



**Bloom**  
• SENIOR LIVING •

**A Complete Family Guide  
MAKING THE MOVE TO A  
SENIOR LIVING COMMUNITY**

**BENJAMIN PEARCE**

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**MAKING THE MOVE TO A**  
**SENIOR LIVING COMMUNITY**

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# SUMMARY

## Description

A complete family guide to making an informed decision regarding retirement communities and senior living options. Written by a 30-year veteran operations expert in Senior Housing and author. Learn about the different types of facilities, how they are priced, and how to choose which one is right for your situation. How the isolation of living at home alone can lead to avoidable health problems, tips on dealing with guilt, downsizing possessions and coordinating the move. Explore financial resources and understand what Medicare and Medicaid cover in senior housing. Finally, learn how to deal with caregiver stress and burnout and the family member who says “But I’m not ready yet.”

## Family Review

Review by: Karen Doll on March 28, 2013:

The ebook “Making the Move to a Retirement Community” is an excellent resource for anyone who is personally considering this option or is the loved one of an elderly family member who needs detailed information on what is available and the obstacles you may encounter.

As a nurse practitioner nearing retirement age, as well as the caretaker for elderly parents, I find this book extremely informative as it guides you step-by-step in the process of selecting the best type of retirement living according to your needs.

I learned that retirement living does not necessarily have to mean assisted-living. I was not aware of the broad range of facilities available, from independent living communities featuring all inclusive meals and activities with home health services that can provide a cushion of care if you need it, to assisted living arrangements and continuing care.

My own parents have lived in the same house for years, and I now see the safety and isolation issues they are facing that can impact their health. Despite their years, they are not ready for assisted living, and I am happy to have learned about the availability of alternative living arrangements so they can enjoy a safer, more social lifestyle without the burden of meal preparation and home maintenance.

The author presents his information in clear concise language and covers all the basics one needs to know to make an informed decision as to how best to handle the transition with the ultimate goal of maintaining independent living for as long as possible.

# ABOUT THE AUTHOR

Benjamin Pearce is an expert in the senior living industry and senior care. He has three decades of experience working with over 200 communities in 33 states encompassing over \$1 billion in annual revenue. Pearce has extensive experience as a published author of several books and as a public speaker for caregivers and supervisors. His book, *Senior Living Communities: Operations management and marketing for assisted living, congregate and continuing care retirement communities* was first published in 1998, and a second edition in 2007 by John Hopkins University Press is now the go-to handbook for effective senior residential facilities. It has also been converted into an online classroom for the certification of assisted living administrators in several states. He has also written many articles on senior living for publications such as *Provider*, *Contemporary Long Term Care* and *Assisted Living Success*. Pearce also serves as an expert witness for assisted living and skilled nursing litigation.

In addition, Pearce shares his expertise as an adjunct professor for Johns Hopkins University and New York University, while teaching a variety of courses about the elderly, dementia and customer service for continuing education online that is approved in all fifty states.

Currently, Mr. Pearce is Chief Operating Officer for Bloom Senior Living. Formerly, Divisional Vice President of Operations - East for Holiday Retirement; President of Senior Living Management; Senior Vice President, Senior Housing of Genesis Health Ventures Inc., Mr. Pearce has been responsible for the planning, implementing, and directing all facets of operations and marketing. He has also served as Senior Vice

President of Operations for A•D•S Senior Housing, which was acquired by Genesis Health Ventures in October of 1997. Prior to that he was Vice President of Operations for Classic Residence by Hyatt.

Pearce has received a number of awards including the Contemporary Long Term Care Order of Excellence in 1990, 1991 and 1994. The Contemporary Long Term Care Order of Excellence is awarded to recognize outstanding operators and is an elite fraternity whose members have been judged by their peers to be the nation's best. Nominees are judged in three categories: resident services, business management, and facility design. Within these categories facilities are evaluated on quality, innovation, and cost effectiveness.

# PREFACE

Whether you are thinking of the retirement center for yourself or someone else, I hope that you will find this guide helpful in your search and provide the information you need to make an informed decision.

Each retirement community has its own personality. Each one offers a variety of accommodations, amenities, costs, and services. However, the one thing they all have in common is that they are all directed towards maintaining independence.

Retirement living can be a wonderful new lifestyle for a retiree who no longer wishes to live alone, and desires the carefree living, social interaction and the 24-hour security offered in these communities.

The principal benefit of retirement housing to the elderly is the preservation of their independence and privacy. The entire program should be designed to provide a service structure to meet resident needs, ranging from lifestyle maintenance to psychosocial.

Today's elderly were in their 20s and 30s during the depression years. At this stage in their lives they were getting their families together and home ownership was an elusive dream. Over the years they achieved this goal and many lived in that house for 40 to 50 years. They raised their families and put down deep roots. To convince them to give up this home and move into a retirement community can be a challenge. Americans of this age group whose lives have revolved around their home, derive much of their identity from their living environment. In a retirement community they can still have a home; a place to surround themselves

with their own furniture and mementos, and entertain family and guests.

Many seniors investigate lifestyle changes as a result of some loss in their lives. They may have lost their spouse, ability to drive, to take care of themselves independently, or may have experienced some other life event. When they experience this loss, people tend to reevaluate their lives and even internalize stress and focus on the things they cannot do anymore, their limitations. Retirement living is designed to redirect the focus away from their limitations, onto a productive emphasis of enhancing one's life in a supportive environment.

As people age, their ability to function within the activities of their daily lives becomes more of a challenge. As seniors become less able to meet the challenges of their lives, they increasingly rely on family and friends for help and support. This can increase steadily when they find they are no longer able to continue such chores as home maintenance, cleaning, grocery shopping, and transportation with the burden being placed on family and friends. This can lead to stress in a relationship and feelings of guilt because caregivers cannot handle the added burden. Families may become forced to make a decision about a service with often very limited exposure or knowledge. Often families are constantly dealing with their parent's problems and conflict arises. Retirement living can help ease the workload by having someone available to help Mom or Dad with their personal routine needs. The use of professionals to take this responsibility from family members can allow communication to become positive, thereby strengthening and enhancing the relationship between family and the senior. The combined effect is

designed to allow the family to pursue their busy lives and careers. They are reassured that the time they spend with their parents will reinforce the lifestyle and relationship they once enjoyed. Plus the constant availability of socialization with other people their own age can contribute greatly to their quality of life.

## CHAPTER 1: STEPS TO TAKE IN CHOOSING A COMMUNITY



There are many different options for retirement living. Choosing the right fit for you is largely dependent upon how independent you are now and what healthcare needs that you anticipate having in the future. The following steps should lead you down the right path.



### One Family's Dilemma

The following is a typical example of one family's need to find an alternative lifestyle for their Father after he was widowed and had given up the "retirement house" in Florida. In reading the following sequence of events, you may find things relevant to your own situation.

Their Dad turned 80 last year and had been in a gradual decline since losing Mother two years ago. After Mom passed, Dad insisted on staying in the family home in Paramus, saying that he would "leave when I'm carried out."

The brothers and sister agreed, and then set about making it possible for their Father to live alone. In order to solve the security problem of having someone with him, they proceeded to look for qualified housekeepers. That began a long and frustrating process of hiring and firing housekeepers or just having them come and go for a number of reasons. The result was that Dad was being left alone far too much. No matter how hard the family tried, they still could not give him the time and attention he required with his chronic heart condition.

In the years after Mom died, it became evident that Dad was failing more rapidly, along with showing signs of loneliness and depression. The adult children realized that things could not go on the way they were. By this time, the rest of the family had moved from the Paramus area out into the suburbs, thus making the travel time longer when they visited him. Finally, the family began to discuss various options with Dad and suggested the possibility of making a move to a retirement center. Since no one in the family had any knowledge of retirement living, they began to research the industry. During

the next few months, they visited many facilities. Through this process they discovered how different each community was with great diversity in size, costs, amenities, health care provisions, long-term care access and availability. It soon became apparent that the family needed to have the time, patience and knowledge and know what to look for to make the best decision for Dad.

