

# **HANDBOOK FOR OLDER IOWANS**

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**A Legal Information and Resource Guide  
Produced by the Young Lawyers Division  
of The Iowa State Bar Association**

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**BEFORE UTILIZING THIS BOOKLET, PLEASE SEE PAGE ii ENTITLED  
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**Please Read This Before Using This Booklet**

**USE OF THIS BOOKLET**

This booklet is intended to provide helpful information about the law and resources of special interest to elderly Iowans. Please remember that the information is general, and is not intended to be a substitute for the advice of a lawyer.

When using this booklet, keep these limitations in mind:

This is only a general explanation. Small differences in individual circumstances can be very important in resolving legal problems, and the general guidance provided by this booklet cannot take such differences into account.

Information about the law quickly becomes outdated. While every effort was made to ensure that the information was accurate when written, the law changes so quickly that by the time you read this, there are bound to be some important changes.

The focus is on Iowa. This was written with Iowa's elderly in mind. While some of the information may apply in other states, you should assume that other states will have different laws.

**IF YOU HAVE A LEGAL PROBLEM, DO NOT ATTEMPT TO SOLVE IT ON THE BASIS OF THE INFORMATION PROVIDED IN THIS BOOKLET. GET A LAWYER'S ADVICE. THE RESOURCE SECTION IN THE BACK OF THIS BOOKLET CAN ASSIST YOU IN LOCATING LEGAL HELP.**

## PREFACE

Iowa has one of the largest per capita populations of elderly citizens in the United States. It is especially important, therefore, that elderly Iowans have effective access to legal information and to the programs intended to serve them.

The Services to the Elderly Committee of the Young Lawyers Division of the Iowa State Bar Association has devoted its resources to the production of this handbook in the hope that important information about the law and programs for the elderly will be placed in the hands of those needing it. Whether you are elderly or someone who provides services to the elderly, you should find this information helpful.

This booklet is divided into two parts. The first part covers a number of legal topics of special interest to the elderly, providing general legal information on each topic. The second part lists programs and resources which provide important services to Iowa's elderly. Before reading any of this material, be sure to read the introductory page headed "Use of This Booklet."

The sponsors of the project, listed on the cover, provided funding or other vital support without which this booklet could not have been developed. In addition, individual attorneys, members of the Services to the Elderly Committee, listed below, have devoted many hours to assembling the information set forth in the following pages:

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# HANDBOOK FOR OLDER IOWANS

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## MEDICAID

Medicaid is a state program providing health care coverage to low-income people. This program is also referred to as Title XIX (19). Medicaid covers more medical services than Medicare or any insurance program.

The Medicaid regulations are more complex and confusing than those of any other benefit program. Eligibility for this program is based, in part, on the amount of income received by the individual or household and by the amount of resources (or assets) owned by the individual or household.

### **ELIGIBILITY GENERALLY:**

There are many groups of people who are covered by the Medicaid program in Iowa. There are also different income and resource guidelines within each group. All of the eligibility criteria for each group cannot be included in this material. Rather, a description of each group will be given, along with examples.

### **SSI RECIPIENTS:**

People who are eligible for SSI (Supplemental Security Income) are considered to be categorically eligible for Medicaid. This means that they are automatically eligible for Medicaid if they receive SSI benefits.

### **FMAP:**

Family Medical Assistance Program (FMAP) provides Medicaid for low income families who have dependent children. Eligibility is also based on income and resources of the family.

The parents or caretakers of children who receive FMAP are most often younger individuals. However, if a relative other than a parent, such as a grandparent, is caring for the child, the grandparent may also be eligible for FMAP. If the child lives with both grandparents, only one of the grandparents would be eligible for FMAP. Eligibility of the grandparent is based upon the income and resources of the grandparents.

### **PERSONS IN NURSING HOMES OR OTHER LONG-TERM CARE FACILITIES:**

People who are in nursing homes or other long-term care facilities may be eligible for Medicaid. The income limit for this group is considerably higher than for the other groups. In 2000, the income limit is \$1536. Resources (assets) are limited to \$2000 for a single person, or \$3000 for a couple when both spouses live in a nursing facility. Not all resources count toward this limit however. A homestead, vehicle, household goods, personal items and prepaid burial accounts are excluded.

If a Medicaid applicant is married and his or her spouse lives at home (a community spouse), the community spouse can have more than \$2000 in resources without disqualifying the nursing home spouse from being eligible for Medicaid. All non-exempt resources of a couple are considered to be available to pay nursing home costs, regardless of which spouse owns them. After excluding exempt resources, Department of Human Services (DHS) will assign one-half of the remaining resources to each spouse, provided the community spouse is assigned a minimum of \$24,000 and a maximum of \$84,120. If the nursing home spouse is assigned more than \$2000 in resources, then he or she will not be eligible for Medicaid until the value of the resources assigned to him or her has been reduced to \$2000. If a couple has more than \$24,000 in resources, the decision regarding the assignment of resources (attribution) can be appealed. An administrative law judge can set aside additional resources for the community spouse. The amount of additional resources set aside depends on the community spouse's income and life expectancy.

### **MEDICAL ASSISTANCE INCOME TRUST:**

To qualify for Medicaid the applicant's income cannot exceed 300 percent of the Supplemental Security Income (SSI) benefit amount (recalculated annually, \$1536 in 2000). Many people have income over \$1536 but less than the actual costs for care. For these people to qualify for Medicaid

and afford nursing home level of care, they must place all of their income into a Medical Assistance Income Trust, commonly known as a “Miller Trust”. If the applicant qualifies and establishes a Miller Trust and is otherwise eligible, the individual can qualify to receive medical assistance from Medicaid. After establishing the trust, the only money counted as income is the money paid out for the beneficiaries benefit. At the death of the individual, any money remaining in the Miller Trust is paid to the State of Iowa up to the amount of medical assistance the individual received and the rest becomes part of the individual’s estate.

### **DEPENDENT PERSON PROGRAM:**

Another group of people who are eligible for Medicaid are those who qualify for the Dependent Person Program. This is a program that provides supplemental income and Medicaid coverage to a child, adult child, parent or spouse of an SSI recipient. Eligibility of the dependent person is again based upon that person’s income and resources. If you are married and receive SSI and your spouse has no or very little income, you may be eligible to receive a supplemental amount of income plus your spouse would be eligible for Medicaid. If you receive SSI and have a parent or child living with you, you may also be eligible. If you have more than one dependent relative living with you, however, only one will be qualified under this program.

### **QUALIFIED MEDICARE BENEFICIARY (QMB):**

Under this program, the Medicaid program pays Medicare Part A (Hospital Insurance) and Part B premiums, deductibles, and co-insurance amounts for beneficiaries whose income is below 100% of the federal poverty level and who have limited resources.

### **SPECIFIED LOW-INCOME MEDICARE PROGRAM (SLMB):**

This program will pay for the Part B Medicare premium for persons whose income is over 100% of the federal poverty level, but less than 120%

of the federal poverty level. To qualify for Medicare Part B premium help under the SLMB program, an individual must be eligible for the QMB program in all areas except income.

### **EXPANDED SPECIFIED LOW INCOME MEDICARE BENEFICIARY (E-SLMB):**

This program also pays for the Medicare Part B premium for persons whose income is at least 120% of the federal poverty level but less than 135% of the federal poverty level. To qualify for E-SLMB, an individual must be eligible for the QMB program in all areas except income.

### **HOME HEALTH SPECIFIED LOW INCOME MEDICARE BENEFICIARY (HH-SLMB):**

This program pays for the home health portion of the Medicare Part B premium for persons whose income is at least 135% of the federal poverty level but less than 175% of the federal poverty level. To qualify for HH-SLMB, an individual must be eligible for the QMB program in all areas except income. If you are eligible for HH-SLMB, the home health portion of the Medicare Part B premium will be paid on an annual basis.

### **HEALTH INSURANCE PREMIUM PAYMENT PROGRAM (HIPP):**

Under this program, the Department of Human Services pays for the cost of enrolling an eligible Medicaid recipient in a health insurance plan when it is determined to be cost effective to do so. Cost effective means that it costs less to buy health insurance to cover medical care than to pay for the care with Medicaid funds.

### **MEDICALLY NEEDED PROGRAM:**

Medically Needed is a program designed to provide medical coverage for individuals who either high medical expenses that use up most of their income. The individuals eligible for this program include children under the age of twenty-one (21), pregnant woman, persons who are blind, disabled or over 65 and adults who care for dependent children under age 18 (19 if still in

school). These individuals are over income or over resources for SSI but may still be eligible for the Medically Needy program.

### **TRANSFER OF ASSETS:**

Eligibility for Medicaid is based, in part, on the value of the applicant's assets. An applicant for Medicaid cannot transfer or dispose of assets for less than their fair market value for the purpose of qualifying for medical assistance. An applicant who attempts to qualify for medical assistance by transferring assets for less than fair market value within thirty-six months (sixty months for some trusts) before application for benefits, will not be eligible for certain benefits. In general terms, the applicant will be ineligible for benefits for the number of months equal to the total, cumulative uncompensated value of all assets transferred by the applicant divided by the average monthly cost of a nursing facility.

### **RECOVERY OF PAYMENTS:**

Medical assistance to be paid to, or on behalf of, a recipient is recoverable upon the death of the recipient if the recipient was fifty-five years or older, or who was a resident of a nursing facility, a facility for the mentally retarded or a mental health facility, who, when they resided in these facilities was not expected to return home. The collection of the debt from the recipient's estate will be waived if the collection would result in a

reduction in the amount that a surviving spouse would receive from the estate, or a reduction that would be received by a surviving child that is under the age of twenty-one, blind or permanently and totally disabled. If the collection is waived, the amount waived will be collected from the estate of the surviving spouse or blind or disabled child. It will be collected from other children when they reach the age of twenty-one. The amount collected from the survivors or the survivors' estate is limited to the amount the survivor received from the recipient's estate. There are other exceptions to the recovery requirements that are too complex to enumerate here. Please contact the Estate Recovery Program (515) 246-9841 or toll free (888) 513-5186, for more information.

### **RECEIVING MEDICAID COVERAGE:**

If you are determined eligible for Medicaid by your local DHS office, your eligibility date will be the first day of the month that you apply. If you would have been eligible during the three months prior to the month in which you applied, and have unpaid medical bills from those three months, Medicaid may pay those bills.

### **WHERE DO I APPLY?**

**Anyone who thinks they may be eligible for Medicaid should apply at the Department of Human Services (DHS) office in the county in which they live.**

## **MEDICARE**

Medicare is a federal health insurance program for people 65 or older, as well as for some disabled people under 65. It is most often associated with Social Security. Medicare is totally separate and different from Medicaid, which is known as Title XIX (19) or medical assistance. Medicare has no income or resource limitations for eligibility; all eligible persons are covered without regard to their financial need. Medicare eligibility will be discussed below.

**PLEASE NOTE** that the figures quoted in this section are subject to change each year. This document includes the 2000 calendar year information. Check with the Social Security

Administration or your Medicare carrier for the pertinent year's numbers.

