Planning for the

Cost of

Nursing Home Care

DH&B Dale, Huffman & Babcock Lawyers

PLANNING FOR THE COST OF NURSING HOME CARE

Many elderly citizens live in fear that all of their hard-earned resources will have to be used for nursing home care, impoverishing their spouse, and denying them the opportunity to leave something to their children. The purpose of this brochure is to eliminate this fear by informing you of the many planning opportunities that are available in Indiana.

We actually tell our clients the best time to do planning for nursing home care, if you do not have long term care insurance, is after you enter the nursing home. There are many planning options available that most folks are not aware of.

DISCLAIMER

The information presented in this brochure is of a general nature. Each family has a unique situation that should be carefully reviewed by a lawyer specializing in elder law issues.

The laws discussed in this brochure change frequently. The information presented is current as of January 1, 2020. The laws that govern this area may be totally different a year from now. You should consult an elder law attorney for specific legal advice.

IMPORTANT MEDICAID RULES

The Indiana Family and Social Services Administration made the following changes in the Indiana Medicaid Program effective June 1, 2014:

(1) Indiana defers disability determinations to the Social Security Administration.

(2) Folks on SSI are automatically be enrolled in Medicaid.

(3) The "spend down" provisions have been eliminated for most folks receiving Medicaid benefits in the community.

(4) The asset limit is $2,000 for a single person and $3,000 for a married couple.

(5) Hoosiers receiving nursing home care or waiver services with monthly income above $2,349 need a qualified income trust in place before becoming eligible for Medicaid.

PROBLEM

The cost of nursing home care has increased dramatically over the last ten (10) years. The average cost of nursing home care in Indiana is $6,682 per month. When medication bills are added to the cost of supplies, many individuals are paying $6,800 per month, or over $81,000 per year, to stay in the nursing home.

SOLUTIONS

NURSING HOME INSURANCE TO BUY OR NOT TO BUY

The fear that nursing home costs will financially ruin their retirement has led many people to consider the purchase of nursing home insurance. We encourage people to purchase nursing home insurance. You should consider the following information in making your decision.

The younger you are when you purchase nursing home insurance, the smaller the premium. Generally, you should consider purchasing nursing home insurance when you are *59* years old. The premium should not exceed 10% of your income (as you are trying to protect--not spend--your retirement savings).

The average age for nursing home admission is 81 for men and 84 for women. If you are in good health and do not have a family history of illnesses resulting in nursing home care, you will want to consider how long you are likely to pay premiums.

Generally, people with assets of more than $250,000 and less than $1,000,000, excluding their home, are candidates for the purchase of long-term care insurance.

Married people should carefully consider their options under existing laws designed to permit one spouse to be institutionalized without impoverishing the spouse that stays at home. Generally, the spouse at home can keep their home, car, and one-half of their non-exempt assets up to a maximum of $128,580 without the need for long-term care insurance. Prior to committing to spend thousands of dollars in insurance premiums over a long period, they should spend $200-$300 and have a professional advisor explain these laws to them.

What are the chances that the insurance policy will make any payment to a nursing home? The average 65-year-old male has a 20% chance of spending a year in a nursing home and a 10% chance of spending five or more years in a nursing home. This means there is an 80% chance that you will need care for less than one year. When you compare this to the risk of filing a major claim against your homeowner’s insurance company, which is one in eleven hundred, nursing home insurance may be a good investment for your family.

If you are considering purchasing a long-term care policy, you should compare policies and premiums from at least two companies. In purchasing a policy, you should consider:

- <u>Home Care</u>. Many policies now provide for limited health and housekeeping care in your home to avoid a spouse having to enter a nursing home.

- <u>Benefit Period</u>. You can purchase a long-term care policy for the rest of your life, but generally coverage for four or five years is sufficient. This is particularly true in Indiana if the nursing home policy is approved by the State of Indiana as a qualified policy under the Indiana Long Term Care Program. This program allows you to qualify for Medicaid and for every dollar the insurance policy pays for nursing homecare, the amount you can keep and qualify for Medicaid increases by a dollar. This program features a second policy that allows you to keep all of your assets. This second policy currently requires a qualified policy to pay the nursing home $409,537. This amount is adjusted each January 1st for policies purchased after that date.

- <u>Elimination Period</u>. By paying for the first 30 or 90 days of nursing home care, you can save a great deal on premiums.