One thing they all agreed upon was having Dad live within easy driving range of most of the family. This way he could share in their lives and enhance his own. At first, he would not discuss such a move, but after a while when they pointed out that it was because they loved him, worried about him and wanted him near to them that he began to listen. One of the things the family explained was that they could improve the “quality time” spent together if they didn’t have such long drive times to visit him.

Dad had already begun to face the realization that he could no longer maintain that 15 room house as he had done in the past. Plus, the real estate taxes had recently taken a sizable jump, the roof needed replacing and other problems were requiring attention in the house. It just made no sense for him to continue to hold onto the house and let his biggest investment deteriorate while taxing his limited physical stamina.

The actual mechanics of selling and closing up Dad’s house took about four months. He was fortunate to have a buyer come along in the first couple of months it was listed. The disposal of his furnishings took about two months, first with the family taking the things they had chosen or Dad and Mom had promised them, then with a professional estate

coordinator disposing of the remainder (see also Chapter 3 Coordinating the move). In the end their Father settled in and made new friendships at the retirement center where his quality of life improved.

## **Isolation Can Lead To Health Complications**

Many inquires and subsequent admissions to senior living communities are often triggered by an event in one’s life. Many seniors and/or their families often investigate lifestyle changes as a result of some type of loss in their life. They may have lost their spouse, their ability to drive, to take care of themselves independently, or perhaps some other life event. During times like these it is human nature to bereave one’s losses, and through this process people have a tendency to re-evaluate their lives. It is natural to compare personal accomplishments and position in life to a mental image of what they thought it might be at this stage when they were younger. At forty, when one comes to the conclusion that their life has not met their expectations, there is ample time to adjust one’s priorities and get back on track. At eighty, however, the opportunity for change becomes more limited.

John Barrymore, Sr. once said “A man is never old till regrets take the place of dreams.” Research into seniors’ attitudes and behavior suggests that anxieties related to future adverse health conditions can actually cause those conditions to arise. This is the time in life when the physical world may be perceived to be continually shrinking. Many face this time and the bereavement process quite alone, as they re-evaluate their lives and are confronted with their own mortality. There is a natural tendency to focus on the limitations of one’s life

and all of the obstacles that aging presents. When sadness turns to depression, they are headed for trouble.

Much of the stress of this process becomes internalized which can make the elderly very vulnerable to depression. Suspect depression if they spend an inordinate amount of time sleeping or sitting in front of a television. There has been ample research to demonstrate the mind's capacity to influence one's health - both positively and negatively. If left unchecked, depression and despair can inhibit recovery from illness, lead to hopelessness and even ultimately premature death.

Researcher Ken Wells in the landmark Rand study at UCLA found that 50 percent of all depressed people are over the age of 65. He studied depressed vs. non-depressed people and found that depressed elderly use 4 times the amount of health care dollars than non-depressed and had a 58 percent greater mortality rate within the first year of admittance to a skilled nursing facility than their non-depressed counterparts. For example, depressed people tend to lie around all day and don't get up. This inactivity makes them susceptible to urinary tract infections and pneumonia, which if left untreated can lead to kidney failure and premature death.

Living well in our later years is all about quality of life. People who are active and social generally avoid depression that can lead to health complications and dramatically affect the quality of one's life. People who spend their time isolated from others their own age can become depressed and find that they are continually facing one health crisis after another.

The reluctant admission to a senior living community is for many yet another reminder of their inability to live at

home independently. Americans of this age group who struggled through the depression years to ultimately achieve the American dream of home ownership derive much of their identity from their living environment. It is indeed a significant challenge for many to give up a home in which they have lived for many years and now identify with the new retirement "home," not to mention learning to function in a communal environment and lifestyle.

However, we humans are social creatures, we crave companionship, it keeps us more alert and fulfilled. In the past thirty years that I have been working with the elderly, I have seen that the people who are in daily contact with other people their own age and with similar lifestyle issues seem to gain strength from each other. They are more aware of their appearance, and hold onto their lifestyle skills longer. Those people who stay home too long because of promises their children were forced to make to keep them out of a "home" do not receive the social stimulation they absolutely require to remain healthy. By the time they are forced to investigate other supportive environments, their health has deteriorated so far that few will consider them appropriate, leaving the adult child or home caregiver exhausted, frustrated and run down and at risk for their own health. In many cases it may be actually more cost effective to consider retirement living earlier, than wait until the extremely expensive nursing home is your only choice.

## Feeling a little Guilty?

There are few people on earth better equipped with the natural innate ability to make us feel guilty than our Mothers.

In our culture guilt has been instinctively crafted to an art form designed to influence our behaviors. It is a learned behavior passed on from generation to generation. Feelings of guilt can be self-inflicted or can be imposed upon us by other people. When guilt is legitimate, it spurs us to do better. When it is unwarranted, it only causes anxiety and hinders our ability to make sound decisions and provide quality care.

As a parent's care needs increase while they undergo the natural aging process, the amount of time and energy required of the caregiver increases exponentially. It is very normal to have feelings of resentment as demands on our time begin to radically change our daily routines. Often adult children already have their hands full caring for the needs of their own children. The average woman in America today will spend more time caring for her parents than for her children. She is typically 45 to 65-year-old married female with children at home, in college, or with families of their own and thus can feel herself sandwiched between two generations. As her parents' needs for assistance increase over time, she often feels as though she simply cannot do enough for them. Often she will become frustrated when her efforts to try to "fix" things that go wrong in her parents life begin to create conflicts in her own life, and the fixes never seem to last. Ultimately she begins to feel that she is losing control of her life and realizes that things that were once routine for her and easily manageable are quickly becoming more than she can handle. Conflicting priorities can often lead to feelings of helplessness and guilt that she is not doing anything well. This self-imposed guilt then becomes her constant companion.

Others can also impose guilt upon us. Failures in our elder caring duties, and obligations to our own families can lead

to criticism from those whose opinions we value most. One is never really prepared to accept responsibilities thrust upon them by their aging parents. Few people understand the complexities of health problems, insurance coverage, assisted living and nursing homes, drug plans, Medicare, legal obligations and other senior-related issues. Caregivers continuously bombarded by these issues are bound to make mistakes, which will frustrate them even further. Uninformed family members, and siblings seeking to offer help, often only serve to highlight the primary caregiver's shortcomings. Just remember, there is nothing out there that you can't learn, seek out the advice of professionals such as Geriatric Care Managers, Eldercare Attorneys, local support groups, and the local library.

Feelings of responsibility set us up for the probability of occasional feelings of guilt. We must be able to distinguish between legitimate guilt that motivates us to do better and harmful guilt that might be undeserved and leave us dispirited.

Sometimes it might be helpful to write down the things that make you feel guilty. Examine the underlying reasons and determine if a solution is within your power. Sometimes compartmentalizing a large problem into several smaller, issues can make things more manageable.

Constantly fretting over what seems to be an insurmountable responsibility can only lead to more anguish and more guilt. Tackling and completing a few problems can give you a sense of accomplishment and build your confidence to handle those never-ending new surprises as they arise. Consider that your parent may be feeling guilty because they are imposing

on you, while you are feeling guilty that you don't have the time to do more. Also, it is never helpful to anguish about the past, concentrate on what can be done now and resist the temptation to allow old conflicts to create guilt today.

To determine if the guilt you are feeling is warranted, ask yourself if you have done everything that is practical and necessary within your own limitations. What is important is ensuring the quality of life and meeting the realistic needs of the elderly. It is not your role to insure everyone's happiness, only your own. Perhaps much of the guilt comes from thinking that you have more influence than you really do.

Often as the caregiver is pulled in conflicting directions, she may invite her aging parent to come live with them. Caring for a loved one at home may not be the best solution for either. Many people have made promises to each other about their elder care when they are young thinking the day will never come, but it always does. Often the caregiver struggles to meet the ever-increasing needs of their loved one at great personal sacrifice. Be realistic about what level of care that you can safely provide. Financial resources should be applied before the caregiver themselves begin to weaken. Often the decision to move out of the home is delayed until a nursing home is the only option. Consider using the financial resources while she can still gain some benefit from them in a more social environment. Once the funds are exhausted, the Medicaid alternative is always available in the nursing home setting. Many senior living environments can provide the additional cushion of care for your parent when they really need it. This way professionals can deal with the issues that may be unfamiliar to you and when you visit your parent, your time with them can be spent more relaxed. This will help

to relieve the stress that may be building in your relationship, and help to quiet the guilt.

