

# Insider's Guide

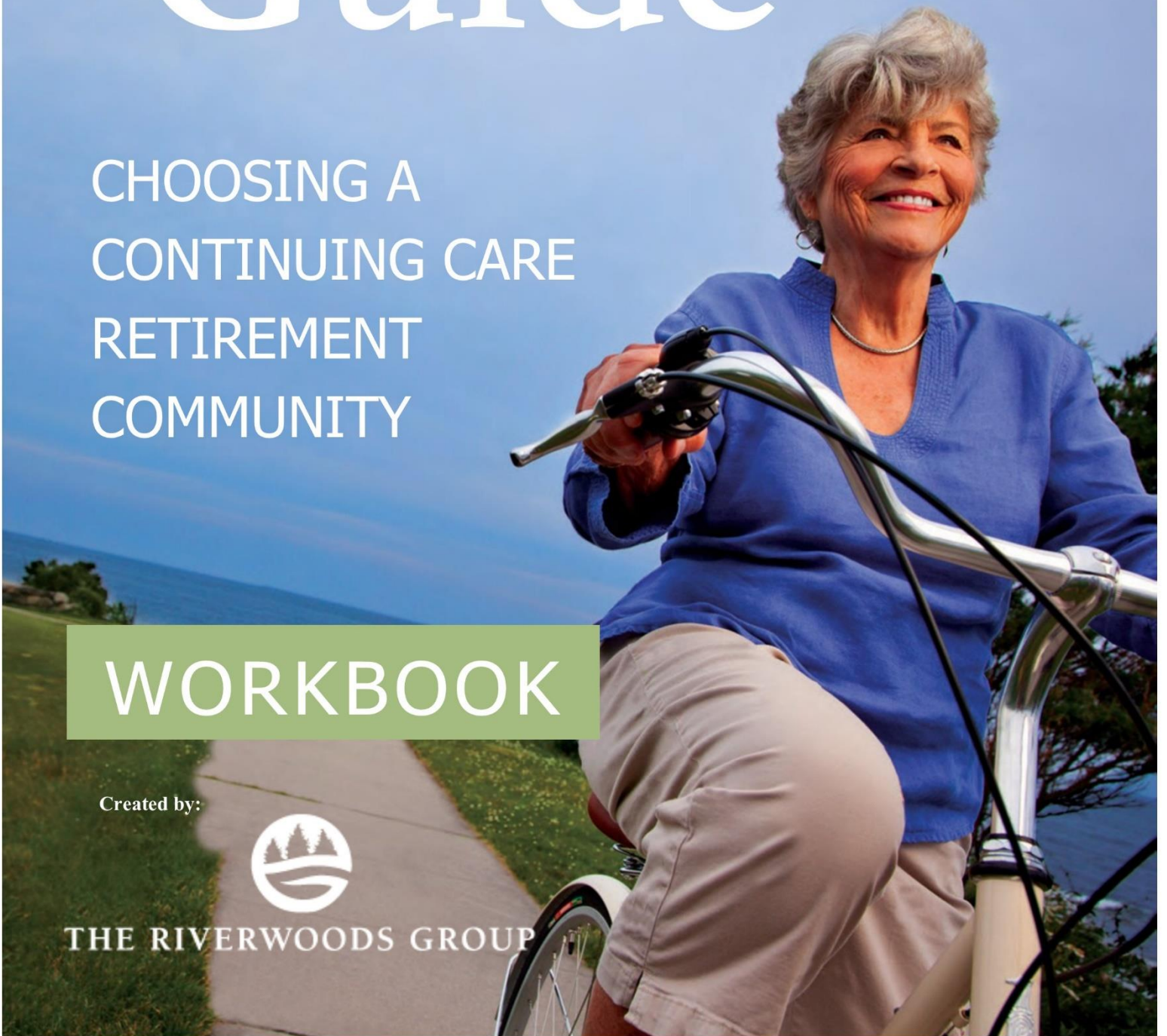
CHOOSING A  
CONTINUING CARE  
RETIREMENT  
COMMUNITY

WORKBOOK

Created by:



THE RIVERWOODS GROUP



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RIVERWOODS EXETER STARTED AS A DREAM IN THE EARLY 1980'S, AROUND THE KITCHEN TABLES OF MARYANNA HATCH AND ROSEMARY COFFIN.

THEY GATHERED A GRASSROOTS GROUP OF SEACOAST RESIDENTS INTERESTED IN FOSTERING A NEW WAY TO LIVE WHILE GROWING OLDER.

THIS GROUP WANTED TO CREATE AN ACTIVE COMMUNITY OF INTERESTED ADULTS WHO CARED ABOUT EACH OTHER AND THE WORLD AROUND THEM. TODAY, RIVERWOODS EXETER IS A NATIONALLY ACCREDITED NONPROFIT CONTINUING CARE RETIREMENT COMMUNITY WITH THREE CAMPUSES IN EXETER, NEW HAMPSHIRE, AND IS PART OF THE LARGEST CCRC FAMILY OF COMMUNITIES IN NH. OUR SISTER COMMUNITIES INCLUDE BIRCH HILL IN MANCHESTER, NH AND RIVERWOODS DURHAM IN DURHAM, NH.

OUR MISSION STILL GUIDES US EVERY DAY.

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# Preface

This workbook is the result of a phone call from the daughter of a resident. She was a financial planner, and asked us to explain the contractual and financial aspects of CCRCs to her financial planner study group. That presentation, one rainy night over five years ago, led to a second request by another financial planner group, and then a third request by a group of elder and trust law attorneys. Today, we have given more than 30 seminars to professional groups throughout the country, from Seattle, Washington to Washington, D.C.

We consider this education to be part of our mission; to inform a wide variety of professionals and individuals about the CCRC concept. We believe that the more informed people are, the better decisions they will make. And that goes for not just individuals making the decision, but also their financial and legal advisors. This workbook is an extension of that education mission, and is geared toward individuals.

A decision of this magnitude involves many facets – the emotional, physical, social and spiritual factors are significant. This workbook does not attempt to cover all those factors. It takes time to understand if moving to a CCRC is right for you, and if so, which environment suits you best. There is no substitute for getting out, touring the community, meeting the other residents, and assessing if this lifestyle is a good fit for you.

What this book will help you do is to understand the practical, financial and contractual side of the decision, which sometimes gets overlooked in the excitement of seeing a new great place to live. This book should help you complete due diligence in your decision-making process. That said, this book is a “work in progress” and has gone through many versions, so we welcome your feedback, in order to improve it. Please let us know:

- 1) Was this useful?
- 2) What information is missing?
- 3) How can we make this better?

If you would like us to make a presentation to a group in your area, let us know by contacting us at [ctoomey@riverwoodsrc.org](mailto:ctoomey@riverwoodsrc.org) or 603-658-1587.

Thanks for starting the process!



