a home to help someone get about or manage better (distinguished from "aids" or "equipment," which are more portable). Also referred to as home modifications, adaptations may include lowering a door threshold, widening a door to accommodate a wheelchair, adding a first-floor powder room, replacing a bath tub with a walk-in shower.

Adapted housing
Home or apartment in which alterations have been made to accommodate older adults in wheelchairs, walkers, or with other supportive needs.

Adult care home/Residential facility
A residence that offers housing and personal care services to a number of older adults. Services (such as meals, supervision and transportation) are usually provided by the owner or manager. Usually 24-hour professional health care is not provided on-site.

Adult day care/services
Adult day programs typically provide socialization, reminiscing, recreational exercise, counseling, support groups, information, nutritious meals and snacks, health monitoring, and art/music therapy. Some day centers also offer nursing, occupational therapy, physical therapy, and personal care. The average cost of an adult day care center in 2011 was $70/day, and a medical day center was $79/day.

Data cited are from the Market Survey of Long-Term Care Costs: The 2011 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs, MetLife Mature Market Institute, © 2012, Metropolitan Life Insurance Company.

Age-targeted community
Community appeals to older adults, but does not exclude younger residents who want to live there.

Aging in community
General term for efforts to support older people aging in their current neighborhood.

Aging in place
Aging in place refers to an older adult's ability to remain living at whatever place they call home for as long as possible, with the help of Universal Design principles (see entry in glossary), home care, support services, adaptations and assistive technologies.

Assisted living facility/Assisted care living facility
Assisted living facilities, also referred to as catered living, personal care homes or boarding homes, provide residents help with the tasks of daily living (sometimes called ADLs or "activities of daily living"), and they also monitor activities to ensure health, safety and well-being. Daily living tasks include bathing, grooming, taking pills on time, housekeeping, meals, managing bills and using transportation. Older adults do well in assisted living if they are still performing some daily living tasks on their own and do not require 24-hour monitoring and care. Some assisted living facilities offer specialized round-the-clock supervision and therapeutic activities for older adults who suffer from dementia.

Assistive device
Any device or equipment (assistive technology) that enables an individual who requires assistance to perform the daily activities essential to maintain health and autonomy and to live as full a life as possible. Such devices or equipment may include monitoring devices, adapted utensils, enlarged telephones and clocks, motorized scooters, walkers, walking sticks, grab rails or tilt-and-lift chairs.

Assistive technology
An umbrella term for any device or system that allows individuals to perform tasks they would otherwise be unable to do, or that increases the ease and safety with which tasks can be performed.

Baby boomers
The generation of persons born between the years 1946 and 1964.

Beneficiary
A person or entity named in a will, trust, insurance policy, retirement plan or other financial contract who is entitled to receive the benefits or proceeds. Persons who are covered by Medicare are also called beneficiaries.

Benefit period
The length of time, in years, during which a benefit will be paid by an insurance policy. Buyers usually have a choice when deciding on a benefit period from many long-term care insurance policies.

Benefit trigger
An event or events that must occur before an insured person can receive benefits under a long-term care insurance policy.

Buy-In/Entrance Fee
The one-time cost that you pay up front when you become a resident at a housing community, such as a CCRC or Retirement Community. It is typically the cost of buying the unit and in some CCRCs it also includes a portion of the health care services. These fees vary by community and depend on the size of the unit, the location of the community, and any services included. Full or partial refunds of these fees are available in some communities when the resident moves out.

Care coordination
The goal of care coordination is to ensure that patients' needs and preferences are achieved and that care is efficient and of high quality. Care coordination involves information-sharing across providers, patients, types and levels of service, sites and time frames. Care coordination is most needed by persons who have multiple needs that cannot be met by a single clinician or by a single clinical organization, and which are ongoing, with their mix and intensity subject to change over time.

Care-dependent
Persons with chronic illnesses and/or impairments that lead to long-lasting disabilities in functioning and reliance on care (personal care, domestic life, mobility, self-direction).

Care need
Some state of deficiency that is decreasing quality of life and triggering a demand for certain goods and services. For the older population, lowered functional and mental abilities are decisive factors that lead to the need for external help.

Catered living
A senior housing community that offers full independent living and assisted living. It also can provide memory care. It sometimes is also called assisted living.

Chronic condition/disease/illness
A disease that has one or more of the following characteristics: is permanent; leaves residual disability; is caused by non-reversible pathological alternation; requires special training of the patient for rehabilitation; or may be expected to require a long period of supervision, observation or care.

Cluster housing
A subdivision technique in which detached dwelling units are grouped relatively close together, leaving open spaces as common areas.

Co-housing/Cooperative housing
A form of planned community in which older adults live together, each with his or her own dwelling or living space, but there are also some common areas, and joint activities may be arranged.