## CHAPTER 2: THE MANY FACES OF SENIOR LIVING



Most retirement centers have one thing in common. They are designed to appeal to a senior who is fully independent, and wants to remain that way for as long as possible. There can be provisions in some centers for seniors who may need more supervision or assistance with daily living, while others do not have any healthcare services available.



## What is Retirement Living?

### The Many Faces of Senior Living

#### Types of Facilities

While the majority of retirement communities provide some form of health care to their residents, regulations governing the provision of care have been well established by the various regulatory bodies and will not be covered here. For our purposes we will focus on identifying four types of facilities (Active Adult, Independent Living, Assisted Living, and Continuing Care Retirement Communities) which are defined as follows:

#### Active Adult (55+)

Across the country, the aging of the baby boomers has spawned a growing trend devoted to developing “active adult communities.” These communities are housing developments restricted to persons at or over a specified age—defined variously as 50, 55, 60, 62, or 65 years of age. An active adult community can be a single multiunit building; multiple multiunit rental apartment buildings, condominiums, or cooperatives; or a complex of single family homes, duplexes, or mobile homes. Sometimes called “leisure communities,” active adult communities may include amenities, a dining program, and recreational and social activities; but they are not planned to include supportive assistance, personal care, or health care coordinated by the housing provider.

Active adult communities are typically marketed to active, healthy, younger seniors, some of whom are still working and many who are new retirees; a major market are the Baby

Boomers. This is a “marketdriven” housing option, chosen by older people who do not initially need a supportive living environment, but who are seeking a lifestyle change during their early retirement or pre-retirement years.

### **Distinguishing Features**

1. Active adult communities successfully respond to the specific preference of a segment of the older population who seek to live among others in their own age group, particularly age peers who are active, healthy, and involved.
2. The increased opportunities for socialization with peers in an active adult community keep residents involved with others and with the wider community, reduces social isolation and depression, and promotes physical and mental health.
3. Some active adult communities are gated and most include security and safety features that provide residents with an increased level of personal safety.
4. One difference with this type of community is that upon death or departure for any reason from the community, a resident or their family are required to resell their unit just like any other real estate. In the case of all other kinds of centers with endowment, application, or founders fees, the center handles the disposal of the unit and the up-front fee paid by the resident is refunded, in part as previously agreed by contract.

### **Independent Living Facility (ILF)**

A multifamily retirement community catering to senior citizens, with a centralized dining services, shared living

spaces, and access to social and recreational activities. This style of retirement center is the rental complex which can be also known as a congregate or independent living community. The housing design is typically multiunit rentals. Each of the residents will have their own apartment or private bedroom and bath with a full or partial kitchen and dinette. They will share the common quarters such as a lovely restaurant style dining room with a fireplace or fountain, library, card room, country store, billiards room, even a community room for activities and events. Most retirement communities even have their own Beauty and Barber shop and exercise room. There may be a library, television room, family room, perhaps a screened in porch, in other words all the comforts of their own home. Typically these smaller intimate communities cater to around 100 residents, and everyone gets to know and support one another like an extended family.

### **Distinguishing Features**

1. They must be able to actively complete all activities of daily living (ADLs) such as bathing, dressing, grooming, feeding, ambulation, medication management on their own.
2. As health and lifestyle challenges become increasingly complicated, the senior can access services of a medicare certified home health agency stationed in the community and share the cost with his neighbors, intermittently only when he needs them, rather than having to pay to have those services delivered to him alone in his house with hourly minimums and travel costs assessed.
3. Many older adults wish to relinquish the home- and yard-maintenance burdens of a large single-family home.

4. Be surrounded by other people with similar interests and needs who can provide the companionship they need to live happily.

### **Assisted Living Facility (ALF)**

Assisted living facilities are a type of living arrangement which combines shelter with various personal support services, such as meals, housekeeping, laundry, and maintenance. Assisted living is designed for seniors who need regular help with activities of daily living (ADLs), but do not need nursing home care. Activities of daily living (ADLs) are common every day human activity including ambulation, bathing, dressing, grooming, self feeding, and toileting. Units may or may not have full kitchens, although most provide at least a kitchenette. Assisted living facilities may include those termed board and care homes, personal care homes, and supervised care facilities. Normally service is provided on a month-to-month basis, or through home health agency.

### **Distinguishing Features**

1. A residential setting where each resident has their own apartment and typically offers three meals per day. Typically there is a second person fee to accommodate couples.
2. A person qualifies as a resident of assisted living if they are able to actively participate in 50% or more of their activities of daily living (ADLs). A resident may be discharged to a higher level of care when they can no longer passively participate in 50% or less of their activities of daily living (ADLs).

3. As health and lifestyle challenges become increasingly complicated, health care services (additional care) will be provided and billed in addition to the monthly service fee. Residents will typically be reassessed post hospitalization or after an illness. A new charge for the care component will be calculated. The more hours of daily care needed, the higher the cost.
4. Assisted living became a popular more residential alternative to the nursing care driven skilled nursing homes for people who need considerable care but not 24-hour supervision of that care. Assisted living is far less expensive than a skilled nursing facility
5. Residents can still enjoy independence and privacy in their own apartment.
6. Assisted living facilities often have a special care unit to cater to people with Alzheimer's disease and dementia.
7. Some states may not allow the residents in assisted living to access their Medicare Hospice benefits for end of life patients on palliative care.
8. Medicaid availability in assisted living is extremely limited at this time (see Chapter 4 Financial Resources).

### **Continuing Care Retirement Community (CCRC)**

Continuing care communities, also referred to as Life Care Communities provide a continuum of care including: housing, health care and various support services. These communities provide services specified by contract, usually for the balance of the resident's life. The types of services provided range from independent living to skilled nursing care.

Health care services may be provided for directly or through access to affiliated health care facilities. Most communities offer a wide variety of contract options. Fees structured either as a refundable entry fee, plus a monthly service fee; as a condominium; as a rental; or as an endowment; and may require mandatory insurance. Residency agreements normally are offered in three versions: extensive, modified, or fee-for-service.

### Distinguishing Features

1. Generally features a large buy-in which comes with a life care contract. The contracts specifies how you will be able to access health care services on the campus should those be needed. The upfront fee generally has some refund provisions if you choose to terminate your residency. You will also be required to pay a monthly fee.
2. Most CCRCs have assisted living, memory care and skilled nursing beds on their campus which enables residents to transition into higher levels of care as their lifestyle challenges become increasingly complex.
3. Most CCRCs cater to large populations which can at times overwhelm their health facility's capacity. Some residents may be forced to wait their turn to access the assisted living or skilled nursing beds on site.

### Respite

Many facilities also provide temporary residency (in private or semi-private rooms) to provide an opportunity for the senior to try out the lifestyle there, or to provide relief to a family of a senior requiring constant care or only recuperative time from an illness or injury. The center offers a service to a

family caregiver that may wish to go on vacation, or a spouse who may be in need of hospitalization or rehabilitation themselves.

### Distinguishing Features

1. Many Independent living and assisted living facilities provide a respite program as either a trial admission or for support to a caregiver.
2. Normally it is offered at a daily rate basis and includes all the services normally provided by the facility with the exception of medication administration.
3. Some states provide financial assistance for a few weeks of respite care in approved facilities to give caregivers a break so that they can recharge from their caregiving responsibilities to maintain their own health.
4. There is normally a time limit on length of stay with continued residency predicated upon paying the facility entrance fee and signing a residency agreement.

### Questions To Ask When Touring a Retirement Center

- Who owns the Community, or who are the sponsors and managers?
- Do the owners have a patient-centered mission and articulated core values?
- If there is an entrance fee, is it refundable if you don't like it after you move in?

