

## Inside this issue: A look at options for retirement living

Inside this issue of the PURA Newsletter is a special section devoted to exploring options for living during the retirement years.

Oscar Hopkins and Richard Nelson, both active Purdue retirees, researched and wrote "Exploring options for senior living."

The supplement, for you to pull and and save, provides facts about the various choices for senior living and offers resources and references for further study. We hope you'll set aside some time to read through the many options and consider the decisions that will need to be made as you age.

### Harland White, founder of retirees group, dies at 99

The Purdue University Retirees Association lost a friend and mentor in December with the death of Harland White.

Purdue's director of admissions from 1958 until his retirement in 1972, White was 99 years old when he died Dec. 7.

White, along with Purdue President Arthur Hansen, was the founding leader in 1975 of the President's Advisory Council on Retirement, which later became the Purdue University Retirees Association.

"Although Harland lived many years, his death is a genuine loss," said Mike Drayer, PURA's current president. "He was a great human being and a leader with integrity."

Betty Nelson, dean emerita of students, past PURA president and a colleague and friend of White's, said, "Harland showed vision and courage and humor and determination. He was



*Harland White was honored in 2004 with the first Betty M. Nelson Recognition Award for Outstanding Service to Purdue Retirees. White was congratulated at the annual luncheon by President Martin Jischke.*

a special Purdue retiree who never really retired from caring about Purdue.

"The committee Harland constituted to guide the initial phase of PACR was a stellar collection of our mentors, guides, coaches and role models. He really knew how to get the job done."

White served as the first chair of PACR and during his tenure, he and the executive committee formed three subcommittees: benefits, programs and communications, all of which continue today.

Under his leadership, PACR recommended including all retirees under the University's group medical

(See WHITE, inside back cover)

### Officer slate set for 2007-08

#### Vote to take place April 2

The new slate of officers has been proposed for the Purdue University Retirees Association for 2007-08.

Nominations from the floor for open officer positions will be taken during the March 5 luncheon at MCL Cafeteria. The slate will be voted on at the April 2 luncheon at MCL.

The slate as submitted by the nominating committee:

President, who was vice president and president-elect during 2006-07: Betty Suddarth.

Vice president, who will be president-elect during 2007-08: Scott Rumble.

Officers continuing in their current positions for the coming year are:

Secretary-treasurer: Pat Lawson.

Historian: Mary Alice Nebold.

In addition, those continuing as committee chairs are: Martha Chiscon, benefits committee; Lois Gotwals, hospitality committee; Truman Martin, trips and tours committee; Paul Ziemer, program committee; Oscar Hopkins, communications committee.

Mike Drayer will serve as past president.

## From The President **Let's all reconnect this year**

As this newsletter goes to print, we are winding up another year in which our association has had a very productive year.

Following are some of the highlights:

Retirees have enjoyed an even closer relationship with the University — thanks to Murray Blackwelder; have donated record amounts of giving to the



*Drayer*

### 2007 spring trips open to retirees, friends

Bus trips to South Bend, Ind., and to Springfield, Ill., are still open for Purdue retirees, their families and friends.

In March, retirees will have an opportunity to refresh their memories by viewing both horse-drawn and motorized vehicles manufactured by Studebaker and Packard including the post-World War II models. The nostalgia trip will be completed with a visit to the College Football Hall of Fame. The trip will leave at 7:30 a.m. March 20 and return to West Lafayette at 7 p.m. The cost is \$70 per person and includes a box lunch. Registration deadline is March 6.

The April trip will feature Lincoln lore in Springfield, Ill. The home, museum and tomb will feature all of the major phases of Lincoln's life and death. The trip will leave at 7:30 a.m. April 19 and return to West Lafayette at 10:30 p.m. The cost is \$90 per person, which includes dinner at the Maple Corner Restaurant in Covington, Ind. The deadline for registration is March 19.

All trips depart from the north end of the Ross-Ade Stadium parking lot adjacent to Cherry Lane. The lot is permit parking and retirees should remember to have a valid Purdue parking permit in the windshields of their cars.

The registration forms may be downloaded from the PURA Web site at [www.purdue.edu/retirees](http://www.purdue.edu/retirees).

University and United Way campaigns; hosted the Big Ten Retirees Association; provided many opportunities to renew or continue friendships with other retirees at MCL luncheons, kickoff luncheon, Living to 100-Securely seminar; tea at Westwood, trips, travels and tours through the campus, the community, and the region; and kept our supplemental group insurance plan financially sound with broad coverage.

Hosting the Big Ten Retirees Association, we found Purdue retirees enjoy a much stronger relationship with the University and its administration than the other universities. I believe this relationship is the results of the dedication and hard work of current and former PURA officers and committee chairs and members.

The post-holiday period can be a very unattractive time of the year for many of us. I would like to challenge you to take

your new Purdue telephone book and call a former co-worker whom you have not seen or spoken to for several months, or perhaps years.

Just let them know you were thinking about them and their loved ones. Tell them about PURA and our association activities. Or better yet, invite them to Monday luncheon and program at MCL.

I know from your generous giving back to Purdue and United Way, Purdue retirees are caring individuals. So let's start 2007 by reconnecting with those with whom we spent many hours molding Purdue University into a world class institution of higher education.

I hope you and your loved ones enjoy good health and happiness during the 2007 year.

Go Boilers!!

Mike Drayer, President

### Monthly luncheons continue in new year

The PURA Monthly Luncheon Series features a variety of speakers and an opportunity for retirees to visit with friends and neighbors.

Retirees are invited to eat lunch beginning at 11 a.m. at the MCL Cafeteria in West Lafayette on the first Monday of each month. Programming begins at noon in the Purdue Room.

Dates and speakers for upcoming luncheons are:

- Feb. 5: "The Lafayette Community Health Clinic," with Sally Watlington, board chair, Lafayette Community Health Clinic.
- March 5: "Studying the Earth as a System," with Melba Crawford.
- April 2: "The Legacy of David Ross," with Robert Kriebel.
- May 7: "Identity Theft Revisited," with Scott Ksander, Information Technology at Purdue.
- June 4: No program.

• July 2: "Future Directions for Unity Health Care," with Dr. Thomas Summer, president, Unity Health Care.

• Aug. 6: To be announced..

Purdue University Retirees Association

January 2007 • VOLUME 31, NUMBER 1

The *Purdue University Retirees Association Newsletter* is published semiannually for official retirees of Purdue University by the Office of University Relations. Four additional issues are published annually for local retirees.

For change of address, please include the address label from the back page and send it to PURA Newsletter, Room 417, Engineering Administration Building, 400 Centennial Mall Drive, West Lafayette, IN 47907-2016.

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## Special section

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# Exploring senior living alternatives

*Developed for Purdue University retirees and their families*

By Oscar Hopkins and Richard C. Nelson

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# Exploring senior living alternatives

*Developed for Purdue University Retirees and their families*

By Oscar Hopkins and Richard C. Nelson

*Consider: Ray and Mary Barton and Paul and Sue Clifton are gathered at their favorite spot for coffee. Anne Draper rushes in to join them.*

Mary: Hey, Anne, where's your partner in crime, Julie?

