

INSIDER'S GUIDE

Choosing a Continuing Care Retirement Community

WORKBOOK



*RiverWoods Exeter Residents
Hans and Sieglinde*

PREFACE

This workbook is the result of a call from the daughter of a resident. As a financial planner, she wanted more information on the contractual and financial aspects of CCRCs for her professional study group. That presentation, over twelve years ago, led to more requests from financial planners and elder law attorneys.

Today, we have given more than 60 educational seminars to professional financial and legal groups throughout the country, from New York City to Seattle. We continue to do this in person and online. If you have a group interested in a presentation, reach out to info@trwg.org.

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 the more informed people are, the better decisions they will make. This workbook is an extension of that educational mission and is geared toward individuals.

A decision of this magnitude involves many facets — the emotional, physical, social, and spiritual factors are significant. 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 touring the community, meeting the other residents, and assessing if this lifestyle is a good fit. This workbook isn't intended to cover all those elements or supplant the experience of seeing communities for yourself.

The goal of this tool is to help you understand the practical, financial, and contractual side of the decision. With more than 1,900 CCRCs across the country, there are endless variations, but this workbook should ground you in the industry and help in your due diligence during your decision-making process.

That said, this book is a “work in progress” and has gone through many iterations. We welcome your feedback — reach out to info@trwg.org with your comments.

Thanks for starting the process!



Justine Vogel
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AUTHORS

JUSTINE VOGEL, CPA, PRESIDENT AND CEO, THE RIVERWOODS GROUP

Justine Vogel built her career at RiverWoods since 1994, the year we opened our original RiverWoods Exeter campus. She has held several positions at RiverWoods, starting as the Director of Accounting and holding the CFO position prior to her promotion to COO in 2005 and CEO in 2007. During her time at RiverWoods, the RiverWoods Exeter community added two new campuses to their 200-acre property and has affiliated with a campus in Manchester, NH, now RiverWoods Manchester. The newest campus, RiverWoods Durham, opened in 2019. A graduate of Rutgers University, Justine is active on the boards for Unital and Caring Communities.

CATHLEEN TOOMEY, VICE PRESIDENT OF MARKETING, THE RIVERWOODS GROUP

Cathleen Toomey is a marketing professional with 30+ years of experience in the business and non-profit world. Prior to RiverWoods, Cathleen's extensive advertising, marketing, and brand building experience included notables such as Timberland, Stonyfield Farm, Babson College, and Bentley University. Since 2007, she has been responsible for the sales and marketing efforts of RiverWoods and the continued success of new communities. In 2021, Cathleen launched Seniority Authority, "Let's Get Smarter about Growing Older," a podcast designed to answer people's questions on aging. A graduate of Fairfield University and Fordham University, Cathleen has also given a TEDx talk on "The Secret to Successful Aging" and is a past board member of Womenade of Greater Squamscott.

THE RIVERWOODS GROUP

RiverWoods started as a dream in the early 1980s around the kitchen tables of Maryanna Hatch and Rosemary Coffin. They gathered a grassroots group of Seacoast-area residents interested in fostering a new way to live while growing older.

Their goal was to create an active community of interested adults who cared about each other and the world around them. Today, RiverWoods is the largest family of not-for-profit Continuing Care Retirement Communities (CCRCs) in New Hampshire. What began with our flagship campus, RiverWoods Exeter, has grown to include RiverWoods Manchester and RiverWoods Durham. We continue to be driven by our original mission of providing community, purpose, and peace of mind to a growing number of adults.

WHY READ THIS WORKBOOK?

Simple. The world is changing.

As you will learn, there are more older adults in the US than ever before. And we are living longer, thanks to better medical advances. Many of us will live 20 to 30 years past traditional retirement age. Yet 70% of us will still need long term care, and the changing health care environment is also driving increased costs.