Communal care
Assistance provided free of charge or at reduced rates to members of a group or society. Other members of the group or society generally provide care on a voluntary basis.

Community-based care/community-based services
The blend of health and social services provided to an individual or family in his/her place of residence for the purpose of promoting, maintaining or restoring health or minimizing the effects of illness and disability. These services are usually designed to help older adults remain independent and in their own homes. They can include senior centers, transportation, delivered meals or shared (congregate) meal sites, visiting nurses or home health aides, adult day care and homemaker services.

Co-morbid condition
Conditions that exist at the same time as the primary condition in the same patient (e.g., hypertension is a co-morbidity of many conditions, such as diabetes, ischemic heart disease, end-stage renal disease, etc.). Two or more conditions may interact in such a way as to prolong a stay in hospital or hinder successful rehabilitation.

Congregate housing
Individual apartments in which residents may receive some services, such as a daily meal with other tenants. Buildings usually have some communal areas, such as a dining room and lounge, as well as additional safety measures such as an emergency call system.

Continuing care
The provision of one or more elements of care (nursing, medical, health-related services, protection or supervision, or assistance with personal daily living activities) to an older adult for the rest of his or her life.

Continuing care retirement communities (CCRCs)
A CCRC is a housing community that provides a range of services, such as independent living, personal care, adult day services, assisted living, skilled nursing care, and rehabilitation. CCRCs, sometimes also called life care communities, typically require a significant down payment in addition to monthly service fees. There is great variation in the cost of a CCRC depending on type of contract offered by the community, type of residence chosen, level of care needed and region of the country.

Continuum of care
Full spectrum of care available at Continuing Care Retirement Communities (CCRCs), which may include Independent Living, Assisted Living, Nursing Care, Home Health, Home Care, and Home and Community Based Services. Also see Continuing Care Retirement Community.

Cost of illness
The personal cost of acute or chronic disease. The cost to the patient may be an economic, social or psychological cost or loss to himself, his family or community. The cost of illness may be reflected in absenteeism, productivity, response to treatment, peace of mind, or quality of life. It differs from health care costs in that this concept is restricted to the cost of providing services related to the delivery of health care, rather than the impact on the personal life of the patient.

Culture change
Global initiative focused on transforming care as we know it for older adults and individuals living with frailty and disability. It advocates for a shift from institutional care models to person-directed values and practices that put the person first.

Daily benefit
The daily dollar amount an individual chooses as the base benefit for his or her long-term care insurance. The daily benefit is computed based upon eligibility and is derived from one of the following methods: Expense-Incurred Method, Indemnity Method, or Disability Method.

Domiciliary care
Care provided in an individual's own home.

Dual eligible
A person who qualifies for multiple insurance coverage, such as both Medicaid and Medicare.

Durable medical equipment
Refers to any medical equipment used in the home to aid in a better quality of living. It is a benefit included in most insurances and may include a hospital bed, wheelchair, monitors, and oxygen tanks.

Echo boomers
Also called Millennials or Generation Y, there are approximately 80 million Echo Boomers between the birth dates 1982 to 1995.

Elimination period
A type of deductible; the length of time the individual must pay for covered services before the insurance company will begin to make payments.

Enriched housing
An adult care facility licensed to provide long-term residential care to five or more adults, for the most part 65 years or older, in community-type settings similar to independent housing units.

Entrance assessment (Health and Financial)
Many senior housing communities use an entrance assessment to establish financial viability and to determine level of care and services needs of the older adult.

Extended care facility (ECF)
A facility that offers sub-acute care, providing treatment services for people requiring inpatient care but whom do not currently require continuous acute care services, and admitting people who require convalescent or restorative services or rehabilitative services or people with terminal disease requiring maximal nursing care.

Extra care sheltered housing
Housing where there is additional support (such as the provision of meals and extra communal facilities) on top of that usually found in sheltered housing.

Foster care homes
Private residences licensed to provide care to five or fewer residents. They offer room and board and personal care from a caregiver in the home 24 hours a day. Planned activities and medication management are available, and some provide transportation services, private rooms, or nursing services. The type of care provided in an adult foster home varies greatly depending on the consumer's needs and the skills, abilities, and training of the provider. They are licensed, monitored and inspected by the state or local area agencies on aging. Foster care homes can range from $1,500 to $3,000 per month depending on location and services. Medicaid may cover the cost for some older adults.

Functional status
The extent to which an individual is able to perform activities associated with the routines of daily living.

Geriatric care manager
A health and human services specialist who acts as a guide and advocate for families who are caring for older or disabled adults. Geriatric care managers also assist clients in attaining their maximum functional potential and are able to address a broad range of issues related to the well-being of their client, including safety and security concerns. They also have extensive knowledge about the costs, quality, and availability of resources in their communities.