- <u>Inflation Protection</u>. You generally should have a policy that increases your benefits by *5%* each year, especially if you are under age 65 when you purchase the policy.

The purchase of a nursing home insurance policy is a major financial decision. You should carefully review and compare actual policies and rates before you buy.

The State of Indiana Department of Insurance Senior Health Insurance Information Program has additional information and counselors available to discuss these issues in more detail. Please use their hotline at 1-800-452-4800 to request information. Fred Taube serves as the local representative of this program. Fred can be reached at (260) 373-7952.

MEDICAID

Most citizens in nursing homes run out of money in the first year and have their care paid for by Medicaid. It is unfortunate that Medicaid and Medicare sound so much alike. This creates a great amount of confusion about which program pays for what services. This brochure will focus on the Medicaid program only--as it pays for long-term costs of custodial nursing home stays for most elderly citizens. Medicaid is a federal program administered differently by each state. The following statements are based upon Indiana law.

Eligibility. In order to be eligible for Medicaid you must have less than $2,000 in countable assets for a single individual or $3,000 in countable assets for a married couple (or be within the spousal impoverishment guidelines) and be (a) over age 65, (b) be totally disabled, or (c) be blind. This brochure will focus on Medicaid eligibility for citizens over age 65.

Coverage. Once eligible, Medicaid will pay for almost all medical services and long-term custodial nursing home care.

Married Couples. When a married person first enters a nursing home or hospital (or combination thereof) for more than 30 consecutive days after September 30, 1989, a snapshot is taken of their assets (the “snapshot date”).

Example One: Mary, age 66, breaks her hip on October 10, 1992, enters a hospital, and is then transferred to a nursing home. She leaves the nursing home on November 13, 1992, and returns to live with her husband, Tom. On January 1, 2020, Mary again enters the nursing home. In order to determine Medicaid eligibility for Mary, they will have to document the assets they owned as of October 10, 1992, and compare these assets to their current assets.

Once the snapshot assessment is completed, the Community Spouse (the spouse at home) gets to keep one-half of their countable resources with a minimum of $25,716 and a maximum of $128,580 (these figures are adjusted for inflation each January 1st). There are many techniques a Community Spouse can use to change how assets are held so that certain assets will not be countable.

Medicaid does not count the following assets:

(A) A home with equity of less than $595,000 if used as a personal residence;

(B) Income producing property so long as fair market value rent is paid;

(C) One vehicle of any value if used for transportation for health care or employment;

(D) Proper irrevocable prepaid funeral arrangements;

(E) Household goods and furnishings; and

(F) Retirement accounts owned by the Community Spouse.

Example: Mary and Tom own the following assets:

	October 10, 1992	January 1, 2020
Home	$60,000	$60,000
Car	10,000	20,000
Prepaid Funeral	0	10,000
Bank Accounts	35,000	15,000
	$105,000	$105,000

On October 10, 1992, the bank accounts of $35,000 are the only countable assets. The Community Spouse gets to keep $25,716 and must spend or convert $9,284 before Mary becomes eligible for Medicaid. On January 1, 2020, the couple has spent $10,000 for funeral arrangements and bought a more expensive car. Mary is immediately eligible for Medicaid. Once Mary is determined eligible, Tom can do what he wants with his assets, and these assets will not affect Mary's eligibility unless Tom has to enter the nursing home while Mary is alive. Mary and Tom will have 90 days after Mary is determined eligible to put all of their assets in Tom's name.

There are several other planning options available to Tom. The following options could be used if Tom had more funds.

Example: Let us assume Mary and Tom owned the following assets and Tom is entering the nursing home on January 1, 2020, making that date the snapshot date.

	January 1, 2020
Home	$60,000
Car	10,000
Stock	60,000
CD	40,000
Savings	25,000
	$195,000

The home and the car are exempt assets reducing their countable assets to $125,000. One-half of this amount or $62,500 would be set aside for Mary, and she would have to spend the other $62,500 or convert it before Tom would be eligible for Medicaid.

Mary could do any of the following to make Tom eligible for Medicaid at an earlier date:

(A) Annuity. Mary could take $63,000 and purchase an irrevocable annuity. This converts this asset to income (see the income rules below) since Mary cannot cash-in the annuity policy. Typically, Mary would receive monthly payments from the insurance company for a certain number of years. If Mary selected a 5-year annuity period, she would receive monthly payments of approximately $1,075 from the annuity company for 60 months, and Tom would be eligible for Medicaid. The State of Indiana would have to be named as the primary or contingent beneficiary for any health care payments made for Mary.