Not only has the length of our lives increased, but other factors have changed. Families are more far-flung — it is increasingly rare to have your children live around the corner. With the increase of women in the workforce, daughters are less available to care for parents than in previous generations. They are more likely building their careers and are often raising children later in life — the famous Sandwich Generation.

What these trends point to is a dramatic shift in how we think about retirement and caregiving. With that comes an opportunity to examine the assumptions for your “next chapter.” Your retirement will look very different from prior generations — you have the chance to plan ahead and make decisions that will provide the life you want now and in the years ahead.

Congratulations on starting your plan for the future.

HOW TO USE THIS WORKBOOK

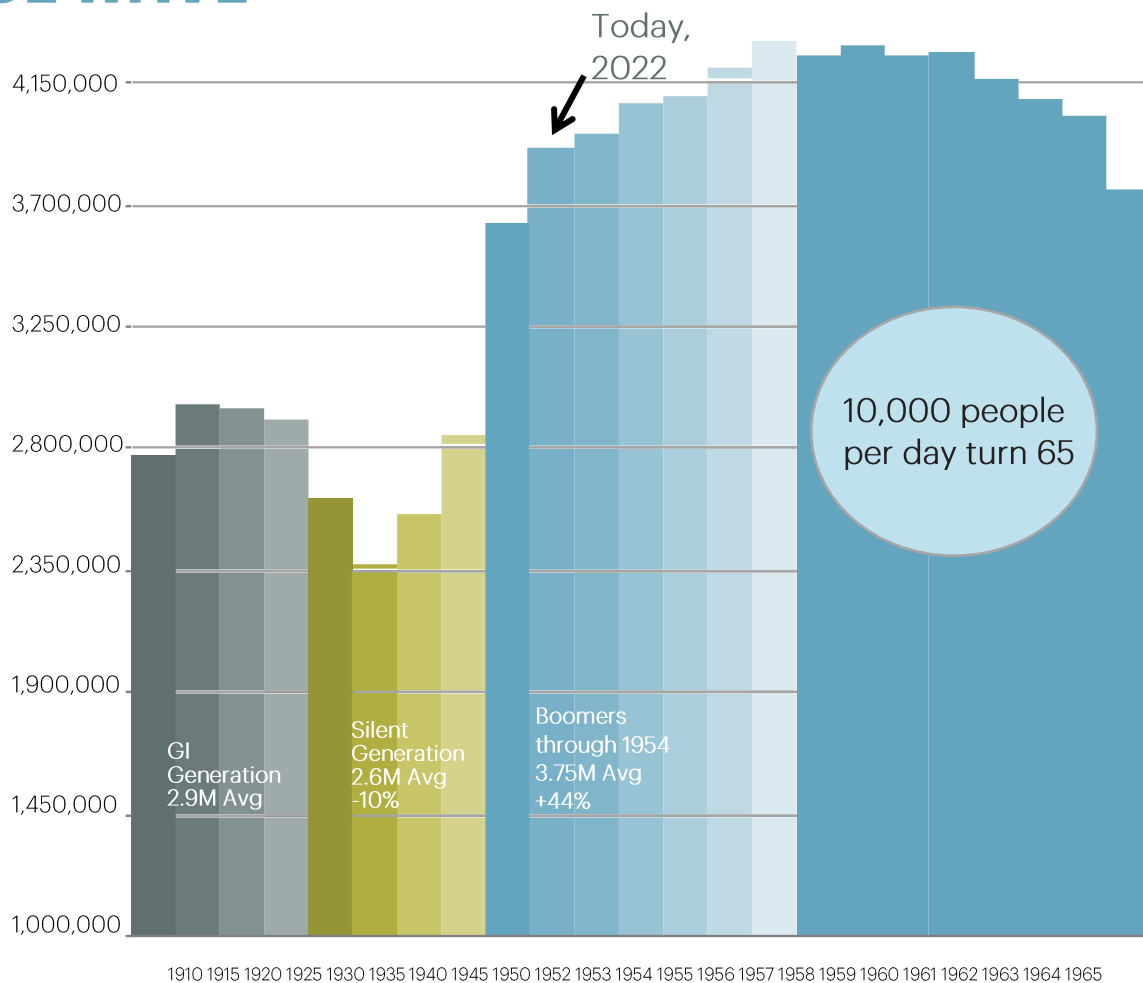
This workbook is designed to be used by financial professionals as well as individuals, but it is written from an individual’s point of view, so that it may be used as a discussion and planning tool with family and trusted financial and legal advisors.