The Medicare program consists of two parts:

**Part A--Hospital Insurance** helps pay for inpatient hospital care, inpatient care in a skilled nursing facility, home health care and hospice care. Part A has deductibles and coinsurance, but most people do not have to pay premiums for Part A.

Part A benefits are automatic for persons aged 65 and older who qualify for Social Security or Railroad Retirement benefits. Others may purchase Part A coverage by paying a monthly premium. For calendar year 2000, the Part A premium

is \$301 per month for regular entitlement, or \$166 per month for reduced premium entitlement.

You should contact the Social Security Administration to determine if you qualify for reduced premium entitlement.

**Part B--Medical Insurance** helps pay for doctors' services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not covered by Part A.

Part B has premium, deductibles and coinsurance amounts that you must pay yourself or through coverage by another insurance plan (Medicare supplemental insurance).

Part B is known as supplemental medical insurance (SMI). Enrollment in Part B is voluntary, and a premium is deducted from your monthly Social Security payment if you elect this coverage. The Part B premium for the 2000 calendar year is \$45.50.

Medicare determines its payments differently for Part A and Part B:

**Part A:** Medicare pays for most inpatient hospital care under the Prospective Payment System (PPS). Under PPS, hospitals are paid a predetermined rate per discharge for inpatient services furnished to Medicare patients. The predetermined rates are based on payment categories called Diagnosis Related Groups, or DRG's. In some cases, the Medicare payment will be more than the hospital's costs; in other cases, the payment will be less than the hospital's costs. In special cases, where costs for necessary care are unusually high or the length of stay is longer than usual, the hospital receives additional payment.

**But even if Medicare pays the hospital less than the cost of your care, you do not have to make up the difference.** The law requires the participating hospitals to accept Medicare payments as payment in full. Those hospitals are prohibited from billing the Medicare patient for anything other than the applicable deductible and

coinsurance amounts, plus any amounts due for noncovered items or services.

**PART B:** Your doctor or supplier may be a participating or a nonparticipating provider. Under the participation agreement, the doctor or supplier agrees in advance to accept Medicare-allowed amounts as payment in full for his or her services. The only out-of-pocket expense to you is the \$100 annual deductible and the 20% coinsurance amount. Of course, any services that Medicare denies as noncovered are your responsibility. Participating doctors and suppliers file your claims and Medicare pays them directly.

Nonparticipating doctors and suppliers also file your claims for you, but the Medicare payment will be sent to you. You must pay the doctor directly for the services he/she provides. However, even though the doctor or supplier does not accept assignment there are limits on the amount that he or she can actually charge you. In 2000, the most the doctor or supplier can charge you is 115% of what Medicare approves. Doctors or suppliers who charge more than these limits may be fined. In all cases, if you think you have been charged more than the limiting charge, ask the doctor or supplier to reduce the charge. If you have already paid more than the charge limit, ask for a refund. If you cannot get a reduction or a refund, you can call your Medicare carrier and ask for assistance.

### PART A BENEFITS

#### HOSPITALIZATION INPATIENT TREATMENT

Medicare covers up to 90 days in a single "benefit period." A benefit period begins with admission to a hospital and ends 60 days after discharge from a hospital or skilled nursing facility. There is an additional 60-day "lifetime reserve" that can be used in addition to the 90 days. These lifetime reserve days are not renewable; once a reserve day is used, it can never be reclaimed. A deductible must be paid by the patient at the

beginning of each benefit period. In 2000, this deductible is \$776. A copayment is required after the 60th day. Copayment, or coinsurance, is the patient's responsibility. In 2000, the copayment is \$194 per day for hospitalization from the 61st through the 90th day, and \$388 for each lifetime reserve day. If you have purchased Medicare supplemental insurance coverage, it may help you pay your deductible and coinsurance amounts.

Services covered include: a semi-private room; all meals including special diets; regular nursing services; costs of special care units, such as intensive care and coronary care; lab tests; drugs furnished while in the hospital; operating and recovery room costs, including hospital costs for anesthesia services; and rehabilitation services, such as speech pathology and physical therapy.

Services not covered include: private duty nurses; personal convenience items such as television or telephone; and any extra charges for private room, unless determined to be medically necessary.

### **NURSING HOME SKILLED NURSING SERVICES**

Medicare can cover up to 100 days of skilled nursing care in a single benefit period. This care must follow at least three days of covered hospitalization. After day 20, patients must make a \$97.00 per day copayment. Skilled nursing care must be needed daily, not merely occasionally, for services to be covered. Services must be "reasonable and necessary" which prohibits care that is custodial from being covered. The government interprets the custodial care limitation very strictly so that very few nursing homes qualify as skilled facilities. Therefore, Medicare benefits are limited for this type of care.

The Medicare skilled nursing facility benefit generally covers the same type of services covered in a hospital including semi-private rooms, meals, regular nursing services and rehabilitation services,

but not "luxury items" such as private rooms, televisions or telephones.

### **HOSPICE SERVICES**

Hospice is a special type of care for people who are terminally ill. It includes home care, inpatient care when needed, and a variety of services not otherwise covered under Medicare. Medicare helps pay for hospice care if all three of these conditions are met:

1. A doctor certifies that the patient is terminally ill (a prognosis of 6 months or less to live).
2. The patient chooses to receive care from a hospice instead of standard Medicare benefits for the terminal illness.
3. Care is provided by a Medicare-participating hospice program.

Part A pays for two 90-day periods, followed by a 30-day period, and when necessary, an extension period of indefinite duration. The beneficiary does not pay for Medicare covered services for the terminal illness, except for a small coinsurance amount for outpatient drugs and inpatient respite care:

- 5% of the cost of outpatient drugs or \$5 per prescription, whichever is less.
- 5% of the Medicare allowed rate for respite care. The allowed rate varies slightly depending on the area of the country.

### **HOME HEALTH SERVICES**

Medicare pays for home health visits only if all five of the following conditions are met:

1. The care you need includes intermittent skilled nursing care, physical therapy or speech therapy.

2. You are confined to your home (home-bound).
3. You are under the care of a physician who determines you need home health care and sets up a home health plan for you.
4. The home health agency providing the services participates in Medicare.
5. You receive services that are reasonable and necessary for the treatment or diagnosis of illness or injury.

Medicare pays the full approved cost of all covered home health visits. You may be charged only for the services or costs that Medicare does not cover. However, if you need durable medical equipment, you are responsible for a 20% coinsurance payment for the equipment

### **PART B BENEFITS**

**ELIGIBILITY:** Part B is available to persons age 65 or over who pay the monthly premium. In 2000, the premium is \$45.50. For anyone who receives a Social Security check, the premium is automatically deducted.

**COSTS AND COVERAGE:** There is a \$100 annual deductible that the beneficiary must pay before coverage begins. 20% of most charges are left to the beneficiary as copayment. Medicare pays 80% of the “allowed amount” and that may be lower than 80% of the actual charge. As mentioned earlier, coverage extends to “medically necessary” services.

Physicians can agree to accept “assignment” and charge the patient no more than the “allowed amount” that Medicare will pay. A list of such physicians is available at the local Social Security offices and at many meal sites or area agencies. You may also call your local Medicare carrier to obtain the list that is updated yearly.

Physicians who do not accept assignment may

charge the patient up to the “charge limit” determined by Medicare. This charge limit is equal to 115% of the Medicare allowed amount. The limiting charge for services must be paid by the patient. Medicare then reimburses the patient directly. **However, in no case may a nonassigned physician bill you for more than the 115% of the Medicare allowed amount.**

Services covered under Part B include medically necessary: physicians’ services; outpatient hospital care; diagnostic tests (including x-rays); physical therapy; home dialysis equipment; other medical equipment (including wheelchairs and hospital beds); ambulance service; and prosthetic devices.

Services not covered under Part B include: routine physical examinations; routine eye examinations; routine foot care; hearing examinations for prescribing or fitting hearing aids; and most dental care.

**APPEAL RIGHTS:** If your claim is denied, or if you feel it was not processed correctly, you can appeal the decision of the intermediary or carrier. Generally, claims can be appealed if they involve any of the following issues:

- Reasonableness of services provided,
- Medical necessity of services provided, or
- Propriety of receiving the services as an inpatient instead of an outpatient.

**PART A:** The appeal process for Part A claims includes the following opportunities:

1. **Reconsideration.** The first level of appeal after a denial is reconsideration. It must be requested within 60 days of the denial notice and can be directed to the Iowa Foundation for Medical Care or a local Social Security Administration office. In some cases, an expedited appeal will be desired. It may be made by telephone or in writing. It must be made within three (3) days of the adverse notice and must be

sent directly to the Iowa Foundation for Medical Care.

2. Hearings. If you disagree with the results of the reconsideration, and the amount involved is at least \$100, the next level of appeal is a hearing. Hearings must be requested within 60 days of a reconsideration decision. They are performed by Social Security administrative law judges.
3. Appeals Council Review. If you disagree with the hearing decision, you may request a review by the Social Security Appeals Council.
4. Judicial Review. This is the final appeal step for Part A claims. Judicial review by the federal district court is available concerning Part A benefits if the amount involved is at least \$1,000. Two or more claims may be combined to get to the minimum amount necessary, if the claims involve similar or related services. Judicial review must be requested within 60 days of a decision by the Appeals Council.

**PART B:** The appeal process for Part B includes the following opportunities:

1. Reviews. The first level of appeal for a Part B claim is the review. Your letter must be received within six months of the date the claim was paid. You may send your review request to the carrier that processed your claim, the Social Security office or the Railroad Retirement Board

(if you receive Medicare through Railroad Retirement).

2. Hearing. If you disagree with the review decision, and the amount in question is \$100 or more, you can ask for a hearing before a carrier hearing officer. This request must be submitted within six months of the review determination. You may combine claims that have been reviewed if: 1) all claims combined have been reviewed by the carrier and you want a hearing on them, and 2) the request for a hearing is filed on time for each claim in the request.
3. Administrative Law Judge. If you disagree with the hearing officer's decision and the amount in question is \$500 or more, you can ask for a hearing before an administrative law judge. This request must be received within 60 days from the date of the hearing decision.
4. Judicial Review. This is the final appeal step for Part B claims. Judicial review by the federal district court is available concerning Part B benefits if the amount involved is at least \$1,000. Two or more claims may be combined to get the minimum amount necessary, if the claims involve similar or related services. Judicial review must be requested within 60 days of a decision by the administrative law judge.

### MEDICARE + CHOICE

In addition to traditional Medicare or traditional Medicare combined with a supplemental policy, a new law passed in 1997 created new health plan options for Medicare recipients. Currently many of these new options are not available in Iowa. However, it is expected that many will become

available in the future. The new health plan options include various types of managed care organizations, private fee-for-service and Medicare Medical Savings Accounts. To be eligible for any of the plans, you must have Medicare Parts A and B and not have End Stage

Renal Disease. You will continue to pay the Medicare Part B premium regardless of the plan you choose. If you wish to continue with traditional Medicare, you do not need to do anything, and your coverage will continue.