- What are the conditions for transfer to assisted living or a long-term care facility?
- Will my room be held in the event I require hospitalization?
- What health care provisions are available? Can I share the costs with my neighbors? Are there minimums?
- How often is the monthly fee increased? This should be spelled out in the residency or rental agreement.
- How many meals are included in the monthly fee? What is the guest meal charge?
- Are there guest apartments available? Can I stay at a sister facility in another city for free?
- What is the current occupancy rate? Is the owner of the facility financially secure?
- What are the additional costs I might expect that are not covered in my monthly rent? (*Cable, internet, telephone, beauty and barber, transportation, etc.*)
- Do you accept pets? This may be great if you have one, but if you do not, you may wish to be guaranteed that you will not be disturbed by other resident's pets.
- What is the Community's policy regarding advance directives and how do I get help if I have an emergency?
- How do you deal with people who become demented and behaviorally challenged?
- What sort of management do you have at night and on weekends?

## Who Chooses a Retirement Center?

- A person who has been widowed or is alone.
- A person whose family cannot provide sufficient supervision, care or attention to the individual.
- A senior whose home has become too much to handle both physically or financially.
- An individual from the age of 55 and up who is still employed but prefers to have the security and amenities offered in the centers.
- A senior who, though wishing independence, can benefit from the health care provided along with 24 hour security.
- An individual who desires companionship and social activities along with a carefree lifestyle.
- A couple where one spouse requires more supervision, and the other spouse can benefit from the home health care that is available to help with daily needs.
- A couple who is retired and wishes to travel without the care and responsibility of maintaining the home.
- A senior who wants to redeploy his home equity to achieve a better return.
- Someone who is not safe or does not feel safe living alone in their home.

## CHAPTER 3: COORDINATING THE MOVE



Moving can be an overwhelming experience for people of any age. For seniors it is an especially emotional process, for in many cases they are moving from homes in which they have lived for many years, raised their families, and created many memories. Because they have accumulated decades' worth of possessions, the thought of having to downsize can lead them to postpone a move to a retirement community.



### Getting Organized

Move-in coordination services are often offered by the community and are an invaluable part of the settling process. Knowing that a capable professional will be there to help coordinate the move every step of the way helps erase doubts and fears in the minds of your loved one and helps to shorten the time between lease-signing and move-in.

Anything a senior has accumulated will require some type of action, whether it is to be packed up to move, updated or altered in some way, donated, given to family, or sold. Adult children need to be careful of possibly offending a family member by actually becoming involved in the giveaway process personally. It is too easy to mistakenly sell or donate something that a family member may have wanted, so always ask them first. Try to remain completely neutral as family possessions are distributed.

### Resources To Contact

#### Realtors

Gather the names of the largest, most reputable real estate firms in town. Larger firms have more resources at their disposal and offer the broadest possible exposure to the marketplace in terms of a multiple listing service, newspaper and television ads, open houses, and office tours. The local multiple listing service normally keeps statistics by real estate office or broker of sales volume, and on average home sales prices. With a little digging, the most productive realtors in the community can be uncovered. The faster they sell your parent's home, the sooner you can get them moved in and enjoying their new lifestyle.

### Estate Auctioneers

The auction has been the traditional method for disposing of an estate. Professionals who specialize in these sales—which can be called tag sales, estate sales, garage sales, house sales, patio sales, or yard sales—can arrange for the complete or partial liquidation of residents' belongings. They will perform a valuation of the belongings to establish fair market value, then coordinate, advertise, and conduct the sale. Average proceeds from a typical sale can range from \$8,000 to \$15,000 and can reach a high of \$75,000. The liquidator normally collects 30 percent or less depending on the valuation amount. Call around to gather the names of local auction houses that offer estate sales. When contacting them, be sure to inquire about their charges, which are usually a percentage of the total sale. Also inquire about their preference regarding the location of the auction. Should they prefer to hold the auction in the prospect's home, the prospect may have to move out by a certain date. Here are some suggested questions to ask the professional:

1. Will I receive a clear financial agreement specifying the percentage commission charged?
2. When and where will the sale be advertised?
3. How will you handle the traffic flow inside the residence to minimize theft and breakage?
4. Will I receive an inventory of the property prior to sale? (*This is essential.*)
5. When will the final accounting be due to the estate or owner? (*The interval is usually between 15 and 30 days.*)  
Remember, prices in a well-run tag sale are established

by the knowledgeable professional, whereas prices in an auction are established by the audience.

### eBay and Craig's List

There are companies who specialize in selling possessions for you on eBay. This exposes your possessions to thousands of people who may be looking for what you have to sell. You will be surprised what people will buy. Typically you will have to share the proceeds with the company listing your items any pay the sales commission to eBay upon a sale, but normally you can list your items for sale for free and if they do not sell you are not responsible for listing fees. This option is definitely worth checking out especially on antique, vintage, or unique items that may have much more value than you might suspect.

### Antique Dealers

Valuable or unusual items that are not appropriate to liquidate at a tag sale can be sold more economically through antique dealers. Call around and secure the name of one person at each business on whom you can rely when a prospect wants to have something appraised. Get the names of at least three antique dealers so that the prospect can compare offers.

### Refurbishers

Some personal treasures are in better shape than others. It is helpful to find a business that can breathe new life into sentimental items so that they can still have the comfort of familiar things around them. Find a local draper who can turn draperies into valances or other styles of window treatments that are currently popular; a carpenter who can fix or restore an old table; an electrician nearby who can rewire an old lamp; a frame shop that can update the look of family photos

or artwork.

### **Consignment Stores**

This is a rather new and very popular trend. People are taking in their new unused or slightly used clothing, handbags, shoes and jewelry to consignment outlets. As with anything else there are high-end consignment “boutiques” which deal in couture brands and lower end stores which deal in department store merchandise. Typically the store will accept things they believe they can sell and reject others. Don't take rejected items personally, simply donate them to a church store. The items are active for about three months, then rotated off the shelves. If they are sold, the store owner typically gets 60% and the customer 40%. The customer can also choose to have “expired” items that have not sold either donated by the store who will get the tax benefit, or pick them back up. Also credit in your account for items that do sell can be applied to things you might wish to purchase there for yourself or others. You can find incredible deals in consignment stores who generally price expensive items at 10% of retail value.

### **Charitable Organizations**

Once again, the telephone directory or internet can be a valuable source of charitable organizations for donations of household items and clothing. If the retirement community has an affiliation with a local hospital or nursing home, either group may be able to pass along some names to you. Some churches and synagogues have resale shops for which they gratefully accept donations. The key is to work with a reputable organization that will pick up the merchandise (either from the parent's current residence or from the community) and provide receipts for tax deductions to the

donors. Be sure to find out if there is anything that these organizations will not accept, so that you can make other arrangements to dispose of such items.

### **Library**

The local public library will be happy to accept used books, DVDs and CDs from you. Call to find how to make such donations. Senior centers, nursing homes, and some university libraries also look for donations of used books. Most used bookstores will pay cash or give the prospect credit toward future purchases at the store.

### **Garage Sales**

Garage sales represent big business for your local newspaper's classified section. Call the paper and inquire about any special rates it may have for garage sale advertisers; some papers even give out garage sale kits consisting of signs, price stickers, and inventory sheets. Also ask for several ad copy forms so that you can have the proper format in preparing an ad.

### **Storage Units**

The best way to research local storage-unit companies is to visit them personally. That way you can see exactly what each company has to offer and get rate schedules. Viewing the units in person will help you help you to decide what would best fit your storage needs.

### **Vintage Clothing Shops**

Many seniors will have vintage clothing, and shops specializing in such goods have increased in popularity over the past few years. If there are any in the area, call them and find out which types of items they will accept, and whether they will pay for them. Another option for prospects is to

place a classified ad in the local paper under the clothing section.

### **Post Office**

Ask the local post office branch for several change-of-address forms and stamps-by-mail order forms well in advance of the move.

Many retirement communities will have a list of pre-screened vendors accustomed to dealing with their move-ins that will save you time and effort. And, because all businesses do not conduct their affairs in the same fashion, they may have already evaluated resident satisfaction with the services that were recommended. Often when a resident uses a service or purchases goods based on the community's referral, they will find out if he would recommend the service to someone else and if he was satisfied with the level of service provided and with the price charged.