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# Authors

## **Justine Vogel, CPA, President and CEO, The RiverWoods Group**

Justine Vogel is a CPA by training and has built her career at RiverWoods over 20 years, since the opening of the original campus, to its current position as a nationally-accredited three campus CCRC in Exeter, NH. She has held several positions at RiverWoods, starting in the finance department as the Director of Accounting and holding the CFO position prior to her promotion to COO in 2005 and CEO in 2007. She is currently the CEO of The RiverWoods Group.

## **Cathleen Toomey, Vice President of Marketing, The RiverWoods Group**

Cathleen Toomey is a marketing professional with experience in the business and non-profit world, working to build brands such as Lender's Bagels, Stonyfield Farm yogurt, Timberland; as well as Babson College and University of New Hampshire. In her over 10 years at RiverWoods, her team has maintained a 96% occupancy, currently at 98.5%.

# How to use this workbook

This workbook is designed to be used by financial professionals as well as individuals. We have written it from an individual's point of view, so it may be used as a discussion and planning tool with family and trusted financial and legal advisors.

# Why read this workbook?

Simple.

We are living longer, thanks to better medical advances.

Yet those medical advances come with a higher price tag than ever before.

And the changing health care environment is also driving increased costs.

All of this adds up to the fact that we are living longer, with greater access to medical advances, at higher costs. Most of us will outlive our parents' and grandparents' life expectancies.

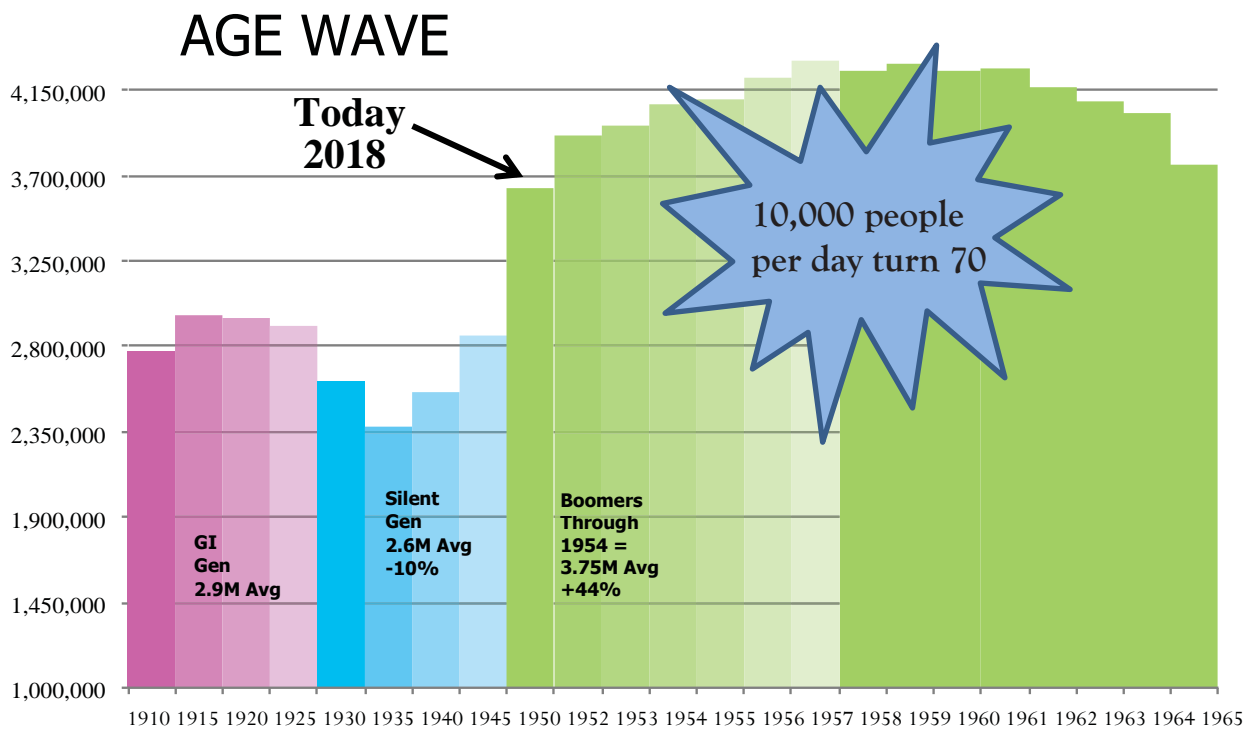
Not only have the length of our lives increased, but many other factors have changed. Families are more far-flung, so it is increasingly rare to have your children live around the corner – they may live around the globe. Two career families mean that more often than not, the daughters (who were the prior generation's traditional caregiver to parents) now have careers, and are often raising children later in life – the famous Sandwich Generation.

What these trends point to is an opportunity to examine the assumptions for your “next chapter.” Your retirement will look very different from the prior generation, so you have the chance to plan ahead and make decisions that will provide the life you want now and in the future.

Be smart. Plan ahead. Investigate your options.

# It's a new old world

We are living longer, and there will be more of us, as indicated in the chart of US live births below. Starting in 2016, 3 - 4 million people per year will turn age 70, and that will continue for the next 18 years—more than a 40% increase over the prior two generations.