(B) Income-Producing Property. Mary could take $63,000 and purchase a rental home. Since the property will produce fair market value rent, the rental home will not count as an asset.

(C) Fair Hearing. If Tom and Mary have low income and high shelter expenses she could request that all of their assets be set aside in her name to enable her to have enough to live on. Mary and Tom own $125,000 of non-exempt assets. This sum would produce monthly income of $208.33 if invested at 2% interest. If Tom and Mary's income is under the income standard of $2,114 by at least $208.33, she could use the fair hearing procedure to have all the assets allocated to her. This procedure involves making application for Medicaid, having the application turned down, and then appealing this decision to an Administrative

Law Judge. The Administrative Law Judge has the authority to allow Mary to keep all of their assets.

INCOME RULES

Medicaid analyzes income for a couple according to the name on each check the couple receives, with joint payments attributable one-half to each.

Example: Let us assume Mary and Tom receive the following income:

	Mary	Tom
Social Security	$420	$1,130
Pension		550
Investment Income	200	
	$620	$1,680

Let us further assume Tom is in the nursing home and eligible for Medicaid, and Mary is in assisted living. Mary is entitled to receive income of $2,114 per month. This sum can be increased by one dollar for each dollar of allowable shelter expenses Mary has which exceed $634 per month to a maximum of $3,215 per month, unless further increased by an Administration Law Judge.

In this example Mary already receives all of their investment income but still only has income of $620, so she will receive all of Tom's income to help support her.

AGED & DISABLED WAIVER PROGRAM

All of our clients want to stay at home as long as possible. The Indiana Plan to Age in Place adopted by the Indiana Division of Aging uses the waiver program to allow eligible Hoosiers to receive Medicaid benefits at home or in assisted living.

You must meet nursing home level of care requirements to receive assistance under the waiver program. This assessment is done by your local Area Agency on Aging. This is Aging & In-Home Services in northeast Indiana. You start this process by calling them at (260) 745-1200 and asking for an assessment for the Aged & Disabled Waiver Program. They do a telephone triage to see if you appear unable to perform three or more activities of daily living on your own. They then come to your home to do a face-to-face assessment. They then do a cost comparison budget if you meet level of care to show it is cheaper to provide services at home instead of at the nursing home.

We encourage our clients to participate in this program if there are family members that can help them stay at home with 40-100 hours of additional care by a home health care agency paid for by the waiver program.

- The average cost to the State of Indiana if someone is in a nursing home on Medicaid is $4,800 per month.

- The average cost to the State of Indiana if someone is at home on the waiver program is $2,600 per month.

The State of Indiana is increasing the number of waiver slots in each of the following years:

Year	**Aged & Disabled Waiver Participants**
2019	27,167
2020	31,885
2021	35,501

2022	37,604
2023	39,201

Please Google "Keith Huffman Indiana Medicaid Waiver" for a presentation Mr. Huffman delivered to the Indiana Elder Law Institute for more information about the waiver program.

TRANSFER PENALTIES

Medicaid restricts the transfer of assets from one person to a non-spouse to enable that person to become eligible for Medicaid. Transfers between spouses are not penalized because the resources of both spouses are counted in determining eligibility.

The average cost of nursing home care in Indiana is $6,682. If someone transfers an asset for less than fair market value, then he or she creates a period of ineligibility for Medicaid.

The ineligibility period is determined by taking the amount of the gift and dividing it by $6,682.

Example: If Mary gave away $10,000 to her son, Michael, she would be ineligible for Medicaid for one month and seventeen days ($10,000 ÷ 6,682 = 1.50).

If Mary gave away $20,000 to her son, Michael, she would be ineligible for Medicaid for three months and two days ($20,000 ÷ 6,682 = 3.00).

The maximum look-back period is currently 60 months. Gifts made more than 60 months before a Medicaid application is filed are not counted.

INDIANA MEDICAID RULES

On November 1, 2009, the Family and Social Services Administration (FSSA) implemented the most significant changes to the Medicaid program since 1993. These complex, illogical rule changes threaten every elderly and disabled person who may at some time need nursing home care or waiver services. These changes are required by the provisions of a bad federal law - the Deficit Reduction Act of 2005.