### **Finding a Reputable Mover**

The primary goal when contacting movers should be to find several that understand senior-living communities and seniors' special needs. The first step is to set up screening interviews with reputable, longstanding companies that are able to provide references and that hire only full-time workers, as opposed to seasonal part-timers. Emphasizing up front the expectation of good service will help to establish a positive working relationship with the movers from the start.

When interviewing these companies, inquiries should be made about employee professionalism. Do they wear uniforms? Are they friendly and patient enough to deal with seniors? In new communities often a crew can be assigned to

work exclusively at the community during fill-up months so that a strong rapport and familiarity in dealing with seniors has already been developed.

### **Understanding Rates**

How are rates established? Are the mover's rates competitive? Why do some movers charge more than others? Will the mover provide a guaranteed estimate, meaning the final charge cannot exceed the estimate? Some companies will "lowball" a bid, meaning they will offer a low estimate in order to get the job then charge more on delivery. Sometimes an extra charge is assessed because the items being moved actually weigh more than the estimator thought they would. Finally, ask if the mover will drop off goods at a local charity free of charge if the resident has items to donate.

### **Get Competitive Bids**

Explain to each moving company that a minimum of two competitive bids will be solicited on all moves.

### **Securing Insurance**

All movers must be insured, bonded by the state, and able to provide you with documentation of such. Inquire about insurance for moving specialty items such as pianos, works of art, and similar items. Request that the insurance coverage be thoroughly explained to you by a representative of the moving company. Keep copies of the moving companies' documentation on file.

### **What is Included**

Each company should be evaluated according to the type of move for which it is best suited. For example, Mrs. Jones will not be able to do any pre-packing or unpacking; recommending the company with the most efficient packers/unpackers will

save her time, money, and stress. If everything is left in boxes on the day of her move she will be overwhelmed with the clutter, and it will take longer for her to get settled. If Mr. Smith prefers to pre-pack his belongings, perhaps the less costly, “bare-bones” moving company is sufficient for his needs.

### Understanding Long Distance Moves

One of the most important things to remember when dealing with long-distance movers is to get them to guarantee a delivery date. Make prior arrangements with the community to stay in a guest apartment until her belongings arrive. The sooner delivery can be arranged, the sooner the senior can get settled in and make the community her home.

Long-distance movers frequently give a two- to three-day window for delivery. Many are reluctant to guarantee a delivery date, but this point is negotiable. Insist on it. If the company wants the business, its representatives will be flexible.

Several factors determine the date of delivery: the size of the load, the route it will take, and the maximum possible shipment per truck. For example, if a resident has a large load that will fill a truck, the delivery date will be based on the time it takes to travel straight to the community. If it is a relatively small load, as is normally the case, other loads will also be collected to fill up the truck. The delivery date in that case will be based upon where the load is in line for removal from the truck.

Long-distance will typically arrive first thing in the morning. The driver will undoubtedly want to unload as soon as possible, so plan to be available and have the loading dock

clear by 7:00 A.M. Be sure to coordinate the delivery schedule with the new resident. If he is not an early riser, you may want to suggest a wake-up call.

Long-distance moves require extra time and attention. Seniors will not only be new to the community, but to the surrounding area as well. If possible, arrange to have a resident/volunteer with similar marital status and interests show the new resident around the neighborhood. The community van driver could be assigned to spend a few minutes driving the new resident around the local area and pointing out things of interest.

### New Resident Orientation Checklist

If a new resident must stay in a guest room while waiting for furnishings to be delivered, no charge should be assessed. Rent and meal allowances, however, should begin at this time.

### Orientation to Community Areas

Tour of all common areas and ask about the types of activities that occur in each.

1. Concierge desk and the services coordinated there (*transportation, parcel deliveries, maintenance requests, program sign-up, etc.*)
2. Administrative offices and functions performed there (*billing, etc.*)
3. Department Head's offices (*ask who handles what*)
4. Dining areas (select seating time)

5. Mail area (*explain use of in-house mailboxes*)
6. Store (*hours, information on volunteering*)
7. Beauty and Barber shop (*hours, services provided, charges and how they are billed*)
8. Library (*policies for use*)
9. Art Studio (*ask about classes, activities*)
10. Health Club (*hours, classes, use of equipment*)

Also discuss the following:

11. How to sign up for events
12. How to sign up for and use transportation
13. How to make lunch/dinner reservations for guests
14. How to arrange for room service

### **Orientation: Resident's Apartment**

Many aspects of a resident's own apartment will take some getting used to before he or she can feel settled. Apartment orientation should take place just before the move or on moving day itself and should cover the following:

1. How to lock and unlock the door properly
2. How to open mailbox
3. Location of light switches and corresponding sockets
4. How to set and reset electrical outlets
5. In-depth demonstration of climate control system
6. Explanation of circuit breaker box

7. Explanation of emergency generator
8. How to work kitchen range, timer, overhead hood (*fan and light*)
9. Refrigerator setting and ice maker operation
10. Garbage disposal operation
11. Bathtub stopper
12. How to open, close, and lock windows
13. How to operate window blinds
14. Emergency assistance pull cords
15. Garbage collection procedures
16. Use of laundry facilities

## CHAPTER 4: FINANCIAL RESOURCES



While most Senior Living is a private pay market, seniors often find that the all inclusive feature can save them money on their living expenses when considered overall. Also converting their home equity into income producing assets can deliver returns which far exceed property value appreciation in a slow real estate market.



### Who Pays for What?

The senior living industry is primarily a private pay market. The growth of the industry has been fueled by seniors looking to for socialization in their retirement with some access to care as they need it. Many have found that they no longer wish to be burdened with the expense and maintenance of home ownership while living alone. Often when they compare the costs they are incurring on real estate taxes, homeowner's insurance, food, utilities, transportation, maintenance, housekeeping, activities and companion services, living in a retirement community where all these costs are included in the monthly rent might very well be cheaper for them. They also see the value of converting their home equity to income producing assets rather than having it remain stagnant while tied up in their home or worse constantly eroded in a soft real estate market.

Long term care services have evolved dramatically over the past several years. The majority of long term care that was once provided only in skilled nursing homes, today are provided in a wide range of settings, ranging from in-home care to independent living community-based facilities, adult day care and assisted care facilities to nursing homes. The cost of long term care can be significant, regardless of the setting in which it is provided. The average cost of a nursing home nationally is approximately \$70,000 a year, and home care costs can reach up to \$400 a day. The cost of assisted living can reach \$6,000 per month, while seniors in independent living with access to home care can find support services at approximately half that cost.

Medicare and Medicaid provide only limited help with care costs. Medicare is our Nation's basic health insurance program for people 65 and older, regardless of their income, who qualify for Social Security benefits. Medicare has two Parts: Hospital insurance (Part A) which helps pay for inpatient hospital care and certain follow-up services; and Medical Insurance (Part B) which helps pay for doctors' services, outpatient hospital care, home health care, hospice and other medical services. Medicare only pays for the first 20 days in a skilled nursing facility - and only after a hospital stay of three days or more. This is why many nursing homes will want to keep their patient for "rehab" for the full 20 days. People may try to convince you to transfer after your hospitalization and rehab in the nursing home to an assisted living facility. While this may be an appropriate option for some, you might wish to at least try coming home to your retirement community first with home health assistance to see if you can make that option work. In the nursing home, the patient or their family pays the first \$99 per day from the 21st day through the 100th day, after which Medicare pays nothing. Medicaid rules vary from state to state, but as former U.S. Senator David Durenburger told the U.S. Senate Special Committee on Aging, Medicaid "dictates that people must effectively impoverish themselves in order to receive government assistance." Medicaid is essentially medical aid for those who have already spent down their assets.