### **PLAN CHOICES**

#### **Health Maintenance Organization (HMO):**

Medicare pays the HMO a monthly amount to provide care for participants. The HMO sets up a network of providers that consists of hospitals, doctors and other health care providers. If you are an HMO participant, you must use only the plan's providers for your health care, or you will have to pay for all costs. HMO's manage care through a primary care physician who must make any referrals to specialists, or for other medical services or hospital admissions. An HMO has a provider network that is limited to a specific geographical area. You must live in that area to enroll. If you are absent from the area for a period of time, you will have to disenroll from the plan.

HMO's will pay for emergency and urgent care if needed and provided by non-HMO approved providers if you are temporarily out of the HMO service area. An HMO may or may not charge additional premiums. There is usually a small co-payment for office visits and prescriptions. Most HMO's provide additional services not covered by Medicare such as routine physicals, prescription drugs, and vision and hearing screenings. An HMO cannot deny you coverage for a pre-existing condition other than end stage renal disease.

#### **HMO with Point of Service (POS) Option:**

The POS option allows participants to go out of the network to receive some health care services. In these circumstances, there will be a higher out-of-pocket cost for the participant.

#### **Preferred Provider Organizations (PPO's):**

Participants obtain services from a network of

health care providers set up by the health plan. Participants can choose to go to providers who are not members of the network and the plan will pay a percentage of the cost and the participant is responsible to pay the rest.

#### **Provider Sponsored Organizations (PSO's):**

PSO's work similarly to an HMO. However, they are formed by hospitals and doctors or other providers instead of an insurance company.

#### **Private Fee-for-Service Plan (PFFS):**

A PFFS is a Medicare-approved private insurance plan. Medicare pays the plan a premium for Medicare-covered services. The insurance plan, not the Medicare program, decides how much to pay providers for health care services you receive. Providers are allowed to bill beyond what the plan pays (up to a limit) and the participant is responsible to pay what the plan does not cover. A PFFS provides all Medicare benefits, and may provide additional benefits. It is likely that a premium will be charged for the plan.

#### **Medical Savings Accounts (MSA's):**

A MSA is a Medicare plan that is a health insurance policy with a high deductible. Medicare pays the premium for the plan and makes a deposit into the MSA that is established by the participant. The funds in the MSA pay for the services before the deductible is met and for other non-covered services. There are no limits on what providers can charge above the amount paid by the MSA plan. If there is money in the MSA at the end of the year, next year's deposit will be added to the balance. If money is withdrawn from the account for non-medical expenses, it will be taxed. If you enroll in an MSA, you must stay in it for a full year.

## MEDICARE SUPPLEMENTAL HEALTH INSURANCE POLICIES (MEDIGAP)

Although Medicare pays for many of the costs associated with health care, it does not pay for all of them. Costs not covered by Medicare must be paid by the beneficiary. For that reason, people on Medicare should consider whether they need to purchase supplemental health insurance to fill in some of the gaps in Medicare coverage (often called “Medigap” insurance), and if so, make a careful decision regarding the policy which will be best for them.

Since January 1, 1992, insurance companies selling Medicare supplement policies in Iowa are limited to selling 10 “Standardized Plans.” The plans are identified by the letters A through J. A company does not have to sell all 10 plans, but every Medicare supplement company must sell Plan A (basic coverage). The other nine plans add different combinations of benefits to Plan A’s basic coverage. These benefits cannot be added to or modified in any way. Companies must contin-

ue to honor policies purchased prior to January 1, 1992. You DO NOT have to drop a policy purchased before that date and switch to one of the standardized plans. Only one Medicare supplement policy is needed.

As you shop for a Medigap policy, keep in mind that each company’s products are alike, so they are competing on service, reliability and price. Compare benefits and premiums and be satisfied that the insurer is reputable before buying. Medigap policies pay most, if not all, Medicare coinsurance amounts and may provide coverage for Medicare’s deductibles. Some of the 10 standard plans pay for services not covered by Medicare and some pay for charges in excess of Medicare’s approved amount. Look for the plan that best meets your needs. The graph below sets out the 10 standard Medicare supplement plans and what each plan covers.

**TEN STANDARD MEDICARE SUPPLEMENT PLANS**

Basic Benefits	Plan A	Plan B	Plan C	Plan D	Plan E	Plan F	Plan G	Plan H	Plan I	Plan J
Part A Hospital - 61-90 Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lifetime Reserve - 91- 150 Coinsurance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
365 More Hospital Days - 100%	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Parts A & B Blood	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B Coinsurance - 20%	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

ADDITIONAL BENEFITS	A	B	C	D	E	F	G	H	I	J
Skilled Nursing Facility Coinsurance - Days 21-100			✓	✓	✓	✓	✓	✓	✓	✓
Part A Deductible		✓	✓	✓	✓	✓	✓	✓	✓	✓
Part B Deductible			✓			✓				✓
Part B Excess Charges						100%	80%		100%	100%
Foreign Travel			✓	✓	✓	✓	✓	✓	✓	✓
Emergency										
At-Home Recovery				✓			✓		✓	✓
Basic Prescription Drugs								✓	✓	
Extended Prescription Drug										✓
Preventive Medical Care					✓					✓

**Plan A (the basic policy) consists of these basic benefits:**

- Coverage for the Part A coinsurance amount (\$194 per day in 2000) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for Part A coinsurance amount (\$388 per day in 2000) for each of Medicare's 60 nonrenewable lifetime hospital inpatient reserve days used.
- After all Medicare hospital benefits are exhausted, coverage for 100% of the Medicare Part A eligible hospital expenses. Coverage is limited to a maximum of 365 days of additional inpatient hospital care during the policyholder's lifetime.
- Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood or equivalent quantities of packed red blood cells per calendar year unless replaced in accordance with federal regulations.
- Coverage for the coinsurance amount for Part B services (generally 20% of approved amount; 50% of approved charges for mental health services) after the \$100 annual deductible is met.

**Plan B includes the basic benefits plus:**

- Coverage for the Medicare Part A inpatient hospital deductible. (\$776 per benefit period in 2000).

**Plan C includes the basic benefits plus:**

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care coinsurance amount (\$97.00 per day for days 21 through 100 per benefit period in 2000).
- Coverage for the Medicare Part B deductible (\$100 per calendar year in 2000).
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible. There is a lifetime maximum of \$50,000.

**Plan D includes the basic benefits plus:**

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.

- 80% coverage for medically necessary emergency care in a foreign country after a \$250 deductible. Lifetime maximum of \$50,000.
- Coverage for at-home recovery. Benefit pays \$40/visit up to \$1,600 per year for short-term, at-home assistance with activities of daily living (bathing, dressing, personal hygiene, etc.) for those recovering from an illness, injury or surgery. This benefit is paid only when Medicare has approved a home care plan of treatment.

**Plan E includes the basic benefits plus:**

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible. Lifetime maximum of \$50,000.
- Coverage for preventive medical care. Benefit pays up to \$120 per year for such things as physical examination, serum cholesterol screening, hearing test, diabetes screening and thyroid function test.

**Plan F includes the basic benefits plus:**

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.
- Coverage for the Medicare Part B deductible.
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible. Lifetime maximum of \$50,000.
- Coverage for 100% of Medicare Part B excess charges.
- High deductible Plan F. This plan offers the same benefits as Plan F after one has paid a \$1,500 deductible in a calendar year. Benefits from high deductible plan F do not begin until out-of-pocket expenses are \$1,500. Out-of-pocket expenses are expenses that would ordinarily be paid by the policy, excluding the foreign travel deductible.

**Plan G includes the basic benefits plus:**

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.

- Coverage for 80% of Medicare Part B excess charges.
- Coverage for 80% of medically necessary emergency care in a foreign country, after a \$250 deductible. Lifetime maximum of \$50,000.
- Coverage for at-home recovery (See Plan D for explanation).

### **Plan H includes the basic benefits plus:**

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible. Lifetime maximum of \$50,000.
- Coverage for 50% of the cost of prescription drugs up to a maximum annual benefit of \$1,250 after the policyholder meets a \$250 per year deductible. (This is called the basic prescription drug benefit.)

### **Plan I includes the basic benefits plus:**

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.
- Coverage for 100% of Medicare Part B excess charges.
- Basic prescription drug coverage (See Plan H for description).
- 80% coverage for medically necessary emergency care in a foreign country, after a \$250 deductible. Lifetime maximum of \$50,000.
- Coverage for at-home recovery (See Plan D).

### **Plan J includes the basic benefits plus:**

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care daily coinsurance amount.
- Coverage for the Medicare Part B deductible.
- Coverage for 100% of Medicare Part B excess charges.
- 80% coverage for medically necessary emergency care in a foreign country after a \$250 deductible. Lifetime maximum of \$50,000.
- Coverage for preventive medical care (See Plan E).
- Coverage for at-home recovery. (See Plan D).

- Coverage for 50% of the cost of prescription drugs up to a maximum annual benefit of \$3,000 after a \$250 per year deductible. (This is called the extended drug benefit).
- High deductible Plan J. Same as F, but drug deductible doesn't count toward \$1,500 deductible.

### **OPEN ENROLLMENT:**

- Every Medicare recipient who is age 65 or older has a guaranteed right to buy a Medicare supplement policy during "open enrollment." The company must accept you for any policy it sells, and it cannot charge you more than anyone else your age.
- Your open enrollment period starts when you are age 65 or older and enroll in Medicare Part B for the first time, and it ends six months later. Disabled and end-state renal disease Medicare beneficiaries receive the same six-month open enrollment period upon attaining age 65. If you apply for a policy after the open enrollment period, some companies may refuse coverage because of health reasons.
- Pre-existing conditions may not be covered for up to six months after the effective date when you buy your first policy. A new pre-existing condition waiting period is not allowed when you replace one Medicare supplement with another (and you held the first policy at least 6 months).

### **DO YOU NEED MORE INSURANCE?**

Before buying insurance to supplement Medicare, ask yourself whether you need private health insurance in addition to Medicare. Not everyone does.

**MEDICAID RECIPIENTS:** Low-income people who are eligible for Medicaid usually do not need additional insurance. They also qualify for certain health care benefits beyond those covered by Medicare. If you become eligible for Medicaid, and you have a Medigap insurance policy purchased on or after November 5, 1991, you can request, within 90 days of your entitlement to Medicaid, that the Medigap benefits and premi-

ums be suspended for up to two years while you are covered by Medicaid. Should you become ineligible for Medicaid benefits during the two years, your Medigap policy will be reinstated if you give proper notice (90 days from the date Medicaid coverage ends) and begin paying premiums again. You do not, however, have to suspend your Medigap policy.