Anne: Glad you asked. I just came from the apartment Julie's moving into. It's in what they call a CCRC. You know, a Continuing Care Retirement Community. She's got this wonderful apartment, and if she needs it, she can move to Assisted Living or even to Nursing Care some day. Even better, there are several people over 55 there who are still working, 'cause Julie isn't sure when she's going to retire. But she thinks it's great and she's over there now choosing paint colors for the place.

Sue: Oh, she talked about that to me a couple of times. It's that big place over on Tyler where they're adding individual homes. But the big building has a wonderful dining hall, an exercise room, and lots of amenities. What about you, Anne, are you going to move there, too?

Anne: Nah. That's not in the cards for me. It's not going to be long 'til I'll move in with my Dad in the old home place. He's a fish out of water now that Mom's gone, and neither of us can afford anything else. But we're going to fix things up so we both can live on the main floor. We just have to move the laundry up from the basement, and we'll convert the sun porch to my room. We're really thinking about it now.

Paul: I guess we all have to think about what we're going to do some day. Now that the kids are gone, we rattle around in our place, and there's so much to do inside and out — so far we've been able to handle it, but the day is going to come when it'll be more than we want to manage. (Turning to Ray and Mary) What about you two? Are you planning a move?



PHOTO ILLUSTRATION

Ray: Move? No way. Why should we make a change? We're happy in our home. The mortgage is paid, and I sure don't want to go through the hassle of moving. Plus we certainly don't want to pay a lot for services we may never need. Like Dorothy says, "There's no place like home."

Sue: That may work for you and Mary, since you've got one floor living and other seniors living around you, but for us, I wonder how we're going to manage in our big old house with all those stairs. It's eight steps up to the front door, and eleven to the back. Paul wants to keep putting off a decision, but I don't. Mom couldn't even visit us for her last few years. She'd have fallen down the stairs for sure if she'd come, since she was a roamer and was always forgetting where she was. I don't want to go through that.

The above dialogue suggests some of the senior living options people consider as they near retirement. Maybe you have already made your arrangements for senior living. If so, we congratulate you and hope you are, and will continue to be, pleased with those arrangements. Although the purpose of this paper is to serve those who have decisions to make down the road, we suggest you read on, looking for relevant ideas, even if your present arrangement suits you very well.

Senior living choices involve emotional decisions that are best made on the basis of both personal values and rational economic factors. Care is needed to ensure the best fit possible before a decision is made. In this paper we seek to identify and describe the major alternative choices seniors and their family members should consider when exploring future living arrange-

ments. Here we explore common alternatives available to seniors: Aging in Place, Living with a Relative or Friend, Moving to Less Space, Senior Housing, Continuing Care Communities, and where circumstances necessitate, Assisted Living and Skilled Nursing Care Facilities. We provide a worksheet intended to assist in the process of estimating the economic impact and affordability of these choices. We also supply references that suggest where additional information may be obtained. Note that much up-to-date information is available on the Internet, so we include several sites that relate to the specific topics discussed in this paper.

*We hope the information on the following pages will be useful to seniors in exploring various living alternatives.*

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## Exploring senior living alternatives



### ACROSS ALL OPTIONS

No matter which senior living arrangement is finally chosen, there are considerations that cut across all options. First and foremost is health. While modern medicine has increased longevity and comfort for seniors, for many the aging body will produce changes in needs and circumstances. Up to 75 percent of seniors will require care from others at some point in their lives. It is important to develop a desirable strategy for future care before a crisis develops. It is best if all key family members are informed about or involved in any plan that involves a change in living arrangements for a senior member of the family. Planning early for possible decisions that may never need to be implemented is likely to be less traumatic than making key decisions in a crisis.

The “safety net” question. A key question needs to be raised related to health issues and senior living plans: How to make a choice that offers a sufficient “health safety net”? To say it another way, if a critical health event occurs, will the option chosen meet the needs that result? For some seniors it is most important that the choice made cover as many contingencies as possible, so a second move is not required. If that is the critical variable, a Continuing Care Retirement Community (CCRC) may offer the most effective option (see section so titled). Other seniors, either because of the expense of the CCRC option, or as a matter of personal choice, are content to choose one of the other senior living options that may of necessity be followed by a subsequent choice at a later date. Seniors need to consider the realities they face and decide how important it is to plan so as to limit the need for future changes in their living situations.

Seeking advice, building a contract. Area Agencies on Aging provide assistance in making suitable senior living choices; this may be particularly relevant for those who do not have informed family members available to assist them. Also note that a contract specifying financial arrangements and services to be included is vitally important in any senior living design. This contract may be unwritten and informal if the arrangement is made with family members, but even here a written agreement may be valuable in specifying terms to the satisfaction of all concerned.

Managing Assets, Including the Present Residence. The choice among senior living options needs to be made in the light of the individual’s total assets and liabilities, with the aggregate cost of each option given due consideration. At the end of this paper we include a worksheet that is intended to help in making choice-to-choice comparisons. Aging in place in the current residence is clearly an option for many persons, and in the following section we suggest issues that need to be considered in optimizing the residence for senior living. In all other options, assuming home ownership, a key issue is that of managing the current residence as an asset. In many instances when selling a property, a lump sum of money will accrue that may, for example, pay the entry fee to another facility. Where such a fee is not a factor, or where the lump sum exceeds the entry fee, the decision must be made as to how to invest the dollars to achieve their maximum potential. It is not within the scope of this paper to explore options that might be considered in such an instance, but wise management of any freed-up funds may make the difference between a comfortable and an uncomfortable retirement.

Physical/Movement Considerations. In the introductory dialogue, Paul and Sue expressed their concerns about remaining in their “big, old house” with front and back entry stairs and “so much to do inside and out.” The effectiveness of any senior living arrangement may in both the short and long run depend on a variety of factors that need to be taken into consideration in the event that vision, hearing, and/or mobility change over time. The term Universal Design is applied to many factors that are intended to make living easier for people with special needs, whether temporary or long lasting. Ease of living is greater if the chosen housing arrangement incorporates many of the following Universal Design factors (see section II in Information and Reference Sources for a more complete list).

#### **General:**

- One level living with easy entry
- Increased lighting and appropriate task lighting throughout
- Easy garage/parking access
- Doorways 36” wide with offset hinges
- Levered door handles instead of knobs
- Illuminated light switches at 42” with adjustable controls

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**Bathroom:**

- Sufficient room for turn-around and movement of walker or wheelchair
- Lever faucets with mixers and anti-scald valves
- Stall shower, temperature-controlled, with low threshold and shower seat
- Grab bars at back and sides of shower
- Telephone jack and medical response device

**Kitchen:**

- Cabinets with adjustable upper shelves, pull out lower shelves, and lazy susans
- Easy-grasp cabinet knobs or pulls
- Cooktop with front controls
- Side-by-side refrigerator

**Miscellaneous:**

- Emergency call/response system
- Easy or no outdoor maintenance
- Easy access to grocery and other shopping
- Transportation to doctors/other appointments
- Availability of interior cleaning/maintenance
- Availability of homecare, if needed

Social, Recreational, and Educational Considerations. Any move needs to be looked at in terms of the opportunities seniors will have for socializing with others, for maintaining fitness, and for keeping the mind actively engaged through educational and/or other challenging experiences. Easy opportunities to participate in accustomed ways and to interact with other seniors and/or family members are important mental health factors. Some seniors move many miles from recreational/educational opportunities and from relatives and friends who have served as their support group. Such moves can be appropriate especially if they occur while individuals are fully capable of making connections, building interactions, and creating new support systems; otherwise changes need to be implemented carefully for ease of adjustment for the benefit of all concerned.