# Facts on Aging

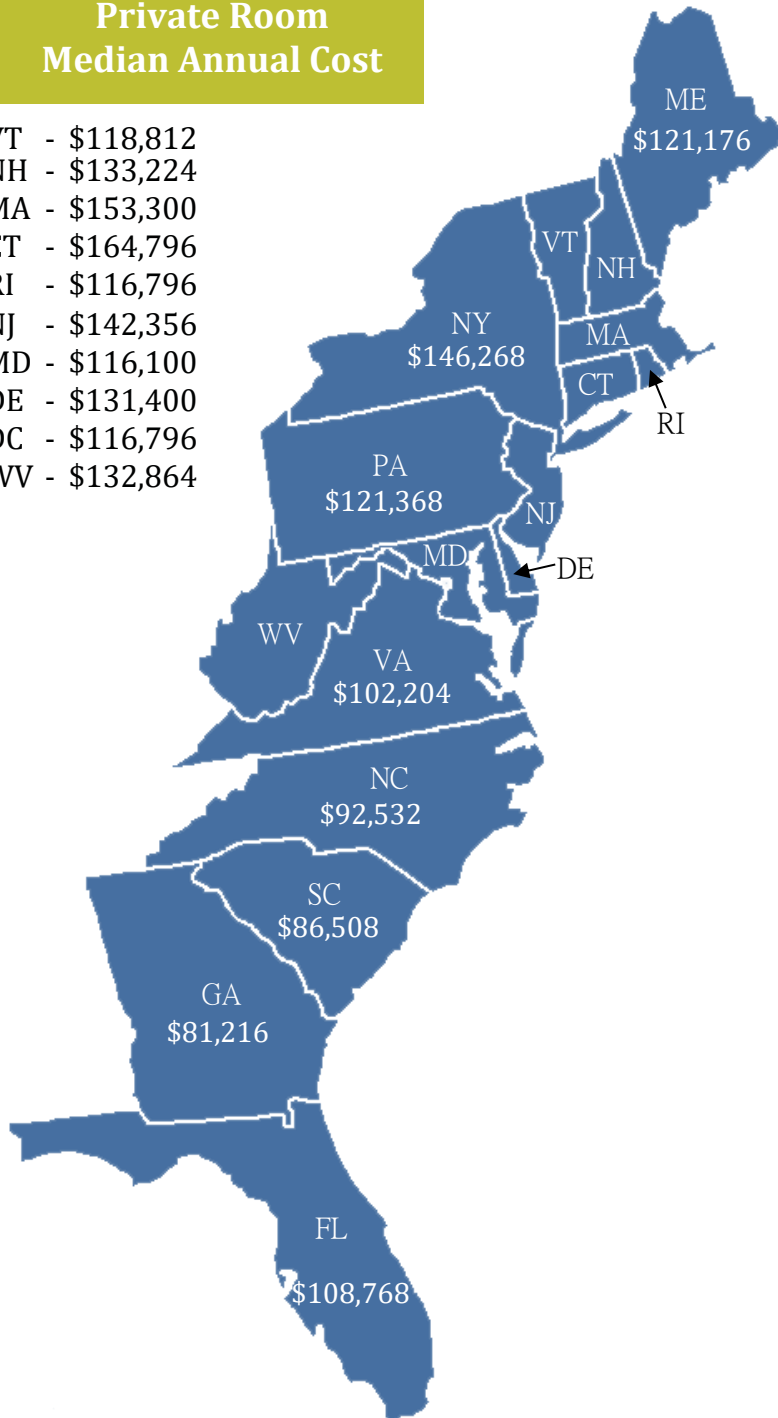
- People aged 65 can expect to live another 19.2 years. After reaching 85 there is a good chance they will live another 6-7 years. <sup>1</sup>
- 1 in 7 people today over 65 need in-home care. By age 85, that need increases to 40%. <sup>2</sup>
- 91% of older adults have 1 chronic disease, 73% have at least 2. <sup>3</sup>
- Older women are twice as likely as older men to live alone (37% vs. 19%). <sup>4</sup>
- 58% of adults underestimate the cost of a Nursing Home. <sup>5</sup>
- 31% of adults underestimate the cost of Assisted Living. <sup>5</sup>
- \$100,000 – Estimated Long term costs per year (at-home, or nursing home), which are projected to increase as older population grows. <sup>6</sup>
- 20 hours per week is the average number of hours family caregivers spend caring for their loved ones while 13% of family caregivers are providing 40 hours of care a week or more. <sup>7</sup>
- 70% of caregivers suffered work-related difficulties due to their caregiver duties. <sup>8</sup>
- 33% – The average income lost by caregivers for each year of caregiving. <sup>9</sup>
- Adults 75+ only spend 8% of their time communicating with others, a 50% drop compared to adults age 55-64. <sup>10</sup>
- 1/3 of Americans over 65 do not get any leisure exercise during a typical month. <sup>11</sup>

1. US Census Bureau (2000), Federal Interagency Forum on Aging Related Statistics (2012) Older American 2012: Key Indicators of Well-Being
2. U.S. News & World Report/The Urban Institute
3. National Council on Aging
4. US Census Bureau (Legg Mason Aging and Its Financial Implications report)
5. APNORC Center for Public Affairs Research “Long-term Care: Perceptions, Experiences, and Attitudes among Americans 40 or Older”
6. U.S. News & World Report
7. National Alliance for Caregiving in collaboration with AARP
8. MorningStar-75 Must -Know Statistics About Long-Term Care: 2018 Edition
9. Genworth Beyond Dollars 2015-Exposing the true costs
10. Older Americans 2008: Key Indicators of Well-Being
11. Centers for Disease Control and Prevention

# Skilled Nursing

## Skilled Nursing Private Room Median Annual Cost

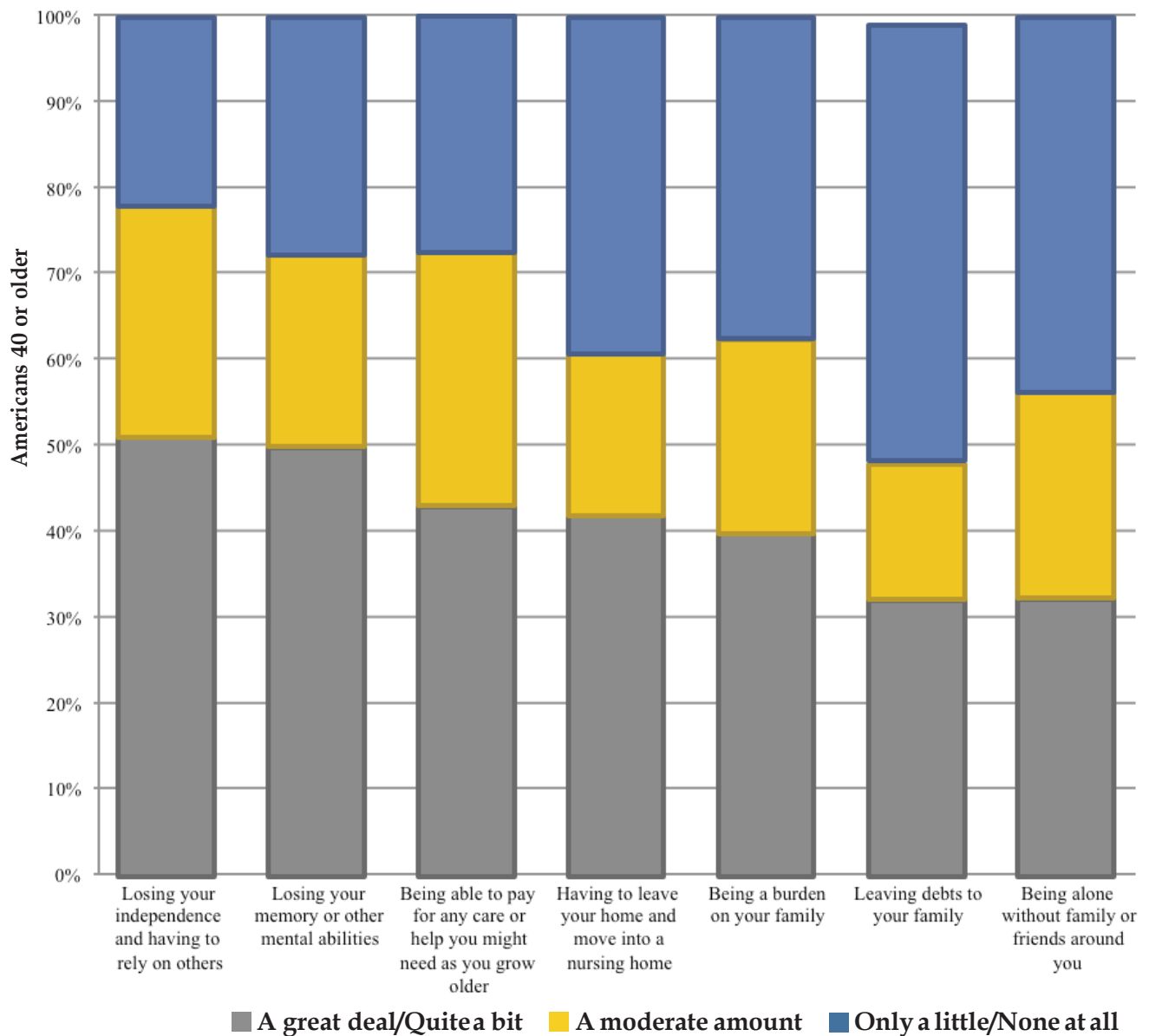
VT - \$118,812  
 NH - \$133,224  
 MA - \$153,300  
 CT - \$164,796  
 RI - \$116,796  
 NJ - \$142,356  
 MD - \$116,100  
 DE - \$131,400  
 DC - \$116,796  
 WV - \$132,864