**QUALIFIED MEDICARE BENEFICIARY PROGRAM AND SPECIFIED LOW INCOME MEDICARE BENEFICIARY PROGRAM:** Limited financial assistance is available through Medicaid for paying Medicare premiums, deductibles, and coinsurance amounts for certain low-income elderly and disabled beneficiaries. Contact your local Department of Human Services office to see if you qualify for the Qualified Medicare Beneficiary Program (QMB) or the Specified Low Income Medicare Beneficiary Program (SLMB). (See page 2)

**CONSUMER TIPS IN THE PURCHASE OF A MEDICARE SUPPLEMENT (MEDIGAP) POLICY:**

1. Take the time to assess your own health profile and decide what benefits and services you are most likely to need.
2. Purchase ONE good Medicare supplemental policy. You are paying for unnecessary duplication if you own more than one.
3. Take your time. Do not be pressured into buying a policy. If you have questions or concerns, contact your local Senior Health Insurance Information Program (SHIIP) counselor. SHIIP provides free objective information about Medicare supplement insurance policies as well as on long-term care insurance and Medicare benefits. 1-800-351-4664
4. You are not insured by a new Medicare supplement policy on the day you apply for it. Generally it takes at least 30 days to be approved.
5. A policy should be delivered within a reasonable time after application (usually 30 days).
6. Consider carefully whether you want to drop one policy and purchase another. Do not cancel a policy until you have been accepted by the new insurer and have a policy in hand.
7. Do not pay with cash. Pay by check, money order or bank draft payable to the insurance company, not the agent. Completely fill in the check before giving it to the agent.
8. You have a 30-day free look period from the time you receive a policy to review and get a premium refund if you decide not to take the coverage.
9. Any Medicare supplement sold in Iowa after December 1, 1990, must be guaranteed renewable. That means the company cannot drop you as a policyholder unless you fail to pay the premium.
10. Complete the application carefully. Read the health information recorded by the agent before signing the application. If you leave out medical information requested, the insurer could deny coverage for that condition or cancel your policy.

## LONG-TERM CARE INSURANCE

Depending upon which policy you choose, long-term care insurance helps pay the bills if you need to be in a nursing facility, cared for in your own home or possibly in some other community setting, such as adult day care. These policies are designated to protect those who need the care for relatively long periods, such as a year or more.

Nationally, more than half of all nursing home expenses are paid out-of-pocket by individuals and their families, and somewhat less than half are paid by state Medicaid programs. Medicare, Medicare supplement insurance and managed care plans do not pay for long-term care. Employer provided health insurance covers little, if any, long-term care. Medicare will cover the cost of some skilled nursing care in approved nursing homes or in your home, but only in certain situations. Medicare and standard Medical supplement insurance do not cover custodial or intermediate care. Medicare supplement insurance is private insurance designed to help pay for some of the gaps in Medicare coverage, such as hospital deductibles and excess physicians' charges. These policies do not cover long-term care expenses. However, of the standardized Medicare supplement policies, Plans D, G, I and J do contain an at home recovery benefit that may pay up to \$1,600 per year for short-term, at home assistance with activities of daily living for those recovering from an illness, injury or surgery. This benefit is paid only when Medicare has approved a home care plan of treatment.

Medicaid is a state and federal aid program that may pay for all or part of long-term care costs. To receive Medicaid assistance, you must meet federal guidelines for income and assets. Many people who begin paying for nursing home care out of their own pockets spend down their financial resources until they become eligible for Medicaid. They then turn to Medicaid to pay part or all of their nursing home expenses. Contact your local Department of Human Services (DHS) office to learn about Medicaid eligibility.

Not everyone should buy a long-term care insur-

ance policy. For some, a long-term care policy is an affordable form of insurance. For others, the cost is too great and the benefits they afford are insufficient. Each person should carefully examine his or her needs and resources to decide whether long-term care insurance is appropriate.

Here are some points to keep in mind as you shop for long-term care insurance:

- Take your time. The decision to buy long-term care insurance is very important and should not be rushed. Do not be pressured into buying a policy.
- Check with several companies and agents. Be sure to compare benefits, the types of facilities you have to be in to receive coverage, the limitations of coverage, the exclusions and, of course, the premiums.
- Deal with a local, reliable agent. This is one of your best protections as you shop for policies. If a person you do not know tries to sell you insurance, ask to see his or her license. Do not buy from a person who cannot supply proof of licensing. A business card is not a license. Get the agent's and company's name, address and phone number.
- Understand the policies. You should receive an "Outline of Coverage" that clearly summarizes the policy. Make sure you know what the policy covers and what it does not.
- Do not cancel a policy until you have been accepted by the new insurer and have a policy in hand. Consider carefully whether you want to drop a policy and purchase another. Long-term care policies sold in Iowa since July 1, 1987 must be guaranteed renewable.
- Before you switch policies, make sure the new policy is better than your current one. It may be more cost-effective to upgrade your current

policy by adding additional benefits than switching to another company.

- Do not pay with cash. Pay by check, money order or bank draft payable to the insurance company only, not the agent. Completely fill in the check before presenting it to the agent.
- Complete the application carefully. Before you sign an application, read the health information recorded by the agent. Do not sign it until all health information is complete and accurate. If you leave out requested medical information, the insurer could deny coverage for that condition or cancel your policy.
- A policy should be delivered within a reasonable time after application (usually 60 days). If you have not received the policy or had your check returned in that time, contact the company and obtain in writing a reason for delay. If problems continue, contact the Iowa Insurance

Division, Department of Commerce, 330 Maple, Des Moines, Iowa 50319-0065; phone (515) 281-5705.

Help is available. The Iowa Insurance Division's Senior Health Insurance Information Program (SHIIP) can help answer your long-term care insurance questions. SHIIP counselors do not sell insurance or promote specific insurance companies or agents. All services are confidential and free-of-charge. The Insurance Division also has available a booklet entitled "Iowa Guide to Long-Term Care Insurance" and "Iowa Guide to Medicare Supplement Insurance". For more information about the SHIIP counselor nearest you or to request a copy of a free booklet, call (515) 281-5705, toll-free at 1-800-351-4664 or your area agency on aging. You may also reach SHIIP by e-mail at [shiip@comm6.state.ia.us](mailto:shiip@comm6.state.ia.us). For the latest information, SHIIP's Internet address is [www.shiip.state.ia.us/](http://www.shiip.state.ia.us/)

### LONG-TERM CARE FACILITIES

The phrase "long-term health care facility" refers not only to facilities that commonly have been called "nursing homes" but also to facilities that provide various levels of care. The phrase refers to all health care facilities in Iowa.

Long-term care facilities are separated into categories based on the level of care that each is licensed to provide. It is not uncommon for a facility to be licensed to provide several different levels of care. Iowa law divides licensed health care facilities into three categories: residential care facilities, nursing facilities and skilled nursing facilities.

- **RESIDENTIAL CARE FACILITY:** A licensed residential care facility provides care for people who are not able to provide care for themselves, or provide the comforts and necessities of life such as food, shelter and companionship. This type of facility is for people who do not need the services of a registered or licensed practical nurse, except on an emer-

gency basis. Before being admitted to a residential care facility, it is required of the applicant's physician to certify that the individual does not require nursing services.

- **NURSING FACILITY:** Nursing facilities provide personal care and supervision under the direction of a registered nurse or a licensed practical nurse. This type of care facility is designed for persons requiring assistance in things such as dressing, bathing, diet and medications, but who do not need continuous medical or nursing services. The person's physician must certify the need for nursing services. Federal law provides for Medicaid certification for coverage and services provided at this level of care.
- **SKILLED NURSING FACILITY:** Skilled nursing facilities provide continuous nursing care and related medical services, but are not allowed to care for a person who requires hospital care. The nursing care is provided under

the direction of a registered nurse. Skilled nursing care is a comprehensive planned medical care that includes rehabilitative or restorative therapy, diet supervision and/or trained observation. Federal law provides for Medicare coverage of care and services provided at this level of care.

**ASSISTED LIVING PROGRAMS:** Assisted living is defined as the provision of housing with services which may include, but are not limited to health-related care, personal care and assistance with activities of daily living to six or more tenants in a physical structure that provides a homelike environment.

Assisted living programs focus on promoting independence, and assisting with the activities of daily living such as bathing, hygiene, transferring and walking. Assisted living can be most readily understood by considering an assisted living program as an apartment building where the manager is responsible not only for the building, but also for providing supportive amenities, personal care and intermittent home health care.

**REGULATION OF LONG-TERM HEALTH CARE FACILITIES:** The Iowa Department of Inspection and Appeals licenses and inspects health care facilities. The Department has developed regulations that ensure minimum standards are met for such things as construction, staffing, equipment, diet, safety and nursing procedures. In order to be certified for Medicare and Medicaid programs, intermediate and skilled facilities must meet additional minimum requirements.

The fact that a facility is licensed by the state or has been certified for Medicare and Medicaid coverage should not be the sole factor considered when assessing the quality of an institution. Satisfaction of the licensing, Medicare or Medicaid requirements means that the facility has conformed to the basic minimum standards required by law.

**FINANCING LONG-TERM HEALTH CARE:** Long-term care is expensive. The basic charge of the facility often does not include the costs of special services, which a resident might need. There are four basic methods for paying for long-term care: private pay, Medicare, Medicaid and supplemental insurance.

- **PRIVATE PAY:** If the entire cost of long-term care is paid by individuals, one is a “private pay” resident. The facility determines the rate to be paid by the resident. All costs should be clearly defined in the admission agreement.
- **MEDICARE:** Medicare is a health insurance program for people over 65 and some people under 65 who are disabled. As noted in the Medicare section of this booklet, you may receive up to 100 days of care in a skilled nursing facility per spell of illness (after three consecutive days in a hospital) if you qualify for Medicare. This is provided under Medicare hospital insurance (Part A). There are deductibles and coinsurance amounts, which must be paid. (See the chapter on Medicare costs for more information.) It is important to note that some costs incurred while you are in the facility are not covered by Medicare. Some of these items include personal convenience items, such as radios in your room and private duty nurses.
- **MEDICAID:** Medicaid is a program administered jointly by the federal government and the state. Medicaid will pay for care in skilled nursing and nursing care facilities for eligible residents (See Medicaid section). It should be noted that even though most facilities are certified to accept Medicaid residents, some facilities limit the number of Medicaid admissions. If a person is eligible for Medicaid and is accepted as a resident by a facility, the Medicaid payment must be accepted by the facility as full payment for care.
- **SUPPLEMENTAL INSURANCE:** If a resident of a skilled nursing facility qualifies for Medicare payment and has a Medicare

supplement (“Medigap”) policy, that policy may pay for the deductibles and coinsurance amounts for which the resident is responsible. A separate section of this booklet discusses Medicare Supplemental Health Insurance policies.

Many insurance companies offer a “nursing home” insurance policy. As when purchasing any insurance policy, it is important that you study a nursing home insurance policy carefully before buying it. Make sure that you understand the conditions of the payment offered by the plan.

**RESIDENTS’ RIGHTS:** Residents of long-term care facilities retain all of their constitutional rights and privileges of citizenship. However, this fact is sometimes overlooked due to the control which facilities exercise over residents, as well as the residents’ dependency on the facility to provide the necessities of life.

In order to protect the individual rights and liberties of residents of long-term care facilities, the Iowa Legislature adopted what is known as the Iowa Nursing Home Residents’ Bill of Rights. Every licensed long-term care facility in the State of Iowa must prominently post the Residents’ Rights. This means that residents and visitors must be able to find the information on their own and it should be posted at a height which allows anyone standing or seated in a wheelchair to read it.