## AGING IN PLACE

In the dialogue that initiated this paper, Ray offered his argument for aging in place, saying, “Move? No way. Why should we make a change? We’re happy in our home. The mortgage is paid, and I sure don’t want to go through the hassle of moving...” Ray’s point of view has many supporters, since it is estimated that 70percent of seniors spend the rest of their life in the place where they celebrated their 65th birthday, so aging in place is the most common of the senior living options. Aging in place is growing older without having to move from one’s present residence in order to secure necessary support services as needs change. To successfully “age in place” requires planning to accommodate physical, mental, and psychological changes that may accompany aging, and clearly the setting and the environment need to be suitable for both the present and the future.

The preceding section, ACROSS ALL OPTIONS, offers suggestions regarding a wide range of factors that need to be taken into account for aging in place to be of maximum value. These sorts of issues need to be explored: How stimulating is the social environment and what adjustments might be required over time? To what extent are cultural and educational opportunities available? Is there easy access to recreational activities? And, most important, to what extent is “the place” designed, or could it be retrofitted, for easy movement as changes occur in vision, hearing, and/or mobility? Unless those questions can be answered in positive ways a move at a later and less ideal time may prove necessary, thus defeating the objective of aging in place.

In the opening dialogue, Sue suggested why Ray and Mary might find aging in their place attractive: “[Y]ou’ve got one floor living and other seniors living all around you.” It appears that Ray and Mary live in a NORC, a Naturally Occurring Retirement Community. A NORC may be a specific apartment building, a condominium complex, or a street of older single-family homes, for example. It is estimated that 27percent of seniors live in NORCs; in most NORCs, residents have stayed in their homes or apartments for many

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years, and the area has evolved into a senior community. The value of a NORC can be enhanced, and residents may retain the highest quality of life as they age, if they band together and develop, or seek help to develop, access to services to aid those needing assistance. Many communities have created formal or informal neighborhood associations for the benefit of residents, most often including seniors. One way to explore such associations is to search online for senior neighborhood organizations, and see what has been done in Minneapolis, Ann Arbor, St. Louis, Norfolk, and other communities. A civic association on Beacon Hill in Boston, while not limited to helping seniors, serves as a volunteer neighborhood organization that helps preserve and enhance the residential quality of life and acts as an advocate for the residents as well as a clearinghouse for information and community events.

In-Home Health Care Services. Seniors who choose any of the variety of senior living alternatives may experience changes in their physical abilities that will require assistance from others: a relative, a friend, or a health care service provider. Changes in physical abilities are typically categorized in two ways: Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs). These categories are used to assess the capacity of an individual to live independently and/or perform essential personal care tasks. Limitations covered by IADLs include such activities as: managing money, shopping, cleaning, cooking, using the telephone and managing medications. ADLs include those essential personal care tasks that require daily attention such as: eating, dressing, safely using bathroom facilities, and transferring from a bed to a chair. The larger the number of IADLs and ADLs, the more likely an individual will need some supportive services.

Medicaid and private long-term care insurance services typically assess ADLs to determine an individual's qualifications for support. Note: The PURcare insurance program provides some coverage in specific long-term care situations.

When the decision is to use the services of a health care provider, people living in larger communities may find many individuals, agencies, and companies offering home health care services. Services may be located either through the Area Agency on Aging that serves the locale, or providers may be listed in the Yellow Pages. In addition, a senior may wish to discuss this matter with friends who have had some experience with this issue. The next step would be to develop a list of sources to contact, then visit the offices and interview management personnel at the top two or three providers on the list. Finally, before contracting, it is essential to compare service offerings and costs of the services. In rural areas or small communities the list of providers may be limited. If this is the case, a locator that identifies providers for many communities across the United States is available through the Medicare web site, [www.medicare.org/HHCompare](http://www.medicare.org/HHCompare).

The web page, [www.seniorresource.com](http://www.seniorresource.com), in a section entitled Pointers For Hiring Personal Care Help, offers many useful suggestions for employing individuals or agencies as caregivers. Costs, procedures for investigating an individual or agency, and questions to ask in hiring a helper are among the inclusions. [www.seniorresource.com](http://www.seniorresource.com) also provides some information on such resources as Meals on Wheels, Second Harvest, Nutrition Screening Initiative, and Senior Day Care, and provides a Remodeling Directory. All of these services should be given due consideration especially by those who plan to age in place or move to facilities in which such services are not readily available.



## LIVING WITH A RELATIVE OR FRIEND

Family members once served as the primary source of housing and care for seniors, and such arrangements still often occur. Although in the dialogue above, Anne, a member of The Sandwich Generation, is moving in with her father, it is more often the case that seniors move in with their adult children. However, various combinations of relatives and friends provide housing and, when needed, serve as caregivers to today's seniors.

Living with or near an adult child or other relative or friend can be a satisfying arrangement for all concerned if it is managed well. Suggestions along this line are available in ACROSS ALL OPTIONS, and the section entitled In-Home Health Care Services in AGING IN PLACE.

Senior living accommodations that provide an appropriate level of independence and privacy can assist in minimizing stress levels for both the caregiver and the person receiving care. Separate quarters or a portion of the caregiver's home that can be designated exclusively for use by the senior may well result in the least stress for both parties. A nearby home or apartment may sound appeal-

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ing, but it is likely to demand additional work and time for the caregiver, and it may or may not provide the level of safety and attention needed. Plans for remodeling to provide additional space in an existing home for senior residents should ensure that the changes or additions meet Universal Design standards (see [Physical/Movement Considerations](#) under ACROSS ALL OPTIONS) and effectively accommodate seniors. Information concerning building or remodeling space is available on the AARP web site, [www.aarp.org/housing](http://www.aarp.org/housing), and the North Carolina State University web site, [www.design.ncsu.edu/cud](http://www.design.ncsu.edu/cud). Building and remodeling changes should be cleared with proper planning authorities before they are begun. Also, as we have suggested, it is important that the senior and the caregiver understand and agree in writing to any financial arrangement that may be adopted.

When Assistance is Needed. When seniors need assistance with activities of daily living, consideration must be given to the amount of care needed initially and how additional care may be provided if needs should increase. It is important to note that the change on the part of seniors from being in charge of things and fully functioning, to a degree of dependency, often produces strain especially on family relationships; and those involved need to accommodate to the change. Persons who serve as caregivers for seniors must realize that they are taking on an additional job in addition to whatever family and work responsibilities they may have, and will need to manage the resulting stress. Likewise the senior receiving the care needs to be sensitive and patient concerning the needs of the caregiver, and continue to do whatever is reasonable to ease the burdens involved. Consideration and patience are required by all parties to minimize the physical and emotional stresses that can develop during periods in which a high level of assistance is needed.

Prior to deciding on a living arrangement with relatives or friends there needs to be an understanding among all involved concerning how finances will be managed and how responsibilities will be shared. Where family members and siblings are involved there may be a variety of tasks that each person could perform regardless of geographic location and relationships. Even where family members are involved, a written document may well be developed that details responsibilities and specifies how residence modifications and added expenses for an additional occupant will be managed; in addition, the document should specify how such other considerations as transportation and home and away visitations will be handled.