Granny flat/annex
See Accessory apartment/Accessory dwelling unit (ADU); in-law suite.

Guaranteed renewable
When a policy cannot be cancelled and must be renewed when it expires unless the benefits have been exhausted. The company cannot change the coverage or refuse to renew the coverage for anything other than non-payment of premiums.

Home care agency
A home care agency, also known as non-medical senior care or in-home care, provides services that do not require a licensed professional or a physician's prescription. A home care worker can provide companionship to an older adult who is aging in place, as well as help with activities such as medication reminding; preparing meals; transferring from chair, toilet or bed; bathing; getting dressed; light housekeeping or transportation to and from doctors' appointments. Homemaker services averaged $19/hour in 2011.

Home health care agency
A home health care agency provides services that require a licensed professional — such as a registered nurse or physical, respiratory, speech or occupational therapist — and a physician's prescription. These medical services are provided in the person's home and can involve care for chronic health conditions or temporary care, as in the case of someone recovering from surgery or an injury.

Home health aide
A person who, under the supervision of a home health or social service agency, assists an older, ill or disabled person with household chores, bathing, personal care and other daily living needs. A home health aide averaged $21/hour in 2011.

Home help
A person or a service providing practical help in the home, such as household chores, to support an older adult with disabilities to remain living in his/her own home.

Home improvement agency
An organization offering advice and practical assistance to older adults who need to repair, improve or adapt their homes.

Home medical equipment
Equipment, such as hospital beds, wheelchairs and prosthetics, provided by an agency and used at home. Also known as durable medical equipment.

Home visits
Professional visits in the home.

Homebound/housebound
Refers to a person who is unable to leave the house due to a chronic illness or acute illness. A person can be homebound for a short or long time.

Homemaker service
A home help service for meal preparation, shopping, light housekeeping, money management, personal hygiene and grooming, and laundry.

Hospice care
A cluster of comprehensive services that address the needs of dying persons and their families, including medical, spiritual, legal, financial and family support services.

Housing association
Non-profit organization providing rented housing.

Inflation protection
A policy option that provides for increases in benefit levels to help pay for expected increases in the costs of long-term care services.

In-home services
Services provided in a person's home. Those services may include help with personal or health care needs and housekeeping such as meal preparation, shopping and transportation, home health services, assistance with medication, housekeeping and laundry, medication management, money management, assistance with medical equipment, and dressing and personal hygiene. It may be provided by personal care attendants or home health aides hired privately and informally, or through staff agencies or registries.

Independence
The ability to perform an activity with no or little help from others, including having control over any assistance required rather than the physical capacity to do everything oneself.

Independent living/facility (ILF)
A facility for older adults who have the physical and mental capacity to live independently either in their own home or in a residential facility that offers specific services and amenities for older adults and which promotes active, healthy lifestyles. Independent living involves a degree of self-determination or control over one's activities and is not an option for someone who cannot care for himself or herself. In 2012 the average cost of an independent living facility was $2,750/month, representing a range of $1,822-$4,157/month.

Informal assistance/caregiving
Help or supervision (usually unpaid) that is provided to persons with one or more disabilities by family, friends or neighbors (who may or may not be living with them in a household).

In-law Suite
See Accessory apartment/Accessory dwelling unit (ADU); Granny flat/Annex.

Instrumental activities of daily living (IADL)
Activities with aspects of cognitive and social functioning, including shopping, cooking, doing housework, managing money and using the telephone.

Level of Care
The level of care in senior housing refers to independent, assisted living or skilled nursing and is based upon the amount of care provided for activities of daily living and for medical care.

Life care community
A Continuing Care Retirement Community (CCRC) that offers an insurance-type contract and provides all levels of care; often includes payment for acute care and physician visits. Little or no change is made in monthly fees, regardless of the level of medical care required by the resident. The only fees that might change are the actual cost of living expenses. There is great variation in the cost of a CCRC depending on type of contract offered by the community, type of residence chosen, level of care needed and region of the country.

Lifetime home
Housing built to be adaptable to people's changing needs, thus avoiding the need for expensive and disruptive adaptations.

Live/Work flex house
A house or apartment that includes both living and working spaces for the residents.

Long-term care (LTC)/long-term aged care
A range of health care, personal care and social services provided to individuals who, due to frailty or level of physical or intellectual disability, are no longer able to live independently. Services may be for varying periods of time and may be provided in a person's home, in the community or in residential facilities (e.g., nursing homes or assisted living facilities). Individuals have relatively stable medical conditions and are unlikely to greatly improve their level of functioning through medical intervention.