To request additional copies, reach out to info@trwg.org.

OUR CHANGING FUTURE

We are living longer and there will be more older adults than ever before, as indicated in the chart of US live births below. Each year, 10,000 people a day in the US will turn 65 — and that will continue for the next 18 years — more than a 40% increase over the prior two generations.

AGE WAVE



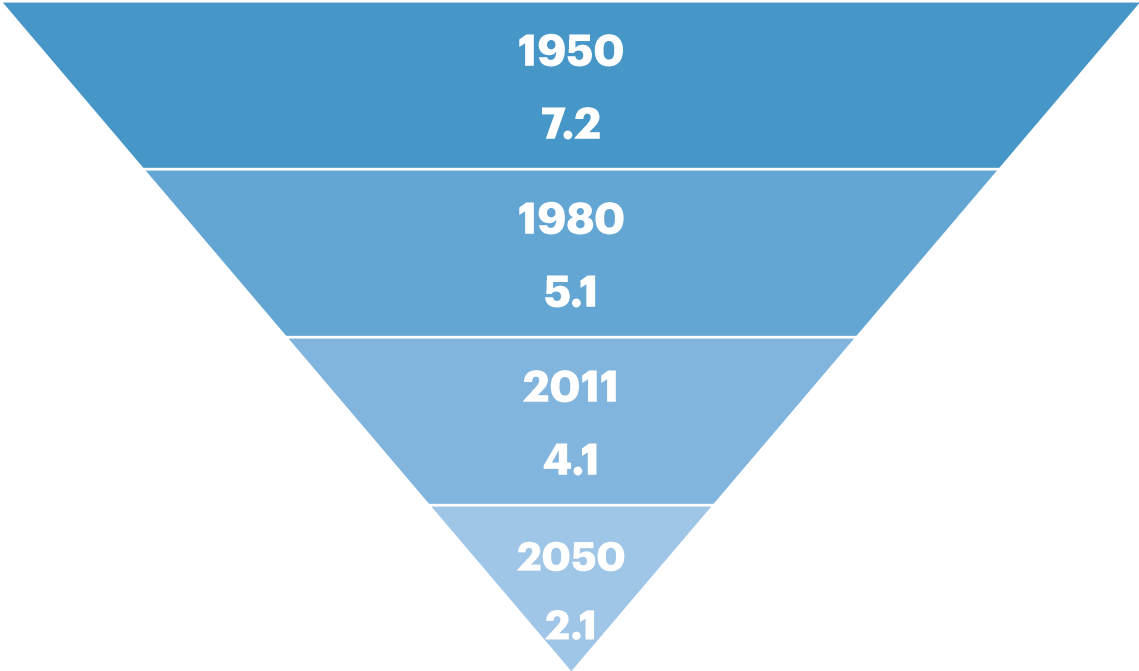
OUR CHANGING WORKFORCE

At the same time the older population is growing, the number of people in the workforce is shrinking, as evidenced by this chart. If your plan is to remain in your home and bring in supportive care, the dwindling workforce will be a serious factor.

By 2030, the total US population will expand by 9%, yet the US working age population will grow less than 5%. ¹

AGING BEYOND OUR ABILITY TO SUPPORT

Number of People 20-64 for every person >65. ²



For references, please refer to the Index on page 27

FACTS ON AGING TODAY

WHAT DO THE DEMOGRAPHICS LOOK LIKE?