We now have a floating penalty during a five-year period before someone files for Medicaid to help pay for nursing home care. How does the floating penalty work? Dad dies and leaves Mom a $50,000 life insurance policy and $200,000 in CDs. Mom gives $30,000 to her children; $10,000 to a charity; and $10,000 to her church--just in case she has to enter a nursing home later. Mom has a stroke the next month and goes to the nursing home. She spends $200,000 on her care over the next four years and then applies for Medicaid. Imagine the shock she will face when she finds out the new law makes her ineligible for Medicaid for nearly a year--when she is out of money. Who will pay for her care? How will the nursing home be paid?

The penalty rules have two parts. First, you must determine the length of the penalty. The length of the penalty is determined by taking the amount gifted and dividing this amount by the average cost of nursing home care in Indiana, which is currently $6,682 per month. In the last example, the total gift of $50,000 is divided by $6,682 to determine that the period of ineligibility created by the gifts is 7 months and 15 days.

The second part of the rule states that the penalty for a gift starts on the date Mom is in the nursing home, applies for Medicaid, has $2,000 or less in her name within five years of making the gift, and is turned down for Medicaid for nursing home care because of the gift. This is what makes Mom ineligible for Medicaid for 7 months and 15 days once she is in the nursing home and out of money.

This is easiest explained by example. Mom gives her son $10,000 in March 2016. Mom gives Christmas gifts of $500 to her three children each year for three consecutive years. Mom goes into the nursing home, pays for her care for a year, and runs out of money. This means Mom has given away $10,000 + $4,500, for a total amount transferred of $14,500. The first $1,200 each year is not counted, so the gift amount is reduced to $10,900. This amount is divided by the average cost of nursing home care in Indiana of $6,682. These transfers apparently make Mom ineligible for Medicaid for 1.63 months, when she is in the nursing home and has no money to pay for her care.

The law now creates a penalty period for gifts of more than $1,200 to family members in a year. This includes gifts for birthdays, anniversaries, Christmas, etc., unless you can prove the reason for making the gifts was for a purpose other than to qualify for Medicaid. How do you prove a negative? When Mom gives each of her three kids $500 at Christmas, she is not aware that she may have made herself ineligible for two days of Medicaid coverage in the nursing home if she enters a nursing home at any time in the next five years and runs out of money!

Almost every family has a child that borrows money from Mom or Dad for any number of reasons. The loan may be for college, the purchase of a new home, etc. Mom or Dad never considered the loan would be viewed as a transfer of assets should they ever need nursing home care in the future.

The FSSA rules state the loan will be considered a transfer of assets unless all the following criteria are met in the terms of the promissory note:

1. The loan repayment schedule must be actuarially sound.

2. The loan must have periodic payments with no balloon payments.

3. The loan document must prohibit cancellation at the death of lender.

I have yet to see a promissory note that contains all of these terms unless the note was prepared by an elder law attorney.

The law still permits transfers of assets if a person can prove “the assets were transferred exclusively for a purpose other than to qualify for medical assistance.”

Seniors will need to consult with an elder law attorney well in advance of needing nursing home care. These new transfer penalties apply to transfers made on or after November 1, 2009. Transfers prior to that date are under the old rules.

Many people believe they can gift away their annual exclusion of $15,000 without penalty, and without the donor having to file a gift tax return. Medicaid will not permit a gift of $10, let alone $15,000 if a person will be in a nursing home and out of funds at any time within the next five years. You should be aware that even the smallest gifts can trigger a period of ineligibility for needed Medicaid benefits.

There is no estate recovery at the death of the Community Spouse to recover payments made for the Institutional Spouse in the nursing home.

ANNUITIES

The rules are particularly harsh for anyone who would purchase or own an annuity after November 1, 2009. The rules require the State to be the primary or contingent beneficiary of any new non-qualified annuity policy. The term "non-qualified" simply means it is not purchased with pre-tax dollars in an IRA, 401K, or similar account. The proceeds of any such annuity are intended to repay the State for any medical assistance furnished to an individual. If the State is not named as beneficiary of your non-qualified annuity, you and your spouse have made a transfer under the Medicaid laws, triggering a floating penalty for the next five years, even though you still have all of the money invested in the annuity.

The State of Indiana has recently announced it will not enforce the rule to name the State as a beneficiary until just before a Medicaid application is filed. You should consult an experienced elder law attorney to discuss this further.