Long-term care insurance
Insurance coverage that provides at least 24 months of coverage on an expense incurred, indemnity, prepaid or other basis; for one or more functionally necessary or medically necessary services, including but not limited to nursing, diagnostic, preventive, therapeutic, rehabilitative, maintenance or personal care services, provided in a setting other than an acute care unit of a hospital.

Medicaid
The federally supported, state-operated public assistance program that pays for health care services to people with a low income and minimal assets. Medicaid pays for nursing home care, limited home health services, and may pay for some assisted living services, depending on the state.

Medicare
A federally administered system of health insurance available to persons aged 65 and over. It pays for some rehabilitation services, but otherwise does not pay for long-term care. The four parts (A, B, C and D) are described below:

Medicare Part A: Hospital insurance that helps pay for inpatient care in a hospital or nursing home (limited-time rehabilitation care following a hospital stay only), some home health care and hospice care.

Medicare Part B: This helps pay for doctors' services and many other medical services, outpatient rehabilitative services and home care, as well as some supplies that are not covered by hospital insurance. It does not pay for long-term care.

Medicare Part C: People with Medicare Parts A and B can choose to receive all of their health care services through one of these provider organizations under Part C plans.

Medicare Part D: Prescription drug coverage that helps pay for medications doctors prescribe for treatment.

Naturally occurring retirement communities (NORC)
Geographic areas or multi-unit buildings that are not restricted to persons over a specified age, but which have evolved over time to include a significant number (typically, over 50%) of adults who are aged 60 and over.

Nursing homes/skilled nursing
Provides 24-hour nursing care and supervision to residents with serious medical conditions and/or advanced dementia. Residents typically require a protective environment, in addition to medical and health care services. Nursing homes offer skilled nursing care, rehab, medical services and protective supervision, as well as assistance with the activities of daily living.

Nursing facility
Licensed facility that provides skilled nursing care and rehabilitation services to functionally disabled, injured or sick individuals.

Occupational therapist
The role of an occupational therapist is to work with a client to help them achieve a fulfilled and satisfied state of life through the use of purposeful activity or interventions designed to achieve functional outcomes which promote health, prevent injury or disability and which develop, improve, sustain or restore the highest possible level of independence.

Plan of care
The plan of care outlines the strategies designed to guide health care professionals and other individuals involved with patient or resident care. Such plans are patient-specific and are meant to address the total status of the patient. It sets out what support the person should receive, why, when and the details of who should provide it.

Resident
The recipient of care in a residential care facility.

Resident contribution
A contribution paid by residents toward the cost of their accommodation and care in a facility.

Residential care
Provides accommodation and other care, such as domestic services (laundry, cleaning), help with performing daily tasks (moving around, dressing, personal hygiene, eating) and medical care (various levels of nursing care and therapy services). Residential care is for older adults with physical, medical, psychological or social care needs which cannot be met in the community.

Residential care services
Accommodation and support for people who can no longer live at home.

Retirement community
Retirement communities offer the privacy and freedom of home combined with the convenience and security of on-call assistance and a maintenance-free environment. Residents live on their own and care for themselves in a community where household services and recreational and social outings are available to them. Housing options include private homes, townhouses, villas and apartments.

Reverse mortgage
A reverse mortgage is designed for homeowners 62 years of age and older. It provides access to a home's equity, freeing up money that may be used to meet other expenses.

Revocable living trust
A revocable living trust allows transfer of property to a separate entity called a trust. The trust is managed according to the rules established in the trust document for the benefit of the beneficiaries named in the trust.

Senior apartment
Age-restricted multi-unit housing with self-contained living units for older adults who are able to care for themselves. Usually no additional services, such as meals or transportation, are provided. The age of eligibility varies and is often waived for the spouse of a resident.

Senior move managers
Specialize in helping older adults and their families with the task of downsizing and moving to a new residence.

Shared housing/Subsidized housing
Government supported accommodation for people with low to moderate incomes.

Skilled care
"Higher level" of care (such as injections, catheterization and dressing changes) provided by trained health professionals, including nurses, doctors and therapists.

Skilled nursing care
Daily nursing and rehabilitative care that can only be performed by, or under the supervision of, skilled nursing personnel.

Skilled nursing facility (SNF)
Nursing homes that are certified to provide a fairly intensive level of care, including skilled nursing care.

Spend down
A requirement that an individual use up most of his or her income and assets to meet Medicaid eligibility requirements.

Supported housing
Accommodation where there is a degree of daily living support for its residents to enable them to live independently.

The Eden Alternative
A movement to change the culture in institutional facilities (nursing homes) from a medical model to a person-centered approach and involves creating a "Human Habitat" where life revolves around close and continuing contact with plants, animals, and children.