Friends or family members who are planning to embark on a senior care-giving relationship need to give careful consideration to key questions concerning who will provide care if the individual requires help with daily living functions or if nursing care is required. Does the potential caregiver possess the knowledge and physical strength to provide an increasing level of care? If not, will an outside paid caregiver, a home health care group, or an agency be employed, or will the senior be moved to a facility that provides the level of service needed? It is essential to research the services available in the community so they might be readily engaged if and when additional services are needed. The development of a "what if" plan may be beneficial as all parties look objectively to the future. This planning may be painful, but it is essential for minimizing the stress of dealing with crisis situations on the senior's life journey.

Some questions to explore in evaluating living with a relative or friend, particularly where caregivers are involved:

- Is adequate space available for the senior or will new or additional space be required?
- What funds are available for space modification or building new?
- What are the opportunities for visitation with siblings, other family members?
- What is the socialization plan for the senior in a new neighborhood?
- Are all key family members in essential agreement with the plans for the senior?
- If needed, how will additional or specialized equipment be provided?
- Are caregivers available who can provide the needed help for the present and in the future?
- Can available caregivers manage work and care-giving responsibilities, if necessary?
- What is the plan when the level of care required cannot be provided by the current caregiver?



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## Exploring senior living alternatives



### MOVING TO LESS SPACE, FEWER RESPONSIBILITIES

Moving to a residence that is maintenance free and involves fewer housekeeping responsibilities appeals to many seniors. The objective is generally a residence that has less space than is currently occupied, that requires less maintenance, and/or offers one-level living. Those who want fewer home care responsibilities may find this alternative attractive since it allows more free time to pursue other interests. Some seniors move to smaller accommodations because they are less interested in performing everyday and seasonal maintenance and housekeeping tasks; others may be seeking a less stressful living arrangement. As seniors search for suitable alternative spaces it is important that they choose a site that is likely to meet their needs over time, especially if they should eventually become less mobile. If needed amenities do not exist, the question should be asked whether alterations can be made with minimal inconvenience and cost.

As with aging in place or living with a relative or friend, moving to a smaller space can be a satisfying arrangement, and, as with those other choices, we recommend reviewing the ideas explored in ACROSS ALL OPTIONS and the section entitled In-Home Health Care Services in AGING IN PLACE.

Costs of moving to a smaller space vary considerably depending on local conditions and on the amenities desired. Some seniors may find that selling a residence and moving to a smaller space will yield funds that can be invested to provide added income or used for other pursuits. Also, reduced expenses of maintaining a larger residence may result in a financial advantage; this advantage may not occur if the new residence is in a more expensive area or if association or other fees diminish the advantage. As noted, care should be taken to manage any capital generated from the sale of a current residence as a hedge against future unforeseen needs. Wise financial planning for future and anticipated needs is vital prior to making any move.

Moving to a smaller space is generally not a traumatic event since it is most often a very conscious and carefully considered decision. However, it is important for the person considering such a move to discuss the needs and desires that are motivating it with family members and others who may be interested or who may have concerns about the appropriateness of the decision.

Some questions to consider regarding a move to a smaller space or a space with fewer responsibilities:

- Does this move seem appropriate, considering my/our needs and interests?
- Is the objective less maintenance, less space to manage, or freedom to travel?
- Is the objective a different climate or a move near children or grandchildren?
- If the move is to be near relatives, are there guarantees that they may not move away?
- Will another move be needed if health deteriorates? If so, what plan will then be followed?
- Where is health care available if needed?
- What will be done with excess furnishings and the accumulations of a lifetime?
- Will this residence adequately meet needs and desires for the present and the future?
- If the plan is to move to a condominium, what services are provided by the association?
- If a purchase is involved, what is the marketability of the property?
- How does this alternative affect future finances?
- Does this residence have easy accessibility from the outside as well as within?
- Are all essential facilities on the same floor?

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## Exploring senior living alternatives



### SENIOR HOUSING

In this section we explore briefly a variety of senior housing arrangements: Congregate Housing/Senior Retirement Communities, Home Sharing, Foster Care, and Board and Care Homes. The senior living alternatives covered in this section generally cost less than other housing choices, achieving these lower costs in large measure because services are more limited. Still, they may offer attractive alternatives for many seniors.

As with aging in place, living with a relative or friend, or moving to less space, affordable senior housing can be an attractive senior living choice, and, as with other choices, we recommend reviewing the ideas explored in ACROSS ALL OPTIONS and the section entitled In-Home Health Care Services in AGING IN PLACE.

Congregate Housing/Senior Retirement Communities. Communities variously described as Congregate Housing or a Senior Retirement Community may consist of grouped cottages, manufactured housing communities, or apartments in medium to large high-rise structures designed exclusively for seniors. Residents who live in these senior housing arrangements are usually expected to live independently. Generally in these communities the owner maintains the grounds, and maintenance of the exterior of the structure may also be included in the contract. In some housing arrangements in this category, residents may have the opportunity or may be expected to take some meals in a central dining room; residents also may have the opportunity to pay for and use housekeeping services or be expected to do so. Some affordable senior housing facilities provide a variety of social and recreational activities. These facilities usually do not have entrance fees, as residents most often are renters. Note that rental fees vary widely and any needed additional services may require additional expenditures. Some subsidized congregate housing complexes receive public subsidies that keep rents affordable, but these often have long waiting lists and impose maximum income requirements.

Home Sharing. As at any age, two or more unrelated older people may share a house or apartment. Each person usually has his or her own bedroom, but they may share the kitchen, other living space, and sometimes a bathroom, and each may be responsible for some household chores. For a homeowner who prefers not to live alone, or who needs the income, renting rooms in the home to a senior offers one solution. Faith-based groups or other entities sponsor some homes in which duties are shared. Shared housing usually costs less than other rental options, but public assistance typically does not cover rent or other expenses in such situations.

Adult Foster Care. Adult Foster Care is a residential service provided to individuals in a home with an unrelated primary caregiver and family. Adult Foster Care Services may include, but are not limited to, the following: personal care, housekeeping, attendant care, companionship, medication oversight, and transportation. The services are provided in home-like settings that may include, but are not limited to, private bedrooms, private or semi-private bathrooms, home-cooked meals, common living areas, and assistance with daily living activities. Some individuals may be eligible for Medicaid assistance to pay for this service. Indiana residents can obtain additional information at: [www.in.gov/fssa/elderly/options](http://www.in.gov/fssa/elderly/options). In other states the State Medicaid Manager may be contacted for further information.

Board and Care Homes. Board and Care Homes may be an option for older individuals who need some assistance; these homes provide room, meals, and help with daily activities. In general, board and care homes are smaller in scale than assisted living residences. Also, these homes are not always licensed, and in some states very little monitoring is done.