For example, Dad purchases a non-qualified annuity for $50,000 naming Mom as primary beneficiary and the children as contingent beneficiaries. The State is not named as a beneficiary, so there is a floating penalty assessed even if the children receive nothing. Four years later Mom has died, the annuity is gone, and Dad has to go to the nursing home. He has run out of funds and applies for Medicaid. Imagine the shock the family will experience when they find out he may not be eligible for Medicaid because he bought a non-qualified annuity.

The law treats annuities purchased before November 1, 2009, as being purchased on November 1, 2009, if certain "transactions" occur. These transactions include:

(1) Adding money to an existing annuity;

(2) Taking money out of an existing annuity;
(3) Changing the distribution from an annuity;
(4) Electing to annuitize the annuity; or
(5) Other similar actions.

The simple task of taking money out of your annuity for your use can now create a penalty should you or your spouse need nursing home care at any time within the next five years.

NOTE: The Medicaid rules must be fully complied with when making application for Medicaid and while receiving benefits. You must disclose all gifts to the caseworker and all assets. There are many planning techniques available to enable a person to become eligible while playing within the rules.

QUALIFIED INCOME TRUST (QIT)
(a/k/a MILLER TRUST)

You cannot qualify for Medicaid in Indiana for nursing home care or waiver services if your monthly income exceeds $2,349 unless you set up a QIT. This trust is irrevocable, has a Medicaid repayment at the death of the beneficiary, and only receives income of the beneficiary. These trusts sound complicated but are easy to use. Please discuss this with our office if your monthly income exceeds the special income level.

MEDICARE BUY-IN

You may qualify for extra help paying for prescription drug coverage. You may qualify if your yearly income and resources are below the 2020 limits:

- Single Person—Income less than $1,386 per month and assets less than $9,230.

- Married—Income less than $1,872 per month and assets less than $14,600.

There is also the Medicare Savings Program. Indiana helps eligible, low-income beneficiaries pay for medical services if they pass income and resource tests.

Qualified Medicare Beneficiary:

	Monthly Income	**Assets**
Single	$1,562	$7,730
Couple	$2,114	$11,600

Specified Low-Income Medicare Beneficiary:

	Monthly Income	**Assets**
Single	$1,926	$7,730
Couple	$2,607	$11,600

You can apply for these benefits at the local Office of Family and Children Services. The application for benefits is available on-line. You can also contact your local Area Agency on Aging for additional information.

DOCUMENTS

Power of Attorney. Every citizen over age 50 should strongly consider giving someone else written authorization to act for them, either now or when he or she becomes incompetent. A properly executed power of attorney empowers another to act for you as to the management and disposition of your property. In light of today's medical advances, you are statistically likely to face a period of incapacity prior to death. I, therefore, strongly recommend signing a properly prepared power of attorney to assist with the planning techniques set forth in this brochure, should you or your spouse enter the nursing home for an extended stay. This power of attorney should be durable--meaning it can be used to manage your affairs should you become incompetent.

This power of attorney should specifically authorize the attorney-in-fact to make gifts to your spouse, your children (including your attorney-in-fact) and their spouses. A properly prepared power of attorney is many times more important than a will.

Health Care Power of Attorney or Declaration of Health Care Representative. Separate from a Power of Attorney, a Health Care Power of Attorney allows you to designate another to make health care decisions for you in the event that you are unable to make those decisions yourself. This document is especially useful in second marriage situations, where one has several children, for single individuals without children, or where a parent would like to avoid potential conflict among the children. You can visit the forms section of our website at www.dhblaw.com and print a Health Care Representative form. You can fill in the blanks, have your signature witnessed by a non-family member, and you will have a Health Care Representative.

POST Form. The Physician Order for Scope of Treatment is an excellent tool for seniors who want to control the care they receive in end of life situations. Please visit our website for more information about POST. We have a video under the Resources tab on our website that explains the POST form in simple terms.

Living Will. A living will is a fairly meaningless document in Indiana at present. It is only effective after a physician certifies in writing that you are going to die within a short period of time. Physicians do not do this. A Living Will may provide some psychological benefit (i.e. we are doing what Dad wanted) but has little legal benefit. Your family would receive far greater benefit through a Health Care Power of Attorney with a careful choice of representative.

Out of Hospital Do Not Resuscitate Declarations. A recently enacted statute resolves what was previously a conflict in how life saving care was administered. With the new law, individuals with approval of their doctor who are not in a hospital can specify that EMTs and paramedics should refrain from performing CPR if that individual has enacted a proper declaration.