- Each day in the U.S. 10,000 people turn 65. ⁴
- In 2000, seniors comprised 12% of the U.S. population. By 2030, that number is expected to rise to 19% or 72 million Americans over the age of 65. ⁵
- 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. ⁶

WHAT CARE NEEDS WILL WE HAVE?

- 40% of people over age 65 will need assistance with activities of daily living.⁷
- After the age of 65, nearly 70% will need long-term care. ⁸
- One third of adults say they have done no planning at all for their own long-term care needs. ⁸
- \$74,360: Estimated Long-Term Care costs per year for in-home care.
\$144,175: Estimated Long-Term Care costs per year for nursing home care. Both figures are projected to increase as the older population grows. ¹³

WHAT WILL OUR LIVES LOOK LIKE?

- 91% of older adults have one chronic disease, 73% have at least two. ⁹
- Older women are twice as likely as older men to live alone. (37% vs. 19%) ¹⁰
- Adults aged 65+ only spend 8% of their time communicating with others, a 50% drop compared to adults aged 55-64. ¹⁹
- 1/3 of Americans over the age of 65 do not get any leisurely exercise during a typical month. ¹¹

WHAT DOES CARE LOOK LIKE?

- 20 hours/week is the average number of hours family caregivers spend caring for their loved ones. 13% of family caregivers provide 40 hours/week or more. ¹¹
- 33% – The average income lost by caregivers for each year of caregiving. ¹²
- Nearly 50% of in-home caregivers reported symptoms of stress and reported less time to spend on themselves or others. ¹³
- 70% of caregivers suffered work related difficulties due to their caregiving duties. ¹⁴

For references, please refer to the Index on page 27

MORE ALONE THAN EVER BEFORE

SOLO AGERS ARE ON THE RISE

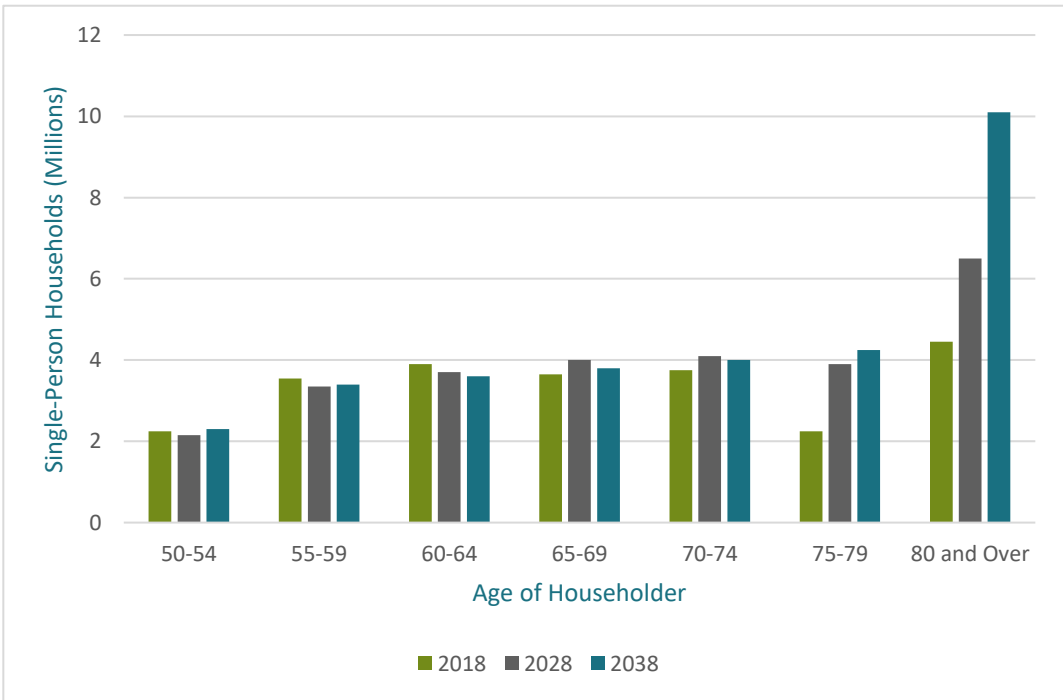
Solo Agers — adults who are living alone, without a spouse, partner, or children to assist them if they need care — are steadily increasing in number due to the demographic shift of people having fewer children, a higher divorce rate, and the increase in never-married adults.