### **Medicaid Waiver Programs**

Under Section 1915(c) of the Social Security Act, Medicaid law authorizes the Secretary of the U.S. Department of Health and Human Services to waive certain Medicaid statutory requirements. These Medicaid Waiver programs enable

States to cover a broad array of home and community-based services (HCBS) for targeted populations as an alternative to institutionalization. Most assisted living communities that do participate in the waiver program allocate only assisted living apartments for this not dementia units in their special care unit. Also Medicaid will only pay for a semi-private room, so they may need to double up with a room mate. They may however receive supplementation from their family or from an irrevocable trust to cover the cost of an upgrade to a private room. Those assisted living communities who do participate in the program offer it first to their existing residents and normally require two years of private pay to even be considered for it. Also remember that since February, 2006 the look back period for Medicaid was lengthened to five years. Though 38 states pay for some assisted living, the programs are minuscule, covering fewer than 100,000 poor people, so waiting lists are long. Medicare covers home care, but just 100 visits in the weeks following a hospital stay. Contact your state Department of Health and Senior services to learn more about waiver programs.

The White House recently authorized Medicare coverage for the treatment of Alzheimer's disease. This means that Medicare beneficiaries can now receive reimbursement for mental health services that were formerly denied because the government rationalized that people with the disease did not respond to mental and physical therapy; this has since been proven incorrect, hence the reversal of their position. Medicare was never intended to cover the costs associated with custodial care, which is room and board, and activities of daily living (ADLs), and these coverage changes still do not reimburse for this, further Medicare requires a three-day pre-

qualifying hospital stay before they pay for care in a nursing home. Medicare covers certain care procedures, and some limited rehabilitation therapies. The physicians who visit these homes are generally Medicare certified providers, so the cost of their visits is often covered by Medicare, subject to the co-payment.

### **Long-term Care Insurance**

Long-term care insurance is one other way you may pay for long-term care. This type of insurance will pay for some or all of your care depending upon the benefit amount and the setting. Many newer policies feature endorsements to cover costs of home health care and assisted living. The Health Insurance Portability and Accountability Act of 1996, or HIPAA, gives some federal income tax advantages to people who buy certain long-term care insurance policies. These Tax-qualified policies offer deduction of premiums, and other benefits. One national study<sup>1</sup> projecting nursing home use noted: “Of the approximately 2.2 million persons who turned 65 in 1990, more than 900,000 (43%) are expected to enter a nursing home at least once before they die.” The same study reported that 1 in 3 will spend three months or more in a nursing home and 1 in 4 will spend a year or more. Many seniors opt to purchase a policy with a benefit amount that covers a portion of the expected monthly costs so as to hedge their expected use. Insurer rating services such as [www.ambest.com](http://www.ambest.com) can help to compare insurer’s financial strength and offerings, or you can check for free at your local public library. Seniors who purchase these policies early will pay dramatically lower premiums than those who wait until they are 60 or older.

### **FHA/HUD HECM Reverse Mortgage Program**

A reverse mortgage is a home loan taken against the equity one has amassed in their home. Unlike conventional mortgages or home equity loans, the FHA/HUD HECM reverse mortgage currently allows homeowners over the age of 62 to borrow some of their home equity (a percentage of the appraised value of the home with a maximum home value of up to \$625,500) with no income or credit score requirement and never have to repay it as long as one of the borrowers resides in the home. Eligible properties are family homes, and FHA approved condominiums. Borrowers can receive funds in a lump sum, as a line of credit or get monthly payments every month. There are no restrictions on what the funds are to be used for and the payments are not considered income so they generally do not affect social security, Medicare and in some States can even be used in conjunction with Medicaid.

These loans are very safe, as there is no personal liability. The most one can ever owe is the appraised value of the home when the last borrower permanently leaves the home. In order to assure that homeowners are doing the right thing, FHA requires that borrowers attend a “Counseling” session with a FHA approved counselor before they can apply for a HECM reverse mortgage.

### **Medications**

The Pharmaceutical Research and Manufacturers of America (PhRMA) maintains a directory of programs that provide drugs to physicians whose patients cannot otherwise afford them. For more information on this program call (800) 762-4636.

Walmart Pharmacy has recently instituted a prescription plan for just \$4.00. The list of eligible drugs in the \$4 Prescriptions Program available at Walmart, Neighborhood Market and Sam's Club pharmacies nationwide represents up to 95 percent of the prescriptions written in the majority of therapeutic categories. The affordable prices for these prescriptions are available for commonly prescribed dosages for up to 30-day or 90-day supplies. Ask your pharmacist or physician about switching to 90-day prescriptions for appropriate medications. Their extensive list of approved medications can be found at [www.walmart.com/4prescriptions](http://www.walmart.com/4prescriptions).

### Care Management

The State Health Insurance Assistance Program, or SHIP, is a national program that offers one-on-one counseling and assistance to people with Medicare and their families. Through federal grants directed to states, SHIPs provide free counseling and assistance via telephone and face-to-face interactive sessions, public education presentations and programs, and media activities. These programs have been very popular to help families decide which Medicare Supplement program is right for them.

### Home Health Care Services

Effective January 1, 2009, the Department of Health and Senior Services (DHSS) received approval from the U.S. Centers for Medicare and Medicaid Services to consolidate three Medicaid-supported home and community-based service programs operated by DHSS into a single program known as Global Options (GO) for Long Term Care. The consolidation improves access to a wider range of in-home long-term supportive services for a greater number of

seniors and adults with physical disabilities who meet the income, asset and nursing facility level of care requirements established by Medicaid. GO participants have the options to hire and direct their own service providers. GO is designed to supplement – not replace – the assistance already being provided by family, friends and neighbors. By providing a flexible package of services and supports, GO strengthens the ability of caregivers to continue in their vital role as primary support providers. GO participants work with a care manager to create an individualized plan of care based on a comprehensive assessment of the participant's healthcare needs. Once the plan of care is approved, community-based services are put in place and monitored to ensure quality and effectiveness. The GO program essentially replaces the Community Care Program for Elderly and Disabled (CCPED) which typically provides a maximum of 5 hours per day; 5 days a week in home care assistance. Participants must demonstrate need for assistance in at least three activities of daily livings (ADLs) or have a cognitive impairment. In order to be eligible, financial and clinical criteria must be met. Monthly income maximum \$2,022, individual assets \$2,000. Contact (877) 222-3737 for additional information.

### Rehabilitation Therapy

Often seniors may need some therapy to recover from an illness or a fall. These services can be provided in a skilled nursing center, a rehabilitation facility, a Comprehensive Outpatient Rehabilitation Facility (CORF) or right in your home. By accessing services in the patient's home environment people achieve better results: higher compliance, less relapse, better attendance, more complete participation in therapy and quicker recovery. For many the comfort of

familiar surroundings and the support of friends and family can help speed up the recovery process. Often patients transferred into the general nursing home population will suffer depression when surrounded by other much sicker patients, which may impede their recovery. Medicare Part B covers outpatient occupational therapy (OT), physical therapy (PT) and speech-language pathology (SLP) services.

These are rehabilitation therapy services that may help individuals regain or improve their ability to perform certain functions.

Outpatient rehabilitation services must be:

1. Provided by a skilled professional
2. Referred by a doctor who certifies that the therapy is medically necessary
3. Appropriate and effective in treating the condition
4. Reasonable in terms of frequency and duration

### Therapy Caps

Medicare limits how much outpatient therapy it will help pay for in a calendar year. The limits, called “therapy caps,” are \$1,900 for OT and another \$1,900 for PT and SLP combined.

The Part B deductible must be satisfied before Medicare starts to help with the cost of outpatient therapy. After that, Medicare will pay 80% of the cost up to the point where the amount the patient and Medicare together have paid reaches the cap.

Medicare does not cover outpatient therapy services that maintain a level of functioning or serve as a general exercise

program. The therapy must contribute to improvements in the ability to perform daily activities. The therapist and the referring doctor evaluate progress. If improvement slows down too much or stops, then Medicare stops paying its share of the cost. There are exceptions. You may qualify for an exception to the therapy cap limits so that Medicare will continue to pay its share for your therapy services. Your therapist must document that the services you need are medically necessary. Some Medicare Advantage plans apply the therapy caps and some don't. Check with your specific plan to find out for sure. For more information, contact the Medicare helpline 24 hours a day, seven days a week at 1-800MEDICARE (1-800-633-4227), TTY 1-877-486-2048.