### CONTINUING CARE RETIREMENT COMMUNITIES

Continuing Care Retirement Communities (CCRCs) are senior living residential campuses that offer at least two and typically three or more levels of care in a somewhat self-contained environment. Most CCRCs offer independent living, assisted living, and skilled nursing facilities, and many offer Alzheimer's and/or dementia facilities as well. Independent living houses, duplexes, and apartments all have some level of supportive services, such as housekeeping, maintenance, landscaping, and dining services. The concept of a CCRC is that residents will move through the continuum of care as their needs increase, making it possible for them to live on one campus and retain their own "community" for the remainder of their lives.

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## Exploring senior living alternatives

As with aging in place, living with a relative or friend, moving to a smaller space, or entering affordable senior housing, we recommend that those considering a move to a Continuing Care Retirement Community review the previous sections of this paper, giving particular attention to the ideas presented in ACROSS ALL OPTIONS and the section entitled In-Home Health Care Services in AGING IN PLACE. Before committing to any senior housing arrangement, it is important to consider a variety of options and to carefully explore advantages and disadvantages and the costs of each option with family members and advisors.

In addition to providing a continuum of health care opportunities, CCRCs generally offer a wide range of leisure and social activities, recreational opportunities, and, frequently, religious services, in which residents may participate. Also transportation is provided for dentist and doctor visits, shopping, local events, and tours to sites of interest. Most CCRCs have a Resident Council with several resident committees that provide input to operational decisions and assist with planning for meeting the needs and desires of the residents.

It should be noted that CCRCs may not be available in all communities, and where such communities exist, terms of contracts and fee structures may vary greatly. Some contracts offer unlimited long-term skilled nursing care with little or no increase in monthly fees. Other contracts may include specified amounts of health care beyond which additional fees are assessed. As with any housing and health care contract, the purchaser needs to consider carefully what services the facility provides and what the terms are for the individual.

CCRCs generally require a substantial entry fee and a monthly maintenance fee; the greater expense in CCRCs tends to be justified because of the lifelong “safety net” that is provided to residents. Unless included in the basic contract, payment for required assisted living or skilled nursing services must be provided through long-term care insurance, from individual resources, or through Medicare or Medicaid. Most CCRCs offer incoming residents an opportunity to meet specific financial entry fees, and once they vacate the property an agreed upon proportion of the entry fee (up to 90%) is returned to the individual or to his or her estate. Some facilities offer the option of paying a substantially lower entry fee; however, any potential refund is exhausted over a specified period of time, most often five years, after which no funds are returned when the property is vacated.

Selecting a CCRC requires research and planning. The following are questions that supplement those appearing in the section entitled MOVING TO A SMALLER SPACE; those questions should also be considered.

- Is this a living arrangement that I/we would enjoy?
- To what extent will this move provide opportunities to do things that serve my/our objectives?
- What are the choices of CCRCs in the community? Advantages/Disadvantages of each?
- Are persons who live in the CCRCs under consideration satisfied with the services they receive, as well as the surroundings?
- Are persons in the CCRC satisfied with the quality of health care and therapy services?
- What entry fee options are available and what is the immediate and long-term cost of each?
- What is the monthly fee and what is and is not included?
- To what extent is this choice financially feasible and appropriate?
- Is the CCRC convenient to light shopping and other desired services?
- Is covered or garaged parking available?
- Does a long-term care insurance policy reduce contract fees? If so, to what extent?
- What is the schedule of housekeeping services?
- What is the availability of recreational and other leisure programs?
- What is the availability of exercise facilities and exercise programs?
- What are the opportunities for socialization?
- Does the CCRC have accommodations for overnight guests?
- Can grandchildren stay overnight?
- Are pets allowed? If so, what limits are there as to size, etc.?

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## Exploring senior living alternatives



### ASSISTED LIVING

Although most seniors prefer to live out their lives independently, many will need some level of assistance to manage daily activities at some point in their lives, and this section and the following discuss two senior living arrangements, assisted living and skilled nursing care, in which two different levels of help are provided. Since the term “assisted living” is not a regulated term in the health industry it can cover a wide variety of services. In Indiana, to be eligible for Medicaid assistance the facility must be a licensed residential care provider.

As with each of the senior living options discussed previously, we recommend that those considering a move to an assisted living community review the previous sections of this paper, giving particular attention to the ideas presented in ACROSS ALL OPTIONS, to the section entitled In-Home Health Care Services in AGING IN PLACE, as well as to the relevant questions regarding Continuing Care Retirement Communities that immediately precede this section.

Many assisted living facilities are hybrids of one sort or another. Some offer cottages or condominium style independent living opportunities, but provide opportunities for residents to move into quarters where supportive personal care services are available when additional assistance with daily living activities, short of skilled nursing care, is required. Some assisted living communities are associated with other facilities that offer more extensive health care services, including skilled nursing care.

When searching for an assisted living facility, it is important to determine that the facility offers the services presently needed by the individual. Likewise, it is important to make certain that the contract states clearly what services the facility will provide, how any essential services not detailed in the contract may be obtained, and, where available, the costs of those services.

Most assisted living facilities provide the opportunity for residents to live relatively independently while providing assistance as needed. Services usually include three meals a day, housekeeping, laundry, help with dressing and grooming, and some assistance with medication management, but, as noted, skilled nursing care is not included. Also, many facilities provide opportunities for residents to engage in social activities and recreation and exercise programs, and offer transportation to shopping and off-campus events.

Costs in assisted living facilities vary by locale and by the levels of service received. Individuals generally pay for these services out of pocket, or may utilize resources for long-term care insurance. Some assistance for individuals with limited resources may be available through Medicaid. To determine qualifications required for assistance, check on long term care coverage with your insurance company or seek information from your state Medicaid manager.

Selecting an assisted living facility requires research on the part of the potential resident. The following are questions to explore:

- What assisted living facilities exist in my community and where are they?
- Do I/we know anyone who lives in one of these facilities? How do they rate the services and surroundings?
- Does this facility offer the services presently needed, and do they have the capacity to provide additional care as needs increase?
- Is the favored assisted living facility full service, providing nurses, aides, and needed therapies?
- Does the community have an association with another facility that offers skilled nursing care, if needed?
- What are the monthly fees?
- What does the contract specifically cover?
- What are the costs of services that may be arranged, but are not covered under the contract?
- Where are meals served? What choices are available for taking or not taking meals?
- Do living quarters offer a kitchenette?
- How secure are living quarters and common areas?
- What are the policies regarding temporary absences from the facility?

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## Exploring senior living alternatives



### SKILLED NURSING CARE FACILITIES

Skilled nursing care facilities provide 24-hour skilled care for residents. In addition to staff members who assist with daily living activities for residents, current federal policy states that each nursing care facility must have at least one registered nurse on site for at least eight straight hours a day, seven days a week, and either a registered nurse or licensed practical nurse/licensed vocational nurse on duty 24-hours a day. Authorized physicians from the medical community provide supervision for resident health care. Nursing care facilities are licensed and regulated by State Health Departments and other appropriate state agencies and must also be certified for Medicare and Medicaid.

Some of the differences in the care provided in Assisted Living and Skilled Nursing Care Facilities are more a matter of degree rather than kind; rather than repeat elements, we suggest that individuals and family members carefully review the contents and the questions in the above section on ASSISTED LIVING as well as other appropriate sections of this paper.