- Today more than 15 million older adults live alone, of which 1 in 6 are childless.
- The divorce rate for adults 55-64 has doubled in the last 25 years.¹⁶
- 34.3% of older men and 23.6% of older women living alone are childless.¹⁷
- By 2035, there will be 78 million people 65 years and older compared to 76.4 million under the age of 18.¹⁶

A first-ever report by the U.S. Census Bureau, *Childless Older Americans: 2018* used data from the 2018 Survey of Income and Program Participation (SIPP)¹⁸ to examine the circumstances (socioeconomic status and demographic characteristics), potential caregiving and financial support from family and the community, and health and well-being of childless older adults.¹⁷

INCREASE IN SINGLE-PERSON HOUSEHOLDS

As baby boomers cross into their 80s over the next 20 years, the numbers of single-person households among the oldest age group will grow dramatically, from 4.7 million households in 2018 to an estimated 10.1 million in 2038.¹⁸



THE LIMITS OF MEDICARE AND LONG-TERM CARE INSURANCE

Many people assume that Medicare will cover the costs of any care they need, which is inaccurate. As of today, Medicare will cover only situations that meet their qualifications, which are detailed below.

MEDICARE:

- Three overnight hospital stays are required to qualify for 100 days of Medicare coverage. Further, your hospital stay must be categorized as “admitted” not “observation.” If you stay overnight as “observation” status, that does not count as Medicare eligible.
- With a three night “admitted” hospital stay, you can be discharged to a skilled nursing or rehab facility for 100 days AS LONG AS you continue to make progress and hit Medicare benchmarks. If you do not continue to progress, Medicare will not continue to cover payment.
- Medicare does not cover Assisted Living – that is private pay.

LONG-TERM CARE INSURANCE:

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

Long Term Care insurance is another potential solution for care, and the industry itself has settled down after a tumultuous start. 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.

LEVELS OF LONG-TERM CARE, DEFINED

ASSISTED LIVING – This is generally the initial level of care and provides residents with help for the “activities of daily living” which include dressing, bathing, personal care, and medication management. 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.

MEMORY SUPPORT – For residents with Alzheimer’s disease or other forms of dementia, this level of care helps with activities of daily living, but also provides specific programming designed to meet the residents’ needs and behaviors, and to enhance their quality of life. Three meals a day are provided, along with licensed nursing supervision 24-hours a day, seven days a week.

NURSING CARE – This level of care can be provided in a short term or longer term stay and offers hands-on nursing care from LNAs, LPNs and RNs. In addition to activities of daily living, these 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 along with licensed nursing supervision.

SKILLED NURSING – The term “skilled nursing” is a true misnomer, as nursing requires skill. The term was created by Medicare as a way to designate what eligibility criteria and level of care is paid for by Medicare, within a setting that Medicare can bill for.

Therefore, skilled nursing is essentially the same as nursing care, offering hands-on care from LNAs, LPNs and RNs. If this care is received in a Medicare setting, it will be referred to as Skilled Nursing

WHAT'S A SENIOR TO DO?

Now that you have some facts about the future, what are the options? Here are 5 possible options of how to plan for your future – and questions to consider and complete.

OPTION ONE: 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?

.....
.....

OPTION TWO: I plan to stay home and bring in services when I need them.

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

.....
.....

OPTION THREE: 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?

.....
.....

OPTION FOUR: 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?

.....
.....

OPTION FIVE: 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?

.....
.....

WHAT IS A CONTINUING CARE RETIREMENT COMMUNITY (CCRC)?