**RIGHTS TO BE INFORMED:** The health facility is required by federal and state law to inform the resident, both orally and in writing, of each of their personal privacy rights listed below. The notification also must be in a language that the resident understands. Finally, each resident is to be informed in writing of:

1. The resident’s rights and responsibilities;
2. The rules governing resident conduct;
3. Changes in policies governing residents’ rights, responsibilities or rules; and
4. The services provided, the cost of such services and changes in those costs.

Residents also have the right to be fully informed of their health and medical condition unless the physician decides it would be harmful to do so and has so stated in writing.

**PERSONAL PRIVACY RIGHTS:** All residents have the right to exercise their right to privacy, as residents of the facility and as citizens. Residents have the right to:

1. Participate in planning their medical care, including choosing a pharmacist and attending physician.
2. Manage their personal and financial affairs.
3. Be treated with consideration, respect, dignity and individuality.
4. Privacy during treatment and care of personal needs.
5. Confidential record keeping, including information kept in an automatic data bank.
6. Give written consent before the facility may release information from their records to someone not authorized by law to receive such information.
7. Private visitation with the resident’s spouse or any person of choice.
8. Share a room in the facility with another family member who is a resident of the facility.
9. Not perform services for the facility, except under special circumstances at the Veteran’s Home or county care facilities.
10. Communicate, associate and meet privately with persons of their choice, unless this action infringes on the rights of another resident.
11. Send and receive personal mail unopened.
12. Make and receive phone calls uncensored.
13. Assistance in writing letters or making phone calls.
14. Participate in or refuse to participate in social, religious and community group activities.
15. Refuse medical treatment, except for residents suffering from a mental illness.

16. Retain and use personal possessions and clothing as space permits.
17. Voice a grievance regarding care or treatment without fear of reprisal.
18. Advance notice of room changes or roommate changes.

**ABUSE:** Residents have the right to be free from mental, physical and/or financial abuse. Residents also have the right to be free from chemical or physical restraint. Restraints are to be used pursuant to physician's order for the protection of the residents, not for the convenience of the staff.

**TRANSFER OUT OF A FACILITY:** A resident has the right to remain in a facility unless the facility issues a formal involuntary discharge notice and an administrative law judge upholds that action. An involuntary discharge is allowed only if: the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; the resident's needs cannot be met by the facility (i.e., a decline in health status); the safety of other residents is endangered; the health of residents of the facility is endangered; or the resident has failed to pay for (or have paid under Medicare or Medicaid) a stay at the facility.

A facility cannot discharge a resident simply because the resident becomes a Medicaid recipient, or because the facility feels the resident demands too much staff time. If a resident goes to the hospital or psychiatric unit for evaluation and treatment due to behavioral problems, the facility must still readmit the resident or go through the formal involuntary discharge procedures. The resident retains his or her appeal rights even in the case of an emergency involuntary discharge.

A resident facing an involuntary discharge has the right to appeal the discharge and request a hearing with an administrative law judge. These hearings are informal, and held at either the facility or by telephone. During the hearing, the facility must

prove that the resident is a danger, not just that the potential for danger exists. The involuntary discharge notice that the resident or responsible party receives contains specific information about the process to request a hearing. Additionally, the Office of the State Long-Term Care Ombudsman is a resource to assist families and residents during such proceedings.

**TRANSFERS WITHIN THE FACILITY:** Residents may not be arbitrarily moved from room to room within a licensed health care facility. Involuntary relocation may occur only in the following situations and the situation must be documented in the resident's record:

1. Incompatibility with or disturbance of roommates.
2. For the welfare of the resident or other residents of the facility.
3. For medical, nursing or psychosocial reasons, as judged by the attending physician, nurse or social worker. (If the facility groups residents by medical, nursing or psychosocial needs.)
4. To allow a new admission to the facility which would otherwise not be possible due to separation of roommates by sex.

If a move from one room to another is necessary for one of the reasons above, the resident must be notified at least 48 hours prior to the transfer and the reason explained. The responsible party must be notified as soon as possible. The notice must be documented in the resident's record and signed by the resident or responsible party.

If emergency relocation is required to protect the safety or health of the resident or other residents, the notification requirements may be waived. The conditions of the emergency shall be documented. The family or responsible party shall be notified immediately, or as soon as possible, of the condition requiring emergency relocation and such notification shall be documented.

### **COMPLAINTS OR RECOMMENDATIONS:**

Residents have a right to submit complaints or recommendations concerning the policies or services of the facility to any person or agency of the resident's choice and be free from restraint, interference, coercion, discrimination or reprisal. Different methods of handling problems or complaints will be discussed in the next section.

### **HOW TO HANDLE PROBLEMS AND COMPLAINTS:**

Residents of a long-term care facility have made the facility their home. They have a right to expect quality care. Unfortunately, facilities sometimes violate residents' rights. In cases of assault or theft, criminal penalties can be sought. Since a facility undertakes to provide care and, in some cases, medical services to its residents, it can be liable in a lawsuit for its failure to render those services properly. Similarly, liability exists for injuries intentionally inflicted upon a resident by a facility employee.

A contractual relationship exists between the facility and the resident. Therefore, it is possible to bring a lawsuit for breach of contract based on violations of that mutual agreement. It is better, of course, for any dispute between a resident and the facility to be resolved in a friendly, agreeable manner, when possible. Before proceeding with any lawsuit, a resident may wish to make use of other available methods of solving the problem. Several different methods may be helpful in resolving complaints, such as:

1. Facility procedures. The first step may be to contact the facility administrator. If the administrator does not take care of the problem or if you are uncomfortable contacting this person, the next step would be to inquire about the facility's grievance procedure. A written complaint should then be filed as soon as possible, as part of that grievance procedure.
2. Resident Advocate Committees. The State of Iowa requires each licensed care facility to have a Resident Advocate

Committee. The committee is composed of community volunteers. Committee members are to concentrate on the quality of life enjoyed by the residents. They visit with residents about how the residents view their life in the facility.

If a resident expresses a problem to the Resident Advocate Committee, the committee tries to help resolve the problem by working with the facility administrator and staff. The committee will see that the resident making the complaint remains anonymous, unless the resident requests the contrary. Committee members act as advocates for the residents.

The name, address and phone number of the Resident Advocate Committee members must be posted at the facility. If you cannot locate it, ask a staff member for the list.

3. Long-Term Care Ombudsman. The Iowa Department of Elder Affairs has a Long-Term Care Ombudsman. The ombudsman is an advocate for the residents and is charged with the duty of investigating and resolving complaints about administrative actions that may adversely affect the health, safety, welfare or rights of the residents in long-term care facilities. The complainant's name will be kept confidential if so desired, and disclosure of that name may not be compelled by law.

The name and address of the ombudsman must be posted at the facility. The ombudsman can be contacted at the following address:

*State Long-Term Resident's  
Advocate/Ombudsman  
Iowa Department of Elder Affairs  
200 Tenth Street, 3rd Floor  
Des Moines, Iowa 50309  
Phone 1-800-532-3213*

### **DEPARTMENT OF INSPECTIONS AND APPEALS:**

The Iowa Department of Inspections and Appeals is the agency charged with the regulation of health care facilities. The department takes complaints concerning care facilities either over the phone or in writing. If you have a complaint, it is recommended that you submit your complaint in writing and request that the complaint be investigated within 20 working days. The department has the power to fine facilities for violations of a resident's rights. The department can be contacted at the following address:

*Division of Health Facilities  
Iowa Department of Inspections and Appeals  
Lucas State Office Building  
Des Moines, Iowa 50319  
Phone (515) 281-4114*

### **SELECTING A LONG-TERM CARE FACILITY:**

When selecting a health care facility, it is important to remain calm and objective. It is also important to maintain a healthy consumer skepticism while shopping for a facility. After all, that facility will become the resident's new home. For this reason, at least as much time and effort should be devoted to the selection process as would normally be devoted to the purchase of a home or the rental of an apartment.

Before actually visiting specific care facilities it is wise to take the following steps:

1. Take time to determine the medical and physical needs and the financial resources of the prospective resident. Knowing this information will provide some basic guidelines that will aid in making the decision. Family, friends and physicians should participate in the process. The prospective resident's opinions and desires should be considered as a major factor.
2. Facilities located near the people who will be visiting the resident most frequently should be seriously considered. Visits are

very important in maintaining a resident's morale and well-being.

3. To obtain a current list of licensed facilities in the State of Iowa, write the Department of Inspections and Appeals. Much of this information is now available on-line, including recent survey results at [www.dia-hfd.state.ia.us](http://www.dia-hfd.state.ia.us). When you receive this list, phone the facilities which interest you and obtain information about their basic charges and services, as well as any "extras" for which the resident may be responsible, such as laundry. If you are still interested, schedule an appointment to meet the administrator or the director of admissions. Follow up with a second, unannounced visit to get a closer look.
4. Take time to review prior survey information. Prior survey results are considered public and can be requested from the Iowa Department of Inspections and Appeals. Prior survey reports must also be posted for inspection within the facility.

**QUESTIONS TO ASK:** When visiting a long-term care facility, do not hesitate to ask questions of the administrator, director or staff. It is important, however, not only to ask questions, but to ask the right questions. Some good questions to keep in mind are:

1. Licensure. The facility is required to be licensed. Check to see if the license is in danger of being revoked, suspended or not renewed. Ask your local Department of Human Services or the Department of Inspections and Appeals for a copy of the facility's latest inspection reports. Find out if violations mentioned in the report have been remedied.
2. Nursing services. What level of care is provided? Does it meet the particular

- need of the prospective resident? (Note that the physician determines the level that is needed.) Which employees provide primary care? How many RN's or LPN's are on staff? What is the resident to staff ratio?
3. Physician services. Is there a staff physician or medical director who helps set policies and provides for emergency calls? What provisions does the facility have for medical follow-up by a family physician?
  4. Activities program. Are there organized activities? What are they? Is there a regular schedule? Is the schedule posted? What religious services are available?
  5. Rehabilitation and physical therapy. What facilities and staff are available for these services?
  6. Visiting hours. What are the visiting hours for the facility? Visiting must be permitted for a period of no less than 12 hours daily.
  7. In-service education. Does the facility have continuous in-service education programs for its staff?
  8. Safety. Is there an adequate fire safety system that includes at least smoke and heat detectors and sprinklers or approved fire-resistant construction? There must be a plan posted for quick evacuation in case of fire, and the staff and residents should be trained in fire safety. Are there handrails in the hallways and grab bars next to bathtubs, showers and toilets?
  9. Dietary service. Does the facility serve nutritious and appealing meals that are planned by a dietitian? Are special diets available? Copies of the planned menus should be available for review. Visit the facility at a time when you can observe a meal.
  10. Environment. When you tour the facility, what are the residents doing? Are most of them alone in their rooms or are they engaged in activities? Do many residents seem to be just sitting in front of their televisions? Do staff speak to the residents as they pass them? What is the tone they use when talking to residents or when talking to each other?
  11. Grooming. Are residents dressed in clean clothes? Is there food or liquid spilled on their clothing or in their wheelchairs? Do the clothes match or seem appropriate to the person? Is residents' hair combed?
  12. Cost and charges. What services are included in the "Basic Daily Charge" of the facility. Get this information for "extra charges," too. Do these "extra" charges include all the supply costs that are necessary for the services? Remember that the higher level of care, the higher the costs are likely to be.
  13. Deposits. What is required in advance? How will the deposit be returned? Be aware that Medicare and Medicaid residents cannot be charged deposits.
  14. Medications. How will medications be obtained? Usually the facility will require that you allow them to obtain all medications. This is convenient and it provides for quick emergency service. Obtaining medication through the facility, however, may be more costly and the resident may wish to purchase his or her own. If the choice is made to purchase one's own medications, a clear agreement with the facility, allowing its staff to give emergency medications, is necessary. Residents have the right to select a pharmacy of their choice.