### Veterans Aid and Attendance Program

The Veterans Administration offers Aid and Attendance as part of an “Improved Pension” benefit. This Improved Pension allows for Veterans and surviving spouses who require the regular attendance of another person to assist in eating, bathing, dressing, undressing, medication dosing, or taking care of the needs of nature to receive additional monetary benefits. It also includes individuals who are blind or a patient in a nursing home because of mental or physical incapacity. Assisted care in an Assisted Living facility also qualifies.

This most important benefit is overlooked by many families with Veterans or surviving spouses who need additional monies to help care for ailing parents or loved ones. This is a “Pension Benefit” and IS NOT dependent upon service-related injuries for compensation. Aid and Attendance can help pay for care in the home, Nursing Home or Assisted

Living facility. A qualified veteran is eligible for up to \$1,788 per month, while a surviving spouse is eligible for up to \$1,149 per month. A veteran with a spouse is eligible for up to \$2,120 per month and a veteran with a sick spouse is eligible for up to \$1,406 per month (figures are from VA as of 01/01/15 - please contact VA to verify current monthly payments). Any War-Time veteran or surviving spouse may apply. The individual must qualify both medically and financially. To qualify financially an applicant must have on average less than \$80,000 in assets, excluding their home and vehicles. The application will require a copy of DD-214, medical evaluation from a physician, net worth and net income, along with out-of-pocket medical expenses. Contact your local Veterans Administration office to file an application.

## CHAPTER 5: “BUT I’M NOT READY YET”



Why does your family member say, “I’m not ready yet” when confronted with the prospect of moving out of his or her home and into a senior living environment? Often it is a convenient way for a nervous person to terminate a conversation about what they see as an unpleasant prospect.



### Overcoming the Objections

Many seniors will feel the decision is premature - they desire to remain where they are more than they desire to move into a senior living community. The decision process to move into a senior living community can involve the psyches of many people (spouse, daughter, son, grandchildren, friends), and it is normally an emotionally charged personal decision. Seniors as well as decision influencers will have their own prospective and biases about senior living according to their experience or knowledge of the business that is all filtered through their personal value system.

“I’m not ready yet.” Translation: I’m afraid of giving up my home, independence and lifestyle for an unknown. What if I don’t like it? What if they don’t like me? What if they raise the rents and I can’t afford to live here anymore? Seniors will often look for ways to avoid making the final decision. It is often out of fear or an unwillingness to commit. If an objection can be found they will usually find it, because it is what they are looking for most. When someone says they are not ready yet, what it really means is that perhaps they are afraid or do not understand all the benefits and value Senior living has to offer them personally.

Considering the demographics, its not surprising that there has been a tremendous amount of research into the lifestyles and values of older adults. While opinions differ, some general conclusions can be drawn. Seniors are interested in being depicted as active, interested, involved and see themselves as at least 10 years younger than their true chronological age. In fact, seniors’ anxiety about their age is more closely associated with an aversion to the health complications

associated with growing old that will eventually place restrictions on their personal freedom. They are in fact, looking for empowerment so that they can live fuller lives and stay in control longer. They are generally private people, especially about their finances, are comfortable with themselves, more experiential and less materialistic than their children. They see themselves as morally conservative and intellectually liberal, they are more aware and educated and consider learning to be a lifelong experience. It is also a time in their life when they experience a growth in their own spirituality and altruism toward their fellow man. They are among the greatest givers of time to volunteer causes than any other group. They are particularly interested in helping other, less active seniors. They are spouse and family oriented, proud and independent.

So how do you approach this proud and “independent” person who you suspect may not be safe living alone at home? How do you answer them when they say they’re not ready? Overcoming objections is part of any sales process. It helps you to gather more information and clarify needs.

### 1. Objection - “I’m not ready yet.”

Response - “Good, then it’s just a matter of working on the timing, isn’t it?”

–“I understand how you feel. But tell me, just what do you think would have to happen to you before you felt that you were ready? Wouldn’t it be comforting to you and your family that should such an event ever happen to you, you would already be in an environment where you could receive that cushion of care right when you really needed it?”

### 2. Objection - “I would have to sell the house.”

Response - “That’s right. Most seniors have sold their homes to finance their senior living and they will tell you it’s the best decision they ever made. You can arrange a meeting with a very competent Realtor who will do a comparative market analysis on your home for no obligation. Many people are surprised at how much equity they have tied up in their homes that could be earning interest for them if they sold.”

### 3. Objection - “I’m too old to move now.”

Response - “That’s interesting. There are many people living in senior living communities who are older than you... I’ll bet you’re not too old to get more out of life, right? This lifestyle provides you the opportunity of a secure, enjoyable, carefree retirement, and it could be the best years of your life. Statistics prove that people live on the average two to three years longer in a senior living community than in an apartment. There are several good reasons for this. One of them is companionship. One of the saddest things about growing older is that our friends pass away. We meet new friends, of course, but if we are not in a community setting we don’t have the ability to continually expand our friendships. Therefore, they are continually shrinking. If we stop driving in the years ahead, or our friends don’t drive, or the weather is bad, we tend to spend a lot of time within our private residence. Many meals are eaten with their only companion being their television. It’s easy to see how one can slowly become a recluse over a period of time. At a senior living community, companionship is always available.”

#### 4. Objection - “I’m just not sure.”

Response - “There’s some risk involved, isn’t there? And you want to be certain you do the right thing. What information would you need to be more comfortable with your decision?”

“I sense that there may be something that you are uncertain about. It is the (fee, moving, apartment, etc., until you zero in). Well, if it weren’t for (the objection) do you think this lifestyle here might make sense for you?” “So, if I could (fix the objection) could you at least give it a try?”

At some point, and in spite of all their objections, sometimes love gets tough. People who are isolated can become depressed and depression leads to health failure, which puts them at risk. When they were the parent they would not even think of allowing you as a child to be exposed to a potentially dangerous situation regardless of what you wanted. As an adult child, you may have the same decision to make for your parents.

In the end, overcoming objections is a process of developing a comfort level with the decision. Be patient with your loved one. Listen for other hidden meaning to their objections; they may be using the opportunity for a completely different motivation than to just throw out obstacles. Repeat the objection to clarify your understanding. Sometimes when people hear their objection repeated back to them it sounds worse than they really intend it to be. Confirm the objection by agreeing with them, don’t try to argue with them or pretend to know better. Seniors like to have their objections acknowledged and affirmed. Question their real intent behind the objection and look for common ground. Answer

their concerns as best you can without being smart or glib. Confirm the answer by relating the experience to others in their situation that may have had the same objection but ultimately found that it might have been overstated. Finally close on some neutral ground and leave the discussion with something that you both agree on about the situation.

After 30 years of seeing adult children and their parents deal with these tough decisions, I have learned that it’s the process they fear rather than the end result. Most seniors, once admitted to a senior living community readily adapt. After a few months there they will admit that their quality of life has improved, and that’s our ultimate goal anyway, isn’t it?

## CHAPTER 6: CAREGIVER STRESS AND BURNOUT



Few people are prepared for the rigors of caring for a loved one. The stress and physical exertion of their caregiving responsibilities gradually grows as care needs become increasingly complex. Ultimately the support system may collapse as the caregiver may no longer be able to continually give more until finally she too becomes a patient.



### Caregiver Stress

According to the results of a new study of the health of caregivers, there is mounting evidence that explains why caregivers often become patients themselves while caring for a loved one. Individuals caring for a spouse with dementia show four times greater annual increases than non-caregivers in interleukin-6 (IL-6), a key immune system molecule linked in previous studies to increased risk of cardiovascular disease, osteoporosis, arthritis, adult-onset diabetes, and a greater likelihood of death, Janice K. Kiecolt-Glaser and colleagues report in the June 30 edition of the Proceedings of the National Academy of Sciences.

One explanation for this may lie in the well-documented social isolation and loss of support that result from extended caregiving. Caregivers may emerge from their caregiving responsibilities with many fewer social contacts than they had before their spouses developed dementia. Social isolation, which has also been linked to increased risk of illness and death, may be an important factor in perpetuating caregiver stress.