Choosing a skilled nursing care facility may be a difficult and emotional task. For many reasons, especially including the reality of yielding control to others, few people want to make such a move. Therefore, it is important for the welfare of individuals and family members that significant care be given to locating a facility in which the individual will feel most comfortable, one that is conveniently located for family visits. To assist with the selection process it is well to solicit evaluations from friends and acquaintances who have had experience with nursing care facilities in the community, create a list, then visit the facilities and talk with management staff to form an opinion as to which facility best meets the needs of the potential resident. Note that in some states the Department of Health may employ an ombudsperson who can be helpful in the search process by providing insight concerning to what extent individual facilities comply with state regulations. An online nursing home checklist and assistance with other questions are available at [www.medicare.gov](http://www.medicare.gov).

Costs for skilled nursing care vary by locale, but this level of care tends to be expensive everywhere. Obtaining reliable cost information for the nursing home choice requires a visit to the specific facility. Payment for nursing home services may come from private sources, Medicare, Medicaid, or long term care insurance.

#### **Private funds**

According to the web page, [www.seniorhousing.net](http://www.seniorhousing.net), about one-third of long term care expenses at nursing facilities is paid from private funds.

#### **Medicare**

Part A (Hospital Insurance) pays for skilled nursing facility care only if it follows within 30 days of a hospitalization of three or more days, and is certified as medically necessary. The number of days covered by Medicare is limited to 100. (Note that PURcare supplements Medicare coverage for days 21-100, and provides full care for days 101 and after.)

#### **Medicaid**

Medicaid is a joint Federal-State program intended to pay for long-term care for persons over age 21 who have limited financial resources.

#### **Long-Term Care Insurance**

Long-Term Care Insurance can be purchased to cover costs in certain types of care facilities, and the earlier purchased the better. When considering a policy it is suggested that the purchaser pay close attention to the maximum coverage amount, the tenure of the coverage, any starting delays, the amount of dollars covered, and the inclusion of an inflation clause. People with moderate to sizable holdings may want to consider long-term care insurance as a way to protect their estates.

### Worksheet: Comparing costs of senior living choices

A Expense considerations	B Aging in place \$/month	C Living w/relative or friends \$/month	D Moving to less space \$/month	E Senior housing \$/month	F Continuing care (CCRC) \$/month	G Assisted living \$/month	H Skilled nursing care \$/month
1. Mortgage payment							
2. Cost/equity in current residence							
3. Rent, lease and/or association fee							
4. Residence modification							
5. Entry/buy-in cost/purchase new property							
6. Home owners or renters insurance							
7. Home maintenance							
8. Taxes (real estate)							
9. Electricity							
10. Heat							
11. Water and sewage							
12. Trash collection							
13. Lawn maintenance							
14. Snow removal							
15. Household and personal help							
16. Transportation							
17. Health insurance and medicare cost							
18. Medical cost above insurance coverage							
19. Drugs above insurance coverage							
20. Personal care/hair, nails, etc.							
21. Food cost							
22. Food cost/eating at restaurants							
23. Miscellaneous costs							
24. Subtotal (all costs)							
25. Equity as a counterbalance to costs							
26. Total cost after equity adjustment							

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## Exploring senior living alternatives



### COMPARING COSTS OF SENIOR LIVING CHOICES

Comparing costs of various senior living choices is likely to be very important to individuals and families as they give consideration to any potential move. The worksheet that follows is designed to assist in evaluating costs for each of the choices discussed in this paper. Comparing the total estimated monthly costs for each senior living option that is under consideration should provide a reasonable basis for assessing relative affordability.

Initially, at least, we suggest you complete the work sheet comparing just two of the options that appeal most, completing the calculations for those options in the columns that are applicable, and making your entries on the appropriate lines as you proceed. Take care to reflect the differences that are likely to occur per month, if, for example one choice involves some kind of buy-in and the other involves renting. We suggest you use a calculator and a pencil with eraser as you proceed, and that you set aside a generous amount of time to make your entries.

We realize that working through a set of lengthy calculations can be a challenge, so we have simplified the process by using a 5% simple interest rate throughout. We believe this rate will provide figures that are reasonably accurate in estimating affordability of the choices considered in most instances. However, if you are paying or receiving gains or interest at significantly different rates, your calculations should be adjusted to estimate costs and cash flow more precisely. Note that realistic estimates may be used instead of more exact calculations, though careful calculations will yield more accurate comparisons.

1. Mortgage payment—The monthly payment on your current home or on any newly selected residence.

2a. Cost/Equity in Current Residence. There are costs of remaining in one's home, as compared to selling the home and investing the proceeds. These costs are frequently overlooked, but they need to be included to develop sound comparisons. To account for these costs take the following steps:

Step 1: Make a realistic estimate of the value of your present home. (Example: Home value estimate: \$150,000)

Step 2: Subtract the balance remaining on your mortgage to determine equity. (Example: If the mortgage balance is \$20,000, equity is \$130,000)

Step 3: Presume a reasonable return if the equity were invested. (Example: If return were 5%, multiplied by .05, the yearly return would be \$6500)

Step 4: Divide the yearly return by 12 to get the monthly return. (Example: \$6500 divided by 12 is \$542, one of the basic monthly costs of remaining in the home).

Step 5: Enter that figure in pencil on Line 2 in Column B, Aging in Place. Note that the number derived from this calculation will be used in row 25 as a gain for each of the options other than Aging in Place if a property is sold.

3. Rent, Lease and/or Association costs—If renting, leasing or paying association costs, include the monthly cost.

4. Residence Modification – If the plan is to modify your residence or that of a relative or friend to accommodate a senior who may now or in the future have limited mobility, first obtain an estimate of the cost of making the necessary changes; multiply the cost of the modification by 5% (.05) to obtain the annual cost; then divide by 12 to derive the monthly cost. (Example: If a remodeler estimates the alterations that will be needed at \$15,000, that cost multiplied by .05, then divided by 12, yields an average monthly cost of \$63.) Enter that cost in Line 4 in the appropriate column (B or C).

Note. Seniors should include only the proportion of costs they are responsible to pay, as some portion may be paid by others.

5a. Purchase New Property – If the plan is to move to a new property, such as a condominium (for Entry or Buy-In Fees, see 5b below), to calculate the monthly average cost, first determine the price of the property, multiply that figure by 5% (.05) to obtain the annual cost, then divide by 12 to derive the monthly cost. (Example: If the total cost of the property is \$150,000, that cost multiplied by .05, then divided by 12, yields an average monthly cost of \$625.) Enter that cost in the appropriate column in row 5. Note that if a mortgage is needed for this transaction, the monthly mortgage fee is entered on Line 1 in the appropriate column.

5b. Entry or Buy-In Fee – For properties that require an Entry or Buy-In Fee, the cost is calculated in the same way as a new property purchase. The fee is multiplied by 5% (.05) to obtain the annual cost, then divided by 12 to derive the monthly cost. (Example:

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## Exploring senior living alternatives

If the buy-in/entry fee is \$180,000, that cost is multiplied by .05, then divided by 12, to yield an average monthly cost of \$750.) This cost is then entered in the appropriate column on Line 5.

Note that the above fees may apply only to the CCRC option. Another decision must be made between two possible CCRC options, if both are available: whether to choose a contract that includes a 90% return of invested capital — to you or your estate once the property is vacated, or a contract that requires less up front capital but refunds only a limited amount of the initial investment, most often decreasing to zero in 5 years or less. It is not within the scope of this paper to suggest the choice that would be more advantageous for an individual between these two options. We suggest you consult with your accountant, your family, and the manager of the facility you are considering in order to make a choice that is best for your specific situation.