15. Third party payment. What third party payments will the facility accept? Does it take Medicare and Medicaid residents?

16. Fee increases. Who decides how often and by how much monthly fees increase? What happens if the resident can no longer meet the monthly obligation?

### ELDER ABUSE AND NEGLECT

The term elder abuse generally refers to the abuse, neglect, or exploitation of people aged 60 or older. It may include physical, psychological, and sexual abuse, material or financial exploitation, neglect and self-neglect.

The law in Iowa is specifically aimed at protecting dependent adults from abuse by their caretakers. Under the Iowa “Adult Abuse” law, persons who believe that a dependent adult is suffering from abuse by a caretaker may report their belief to the Department of Human Services. However, the Department of Inspections and Appeals is solely responsible for the evaluation of dependent adult abuse cases within health care facilities. Each department must then investigate the report and make an evaluation of the situation.

This is not to state that other forms of abuse which do not fall under the “Adult Abuse” law should be ignored. There are avenues available to pursue abuse which does not involve a dependent adult or a caretaker. To locate the appropriate resource, contact your local area agency on aging, Department of Human Services or the Iowa Department of Elder Affairs at (515) 242-3333.

**WHO ARE DEPENDENT ADULTS?** Anyone who is unable to protect or provide for his or her own interests and needs. This does not refer to just the elderly. It includes anyone 18 years of age or older who requires assistance from another. The person’s dependency may be the result of diminished physical or mental capacity.

**WHO ARE CARETAKERS?** A caretaker means a related or nonrelated person who has the responsibility for the protection, care or custody of a dependent adult as a result of assuming the responsibility voluntarily, by contract, through employment, or by order of the court.

**WHAT CONSTITUTES DEPENDENT ADULT ABUSE?** The following constitute Dependent Adult Abuse:

1. Physical Abuse: Inflicting any of the following injuries:
  - Physical injury or
  - Unreasonable confinement or
  - Unreasonable punishment or
  - Assault
2. Sexual Abuse: Committing a sexual offense.
3. Exploitation: Taking advantage of a dependent adult’s financial resources for one’s own profit. This includes theft by the use of:
  - undue influence
  - harassment
  - duress
  - deception
  - false representation
  - false pretenses
4. Denial of basic needs: Food, shelter, clothing, and/or health care are not supplied by the caretaker or by the dependent adult him or herself.

**DEPENDENT ADULT ABUSE DOES NOT INCLUDE:**

- Depriving a dependent adult of medical treatment if the treatment is against the religion of the dependent adult.
- The withholding of treatment from a terminally ill dependent adult if done according to other laws providing protection in this area.

### WHAT ARE SOME SIGNS OF ABUSE?

- Repeated injuries
- Injury incompatible with explanation
- Lack of personal or medical care
- Malnourishment and dehydration
- Increasing depression or anxiety
- Withdrawn/timid behavior
- Unresponsiveness
- Hostility
- Confusion
- New poverty

There are other signs, and not all of those signs listed by themselves indicate abuse. By watching for some of these signs and symptoms, you may be able to help prevent the situation from getting worse.

**WHAT CAN I DO?** Report it! If you are aware of or believe that a dependent adult has suffered abuse, call the numbers listed below. The report may be made by telephone or in writing. The information which will be asked of you, although you do not need to know every item, will include the names and addresses of the dependent adult and the caretaker(s), the reason you believe the adult is a “dependent” adult, the dependent’s age, and the nature and extent of the suspected abuse. All reports remain confidential.

A person who makes a report in good faith cannot be successfully sued for doing so. Also, mandatory reporters of adult abuse cannot be fired, suspended, or otherwise disciplined by their employer.

**TO WHOM THE REPORT SHOULD BE MADE:** If the abuse you are reporting happened in a nursing home or other care facility, call **(515) 281-4234**, Monday through Friday, 8 a.m. to 4:30 p.m. If reporting at other times, call the Department of Human Services 800 number.

For reporting other suspected abuse, you can call the local Department of Human Services office or call the following toll-free number, anytime, day or night: 1-800-362-2178. However, if the victim is currently in danger, a report should be made directly to local law enforcement officers.

**WHAT RELIEF IS AVAILABLE AFTER THE REPORT IS MADE?** The Department of Human Services can do an evaluation, provide counseling and make referrals to a variety of community services. Examples of services which may be available:

- Mobile meals
- Homemaker
- Transportation
- Visiting nurse
- Emergency medical care
- Adult day care
- Guardianship
- Conservatorship

All adults have a right to self-determination. This means the dependent adult can refuse services unless the court determines the adult is not competent to make decisions or is threatening his or her own life or that of others. The Department of Human Services can do an evaluation only in cases of self neglect or when the abuser is a caretaker.

## SOCIAL SECURITY: RETIREMENT BENEFITS, DISABILITY AND SUPPLEMENTAL SECURITY INCOME (SSI)

**INTRODUCTION:** Social Security provides a minimum income to eligible workers and their families when the worker retires, becomes disabled or dies. There are three primary types of benefits that will be discussed in this chapter. The first program is Retirement benefits. The second program is known as Social Security Disability.

The third program is known as Supplemental Security Income (SSI). This discussion also includes the steps to follow if your request for Social Security benefits is denied. Although some specific eligibility information will be provided, do not conclude that you are ineligible for some program based on this information alone.

1. **Retirement Benefits.** To be eligible for retirement benefits, you must have worked for a certain number of years and had Social Security taxes (FICA) withheld from your paycheck. Anyone born in 1929 or later, needs a minimum of ten years of work. The amount you will receive is computed by the Social Security Administration (SSA) according to a formula based on your past earnings. (Benefits available to certain surviving relatives of a deceased worker are discussed below.)

You may receive full social security benefits at your full benefit age. The full benefit age is between age 65, depending on what year you were born. You may be eligible to receive benefits as early as age 62. If you elect to receive benefits before your full benefit age, your benefits will be permanently reduced based on the number of months you will receive checks before you reach full retirement age. If your full retirement age is 65, the reduction for starting benefits at age 62 is 20%; at age 63, it is about 13%; and at age 64, it is about 6%. You will continue to receive this reduced benefit rate after you attain your full retirement age. For planning purposes, before you turn 62, you should call your local Social Security office and inquire about your future benefits. The representative will discuss your eligibility for benefits and time frames for receiving those benefits. To obtain a free estimate of the retirement, disability and survivor benefits that will be payable to you and your family, you can also call the Social Security Administration at 1-800-772-1213.

### **IMPORTANT DOCUMENTS YOU WILL NEED IN APPLYING FOR BENEFITS:**

When applying for Social Security retirement benefits, you will need the following documents:

- Your Social Security card or a document which contains your Social Security number.
- Your birth certificate or a pre-age 5 baptismal record- this must be an original or certified copy. If you are applying for widow or widower's benefits, your marriage certificate.
- If applying for benefits on behalf of your child, the child's birth certificate.
- Your W-2 forms for the last two years, or if you are self-employed, a copy of your federal income tax returns for the last two years.
- Your military entrance and discharge papers if you had military service or a DD214.

**WORKING ONCE SOCIAL SECURITY PAYMENTS HAVE STARTED:** If you are between the ages of 62 and 69, the SSA permits you to earn up to a certain amount of wages each year before your benefits are reduced. If you are under age 65, the SSA permits you to earn up to \$10,080 in 2000 before reducing your benefits. The amount of exempt income you may earn after 2000 is set by formula and generally increases each year. You should contact your local social security office to obtain the exempt amounts for year 2001 and beyond. If you are between the ages of 65 and 69, the annual exempt amount for 2000 is \$17,000. This amount increases to \$25,000 in 2001 and \$30,000 in 2002. It is true that your Social Security benefits may be reduced if you continue to earn money over a set amount. If a person under 65 earns more than is allowable, one dollar in benefits will be withheld for each two dollars you earn above the limit. For persons 65 through 69, one dollar in benefits is withheld for each three dollars of earnings above the limit. If you are age 70 and older, you can earn unlimited income with out reducing your benefits.

**BENEFITS SUBJECT TO TAX:** Some of your Social Security benefits may be subject to federal income tax if your income is high enough. For

more information on whether any of your Social Security benefits may be subject to federal income tax, contact a tax advisor or the IRS.

2. **Disability Benefits.** If you are younger than age 65 and have worked for a significant portion of your life and have a serious disability, you may be eligible for disability benefits.

The disability or combination of disabilities must have lasted or be expected to last for at least twelve months or result in death. In addition, the disability or disabilities must prevent you from engaging in work (substantial gainful employment). The disability may be a physical or mental impairment and may consist of pain. There must be medical evidence to substantiate the alleged impairment or disability. The impairment must be severe enough to keep you from performing activities basic to your past work or work that you may be qualified for in view of your age, education and work experience.

Workers' compensation benefits can reduce social security disability benefits in some cases. You can check by calling the SSA to see how this rule applies to you.

To apply for disability benefits, call or visit the local Social Security office. You should be prepared with your work history and a list of the names and address of all the doctors and hospitals where you have been treated for your impairments.

**BENEFITS FOR THE WORKER'S FAMILY-RETIREMENT OR DISABILITY:** If a worker is receiving retirement or disability benefits, monthly benefits can also be paid to his or her:

- Unmarried children under 18 (or under 19 if full-time high school students);
- Unmarried children 18 or over who were

severely disabled before age 22 and who continue to be disabled;

- Spouse if age 62 or over;
- Spouse under age 62 if he/she is caring for a child under age 16 or disabled child who is receiving benefits based on the worker's earnings.

Survivors monthly payments can be made to a deceased worker's:

- Unmarried children under age 18 (or under 19 if attending high school fulltime);
- Unmarried children 18 or over who were severely disabled before age 22 and who continue to be disabled;
- Spouse if age 60 or over;
- Spouse under age 60 if he/she is caring for a child under age 16 or disabled child who is receiving benefits based on deceased worker's earnings;
- Spouse age 50 or older who becomes disabled within seven years after workers death;
- Dependent parents age 62 or older;
- Divorced spouse age 60 or over, or disabled surviving divorced spouse at age 50 or over, if the marriage lasted ten or more years.

3. **Supplemental Security Income (SSI).**

This program provides a guaranteed minimum income to the aged, blind, and disabled. These benefits are based on the recipient's needs. Unlike Social Security retirement benefits, you may be eligible for SSI even if you have never worked. To be eligible you must be 65 years of age, or blind or disabled. The standards for a qualifying "disability" are the same as for the disability benefits described on page 24. However, since this program is based on need rather than the work record of the disabled person, income and resource guidelines must also be met.