Often caregivers underestimate the demands of providing care for another can have on them. While it is important to try to maintain a positive attitude, often caregivers experience feelings of helplessness and lack of control over their situation. Caregivers who educate themselves about the diseases affecting their loved one will be better equipped to recognize and understand changes associated with progression of the disease and the aging process. This way they can be more capable of anticipating and dealing with changes as they occur rather than being caught surprised and unprepared.

It is also important to set reasonable expectations. A child can never change a lifelong relationship by taking on caregiver responsibilities as the need arises. Be realistic and understand that if anything, the stress associated with caregiving can often expose already weak areas in a long term relationship in even the best of situations. Appreciation for ones contributions should not be expected by the caregiver or from other family members. Caregivers who provide care without expectation will be rewarded if gratitude is offered and not disappointed if it is withheld. Learn to take pride in your own accomplishments.

It is critically important to strive for balance in your life. Personal fitness, good nutrition, and maintaining social contacts can all help keep caregivers energized. If the caregiver is beginning to feel frustrated, angry or like a martyr, it may be time to consider a support group, or a respite. Most communities, hospitals and churches host disease specific support groups where fellow caregivers can come together to share their experiences and help each other. Sometimes it may be helpful to just come and listen to others and see how they have learned to cope with their caregiver responsibilities. Often caregivers themselves can offer the best support to each other because of their own personal experiences.

Acknowledge your emotions and find an outlet for them. Most caregivers will experience frustration, anger, guilt, resentment, self-doubt, and feelings of helplessness. These can all lead to stress which as the study revealed can contribute to health problems of their own. Caregivers need to find some time to nurture their own needs. Better to consider lowering your expectations when they are unmet

rather than allow yourself to become stressed out by them. You can only do so much, better to say “no” if you can then have your own health slide attempting to do the impossible. Learn to ask for and accept help from others before its too late. Most siblings will participate in solutions for the care of a parent if they are pushed, asking for help does not need to mean that the primary caregiver is relinquishing control or backtracking. Its is better to teach others what the caregiver has learned and empower them to help than to try to do it all one’s self.

Maintaining a positive attitude is very important. A stressed out caregiver is highly susceptible to depression. Depression has been known to adversely affect the immune system. This is why people who are left alone and isolated often suffer catastrophic health failures, while their socially active counterparts remain relatively healthy. Learn to recognize when your caregiving duties begin to drag you down and find a way to get away for some time alone or with friends. Day care, respite and other short-term stays are available in most senior living communities at reasonable rates. Patients who are around other people tend to perk up and complain less. Most find the experience very fulfilling after a short period of guilt-laden complaining about it. Mother may have “known best” when you were a child, but now that roles have reversed, it may be time for the caregiver to do what he or she thinks is best for them. After all how often did your Mother allow you as a child to talk her out of what she thought was best for you? A short term stay can also afford the caregiver opportunity to recharge their own health and attitude treating both to a better situation.

## Caregiver Burnout

Many family members who find themselves caring for a loved one may be unable to recognize their own limitation before the strains and stress of their caregiving activities turn them into a patient as well. This is especially true for someone who started out providing intermittent assistance to someone with simple tasks as shopping, errands, or bill paying who, as their loved one declines ends up providing heavy personal care such as bathing and dressing. Studies have shown recently that nearly 25% of American families are caring for an aging family member, friend or adult child with disabilities. Part of the art of being a successful caregiver in the ability to set expectations, see one's own limitations and learn to care for ourselves as well as others.

In many cases, caregiving responsibilities saturate one's life to the extent that we may not even recognize what was once our "normal" routine. The responsibilities for providing care for someone else can become gradually overwhelming as the personal needs of the loved one inevitably increase over time. But burnout isn't like the flu with defined and recognizable symptoms. It creeps up on you gradually over time. You may wake up one morning look into the mirror and not even recognize the person or professional that you once were.

Symptoms of burnout can have a profound influence on your quality of life. Most caregivers experience a heightened sense of helplessness and depression along with a sense of ongoing and constant fatigue. Caregiving activities for others may force a withdrawal from social contacts and friends who are your primary support structure, or even cause you

to lose interest in work where you may receive professional validation. Still others may experience a change in eating habits, or an increasing use of stimulants and alcohol. While most people can endure and recover from some of these symptoms, they tend to accumulate over time and increase in severity. Eventually they can have a dramatic impact on the overall health of the caregiver and their ability to effectively provide care for someone else. Ultimately this can lead to a collapse of the "cushion of care" that was originally intended and render the caregiver a patient himself or herself. This can create a cycle of failure, which becomes self-perpetuating.

Strategies to cope with burnout are critical to maintaining the health of both parties. Acknowledge your emotions and find an outlet for them. Feelings of anxiety, worry, anger, guilt, sadness and resentment are normal, and should be shared with others. Most communities have well-organized networks of support groups. These are groups of people who have experienced similar family crises and have banded together to help one another. Support group meetings such as those sponsored by the Alzheimer's Association provide a monthly forum for caregivers to receive feedback and coping strategies from others in the same predicament.

Recognize the importance of your own identity, and allocate some personal time for things you enjoy such as exercise, hobbies, other family members, and even some "quiet time." Establish some understandings regarding what an emergency is, and more importantly what is not an emergency requiring your immediate response or interruption. Do not hesitate to say "no" if the problem can wait, someone else's crisis only becomes yours if you accept it. Knowing what things can wait can provide you more control over your life. Also recognize

that the more you do for someone, the more dependent they can become. Studies have shown that starting or completing tasks for people can offer more independence for both than doing it all for them “quickly.” Try to focus on what abilities remain rather than those that have become lost or difficult. This helps to build confidence, rather than leaving you with the feeling that you can never do enough.

Don't allow yourself to get into a rut. Often caregivers can become so wrapped-up in handling one problem after another that they can lose perspective. Varying the responsibilities of the caregiver is a way to stay fresh. If possible rotate tasks between other family members, or look into day care to give yourself some personal time during the day. Most senior living providers also offer respite programs to allow short-term residency while caregivers take a well-deserved rest or vacation. These programs can provide the caregiver some peace of mind in knowing that professionals are looking after Mom or Dad so that the caregiver can relax, recharge and regain their perspective. Respite can also serve to introduce your parents to the concept of retirement living so that they can overcome any fears they might have of living there one day. Once they see that others have made the choice to live there and how their lives and family relationships have improved as a result, they might consider the option for themselves.

Recognize that you do not have to do it all. Being a good caregiver doesn't mean that you have to be a martyr. If other family members are giving you direction and advice, then they should share in the burden. Learn to ask for and accept help from others, maintaining a balance in your life will help you avoid future burnout. Take time for yourself to

recharge and to nurture your own family and friendships. Make time to protect your own health; you will need it now more than ever. Most importantly do not delay your decision to consider a retirement community as an option until things have deteriorated beyond the scope of what can reasonably be accommodated in an independent living facility. Finally, you do not want to be in a position where you could regret not moving Mom or Dad sooner because now you are in a crisis.

## **Further Reading**

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### **One Minute Caregiver Blog**

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# ABOUT BLOOM SENIOR LIVING

Bloom Senior Living is a family-owned and operated company. For nearly 50 years, our goal has been simple yet aspirational: to help our residents flourish. We believe that entering a Bloom community does not mean checking your lifestyle or personality at the door. Residents continue to live life to its fullest potential, enjoying their favorite activities while discovering new ones, and blooming into their best selves through growth and discovery.

## BLOOM SENIOR LIVING COMMUNITIES

### **Bloom at Belfair**

Independent Living, Independent Living Plus  
& Memory Care - Bluffton, SC

### **Bloom at Bluffton**

Assisted Living & Memory Care - Bluffton, SC

### **Bloom at Hilton Head**

Assisted Living & Memory Care - Hilton Head Island, SC

### **Bloom at Lakewood**

Assisted Living - Lakewood, OH

### **Bloom at Eagle Creek**

Assisted Living - Indianapolis, IN

### **Bloom at German Church**

Assisted Living - Indianapolis, IN

### **Bloom at Bossier**

Independent Living & Assisted Living (Coming Soon) - Bossier City, LA



To learn more about Bloom Senior Living,  
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