6. Home Owners or Renters Insurance – The monthly cost of providing coverage.
7. Home Maintenance – Calculate or estimate the average yearly cost of maintaining your residence (Let us assume an amount of \$800), then divide by 12 to obtain the average monthly cost (\$67). Note: Many home maintenance items have a life expectancy of years while others must be replaced or serviced more frequently. (Examples: exterior and interior paint, roof, furnace, water heater, annual furnace/AC service, etc.)
8. Taxes – Calculate the monthly cost of your residential real estate property tax. Add spring and fall property tax statements and divide by 12.
9. Electricity – Total electric bills for past 12 months and divide by 12, or if budgeted use that amount.
10. Heat – Total the heating bill for the past 12 months and divide by 12.
11. Water & Sewage – Total the yearly water and sewage bills and divide by 12.
12. Trash – Total the trash collection bills for the past 12 months and divide by 12.
13. Yard Maintenance – Total all costs and divide by 12, making allowance for turning these tasks over to another person or agency if they should become burdensome. (Examples of costs—lawn care service, fertilizer, herbicides, mowing, leaf raking, etc.)
14. Snow Removal – Estimate the total annual snow removal cost and divide by 12, making similar allowance as in #13.
15. Household & Personal Help – Estimate or calculate the cost of housekeeping and/or fees for personal assistance with daily living activities for the year and divide by 12.
16. Transportation – Estimate the miles driven living at your current residence, then estimate the miles expected to be driven living at your anticipated residence. Multiply each by \$0.35/mile (or use the current IRS mileage allowance), add any cost of public transportation, then divide each by 12 to get the monthly cost for each option. Travel time for many seniors is a non-economic cost but may be an issue to consider in assessing the desirability of a specific residence location.
17. Health Insurance and Medicare Cost – Calculate a total annual cost of both services and divide by 12.
18. Medical Cost above Insurance Coverage – Total all costs incurred in the past year and divide by 12. If additional or lower expenses are anticipated, adjust the amount accordingly.
19. Drugs above Insurance Coverage – Total the cost of drugs not covered by insurance during the past year and divide by 12, adjusting as in #18 for any anticipated changes in expenses.
20. Personal Care/Hair, Nails, etc. – Estimate the monthly cost of these services.
21. Food Cost/At Home – Estimate or calculate the average monthly grocery cost at your current residence, then do the same for any option(s) you are considering.
22. Food Cost /Eating at Restaurants – Estimate the average monthly eating out cost.
23. Miscellaneous Costs – Estimate the monthly costs for other personal expenses you may encounter that have not been previously covered, e.g. Long Term Health Care Insurance.
24. Sub Total (All Costs) – Total the numbers in each relevant column from items 1 to 23.
  
25. Equity as a Counterbalance to Costs – If you are selling a home, the equity you obtain is entered here and serves as a counterbalance to some or all of the costs of any other senior living option. Here, the same calculation that shows as a cost of Aging in Place is entered as an asset that may be used to counterbalance part or all of the cost of modifying a residence, purchasing a new property, or paying an entry/buy-in fee. (Example: The home is valued at \$150,000, less a \$20,000 mortgage balance, for an actual equity of \$130,000; that figure times 5% (.05) yields \$6500 annually, divided by 12 yields a figure of \$542 monthly.) This number is entered in the appropriate columns on Line 25.
  
26. Total Cost After Equity Adjustment – Total Lines 24 and 25 for any option being considered. Be sure to subtract any asset that appears on Line 25 from the costs that appear on Line 24. This number should provide a realistic estimate of the funds that may be needed to pursue any option covered in this paper and maybe used to compare the relative costs of two or more options under consideration.



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## Exploring senior living alternatives



# INFORMATION AND REFERENCE SOURCES FOR SENIOR LIVING

The following is a list of web site references that provide additional information for making decisions concerning changes in senior living arrangements. Note that some of the references provide information to address specific concerns that are not covered in the preceding discussion. Also note that there are volumes of information available on various aspects of senior living, and the last reference in this list provides an extensive list of unscreened web site addresses that may be helpful. In addition, individuals who have access to the Purdue Library database, "Inspire" ([www.inspire.net](http://www.inspire.net)), a source available to Indiana residents, will find help in locating journal articles and research reports on various aspects of aging. Nearly all of the reference materials used or cited in this paper were found on various web sites. We suggest that individuals who do not view themselves as computer-savvy take advantage of assistance through their local library or get help from a relative or other person, and avail themselves of the rich array of resources that may help them make an informed and effective senior living choice. Also, WorkLife Programs at Purdue University can provide valuable information concerning aging at 765-496-6334 or 765-494-7707 and on the web at ([www.purdue/worklife](http://www.purdue/worklife)). Click on Resource Center then click Eldercare.

### I. Aging in Place

- A. Senior Resource.Com ([www.seniorresource.com](http://www.seniorresource.com)), click on Aging in Place

### II. Residence construction and modification

- A. Center for Universal Design at North Carolina State University ([www.design.ncsu.edu/cud](http://www.design.ncsu.edu/cud)), phone 800-647-6777
- B. AARP Universal Design Home Modification ([www.aarp.org/families/home\\_design](http://www.aarp.org/families/home_design)), phone 800-647-6777

### III. Family Caregiving

- A. AARP ([www.aarp.org/families/caregiving](http://www.aarp.org/families/caregiving)), phone 800-647-6777
- B. Center on an Aging Society ([www.aging-society.org](http://www.aging-society.org)), click on data profiles, phone 202-687-9840
- C. Administration on Aging ([www.aoa.gov](http://www.aoa.gov)), click on Elders and Families then click on Caregivers Resource Room
- D. Senior Resource.Com ([www.seniorresource.com](http://www.seniorresource.com)), click on Aging in Place then scroll to Helping Your Elderly Parents Transition to In-home Care

### IV. Long Term Care and Public Support

- A. Long term care information ([www.medicare.gov](http://www.medicare.gov))
- B. Options - your long term care solution ([www.in.gov/fssa/elderly/options](http://www.in.gov/fssa/elderly/options)), for Indiana residents

### V. In-Home Health Care

- A. Hiring in-home health care assistance ([www.seniorresource.com](http://www.seniorresource.com)), click on Aging in Place then scroll to Pointers for Hiring Personnel Help
- B. In-home health care information ([www.medicare.gov](http://www.medicare.gov)), click on types of long term care
- C. In-home health care provider locator ([www.medicare.gov/HHCompare](http://www.medicare.gov/HHCompare))
- D. AARP ([www.aarp.org/families/caregiving](http://www.aarp.org/families/caregiving)), phone 800-647-6777
- E. National Aging in Place Council ([www.naipc.org](http://www.naipc.org))

### VI. Skilled Nursing Care Facilities, Nursing Homes

- A. Medicare ([www.medicare.gov](http://www.medicare.gov))
- B. AARP ([www.aarp.org/families/housing\\_choices/nursing\\_homes](http://www.aarp.org/families/housing_choices/nursing_homes))
- C. Senior Housing.Net ([www.seniorhousingnet.com/seniors/kyo/jhtml](http://www.seniorhousingnet.com/seniors/kyo/jhtml)), click on Nursing Homes
- D. Senior Resource.Com ([www.seniorresource.com](http://www.seniorresource.com)), click on Nursing Homes