For 2000, an eligible individual's adjusted unearned income cannot be more than \$512 per month. An eligible couple's

adjusted unearned income cannot be more than \$769 per month. Other resources (property, cash, etc.) are also counted in determining your eligibility. A single individual may have no more than \$2,000 in available resources or assets. A couple may have no more than \$3,000 available resources or assets. When determining resources, certain assets do not count, including, but not limited to, the house in which you live and a vehicle that is used to provide necessary transportation. Again, these figures are current for 2000 and are subject to change; you should not draw any final conclusions about your eligibility based on this information alone. To apply for SSI, call or visit your Social Security Office.

**APPEAL OF DECISION:** If, after applying for benefits under any of these programs, it is determined that you are not entitled to benefits, you then have a right to appeal. You will receive a notice from the Social Security office which informs you of the decision and that you have 60 days to appeal. This appeal is referred to as a Request for Reconsideration. If you are again denied, you will then have 60 days to appeal the second denial. The next appeal is known as a

Request for Hearing. When you reach this stage, you should contact an attorney (if you have not already) who is familiar with such cases. At this level, your case will be heard by an Administrative Law Judge (ALJ).

If you are again unsuccessful, the next appeal is to the Appeals Council in Arlington, Virginia. The Appeals Council reviews the ALJ's decision. If the Appeals Council does not reverse that decision, your attorney can appeal to the federal court system for a final determination. If you are eventually successful during one of the appeal stages, you will be entitled to receive back benefits retroactively to the date the court determined that you should have initially received benefits.

*For More Information and Help,* The Social Security Administration can provide you with pamphlets as well as advice and answers to your questions. Call the toll free number 1-800-772-1213, business days from 7:00 am to 7:00 pm for materials or further assistance. The TTY number is 1-800-325-0778. The SSA also maintains an internet home page at <http://www.ssa.gov> that contains useful information. Helpful written materials are also available from Legal Services Corporation of Iowa, listed in the resource section of this booklet.

## DISABILITY AND DEATH BENEFITS FOR VETERANS

**DISABILITY BENEFITS:** There are two types of disability benefits for veterans. The first type of benefit is disability compensation benefits. A veteran may be entitled to disability compensation for any medical condition or injury that was incurred in or aggravated by military service if the veteran was released from active military duty with anything other than dishonorable discharge. The amount of the benefit is based on the degree of disability and there is no time limit to apply for benefits, but applying within one year of release from active duty permits entitlement to be established retroactively to the date of separation. Otherwise, the effective date of eligibility is based on the date of the claim.

The second type of disability benefit for living veterans is non-service-connected pension. In general, to be eligible for this benefit, a veteran must have had 90 days or more of service of which at least one day was during a period of war. Enlisted personnel serving after September 8, 1980 and officers serving after October 17, 1981 must have served a complete tour or have been discharged for hardship or disability. Contact the Regional Office for details. The following wartime periods have been established by the Department of Veterans Affairs:

WW I: April 6, 1917 - November 11, 1918  
WW II: Dec. 7, 1941 - Dec. 31, 1946

KOREA: June 27, 1950 - January 31, 1955

VIETNAM: August 5, 1964 - May 7, 1975

PERSIAN GULF:

August 2, 1990 - Date to be determined by Congress

There are also special periods for veterans who served during the Spanish American War, during the Mexican Border period (just prior to WW I) and on the Russian front (just after WW I). Special provisions apply to these periods so contact the VA Regional Office for details. As the name implies, this is a benefit for veterans who are disabled, but not as a result of the service. Any wartime veteran who is permanently and totally disabled may be eligible for this pension if he/she has very limited income and assets. The VA will consider unemployability and age of the veteran.

In addition to the basic pension level, there are two higher levels of disability pension. The first is housebound disability pension which is payable to those veterans who are basically confined to their own home or yard because of their health conditions. Travel outside of his or her immediate environment can usually only be accomplished with assistance from someone else. The highest level of pension is aid and attendance benefits. If a veteran is so disabled that help is needed to perform everyday functions such as cooking, bathing, dressing or the veteran cannot be trusted to take medication, the veteran may be eligible for this allowance. It is common for a veteran receiving these benefits to be living in a nursing facility.

Each level of disability pension has progressively higher income limitations. Additional income is also permitted if the veteran has dependents. All of the payments are made in one check except in the event of estrangement. In this case, an apportionment can be made to the separated spouse or to the custodian of the veteran's children. An ex-spouse is not entitled to benefits on his or her behalf. Instead, he or she can only receive an apportionment as the custodian of the veteran's children.

To further complicate matters, veterans' non-service-connected pension can be obtained under one of three different laws. Each of the laws is slightly different and a veteran now applying for benefits is eligible for the latest of the laws, the Improved Pension.

Each of the former programs was "grandfathered in" when a replacement law was passed. The oldest program is known as the Old Law Pension. Veterans on this program had to have been on the pension rolls prior to July 1, 1960. Section 306 Pension replaced the Old Law Pension in 1960 until December 31, 1978 when the Improved Pension came into existence. It is common for veterans to continue to receive benefits under the Improved Pension law since this law may provide greater benefits in their circumstances.

**DEATH BENEFITS:** There are several types of death benefits payable to the dependents of veterans. These benefits are payable regardless of the dependent's age or disability.

With one exception, these benefits are dependent on whether or not the veteran's death is service connected. If a veteran dies while in service or dies of a service-connected cause, then his or her dependent survivors are entitled to Dependency Indemnity Compensation (DIC). Widows, children or dependent parents can receive this benefit. For surviving spouses, the amount of the benefit is based on the rank of the veteran while he or she was in military service. The amount of these benefits can range from about seven hundred fifty dollars to well over one thousand dollars per month. Additional allowance can be paid if the widow has dependents, is housebound or in need of aid and attendance.

For VA purposes a dependent child is defined as being unmarried, under age 18 or between 18 and 23 and in school or any age if the child is considered helpless (the disability rendering the child helpless must have occurred prior to the eighteenth birthday). Children are eligible for DIC benefits, but not for additional allowance because

of being housebound or in need of aid and attendance.

Parents are eligible for DIC benefits only if they have limited income. It must be shown that the parents were or would have been dependent on the veteran for at least part of their income. Parents may be eligible for additional allowance if they are in need of aid and attendance but not if they are housebound.

Another program for certain survivors of veterans who died of service connected causes prior to August 13, 1981, is called the Reinstated Entitlement Program for Survivors (REPS). The benefits under the REPS program are similar to the benefits for students and surviving spouses with children between ages 16 and 18, which were eliminated from the Social Security Act. These benefits are payable in addition to any other VA benefits to which the family may be entitled. The amount of this benefit is based on information obtained from the Social Security Administration.

There is one benefit for the dependents of veterans who died of service-connected causes which has been "grandfathered in." This is called Death Compensation and was available before January 1, 1957. In most situations, it was more advantageous for recipients of Death Compensation to elect to receive DIC because it is usually a higher benefit. Some dependent parents still receive the Death Compensation benefit. No additional allowances for housebound or aid and attendance are available with this benefit.

Death Pension is available to the surviving spouse and children of wartime veterans who died of non-service-connected causes. To be eligible for payments, the dependents must have very limited income and assets. This benefit is not available to dependent parents.

Surviving spouses can be eligible for higher payments if they have dependent children or if they are housebound or in need of aid and attendance.

Children are not eligible for extra payments if they are housebound or in need of aid and attendance.

Dependents of veterans can also receive benefits under any one of the three previously listed laws. The former death benefits programs were "grandfathered in" just like the veterans programs.

The one exception to the service connected versus non-service-connected benefit distinction is Government Life Insurance. This program is administered by the Veteran's Administration and is handled like any other life insurance program. If an insured veteran dies, the insurance proceeds can be paid in a lump sum or in the form of an annuity. The annuity can be over a specified number of months or over the lifetime of the beneficiary. Some widows or parents of World War II servicemen killed in action are still receiving monthly annuity checks.

We have tried to give you an overview of Department of Veterans Affairs disability and death benefits. As is apparent, the type and range of benefits is complex. There are many other possible benefits that we have not touched upon. If you have questions about your individual case or about benefits in general, please contact your local VA office. You can reach a Veterans Benefits Counselor at 1-800-827-1000. All telephone exchanges in the state of Iowa ring into the Des Moines Regional Office. You can also visit the Department of Veterans Affairs Internet home page at [www.va.gov](http://www.va.gov) to obtain additional information.

There are additional veterans or dependents benefits to which older Iowans may be entitled. These include medical care at VA facilities, loan guaranty, and insurance benefits for those who kept their insurance after they left service. There are additional benefits for veterans who have specific service connected disabilities. The space here is too limited to discuss these benefits in detail. Please contact VA at 1-800-827-1000 for further information.

## FOOD STAMPS FOR THE ELDERLY

The food stamp program, managed by the United States Department of Agriculture, provides coupons or electronic debit cards for low income people which can be spent like cash to purchase food. Eligibility for food stamps is determined by the income and resources of the household.

If you wish to apply for food stamps, you should begin by obtaining an application from the local Department of Human Services (DHS) office. Your request for a food stamp application may be made in person, by mail or by telephone. If made by mail or telephone, the application will be mailed to you.

When you receive the application, you must fill it out and return it to your local DHS office. If you do not understand the application, a worker at DHS can assist you. After the application is submitted, a face-to-face interview at the DHS office is generally required. This requirement may be waived in certain situations, including hardship, transportation problems, or illness. In addition, the face-to-face interview may not be required if you are unable to appoint an authorized representative to attend the interview, and no one in your household is able to come to the office because they are all over 60 or disabled. When the office interview is waived, either a phone interview or a home visit by the DHS worker will be arranged.

After you have submitted your application, DHS has thirty days to tell you whether you will receive food stamps. This decision is based on whether DHS finds that you are eligible.

If your application for food stamps is denied, you have the right to appeal the denial. You can request appeal papers at your local DHS office. You must appeal within a certain time period, or you will lose the right to appeal. The time period is currently 90 days from the time that you are denied benefits. You must send the completed form to your local DHS office. A hearing at which you can appear will be set. You can have a friend or lawyer help you at this hearing.

**ELIGIBILITY:** You are eligible for food stamps if your resources and income are below certain amounts. Eligibility is somewhat complicated and cannot be explained fully here. Instead, some general aspects of eligibility will be discussed and examples given.

**RESOURCES:** Eligibility for food stamps is determined by the income and resources of the household. Income includes most money received by the household, including but not limited to earned income (Family Medical Assistance Program (FMAP), Social Security, etc.). Some types of income do not count. A household is a person or group of people who live, buy food, and prepare meals together. Spouses who live together must be considered as members of the same food stamp household.

Certain resources are not counted in determining food stamp eligibility. Items not counted include your home and property surrounding it, your household goods and personal items and one burial plot per household member. You do not have to count the resources of people who receive Supplemental Security Income (SSI) or FMAP benefits.