There are over 1,900 CCRCs (also called Life Plan Communities) across the country, many grouped in families or systems. The majority are not-for-profit, either faith-based or community based, and have been in the US for 100 years.

Although they look like beautiful retirement homes, CCRCs are fundamentally an insurance product, not a real estate product. You do not “own” your apartment or cottage. Rather, your contract promises housing and nursing needs for your lifetime.

Because they are insurance, residents must join when they are independent and can live safely on their own. The residents benefit from on campus services and amenities, programming, fitness classes, and more. This is in addition to the knowledge that they are guaranteed nursing care if and when they need it. Most CCRCs offer multiple levels of care, including independent living, assisted living, memory support and nursing care, right within the campus.

CCRC SNAPSHOT

- 1,900+ CCRCs Nationwide
- 100-year history
- 40% single site / 60% multi
- Large density in PA, FL, CA
- Nearly 80% of the largest organizations are not-for-profit, either faith or affinity based
- A combination of Hospitality/Senior Living and Health Care
- An insurance, not a real estate product

FOR MORE INFORMATION: [LEADINGAGE.ORG](https://www.leadingage.org)

To find CCRCs in a specific area, go to [LeadingAge.org](https://www.leadingage.org) and search for the state. Most CCRCs belong to the LeadingAge National Association.

WHY ARE CCRCs IMPORTANT?

Although they have been around for 100 years, CCRCs are at a “tipping point” due to demographic trends noted below.

- People are living longer than ever before, with better health care.
- This means adults have a more active lifespan, due to improved medical care.
- Families are more geographically separated, and the two-career family means it is more challenging to care for older family members than it was in prior generations. People are also raising children later in life, creating time compression.
- This generation is healthier and more active, and wants to be in control of their choices, not dependent on families.
- However, this generation is apt to live alone longer and will need more long-term care within their lifespan.
- CCRCs provide independence, connection, community, meals, activities to ignite your independent life, and the assurance of quality professional nursing care if and when you need it. Your family remains your family, not your caregivers, and you remain in control of your choice of care when needed.

Holleran, a senior living research firm that has collected data for the last 30 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.

Overall resident satisfaction scores went up significantly during the COVID-19 pandemic. Scores prior to the pandemic, compared with those during the pandemic, show that ratings increased across all levels of care at the nation’s leading life plan communities.¹⁵

Likewise, in a 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.¹⁹

For references, please refer to the Index on page 27

ADVANTAGES OF A CCRC

The CCRC decision 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 that your future health care costs are covered. It is an insurance policy and a lifestyle choice.

Independent CCRC residents benefit from*:

- Ease of living: All interior and exterior maintenance is covered; includes housekeeping and laundry services.
- Dining program: One chef-prepared meal a day, providing healthy, delicious options and a venue to socialize.
- Transportation: Often free, provided for physician visits, religious services, and 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 and trust.
- Financial stability: Predictable costs for your lifetime, including your long-term care needs.
- Tax advantages: Often, 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.

*This is a generalized list – individual CCRCs offer a variety of services and amenities.

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 HEALTH CARE	Included	Included	Limited
INSURANCE PORTION	Covered	Defined	None
OWNERSHIP	Mostly not-for-profit companies (82% of the industry)	Mostly not-for-profit companies (82% of the industry)	Mix of not-for-profit and for profit
NATIONAL BREAKDOWN*	47%	18%	35%
*Ziegler 2017 CFO Survey (update)			

CONTRACT TYPE OVERVIEW

Note: The Entrance Fees and Monthly Service Fees in all CCRCs are directly tied to the size of the home. The smaller the home, the less costly.