The Green House Model
Part of the movement for de-institutionalization, or moving people from institutional (nursing homes) facilities to community-based living arrangements. It is an effort designed to restore individuals to a home in the community by combining small homes with the full range of personal care and clinical services expected in high-quality nursing homes.

Transitional care
A type of short-term care provided by some long-term care facilities and hospitals, which may include rehabilitation services, specialized care for certain conditions (such as stroke and diabetes), and/or post-surgical care and other services associated with the transition between hospital and home.

Universal Design
Design philosophy emphasizing products and buildings that are usable by people of all abilities without additional accessories or adaptations.

Village concept
Not-for-profit organizations that coordinate the delivery of services to members, who live within the village's service area; services and membership fees vary. The "village" refers to a designated geographic area in a targeted neighborhood.

STEPS TO TAKE TODAY

Put a plan of action into place to better control your destiny.

1. **Discuss retirement with spouse, family.** Include aging as a key topic in financial planning conversations and intergenerational relationships by incorporating the discovery tool, checklists and general knowledge into family meetings. Understand the special challenges we will all face, such as current concerns about older family members; family history of chronic disease; or the prospect of facing advanced age without family member support.

2. **Determine your wishes and desires for retirement.** Be realistic about the prospect of living into your 80s or 90s and the housing and financial implications of ill health and limited mobility.

3. **Research housing options based on the output of your discussions.** From there, research the housing costs for the geographic area. Start by researching the average costs in your state through this link: http://www.assistedlivingfacilities.org/articles/assisted-living

4 Research available facilities. Go to sites such as www.aplaceformom.com for the names of facilities in your geographic location.

5 Work closely with your financial advisor/professional. Partner with your financial advisor and other trusted professionals (i.e., accountant, lawyer, etc.) to develop a plan based on your preferences.

6 Be prepared for all scenarios. Acknowledge and understand that aging will have many health care implications and that you need to make the plans now, not when an event has taken place that forces a decision.

7 Maintain complete records of your financial and estate planning documents, including your health care, power of attorney, Will and other instructions. Review the location of these documents with your loved ones and beneficiaries. It is also a good idea to provide a copy to family members and beneficiaries who will handle your affairs upon death.

8 Visit Legg Mason at www.leggmason.com/individualinvestors
Our website features more information, tools and additional resources.

REFERENCES

The following sources were used to create the resources found in this publication. These sources can be valuable in helping to understand more about retirement housing options.

Myths and Realities of aging: 'In general, don't generalize' guide

Dementia is an inevitable part of aging.

Alzheimer's Association. 2012 Alzheimer's disease facts and figures. *Alzheimer's and Dementia: The Journal of the Alzheimer's Association.* March 2012; 8: 131–168

Older adults become more rigid in their thinking and are unable to learn or change.

The Dana Alliance for Brain Initiatives. (2011). *Staying Sharp: Learning as we Age.* Electronically Retrieved on Dec. 10, 2012 from www.dana.org/WorkArea/downloadasset.aspx?id=34684

Older adults are alone or lonely, and they have been abandoned by their families.

Centers for Disease Control (CDC), Depression is Not a Normal Part of Growing Older. Electronically Retrieved on Dec. 10, 2012 from http://www.cdc.gov/aging/mentalhealth/depression.htm

Older adults are in poor health.

Federal Interagency Forum on Aging Related Statistics. (2012). Older Americans 2012: *Key Indicators of Well-Being.* Electronically available at http://www.agingstats.gov

Lifestyle changes late in life have no effect on older adults' health and well-being (e.g., begins exercise, quit smoking).

Wilken, C.S. (2008). Myths and Realities of Aging. Electronically available at http://edis.ifas.ufl.edu/pdffiles/fy/fy52400.pdf

As age increases, older adults become withdrawn, inactive and cease being productive.

National Institute on Aging, National Institutes of Health, and U.S. Department of Health & Human Services. (2010). *Healthy Aging: Lessons from the Baltimore Longitudinal Study of Aging.* Electronically available at http://www.nia.nih.gov/health/publication/healthy-aging-lessons-baltimore-longitudinal-study-aging

Older adults are more likely to become clinically depressed.

Centers for Disease Control (CDC). Falls Among Older Adults: An Overview. Electronically Retrieved on Dec. 10, 2012 from http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html

With age, older adults lose individual differences and become progressively more alike.

U.S. Department of Health & Human Services. (2011). *A Profile of Older Americans:* 2011. Electronically available at http://www.aoa.gov/aoaroot/aging_statistics/Profile/2011/docs/2011profile.pdf

Most older adults end up in nursing homes.

UNC Institute on Aging. (2009), Myths About Older Workers. Electronically available at http://www.aging.unc.edu/programs/nccolle/files/MythsAboutOlderWorkers.pdf

Most older adults live in poverty.