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## Exploring senior living alternatives

### VII. Assisted Living

- A. Senior Housing.Net ([www.seniorhousingnet.com/seniors/kyo/jhtml](http://www.seniorhousingnet.com/seniors/kyo/jhtml)), click on Assisting Living
- B. Options—Your Long Term Care Solution ([www.in.gov.fssa/elderly/options](http://www.in.gov.fssa/elderly/options)), for Indiana residents
- C. Administration on Aging ([www.aoa.gov](http://www.aoa.gov)), see Elders and Families
- D. Senior Resource.Com ([www.seniorresource.com](http://www.seniorresource.com))

### VIII. Continuing Care Retirement Communities

- A. Senior Housing.Net ([www.seniorhousingnet.com/seniors/kyo/jhtml](http://www.seniorhousingnet.com/seniors/kyo/jhtml)), click on Continuing Care Retirement Communities
- B. Administration on Aging ([www.aoa.gov](http://www.aoa.gov)), click on Elders and Families
- C. Senior Resource.Com ([www.seniorresource.com](http://www.seniorresource.com))

### IX. Affordable Senior Housing

- A. Long-Term Care Options (“<http://www.in.gov/fssa/elderly/options>” [www.in.gov/fssa/elderly/options](http://www.in.gov/fssa/elderly/options)), for Indiana residents
- B. Housing Choices ([www.seniorresource.com](http://www.seniorresource.com)), click on option of choice
- C. Administration on Aging ([www.aoa.gov](http://www.aoa.gov)), click on Elders and Families

### X. Glossary of Terms

- A. Senior Outlook ([www.senioroutlook.com/glossary.asp](http://www.senioroutlook.com/glossary.asp))

### XI. Links to an Expanded List of Age Related Web Sites

- A. National Academy on an Aging Society ([www.agingsociety.org](http://www.agingsociety.org)), click on Resources then click on Aging Related Web Sites

## Special section

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## Exploring senior living alternatives

”Exploring senior living alternatives” was developed for Purdue University retirees and their families by Oscar Hopkins and Richard C. Nelson.  
It is available online at [www.purdue.edu/retirees](http://www.purdue.edu/retirees).

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## UnitedHealth Group, PacifiCare Health Systems merge

*Submitted by UnitedHealth Group*

The merger between UnitedHealth Group and PacifiCare Health Systems was formally completed more than 12 months ago in December 2005. The merger united two highly complementary organizations focused on creating greater choice, access and affordability to members and plan sponsors.

Over these past 12 months, one of our goals has been to blend the best of both companies, creating numerous benefits for members, brokers, consultants, physicians, hospitals and all of the people the organizations jointly serve.

The PacifiCare organization provided a spectrum of health and well-being services to approximately 9 million people, principally in markets in the western United States.

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### White (Cont'd from page 1)

insurance coverage, which was approved by Purdue's Board of Trustees in 1977. Also during White's tenure, the first retirees annual luncheon was held in 1977, the retirees newsletter was created and a series of trips for retirees was started.

For his contributions to Purdue retirees, White was honored in 2004 with the first Betty M. Nelson Recognition Award for Outstanding Service to Purdue Retirees.

White joined the Purdue staff in 1945 as an assistant to the dean of the Graduate School, later became director of admissions and records, and then director of admissions.

Before coming to Purdue, he had been a high school math and physics teacher as well as a principal.

During his Purdue career, White was the co-organizer of the Indiana Committee on High School-College Cooperation, which later became the Indiana Division of the National Association of College Admissions Counselors. He served on the Board of Directors of that national association and was its president in 1958. In addition, he served as a consultant to both the regional and national offices of the College Entrance Examination Board.

The merger combined PacifiCare's extensive network of high-quality health care providers and services across the west with UnitedHealth Group's organized system of health care providers and clinical Centers of Excellence programs throughout the United States.

Additionally, members of the merged organizations will benefit from enhanced capabilities and technologies that will be used to support consumers, and that will be used in our efforts to make the health care system work better for multiple and diverse constituencies, including the uninsured.

We believe this merger brings together the best of both companies, and in one noteworthy area, the business combination will help to improve access to affordable health care services for seniors by creating an expanded company focused on their unique needs.

Both companies have had a long-standing commitment to older Americans, and are dedicated to Medicare program innovation. As a result, the combined company will be able to provide seniors with nationwide access to physicians and care providers at more cost-effective rates, consistent service across geographic regions, and programs focused on evidence-based quality care.

These capabilities are in line with the federal government's goals of improved value across multiple care options in its Medicare program, and come at a time of significant challenges and changes that affect health care for seniors.

The UnitedHealth Group family of companies is committed to providing Purdue retirees with best-in-class services, while we continually strive to improve our capabilities and services. Your 2007 health care benefits have not changed, but the name of your prescription drug plan has; the name of the plan for 2007 is UnitedHealth Rx for Groups. As a 2006 Prescription Solutions prescription drug plan member, you will automatically be enrolled in the plan in 2007. The Senior Supplement plan name remains the same throughout 2007.

We look forward to being your partner in good health.

## News Reports

**CAMPAIGN FOR PURDUE PASSES \$1.5 BILLION** President Martin Jischke announced in December that Purdue has passed its \$1.5 billion goal for The Campaign for Purdue. The University, which will continue to seek campaign contributions through the end of June, has met or exceeded goals in four of five of the campaign's target areas: student support, faculty support, academic program support and unrestricted gifts. Fundraising for facilities is at nearly 91 percent. Among the projects for which Purdue is still seeking funding: Wayne T. and Mary T. Hockmeyer Hall of Structural Biology, Seng-Liang Wang Hall for the School of Electrical and Computer Engineering, Bill and Sally Hanley Hall for the Human Development Institute, Niswonger Aviation Technology Building, and Marriott Hall for the Department of Hospitality and Tourism Management.



**BETTY NELSON WINS LEADERSHIP LAFAYETTE AWARD** Betty Nelson, dean emerita of students and past president of PURA, was honored by Leadership Lafayette with the Robert L. Griffiths Award. The award honors individuals or organizations who support Leadership Lafayette quietly, without seeking recognition for their efforts, and whose contributions are so significant to Leadership Lafayette's success that they deserve acknowledgement and recognition as role models of servant leadership.



**NEW DEANS, ADMINISTRATOR BEGIN DUTIES** Three new deans have been appointed during the past year at West Lafayette. Leah H. Jamieson is the new John A. Edwardson Dean of Engineering. Craig Svensson is dean of the College of Pharmacy, Nursing and Health Sciences. Willie M. Reed is dean of the School of Veterinary Medicine. In addition, Pamela Horne is the new assistant vice president for enrollment management and dean of admissions.

# PURA Newsletter

Purdue University Retirees Association

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### Purdue University Retirees

Please help us keep your information accurate and up-to-date. **Send any changes** from the mailing label that appears above on this issue of the PURA Newsletter. We're also compiling e-mail addresses (not for publication). Please note that on the form also. Thank you for your help.

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