Monthly Median (SN) Private Room	
ME	\$10,098
VT	\$9,901
NH	\$11,102
MA	\$12,775
CT	\$13,733
RI	\$9,733
NY	\$12,189
PA	\$10,114
NJ	\$11,863
MD	\$9,675
DE	\$10,950
DC	\$9,733
WV	\$11,072
VA	\$8,517
NC	\$7,711
SC	\$7,209
GA	\$6,768
FL	\$9,064

# Are we worried about the future?

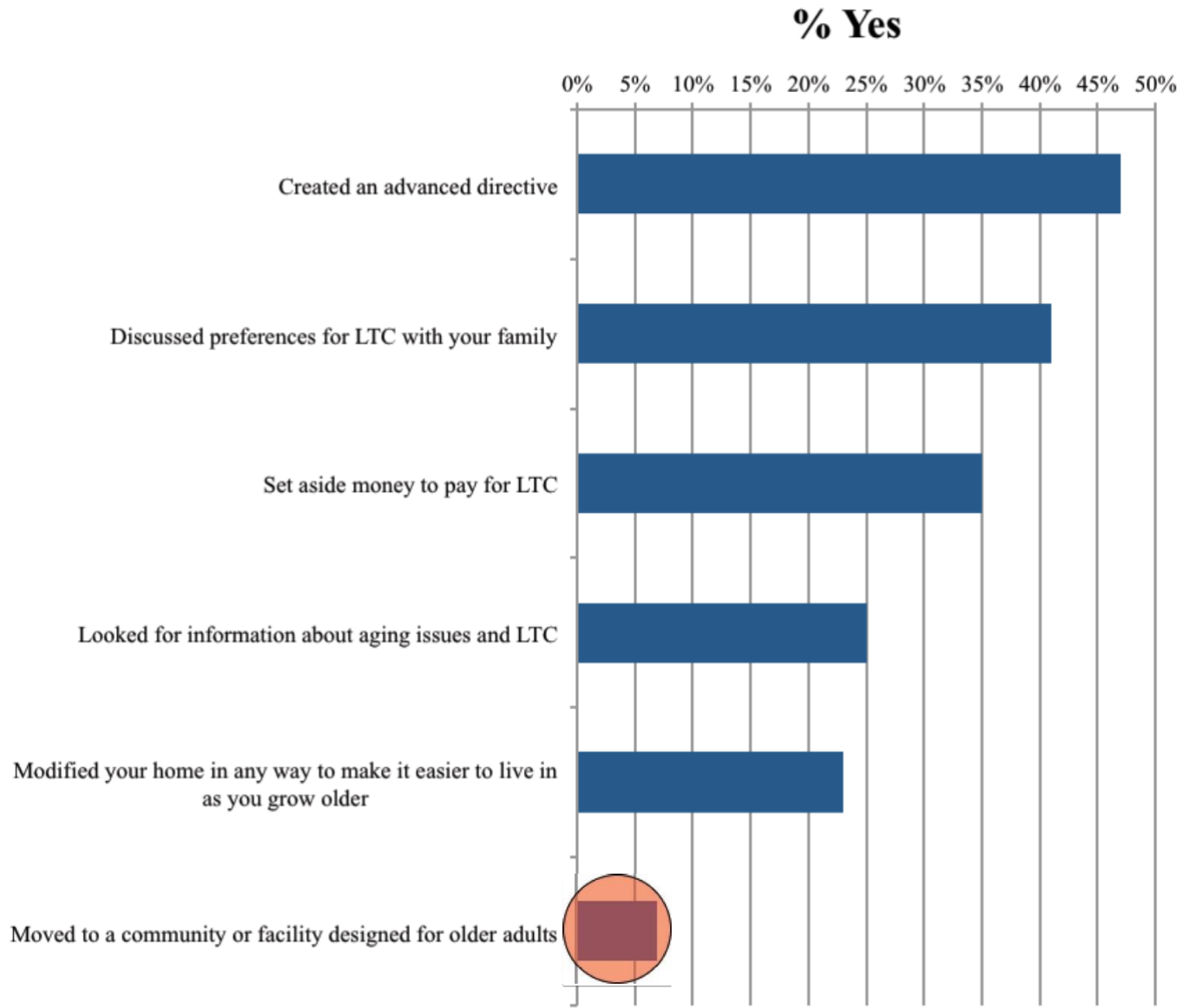
## Reported Levels of Concern for Aging Issues among Americans 40+



Source: Long-term Care: Perceptions, Experiences, and Attitudes [among Americans 40 or older](#)  
The Associated Press-NORC Center for Public Affairs Research

# Are we planning for the future?

## Planning for Long Term Care



Source: Long-term Care: Perceptions, Experiences, and Attitudes [among Americans 40 or older](#)  
The Associated Press-NORC Center for Public Affairs Research

# The Limits of Medicare and Long Term Care Insurance

Many people assume that when they need more medical help as they age, Medicare will cover the costs, which is not accurate. Medicare will only cover qualified situations (detailed below).

Medicare – strict requirements for qualification – most long stays are not Medicare eligible

- 3 hospital overnights
- Skilled nursing or rehab
- 100 day stay

Long Term Care insurance is another potential solution. It can be a great bridge to the future, and is especially valuable for type B contracts. The advantage of long term care insurance is that it provides a defined financial benefit for a defined amount of time. The limit is that it does not identify where you will receive care.

Long Term Care Insurance

- Provides the financial coverage for a fixed time
- Does not answer the question of “where” service will be provided

CCRCs are the only solution that answers the question of Cost, Quality, Availability, and Location.