Ferraro, K.F. (2001). In R.H. Binstock, L.K. George (eds.). Handbook of Aging and the Social Sciences. 5th ed. San Diego: Academic Press

With age, most older adults become helpless and cannot take care of themselves.

Center for Housing Policy. (2012) Housing an Aging Population: Are We Prepared? Electronically available at http://www.nhc.org/media/files/AgingReport2012.pdf

Older adults are an economic burden on society, and this takes away resources from the young.

Demystifying the Myths of Aging, World Health Organization (WHO), (2008). Electronically available at http://www.euro.who.int/__data/assets/pdf_file/0006/98277/E91885.pdf

Failing is normal with advanced age.

Gitlin, L. N. & Schulz, R. (2012). Family caregiving of older adults. In T.R. Prohaska, L.A. Anderson, and R.H. Binstock (eds.), Public Health for an Aging Society. Baltimore, MD: Johns Hopkins University Press. pp. 181–204

Additional references

The following articles were also examined.

"Five common myths about Aging," by Deborah Kotz, *U.S. News and World Report*, February 20, 2009, http://health.usnews.com/health-news/family-health/articles/2009/02/20/5-common-myths-about-aging.

"Myths of Aging, Conquering stereotypes of old age," Published on January 20, 2011 by Simon Tan, Psy.D., A.B.P.P in Wise Up, Psychology Today, http://www.psychologytoday.com/blog/wise/201101/myths-aging

"Five Myths of Aging," by Lauri M. Aesoph N.D., Global Healing Center, http://www.globalhealingcenter.com/aging/the-five-myths-of-aging

"Myths and Realities of Aging," by Carolyn S. Wilken, University of Florida, IFAs Extention, http://edis.ifas.ufl.edu/pdffiles/fy/fy52400.pdf

"Myths of Aging," by Kristen L. Mauk, PhD RN CRRN-A APRN, BC, RehabNurse.org, http://www.rehabnurse.org/pdf/GeriatricsMyths.pdf

"Demystifying the myths of ageing," edited by Anna Ritsatakis, World Health Organization, Europe, © World Health Organization 2008, http://www.euro.who.int/__data/assets/pdf_file/0006/98277/E91885.pdf

"Top 10 Aging Myths, by Farah Averill," FoxNews.com, AskMen.com, June 15, 2011, http://www.foxnews.com/health/2011/06/15/top-10-aging-myths/

"The Myths of Aging," http://transgenerational.org/aging/myths-of-aging.htm#MythofSenility

"Aging Myths: 5 Big Misconceptions About Growing Older," by Debra Ollivier, http://www.huffingtonpost.com/debra-ollivier/five-biggest-aging-myths_b_1350128.html#slide=794816

"6 Common Myths About Aging," HealthyWomen.org, http://www.healthywomen.org/content/article/6-common-myths-about-aging?context=ages-and-stages/37&context_description=

"Myths and Facts about Aging," by Herbert G. Lingren, Cooperative Extension Service, College of Tropical Agriculture and Human Resources, University of Hawaii at Manoa, http://www.ctahr.hawaii.edu/oc/freepubs/pdf/CF-14.pdf

"Authors Debunk the Myths that Hold Back the Elderly," by Charlen Baldridge, Coply News Service, JWeekly.com, http://www.jweekly.com/article/full/12776/authors-debunk-the-myths-that-hold-back-the-elderly/

"Lesson Plans on Aging Issues: Creative Ways to Meet Social Studies Standards, Participation in Government — Myths and Facts About Aging," Ithaca College, Gerontology Institute, http://www.ithaca.edu/gerontology/schools/pdf/myths%20and%20facts.pdf

"Ageing: Myth and Reality, Department of Communities, Child Safety and Disability Services, The Department of Communities, Child Safety and Disability Services," First published in 2002, updated in 2012, http://www.communities.qld.gov.au/resources/communityservices/seniors/publications/ageing-myth-reality.pdf

"Aging Myths and Emerging Realities," Aging Institute of UPMC Senior Services and the University of Pittsburgh, http://www.aging.pitt.edu/family-caregivers/myths/default.asp

"Aging Myths and Emerging Realities," Aging Institute of UPMC Senior Services and the University of Pittsburgh, http://health.howstuffworks.com/wellness/aging/aging-process/5-myths-about-aging-and-health.htm

"Aging Myths: 10 Common Misconceptions about Growing Older," June 22, 2012, http://www.huffingtonpost.com/2012/06/22/aging-myths_n_1592990.html#slide=1087633

"Common Myths of Aging" by DeLee Lantz, Ph.D., Integrated Psychology Associates, http://www.ipasite.com/MythsofAging.html

"Shattering the Myths of Old Age, Alliance for Aging Research," Summer 1999, http://agingresearch.org/content/article/detail/950

"Retire These 10 Myths of Aging," FirstCall, http://www.mainlinehealth.org/oth/Page.asp?PageID=OTH003343

Home Safety Checklist

Resources:

Clemson, L (1997). Home fall hazards: A guide to identifying fall hazards in the homes of elderly people and an accompaniment to the assessment tool, the Westmead Home Safety Assessment. West Brunswick, Victoria, Australia: Coordinates Publication.