TYPE A:

- Entrance Fee and Monthly Fee
- All inclusive (health care, dining, maintenance, etc.)
- When you move to health care, your monthly service fee does not change
- Not-for-profit – Benevolence Clause

TYPE B:

- Entrance Fee and Monthly Fee (generally less than Type A)
- Services and amenities at every level (dining, maintenance, security)
- Defined insurance coverage
- When you move to health care, monthly service fee increases per level of care; can be below market rate

TYPE C*:

- Lowest entrance fee and monthly service fee
 - Can be month to month rental
 - No insurance coverage: health care, if available, is market rate priced
- *Most For Profit entities operate here

QUESTIONS TO ASK:

- Is the entrance fee refundable?
.....
.....

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

HOME VS. CCRC: COMPARE COSTS

You may think staying in your own home is less costly than choosing a CCRC. Use this worksheet to compare:

Comparable Monthly Expenses	Current/Home	CCRC
Current Mortgage or Rent		**
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
HOA 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
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		Included
TOTAL MONTHLY EXPENSES		
Percentage of Monthly Fees that are Tax Deductible	None	***
Asset Preservation	Market variation	90% refund

** 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.

WORK 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 HEALTH CARE			
INSURANCE PORTION DAYS 1-90 (EXAMPLE)			
INSURANCE PORTION DAYS 90+			
OTHER SERVICES			
OWNERSHIP			

ADDITIONAL QUESTIONS TO ASK:

- Does the community exclude any pre-existing health conditions?
.....
.....
- How will my Long-Term Care Insurance plan supplement/reduce my independent living, assisted living, or skilled nursing care costs?
.....
.....
- What are the financial qualifications to join?
.....
.....

HOW DOES THE INDUSTRY TRACK PERFORMANCE?

- CCRCs should be in compliance with the debt covenants
- They should have a history of strong occupancy
- They should have active reinvestment of their capital buildings and programs
- Annual financial reports should be available on their website
- They may have their debt rated (7% of CCRCs do)
- They may be accredited by CARF (less than 10% of CCRCs are)
<http://www.CARF.org> (Commission on Accreditation of Rehabilitation Facilities)

* Report is available for purchase from the www.carf.org online store.

HOW IS PRICING DETERMINED?

Across the board, nationally, Entrance Fees (EF) and Monthly Service Fees (MSF) are reflective of the size of the home you choose. The larger the apartment or cottage you select, the larger the EF and MSF. The smaller the home you choose, the less costly both fees.

WHAT SIZE HOME WILL I NEED?

For those who are concerned about downsizing to a smaller home, we suggest doing what we call a “Chet Check.” One prospective resident, an engineer, measured the actual space he and his wife used every day in their existing home — it was just 1/3 of the home. They used the square footage to determine the size of apartment they would need. In his honor, we call this the “Chet Check” — see what rooms you actually use every day, and then use that as a gauge for thinking about downsizing.

For references, please refer to the Index on page 27

INDICATORS OF CCRC FINANCIAL SUCCESS

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

1. **Occupancy Rate:** Review the community's current and five-year Occupancy Rate. The national average is currently about 85.5% occupancy. Strong performance is low to mid-90%. Typically, the higher the occupancy, the greater the likelihood of financial strength.

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

2. **Net Operating Margin (NOM):** NOM measures the core components of an organization. A positive number here indicates that the community is covering its resident driven cash expenses with resident derived cash revenues.
3. **Days Cash on Hand (DCOH):** DCOH measures the community's ability to deal with adverse conditions. In layman's terms, it evaluates how many days a community could remain running if it were ever forced to utilize its unrestricted cash and investments to cover its operating costs.
4. **Cash to Debt Ratio (CtoD):** CtoD compares the organization's total unrestricted cash and investments to its outstanding debt. The higher the number, the stronger its balance sheet.
5. **Debt Service Coverage Ratio (DSCR):** DSCR measures the organization's ability to pay annual debt service with cash margin and net entrance fee cash. This is a very typical bond covenant.

ASSESSING A HEALTH CARE CENTER

Current statistics predict that 70% of people aged 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 where health care is concerned, because you already know that is where you will receive your care. It is a distinct advantage, as you have the chance to review not only the independent living community, but also the health care center before. The following are suggestions for how to evaluate the health care center in the CCRC you are considering.