# Home vs. CCRC: compare your costs

How do I begin to think about a move? It's a big decision to contemplate leaving your home of many years to live somewhere else. One aspect that can be daunting is understanding what the cost will be – your home may be costing you more than you realize.

Complete the worksheet provided below to get a clear example of what your costs are as compared to those of a CCRC:

Comparable Monthly Expenses	Current/Home	CCRC†
Current mortgage or rent costs		**
Property Taxes - Monthly		Included
Electric / Natural Gas		Included
Water & Sewer		Included
Heating & Air Conditioning		Included
Maintenance & Repairs (plumbing, roofing, appliance, electrical, other)		Included
Trash removal		Included
Homeowners Association Fees, Assessments, Etc.		Included
Lawn Maintenance/Snow Removal		Included
House Cleaning (twice a month)		Included
Weekly Laundry Services (sheets & towels)		Included
Food Costs		Included
Transportation costs (fuel, depreciation, repairs, insurance, licensing)		Courtesy Transportation Available
Health Club and Indoor Pool Fees		Included
Wellness Clinic		Included
24-Hour In House Emergency Call System, if such service were available		Included
Entertainment (movies, parties, socials, etc.)		Included
Nursing Care (if needed)		Included
Long term care insurance policy fees		Included
<b>TOTAL MONTHLY EXPENSES</b>		
Percentage of monthly fees that are tax deductible	None	***
Asset preservation	Market variation	90% refund

**Do The “Chet Check”** Another challenge can be thinking about living in a smaller space. One prospective resident, an engineer, had the great idea of measuring the rooms in the home that he and his wife actually used every day – it was just 1/3 of the space they had. In honor of him, we call this doing the “Chet Check” – see what rooms you actually live in every day, and then use that as a gauge for thinking about downsizing.

† These are features included in a typical Type A CCRC, such as RiverWoods Exeter.

\*\* Enter Monthly Service Fee for apartment / home you are considering

\*\*\* Many CCRC residents can deduct a portion of their monthly service fees as a pre-paid medical expense

# What's a senior to do?

Today, people are living longer than any previous generation, which also means that we have to plan differently compared to our parents or grandparents. What are the options open to you? Here are 5 possible options of how to plan for your future - and questions to consider and complete.

1. I plan to stay home (most popular option).

**Q** Do you have an active support network? Do you have access to social activities, shopping, and trusted health care professionals as back-up?

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2. I plan to stay home and bring in services when I need them.

**Q** Have you researched a variety of local service providers and their availability and hourly costs for when you might need them?

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3. I plan to cohabitate with my grown children.

**Q** Have you discussed this openly with your children? Have you considered the financial, physical, and emotional impacts of your decision?

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4. I plan to transition to Assisted Living when illness dictates.

**Q** Have you identified which facility you are interested in, and have you researched their quality and cost structure?

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5. I plan to move to a Continuing Care Retirement Community (CCRC).

**Q** Have you visited the community and do you understand what the contract provides?

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# What is a Continuing Care Retirement Community?

CCRCs are fundamentally an insurance product, not a real estate product. Your CCRC contract provides housing and nursing needs. Residents join when they are independent and can live safely on their own. They benefit from on campus housing and nursing needs for the rest of their life. People, who wait until they are ill, will likely not qualify for entrance into independent living. CCRCs typically provide three levels of care: independent, assisted living and skilled nursing.

1. How are CCRCs regulated in yourstate?

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2. Is a portion of the entrance fee refundable? Is a portion of the entrance fee and monthly service fee tax deductible?

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3. Where can you find the CCRC’s financial performance reports?

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4. Is the community’s debt rated by a national agency such as Fitch?

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5. Is the CCRC accredited by CARF International (the accrediting agency for CCRCs)?

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6. What is the level of resident involvement on the Board?

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# CCRC History

- 1,900+ CCRCs Nationwide
- 100 year history
- 40% single site / 60% multi
- Large density in PA, FL, CA
- Nearly 90% of the largest organizations are non-profit, either faith or affinity based
- A combination of Hospitality/Senior Living and Health Care
- An insurance, not a real estate product

## Why are CCRCs important now?

### **Did you know?**

- Families that are more geographically separated, make connecting with older parents more challenging than in previous generations.
- Better health care has led to increased longevity in adults, but also increased medical costs.
- The increase of two career couples leads to a reduced amount of free time for adult children, compared to previous generations, leading many to call this the sandwich generation.
- Nationally, only 7% of the age and income qualified people who could move into a CCRC do so.
- Three factors - sleep, socialization and exercise - can help reduce the risk of dementia by 50%.
- By 2030, seniors will represent 19% of the population - a “silver tsunami” that will continue to grow for the next 10 years.
- On average, 2 out of 3 seniors will become physically or cognitively impaired over their life and will need additional help.

# Advantages of a CCRC

The CCRC alternative is a choice that goes beyond simply downsizing to a smaller home. A CCRC provides maintenance-free living, opportunities to create new friendships, better nutrition and exercise options, and the peace of mind that comes with understanding your future health care costs are covered. It is an insurance policy and a lifestyle choice. CCRC residents benefit from:

- Ease of living: All interior and exterior maintenance covered; includes housekeeping and laundry services.
- Dining program: One chef-prepared meal a day provides healthy, delicious options and a venue to socialize.
- Transportation: Often free, provided for physician visits, religious services, shopping.
- Wellness programs: On site gyms, and often pools, as well as a variety of fitness classes and levels.
- Social interaction: Easy access to new friends, activities and programs to encourage interaction.
- Security: 24 hour emergency call response.
- Future health care: the knowledge that no matter the level of care needed, it is provided, in the same place, by staff you know.
- Financial stability: Predictable costs for your lifetime, including your long term care needs.
- Tax advantages: Typically, a percentage of your initial entrance fee and your regular monthly service fee can be deducted as pre-paid medical expense.
- Asset preservation: In many cases, a portion (up to 90% in some organizations) of your original entrance fee will be refunded to you, or to your estate, if you move or pass away, providing asset preservation.

Holleran, a senior living research firm, that has collected data for years, reports that since 2003 CCRC residents have consistently rated their overall satisfaction “good” or “excellent” meaning they gave a 4 or 5 on a 5-point scale. 86.6% of residents would recommend a CCRC to family and friends and 84.1% rated their long-term confidence in the CCRC as good or excellent. This data is from the last 24 months and consists of 61,200 surveys in 250 CCRCs across 38 states.

Likewise, in a recent study sponsored by Mather Lifeways, Brecht Associates and Ziegler, 77% of baby boomers with a family member in a CCRC reported they would be very likely or likely to consider a CCRC and 74% said the family members’ experience in a CCRC influenced their opinion.