Gitlin, L. N., Schinfeld, S., Winter, L., Corcoran, M. & Hauck, W. (2002). Evaluating home environments of person with dementia: Interrater reliability and validity of the home environmental assessment protocol (HEAP). Disability and Rehabilitation, 24, 59–71.

Olsen, R.V. & Hutchings, B.L. (2006). Home Safety Assessment Checklist. Health & Aging Division, Center for Architecture and Building Science Research (CABSR), New Jersey Institute of Technology, in collaboration with the New Jersey Department of Health and Senior Services, Division of Aging and Community Services.

VHA Rehab Solutions. (2011). SAFER HOME: Safety Assessment of Function & the Environment for Rehabilitation Health Outcome Measurement and Evaluation version 3. VHA Home HealthCare, Toronto, Ontario, Canada.

Other sources:

The AARP Home Fit Guide: Information and Tips to Keep Your Home in Top Form for Comfort, Safety, and Livability, by AARP, Electronically available at: http://assets.aarp.org/www.aarp.org_/articles/livable_communities/aarp_home_fit_guide_042010.pdf

American Academy of Orthopedic Surgeons. (2011). Home Safety Checklist. Electronically available at: http://orthoinfo.aaos.org/topic.cfm?topic=A00123

CDC. (2005). Check for Safety: A Home Fall Prevention Checklist for Older Adults. Electronically available at: http://www.cdc.gov/HomeandRecreationalSafety/pubs/English/booklet_Eng_desktop-a.pdf

Home Safety Smart Check. (n.d.) Room-by-Room Safety for the Older Adult. Electronically available at: http://www.homesafetysmartcheck.com/siteimages/2010/11/RoombyRoomOlderAdultNov11.pdf

International Association of Certified Home Inspectors. (2006). Home Safety for the Elderly. Electronically available at: http://www.nachi.org/elderlysafety.htm

NC State University & A&T State University. (n.d.). A Housing Safety Checklist for Older People. Electronically available at http://www.ces.ncsu.edu/depts/fcs/pdfs/FCS-461.pdf

Occupational Therapy Geriatric Group, Department of Rehabilitation Science, School of Public Health and Health Professions, University at Buffalo, (2011). Home Safety Self-Assessment Tool. Electronically available at http://agingresearch.buffalo.edu/hssat/hssat_v3.pdf

U.S. Consumer Product Safety Commission. (n.d.) Safety for Older Consumers – Home Safety Checklist. Electronically available at http://www.cpsc.gov/cpscpub/pubs/701.pdf

Additional sites reviewed:

http://www.momswhothink.com/checklists/home-safety-checklist-for-the-elderly.html

http://www.aplaceformom.com/senior-care-resources/articles/elderly-home-safety-checklist

http://www.seabridgebathing.com/resources-elderly-disabled/home-safety-checklist-for-seniors.html

http://www.harfordcountymd.gov/services/aging/HomeSafety.html

http://www.homecare.com/safety-checklist-creating-fall-safe-home

http://www.texasagingnetwork.com/homesafety.pdf

http://www.unmc.edu/media/intmed/geriatrics/nebgec/pdf/frailelderlyjuly09/toolkits/sample_home_safety_checklist.pdf

http://www.choosehomecare.com/home_safety_checklist.html

http://www.scribd.com/doc/24233161/Elder-Home-Safety-Checklist

Glossary of Terms

AOTA Inc. (1994). Policy 5.3.1: Definition of occupational therapy practice for state regulation. The American Journal of Occupational Therapy, 48(11), 1072–1073.

Cisneros, H., Dyer-Chamberlain, M., Hickie, J. (Eds). (2012). *Independent for life. Homes and neighborhoods for an Aging America.* University of Texas Press, Austin TX.