Will. Every person should have a will. Please visit our website at www.dhblaw.com and enter our "Articles" section for a thorough explanation of the benefits of having a will.

Lay Caregiver. Effective January 1, 2016, you can name a friend or family member as your lay caregiver. Many times the person named as your health care power of attorney lives in another state, and someone else takes you to health care appointments. You can now name this person as your lay caregiver, and the medical community can then communicate with your named power of attorney and your lay caregiver to provide better care for you.

AGE 70 - A LEGAL TUNE UP

Just as you tune up your car every few years, I recommend a legal tune up at age 70. Specifically, you should organize your affairs and make sure you have the following documents in order:

1. A durable power of attorney authorizing someone to act for you if you cannot act for yourself. This power of attorney should specifically authorize the making of gifts to your attorney-in-fact without regard to the Indiana annual limit of $15,000.

2. A proper document authorizing someone to make health care decisions for you if you cannot act for yourself.

3. A proper will, or in some situations a trust, designed to minimize or eliminate taxes at your death, that has been prepared or reviewed by a lawyer within the last three years.

4. An organized notebook showing what you own, how you own it, and what it cost you to purchase it.

5. Prepaid funeral arrangements purchased by use of an irrevocable assignment of a life insurance policy based upon the value of the arrangements selected.

6. A thumb drive with information about all your online accounts, including passwords and security questions which your children can access.

You should then consider the effect a long-term nursing home stay will have on your finances. Many elderly citizens needlessly live in fear their spouse will have to go into the nursing home and the cost will either impoverish them or require a divorce. An hour spent with a lawyer specializing in elder law will eliminate these fears.

When your spouse has to enter a nursing home, the spouse at home has the right to keep most of their assets and to keep sufficient income to live independently. Should you be faced with placing your spouse in the nursing home, I strongly encourage you to consult with an elder law attorney as soon as possible.

Children faced with a decision to place Mom or Dad in the nursing home should also consult with an elder law attorney. Contrary to what many people believe, it is possible for Mom or Dad to leave some of the assets they have worked hard for to their children rather than spending it all on nursing home care.

My last recommendation is to have a family meeting and discuss each of the above issues. The more your family knows, the more they can assist you in your hour of need.

Achieving a Better Life Experience Accounts (ABLE Accounts) are here! Folks who became disabled before age 26 are able to have ABLE accounts that are disregarded for purposes of SSI and Medicaid. The account may receive a gift of up to $15,000 per year from a disabled person, relative, or friend. Please see our website for additional information.

PLANNING FOR THE FAMILY FARM

Mom owns an 80-acre farm that has been in the family for more than 100 years. She is concerned about what happens to the farm if she has to go to the nursing home. We frequently have the children form a Limited Liability Company ("LLC") and mom then deeds the farm to the LLC formed by her children and keeps a life estate. This starts a five-year penalty period if mom has to go to the nursing home, which can be eliminated by the LLC deeding the remainder back to mom. If mom can stay at home for five years, the farm will go to her children at her death even if she is in the nursing home on Medicaid.

VALUABLE RESOURCES

Our website, www.dhblaw.com, includes all of the following links as well as all articles we write and forms to download for advanced medical care directives.

www.medicare.gov/nhcompare/home.asp Provides detailed information about the performance of every Medicare and Medicaid certified nursing home in the country; a wonderful resource to help in your decision of choosing a nursing care facility for a loved one.

www.naela.org This website can help the client find an elder law attorney in every state.

www.state.in.us/fssa/rxprogram/rxhome.htm Are you a senior citizen facing the high cost of prescriptions in Indiana? If you meet the income requirements, you may qualify for assistance from a state program.

www.benefitscheckup.org This website provided by the National Council on Aging quickly lets you know whether you qualify for certain state and federal assistance programs based on your income and resource level.

www.savingsbonds.gov Everything you could possibly want to know about savings bonds, including the answers to all savings bond questions, current interest rates, and even savings bonds values, are provided in this website maintained by the Bureau of Public Debt.

www.medicare.gov The Medicare Part D Prescription Drug Coverage is a complicated program for Medicare beneficiaries. This site provides information about Part D.

www.caringinfo.org This site provides valuable information about the steps that should be taken, both financially and legally, when an individual is diagnosed with a serious illness.

www.indianapost.org This site is a valuable resource to those who may benefit from the use of the POST form in Indiana. There is an excellent 13-minute video that describes who should have a POST form and how the POST form should be completed.

www.agingihs.org This is the site for Aging & In-Home Services of Northeast Indiana. This is the area agency on aging for Northeastern Indiana. They are the gatekeepers for the Indiana Medicaid Waiver Program for the Aged and Disabled. They have an excellent resource center to help seniors and the disabled get the benefits they need.