# CCRC Major Contract Types

	TYPE "A" ALL INCLUSIVE	TYPE "B" DEFINED	TYPE "C" RENTAL
ENTRANCE FEE	YES - refundability varies	YES - refundability varies	Generally, No (or very small)
MONTHLY FEE	YES - generally dependent upon ILU apartment size	YES - generally dependent upon ILU apartment size	YES - generally dependent upon ILU apartment size
ACCESS TO HC	Included	Included	Limited
INSURANCE PORTION	Covered	Defined	None
OWNERSHIP	Mostly non-profit companies (82% of the industry)	Mostly non-profit companies (82% of the industry)	Mix of non-profit and for profit
NATIONAL BREAKDOWN*	47%	18%	35%
*Ziegler 2017 CFO Survey			

# CCRC Contract Type Overview

## TYPE A:

- Entrance Fee and Monthly Fee
- Fees based on apartment size (Studio to cottage)
- All inclusive (health care, dining, maintenance etc.)
- Generally - highest cash/lowest net operating margins
- Guaranteed unlimited access to AL/SN care for life - no change in fee
- Non Profit - Benevolence Clause

## TYPE B:

- Entrance Fee and Monthly Fee
- Fees based on apartment size (Studio to cottage)
- Defined Plan
- General services included (dining, maintenance, etc.)
- 30/60/90 days in health center at reduced rate - then market rate

## TYPE C:

- Low entrance fee (if any)
- Monthly rental fee (based on apartment size)
- Fully fee for service
- Most For-Profit providers operate here

## Questions to ask:

- Is the entrance fee refundable?

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- Do your costs increase in health care? If so, by how much?

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# Workbook Sheet

Use this sheet to make notes on CCRCs you are considering.

	TYPE "A" ALL INCLUSIVE	TYPE "B" DEFINED	TYPE "C" RENTAL
ENTRANCE FEE			
MONTHLY FEE			
ACCESS TO HC			
INSURANCE PORTION DAYS 1-90 (EXAMPLE)			
INSURANCE PORTION DAYS 90+			
OTHER SERVICES			
OWNERSHIP			

**Additional Questions:**

- Does the community exclude any pre-existing conditions?

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- How will your Long Term Care Insurance plan supplement/reduce, or not, your CCRC independent living, assisted living, or skilled nursing care costs?

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- What are the financial qualifications to join?

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# Indicators of CCRC financial success

There are five key factors to help evaluate a CCRC's financial standing:

1. Review the community's current and five-year Occupancy Rate.

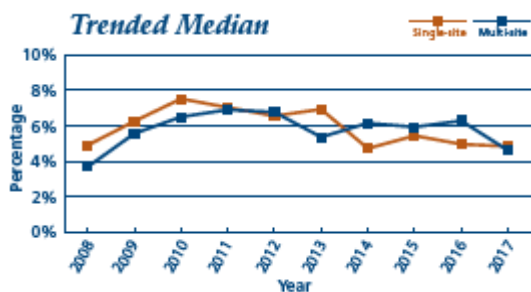
The national average is currently about 93% occupancy. Strong performance is low to mid-90%. Typically, the higher the occupancy, the greater the likelihood of financial strength.

2. The industry standards are listed below for four additional important indicators of financial strength. You should be able to obtain these numbers from the finance or marketing office:

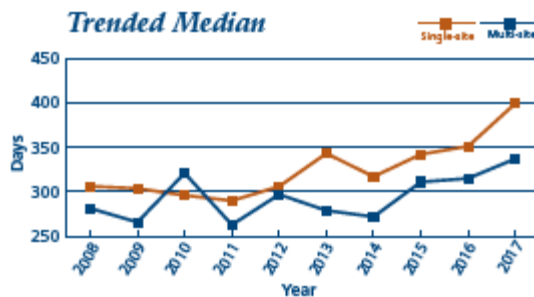
- Net Operating Margin
- Days Cash on Hand
- Cash to Debt Ratio
- Debt Service Coverage Ratio