ONLINE RESOURCES

A Place for Mom. Glossary of senior living terms, http://www.aplaceformom.com/senior-care-resources/articles/glossary-of-terms

Allaboutlongtermcare.com. Glossary of terms, http://www.allaboutlongtermcare.com/glossary.html

Assistedlivingfacilities.org. Senior care glossary of terms. http://www.assistedlivingfacilities.org/glossary

Department of Health, State of New Jersey. Glossary. http://www.state.nj.us/caregivernj/glossary.shtml

Department of Human Services, State of Oregon (2002). Glossary. http://www.oregon.gov/dhs/spd/pubs/gtf/glossary.pdf

Eden Alternative, http://www.edenalt.org/images/stories/about_eden/Eden-Overview-Brochure2.pdf

Ecumen. Glossary of senior care and housing related terms, http://www.ecumen.org/aging-resources/7-glossary-of-senior-care-housing-related-terms

Homecare.com. Glossary of caregiving and health terms. http://www.homecare.com/glossary-caregiving-and-health-terms

MetLife (2011). 2011 market survey of long-term care costs, https://www.metlife.com/mmi/research/2011-market-survey-long-term-care-costs.html#graphic

National Association of Senior Move Managers, http://www.nasmm.org/

Presbyterian Senior Living (2012), Glossary of terms, http://www.presbyterianseniorliving.org/page/4030-glossary-of-terms

SeniorHomes.com (2012), Independent living costs, http://www.seniorhomes.com/p/independent-living-costs

The Green House Project, http://thegreenhouseproject.org/about-us/mission-vision/

The World Health Organization, Centre for Health Development (2004). A glossary of terms for community health care and services for older persons. WHO Ageing and Health Technical Report, Volume 5, www.who.int/kobe_centre/ageing/ahp_vol5_glossary.pdf

Making the grade worksheets

The following websites were consulted for the worksheets found on pages 79–92.

http://www.alfa.org/alfa/Assessing_Cost.asp
http://www.seniorhousingnet.com/
http://hr.osu.edu/osura/contcare.pdf
http://www.seniorhomes.com/p/ccrc/
http://www.elderlawanswers.com/
http://www.helpguide.org/elder/assisted_living_facilities.htm#choosing
http://usatoday30.usatoday.com/money/industries/health/2004-05-26-how_x.htm
http://www.consumerreports.org/cro/money/retirement-planning/choosing-an-assisted-living-facility/overview/index.htm
http://www.strengthforcaring.com/housing/assisted-living/expect/
http://www.allassistedlivinghomes.com/family-resources/assisted-living-questions.html
http://www.webmd.com/alzheimers/assisted-living-facilities
http://www.carewisc.org/images/stories/pdf/assisted_living_facility_checklist.pdf
http://www.caring.com/articles/assisted-living-facilities-choosing-the-right-one#research
http://www.medicare.gov/nursing/checklist.asp?PrinterFriendly=true
http://www.webmd.com/health-insurance/nursing-home-care?print=true#
http://assets.aarp.org/external_sites/caregiving/checklists/checklist_nursingHomes.html
http://www.caregiver.com/articles/print/nursing_home_checklist.htm
http://www.alz.org
http://www.alfa.org/images/alfa/pdfs/getfile.cfm_product_id=94&file=alfachecklist.pdf
http://www.seniorhomes.com/p/assisted-living-homes/
http://www.seniorhomes.com/p/memory-care-checklist/
http://assets.aarp.org/www.aarp.org_/promotions/text/life/AssistedLivingChecklist.pdf
http://www.seniorsforliving.com/assisted-living-checklist.php
http://www.carepathways.com/checklist-ccrcp.cfm
http://www.seniorhousingnet.com/care-selection/continuing-care.aspx?source=web
http://www.snapforseniors.com/Portals/0/toolsresources/Housing/CCRCTourChecklist.pdf
http://www.wvseniorcare.com/WVHCA/media/WVHCA-Media/Documents/Checklists/CCRC-Checklist.pdf
http://www.seniorliving.net/TypesOfCare/ContinuingCareRetirementCommunity/Checklist
http://www.assistedlivinginfo.com/assets/global/Continuing_Care_Checklist.pdf
http://www.fairfaxcounty.gov/dfs/olderadultservices/ltcombudsman/ccrc.htm#checklist
http://www.calvincommunity.org/docs/retirementchecklist.pdf
http://www.holidaytouch.com/~/media/E2A5A56AB55240379EE82143A62B8945.ashx
http://www.alfa.org/alfa/Choosing_a_Community1.asp
http://www.searchseniorliving.com/articles/resources-community-evaluation-checklist/
http://www.retirementcommunity.com/Independent-Living-Checklist.php#
http://community.seattletimes.nwsource.com/archive/?date=20060807&slug=liztaylor07
http://www.seniorliving.net/TypesOfCare/AlzheimersAndDementiaCare/Checklist
http://newfriendsmemorycare.com/LivingWithAssistanceChecklist_1012.pdf
http://www.caring.com/articles/checklist-choosing-memory-care-facility
http://www.aging-parents-and-elder-care.com/Pages/Checklists/Alzheimers_Chklst.html
http://www.alz.org/care/alzheimers-dementia-residential-facilities.asp

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