KEY QUALITY MEASURES

When thinking about a health care center, either within a CCRC, or alone, consider these seven 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?

Visit: <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.

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. Organizations will typically provide an answer of what the hours per patient a day are.

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. Do they create individualized plans? What is the Memory Support program? How many days per week are there structured activities?

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 mealtimes are 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.

UNDERSTANDING CCRC ENTRY: WILL I QUALIFY?

After you visit a CCRC, meet the residents and staff, and ensure the organization is financially sound, the next question is - will I qualify? The assessment process will consist of two parts, financial and health.

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 assessment. The following are helpful questions to consider:

HEALTH ASSESSMENT (Must be independent):

- Are certain diseases excluded?
.....
- What is the assessment process?
.....

FINANCIAL ASSESSMENT (Must qualify for chosen apartment type):

- What are the asset and income requirements?
.....
- What happens if you outlive your assets?
.....

OTHER ENTRANCE QUESTIONS:

- What type of insurance coverage is required upon entrance? How much is required?
.....

KEY QUESTIONS

CCRC FINANCIAL STRENGTH CHECKLIST:

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

- Is the community accredited by CARF International (the national accrediting agency for CCRCs)?
- Is the community a member of LeadingAge (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 community?
- Is the 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 FAQs

- 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 care section regulated by state or federal agency?
- If I have paid a deposit to get on the wait list, and I change my mind, can I get my deposit back?
- Can I go away for a month or more at a time? If so, do you provide a credit on the monthly service fee?
- What if one member of a couple can 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 care?
- Can I receive hospice care?
- Do you give residents a tax statement to provide to the IRS?
- If I qualify for the health assessment, then spend 5 years or more on the wait list, do I have to re-qualify before I move in?
- Can my spouse be forced to move to a smaller apartment if I go to assisted living?
- Do you offer refundability options for the entrance fee?
- What if we get here and, for whatever reason, we want to move out?
- Explain how your benevolence clause works.

INDEX

1. US Census Bureau
2. New Hampshire Hospital Association Helms Presentation and NH Center for Public Policy
3. Long-term Care: Perceptions, Experiences, and Attitudes among Americans 40 or older. The Associated Press-NORC Center for Public Affairs Research.
4. US Census Bureau (Legg Mason Aging and Its Financial Implications report)
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6. US Census Bureau (2000), Federal Interagency Forum on Aging Related Statistics (2012) Older American 2012: Key Indicators of Well-Being
7. U.S. News & World Report/The Urban Institute
8. Administration for Community Living, Department of Health and Human Services, LongTermCare.gov
9. AARP Livable Communities, NCOA Chronic Disease Self-Management Fact Sheet
10. Institute on Aging, Aging in America
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12. Genworth Beyond Dollars 2021 -Increasing Need for Long Term Care
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14. Family Caregiver Alliance -Caregiver Statistics: Work and Caregiving
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16. PRB Fact Sheet: Aging in the United States
17. U.S. Census Bureau, Childless Older Americans: 2018
18. 2018 JCHS at Harvard University Household Projections
19. Mather Lifeways Institute on Aging, Zeigler Investment Bank: National Survey of Family Members of Residents Living in Continuing Care Retirement Communities

ADDITIONAL RESOURCES

CHECK THESE SITES FOR MORE BACKGROUND ON CCRCS AND OTHER NEWS.

- www.leadingage.org
- www.carf.org
- www.aarp.org
- www.riverwoodsgroup.org
- www.genworth.com/aging-and-you/finances/cost-of-care.html

GLOSSARY

CCRC	Continuing Care Retirement Community
EF	Entrance Fee
MSF	Monthly Service
AL	Assisted Living
NC	Nursing Care
LTC	Long Term Care

Additional copies of this workbook can be obtained by contacting info@trwg.org or calling 603.658.3048.

NOTES

A series of horizontal dotted lines for writing notes.



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