## INDUSTRY TRENDS

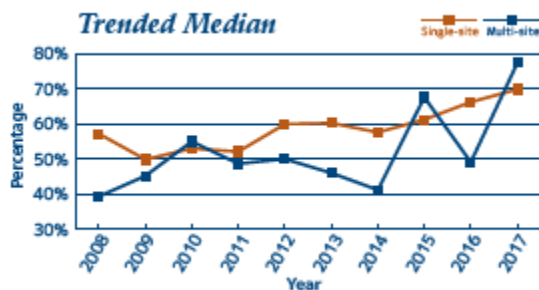
### Net Operating Margin



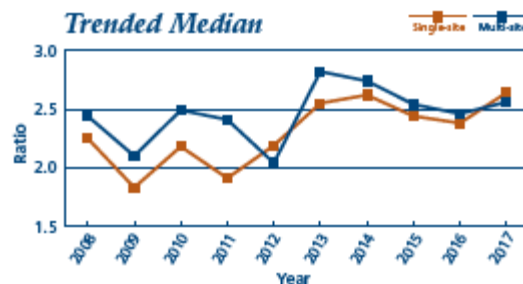
### Days Cash on Hand Ratio



### Cash to Debt Ratio



### Debt Service Coverage Ratio



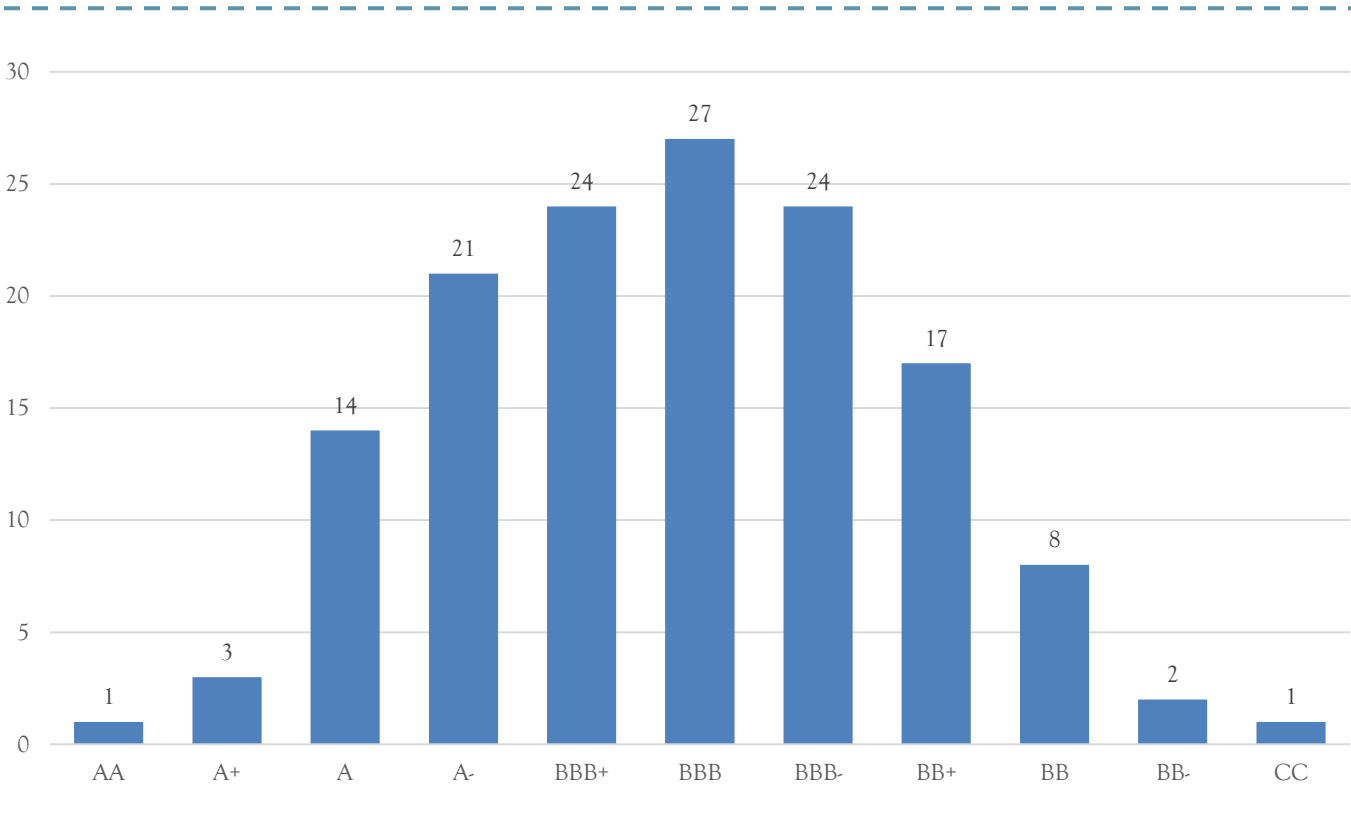
Source: CARF International 2018 Financial Ratios & Trend Analysis (Report is available for purchase from the [www.carf.org](http://www.carf.org) online store.)

# How does the industry track performance?

- Accredited organizations (less than 10%)-Annual Financial Reporting
- CARF International Financial Ratio and Trend Analysis Report\*
- Compliance with debt covenants
- 7% of CCRCs have rated debt

\* Report is available for purchase from the [www.carf.org](http://www.carf.org) online store.

## CCRC Ratings Distribution by Category



Source: Ziegler Investment Banking, as of 9/21/18

# Assessing a health care center

Current statistics predict that 70% of people age 65 and older will need some form of long term care in their lives. Yet many of us take the ostrich approach, and assume that if we don't think about it, it won't happen.

The decision to move to a CCRC is perhaps most impactful when health care is needed, as you already know where you will receive your care. That is a distinct advantage, as you have had the chance to review not only the independent living community, but also the health care center before you need it. The following are suggestions for how to ensure that the health care center in the CCRC you are considering is good quality.

## KEY QUALITY MEASURES

When considering a health care center, either within a CCRC, or alone, consider these 7 steps to assess quality.

1) Is the community accredited by CARF International?

If the community you are researching is a CCRC, and has been accredited by the national organization, CARF International, much of the due diligence has been done for you. CARF accreditors spend multiple days in the community doing an on-site review and have identified 1,300 indicators of quality that communities must meet, so the CARF accreditation is an indicator of high quality. A CARF accreditation must be renewed every 5 years.

2) How can you assess the quality of nursing care?

**Find out at:** [www.medicare.gov/nursinghomecompare/search.html](http://www.medicare.gov/nursinghomecompare/search.html)

This site compiles all the federal survey data collected on all Medicare-certified nursing homes. The Centers for Medicare and Medicaid Services (CMS) has compiled a 5-star quality rating of all communities nationwide, where 5 is the highest and 1 is the lowest. This rating is based on the star ratings for three separate categories; health inspections, quality measures and staffing ratios. The results of the federal surveys conducted every year are compiled here, along with detailed notes.

Depending on your level of interest, you can read detailed notes from the last several years of surveys. However, be forewarned that much of the scope and severity of the detail can be technical, so it is best to read the data, and meet with the community with your questions.

3) Review the state survey results.

Since Assisted Living facilities are not covered by Medicare, they do not have surveys posted on the site noted above. Each state does its' own survey, so ask the community for a copy of the last two years of state surveys.

4) Learn what the staff to resident ratio is.

Examine the staff to resident ratio during the two main daily shifts (7am - 3pm and 3pm - 11pm) to understand how much support you can anticipate. The higher the level of staffing, typically, the more individualized care you can expect.

5) Ask about their care philosophy.

Ask the community what the typical resident profile is of people who flourish there. Meet with the Director of Nursing and ask what their philosophy of care is for their residents.

6) Tour the community.

Nothing compares like a walk through the community, to get a first-hand look at how staff are engaging with residents, and to get a sense of the ambiance. While you are there, notice how the facility is maintained, what mealtime is like, and ask for copies of the monthly activity calendar as well as the monthly menu. Talk with residents and staff directly.

7) Ask for a reference.

You will be making a significant financial commitment to this organization, and entrusting them with yourself or your loved one, so ask them for a reference; either a current resident or their family member, a local physician who interacts with the community, or a past resident's family member.

## Levels of care, defined

**ASSISTED LIVING** - This level of care provides supportive services for those who need some assistance with activities of daily living, including the management of medications, bathing, dressing and personal care, but do not require intensive medical or nursing care. Three meals a day are provided, along with a range of social and recreational activities. Typically, licensed nursing supervision is provided 24-hours a day, seven days a week.

**SKILLED NURSING** - This level of care is often Medicare-certified, and 24 hour a day care is provided, seven days a week by licensed nurses. Residents receive on-going monitoring, assessment and treatment. In addition, a full range of rehabilitation therapies, social services, nutritional assessment, treatment and activities are available. Three meals a day are provided.

**MEMORY CARE** - This level of care can be offered within an Assisted Living or Skilled Nursing community. These are programs that specialize in caring for those with Alzheimer's disease or other forms of dementia. They are secure units within the community that are specifically designed to meet the special needs and behaviors of persons living with dementia.

# Understanding entry: will I qualify?

Assuming you have seen and liked the CCRC, and you have met the residents and staff and have ensured the organization is financially sound, the next question is - will I qualify? The assessment process will consist of two parts, financial and health care.

Most communities will ask you to submit confidential information that will include your medical history and your financial resources, including income and assets. You will also typically be asked to come to the community for a simple health care assessment. The following are helpful questions to consider:

## Health Care Assessment (Must be independent):

- Are certain diseases excluded?

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- What is the assessment process?

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## Financial Assessment (Must qualify for chosen apartment type):

- What are the asset and income requirements?

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- What happens if you outlive your assets?

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## Other entrance questions:

- What type of insurance coverage is required upon entering the CCRC? How much is required?

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# CCRC option – measure your risks

A list of helpful questions to ask each CCRC you visit.