CLOSING

Many senior citizens live in fear that their health problems will result in a significant financial hardship for his or her spouse and family. This is no longer true. There are many planning opportunities in addition to the ones presented in this article. So, my final piece of advice is to enjoy your retirement and leave the worrying to your lawyer.

Keith P. Huffman is a member of the National Academy of Elder Law Attorneys and a frequent speaker on elder law issues. Keith P. Huffman is a former President of the Indiana Chapter of NAELA and is a past Chairperson of the Elder Law Section of the Indiana Bar Association. He currently serves as Chairperson of Aging & In-Home Services of Northeast Indiana. Keith P. Huffman received the 2016 Powley Award presented at the annual NAELA meeting in Denver, Colorado, for his leadership in advocating for the elderly and disabled in Indiana. Keith P. Huffman received his undergraduate education from Adrian College and his legal education from Indiana University, and was admitted to the bar in 1980. You can e-mail Keith at huffman@dhblaw.com.

Timothy K. Babcock received his undergraduate education from Indiana University-Bloomington and his legal education from Emory University in Atlanta, Georgia, and was admitted to the Bar in 1999. Mr. Babcock practices in the areas of estate and trust planning, estate administration, and elder law. You can e-mail Tim at babcock@dhblaw.com.

Kristin Steckbeck Bilinski received her undergraduate degree from the University of Notre Dame in 2004, and graduated Magna Cum Laude from the Indiana University Maurer School of Law in 2007. She is a certified trust and estate specialist, as certified by the Indiana State Bar Association's Trust & Estate Specialty Board in 2017. She has focused on estate planning, probate administration, and related areas of the law since 2007. Kristin is passionate about helping individuals, families, and small businesses ensure that their futures are secure and their affairs are in order. She welcomes clients from all walks of life and will never discriminate based on age, race, religion, sex, sexual orientation, or gender identity. You can email Kristin at bilinski@dhblaw.com.

Michael J. Huffman received his undergraduate degree in Political Science from Indiana University, where he was a member of the Phi Beta Kappa Honor Fraternity. He received his legal education from the Indiana University Maurer School of Law in Bloomington. Michael was admitted to the Indiana Bar in October 2013, and practices in the areas of trust and estate planning, estate administration, and elder law. You can e-mail Michael at mhuffman@dhblaw.com.

Keith Huffman, Michael Huffman, Tim Babcock, and Kristin Bilinski are assisted in the area of Medicaid planning by a support staff consisting of Cindy Rhoades, Dawn Miller, and April McElhaney.

Cindy Rhoades is a resident of Adams County. Ms. Rhoades received an Associate's Degree in Secretarial Administration from Ball State University. Ms. Rhoades has worked with the firm since 1996. You can e-mail Cindy at rhoades@dhblaw.com.

Dawn Miller is a resident of Van Wert County, Ohio. Ms. Miller received a degree in Special Education from Eastern Kentucky University. Ms. Miller has worked with the firm since 2016. You can e-mail Dawn at miller@dhblaw.com.

April McElhaney is a resident of Wells County. Ms. McElhaney received an Associate's Degree in Paramedic Science from Ivy Tech University Fort Wayne. Ms. McElhaney has been with the firm since 2018. You can email her at mcelhaney@dhblaw.com.

DALE, HUFFMAN & BABCOCK

1127 North Main Street
Bluffton, Indiana 46714
260-824-5566
Or
215 North Jefferson Street
Ossian, Indiana 46777

Toll Free
1-800-391-1820

For a current source of information and changes in elder law, visit our website at www.dhblaw.com.

NOTES

NOTES

Bluffton Office:

1127 North Main Street
Bluffton, Indiana 46714
(260) 824-5566
(800) 391-1820

Ossian Office:

215 North Jefferson Street
Ossian, Indiana 46777

This pamphlet is updated every January 1st and July 1st. You can print a current copy by visiting our website at www.dhblaw.com