## **CCRC Financial Strength Checklist:**

- Is the community accredited by CARF International (the national accrediting agency for CCRCs)?
- Is the community a member of Leading Age (the national industry association)?
- Is there a history of high occupancy rates?
- Does the community have a Resident Finance Committee?
- Can you speak with the CFO?
- Who is on the management team and board of trustees?
- What is the contract type? What does it include? What is the refund ability?
- Review the Audited Financial Statements.
- Is the community able to generate cash flow from profitable operations?
- Do they have the state required minimum liquid reserves?
- Evaluate the Financial Ratios – compared to industry standards

## **CCRC Community Quality Indicator Checklist:**

- What is the community like? Style and Culture?
- How involved are the residents in the decisions of the community?
- Is the continuing care retirement community a “mature community” or a start-up?
- Ask for a copy of the Resident Survey results; when were they last done?
- What percentage of referrals comes from residents?
- What happens if a resident runs out of money?
- “Man on the street”: what do residents say?
- Is the community planning for the future?
- Is the organization part of a larger group?
- Are residents on the Board of Trustees?
- Is there a Resident Council?

# Additional frequently asked questions

- Can we select our own doctors?
- Do you allow pets?
- We have invested in Long Term Care insurance over 15 years, can we use it here?
- Is your assisted living and/or nursing section regulated by state or federal agency?
- If you have paid a deposit to get on the Wait List, and you change your mind, can you get your deposit back?
- Can I still go away for a month or more at a time? If so, do you provide a credit on monthly service fee?
- What if one member of a couple is able to care for themselves and the other cannot?
- Average time on the wait list? Do you have to move in as soon as your space becomes available?
- What is your typical yearly increase for monthly service fees?
- Is skilled nursing equivalent to nursing home care?
- Can I receive hospice care?
- Do you provide a tax statement to provide to the IRS?
- If you qualify for the health assessment, then spend 5 years on the wait list, do you have to re-qualify when you move in?
- Can my spouse be forced to move to a smaller apartment if I go to assisted living?
- Do you offer other options in addition to 90% entrance refund?
- What if we get here and for whatever reason, we want to move out?
- Explain how your benevolence clause works.

# Additional Resources

Check these sites for more background on CCRCs and other news.

- [www.leadingage.org](http://www.leadingage.org)
- [www.carf.org](http://www.carf.org)
- [www.aarp.org](http://www.aarp.org)
- [www.riverwoodsrc.org](http://www.riverwoodsrc.org)
- [www.genworth.com/aging-and-you/finances/cost-of-care.html](http://www.genworth.com/aging-and-you/finances/cost-of-care.html)

## Glossary

CCRC = Continuing Care Retirement Community

EF = Entrance Fee

MSF = Monthly Service Fee

AL = Assisted Living

SN = Skilled Nursing

LTC = Long Term Care

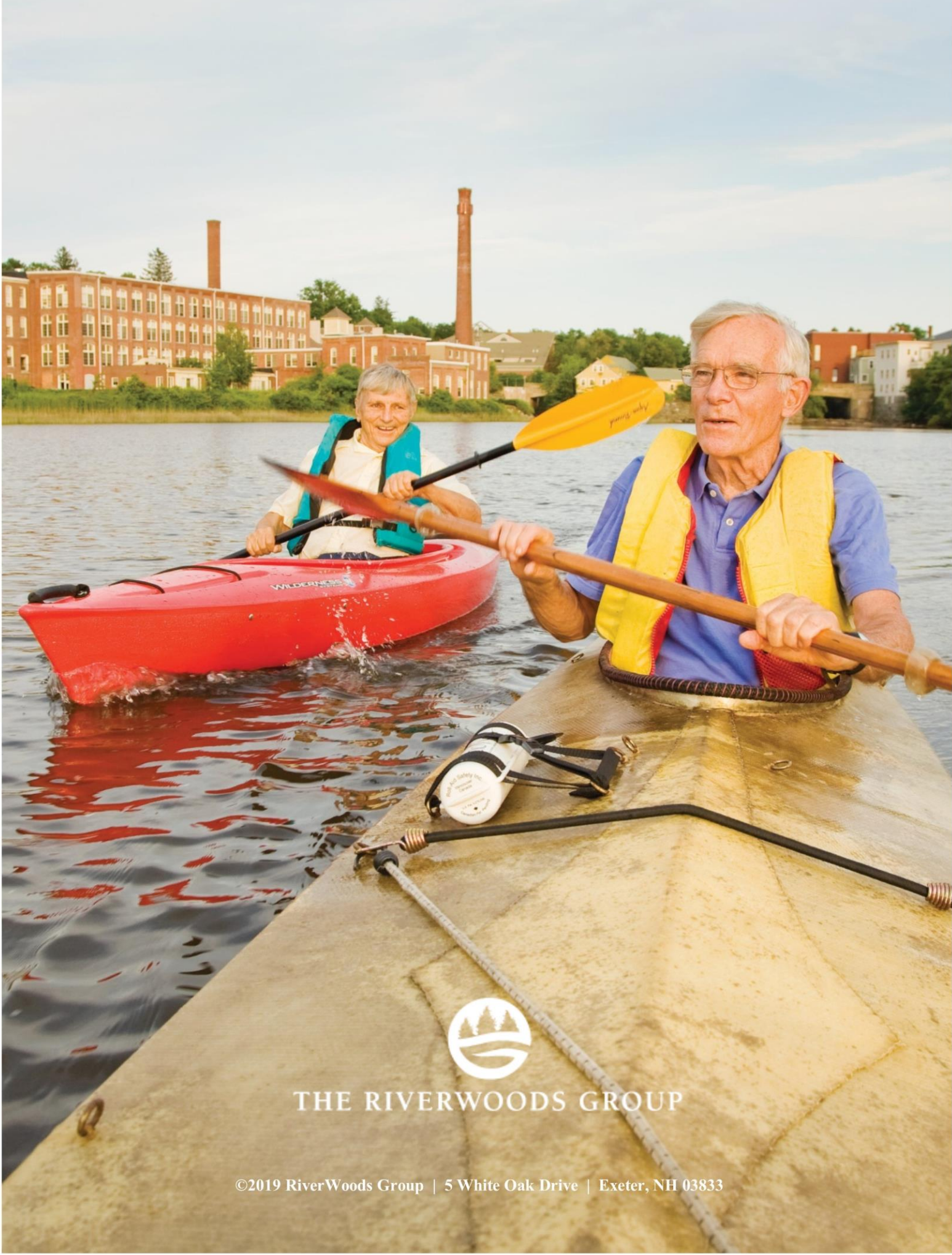
Additional copies of this workbook can be obtained by contacting:  
Cathleen Toomey [ctoomey@riverwoodsgroup.org](mailto:ctoomey@riverwoodsgroup.org) or 603-658-1587.

# Notes

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