Unless you use your car as a business (such as a taxi), as a home, to transport a physically disabled household member, or for certain other purposes, it must be counted as a resource. However, the first \$4,650 of its fair market value will not be counted. You should consult with your local DHS office to obtain more information on these and other exemptions.

You are not disqualified from receiving food stamps if the total value of your resources do not exceed the following levels:

1. \$2,000 in resources; or
2. \$3,000 worth of resources if the household is made up of one or more persons and at least one of those persons is age 60 or older.

**Income:** In determining your food stamps eligibility in terms of income, certain subtractions are made from your total (gross) monthly income. Some of those subtractions include:

1. 20% of your gross earned income.
2. \$134.00 as a standard deduction for each household.
3. Medical expenses in excess of \$35 per month. (However, any part paid by Medicare, insurance, or other source cannot be subtracted.)
4. Shelter expenses that exceed 50% of your income after all other deductions are made. There is no limit on this deduction if someone in the household is elderly or disabled. For example, if your net income was \$700 per month after the above deductions, and your shelter (rent, telephone) expenses were \$400, you could deduct \$50.00, which is that amount by which 50% of your income (\$350) is exceeded by your shelter expense (\$400).

After the exclusions and deductions which apply to your situation are figured, your “net income” will remain. For a household including a person age 60 or over or on Supplemental Security Income (SSI) or Social Security Disability, the following are the net income limits for food stamp eligibility as of October 1999.

<b>Household Size</b>	<b>Maximum Net Monthly Income</b>
1	\$ 687
2	\$ 922
3	\$ 1,157
4	\$ 1,392
5	\$ 1,627
6	\$ 1,862
7	\$ 2,097
8	\$ 2,332

For each additional member over 8, add \$235.

**Benefits:** The amount of benefits a household receives is called an allotment. The allotment is calculated by multiplying the net monthly income by .3, the result is then subtracted from the maximum allotment for the household’s allotment. The reason for this calculation is that food stamp households are expected to spend 30% of their resources on food. The following are the maximum monthly allotments for households.

<b>Household Size</b>	<b>Maximum Net Monthly Allotment</b>
1	\$ 127
2	\$ 234
3	\$ 335
4	\$ 426
5	\$ 506
6	\$ 607
7	\$ 671
8	\$ 767

For each additional person in a household over 8, add \$96 a person.

For example, if your net income was \$275, you would multiply that by .3 and get \$82.50, which you would round up to \$83. Then you would subtract \$83 from \$127 to get \$44, which would be the food stamp allotment for a full month.

These amounts are subject to periodic change. You should check with your local DHS office to obtain the most current information.

Remember, the above information is not a complete explanation of food stamp eligibility. If you feel you need food stamps, you should apply for them at your local DHS office. Additional information is available through the food stamp hotline number at (515) 281-3131, or at the U.S. Department of Agriculture web site at [www.usda.gov](http://www.usda.gov).

## FEDERAL INCOME TAXES

The law relating to income taxes is fairly complicated and changes often. So remember - the information set forth below cannot tell you everything you may need to know. Read this for general guidance but get authoritative, up-to-date tax information from a professional. Also, be aware that the general information below focuses on federal income tax law and not on state income tax law. For more information and assistance with your taxes, see the resource section in the back of this booklet.

**WHO MUST FILE A FEDERAL TAX RETURN?** State and federal tax law provide persons who are age 65 or older special treatment in certain areas. Although the obligation to report income and file a tax return does not end at age 65, the law may not require older citizens to file a return.

For 1999, federal law required taxpayers age 65 or older to file a federal income tax return if they fell into one of the following categories:

<b>Filing Status</b>	<b>Gross Income Equal To or Greater Than</b>
(a) Single, age 65 or older	\$8,100
(b) Married filing jointly, one spouse age 65 or older	\$13,550
(c) Married filing jointly, both spouses age 65 or older	\$14,400
(d) Married filing separately, age 65 or older	\$7,200
(e) Head of household filer, age 65 or older	\$10,150
(f) Qualifying widow(er), age 65 or older	\$10,800

Please note that it may be necessary for an individual to file an income tax return even though his or her income was less than the applicable level set forth above. For example, you must file an income tax return if (1) you had net earnings from self-employment of at least \$400; (2) you are

entitled to a refund of tax withheld from your wages or a refund based on the earned income credit for low income households; or (3) you are claimed as a dependent on another's return and had unearned income of \$250 or more and total earned and unearned income of more than \$700 or you had no unearned income, but your earned income was more than \$4,300.

**NON-TAXABLE INCOME:** Certain types of income are non-taxable and you should not report them. Such income includes compensation for sickness or injury, certain veteran's benefits, gifts, and inheritances received by an individual. Municipal bond interest is not subject to federal income taxes only. Exceptions to these examples exist, so consult a qualified tax professional.

A common misconception is that social security benefits are not taxable. As a general rule, this statement is true. However, social security benefits can be taxable if the adjusted gross income of a single taxpayer approaches \$25,000, or if the adjusted gross income of joint taxpayers approaches \$32,000.

**STANDARD DEDUCTION:** All taxpayers who do not itemize their deductions are entitled to a standard deduction. The amount of standard deduction varies according to a given taxpayer's filing status. Taxpayers who are 65 or older receive an additional standard deduction amount that is added to the basic standard deduction applicable to a given filing status. The resulting total standard deduction is therefore higher for persons age 65 or older than for other taxpayers.

**SALE OF YOUR HOME:** Effective for sales and exchanges of personal residence after May 6, 1997, the law pertaining to exclusion of gain realized changed significantly from prior law. Under the law effective before May 7, 1997, there was a specific tax benefit available only to persons age 55 or older. Under the current law, which applies to all taxpayers, an unmarried individual taxpayer may exclude income up to \$250,000 of gain realized from the sale or exchange of a residence. In order for this exclusion to apply, the individual

must have owned (the “ownership test”) and occupied (the “use test”) the residence as a principal residence for at least two of the five years before the exchange. The taxpayer can use this exclusion on a continuing basis, but not frequently than once every two years. Married individuals filing jointly may exclude gain up to \$500,000 if (1) either spouse meets the ownership test; (2) both spouses meet the use test; and (3) neither spouse has sold or exchanged a residence within the last two years.

**EXCLUSIONS FOR PENSIONS AND ANNUITIES.** For Iowa state tax purposes, persons age 55

or older, disabled, or a surviving spouse of a qualifying individual, may be entitled to a partial exclusion for pensions, annuities, self-employed retirement plans, deferred compensation, IRA distributions, and other retirement benefits. The exclusion for married persons is the lesser of \$10,000 or the taxable amount of the retirement income. For a single person, head of household, or qualifying widow(er), the exclusion is the lesser of \$5,000 or the taxable amount of the retirement income. You should consult with a qualified tax professional to determine which credits or exclusions may be available in your specific situation.

### PROPERTY TAX AND RENT RELIEF FOR THE ELDERLY AND DISABLED

Under Iowa law, elderly and disabled citizens may be eligible for property tax and rent relief. For specific questions about property tax relief, contact your county treasurer. For questions on rent reimbursement, contact the Iowa Department of Revenue and Finance.

**HOMESTEAD TAX CREDIT:** Most homeowners qualify for a homestead tax credit to lower the property taxes on their homes, regardless of age. To qualify, the homeowner must file a verified statement and designation of homestead with the County Tax Assessor by July 1. A homestead is defined as the dwelling owned and actually used as a homestead by the person filing for the credit. The credit is also available to certain persons confined to a nursing home extended-care facility or hospital and to persons residing in mobile, manufactured and modular homes.

**PROPERTY TAX CREDIT:** In addition to the homestead tax credit, individuals may be eligible for a property tax credit if they are age 65 or older or are totally disabled and at least eighteen years old. A person must also be a full year Iowa resident and have total annual household income less than \$16,500 in order to qualify. Renters who meet the same qualifications are entitled to a reimbursement of rent payments. The law defines “renter” to include a persons who resides in a nursing home.

**RENT REIMBURSEMENT:** Eligibility for rent reimbursement entitles persons who rent a house or apartment to reimbursement of a portion of the rent they paid in the year before they filed their application. The precise amount of reimbursement is calculated according to a formula set by the Iowa Department of Revenue and Finance. Persons are only eligible if the place they rent or the nursing home in which they live is subject to property tax. For nursing homes, this means that it must be operated for profit.

In order to qualify for either the property tax credit or rent reimbursement, a person must satisfy the age or disability criteria by December 31 of the year prior to the year in which they file their verified application. The definition of income is very broad for calculation of the income threshold and includes such things as wages, salaries, tips, in-kind assistance, rent subsidies, utilities assistance, Title 19 benefits, social security income, disability compensation, pensions and annuities, interest and dividend income, profit from business and/or farming, capital gains, monetary contributions, child support, alimony, welfare payments and insurance income. You must file application for the property tax credit and for rent reimbursement between January 1 and June 1 of each year, procedures exist for the acquisition of an extension for filing.

## POWER OF ATTORNEY

Ordinarily, when we use the word “attorney,” we think of a trained, licensed attorney-at-law. But the law recognizes another type of attorney that is not necessarily a licensed lawyer. This type of attorney is called an “attorney-in-fact.” His or her legal status as “attorney-in-fact” is created by a written document called a “power of attorney.”

A power of attorney is simply a written document by which one person gives to another person (the “attorney-in-fact”) the authority to act on the first person’s behalf in one or more matters. There are several types of powers of attorney: general powers, limited powers and durable powers.

**GENERAL POWER OF ATTORNEY:** A “general power of attorney” authorizes the attorney-in-fact to act on your behalf in all your personal financial transactions and affairs. The general power of attorney authorization automatically ceases upon your death. Unless the document states otherwise, it also terminates upon your disability or incapacity. See the discussion below regarding durable powers of attorney.

**LIMITED POWER OF ATTORNEY:** A “limited power of attorney” authorizes the attorney-in-fact to act on your behalf only in the matters specifically designated in the written document. Examples of such limited authority might be: to perform maintenance on a particular piece of property; to sign checks for a limited amount of money or time; or to purchase a certain piece of real estate, but only if it can be purchased at a certain price and in a certain condition. As with a general power of attorney, the authority granted in a limited power of attorney also terminates upon your death. Unless the document states otherwise, it also terminates upon your disability or incapacity. See the discussion below regarding durable powers of attorney.

**DURABLE AND STANDBY POWERS OF ATTORNEYS:** A “durable power of attorney” differs significantly from the two previously discussed “powers of attorney” because it is effective

even if you become disabled or incapacitated. Furthermore, a durable power of attorney can be made effective upon the occurrence of a certain event. For example, it is quite common to have a power of attorney only become effective if your doctor diagnoses you as being disabled or incapacitated. Because the effective date is delayed, this second type of durable power of attorney is sometimes referred to as a “standby power of attorney.”

The advantage to this form of power of attorney is that it can serve as a planning tool. It allows you to determine who will handle your affairs and who will make decisions for you if you become disabled or incapacitated. Examples of how a durable power of attorney might be used are: You could designate an attorney-in-fact to handle your banking and bill paying presently, and the attorney-in-fact would continue to take care of those matters after you become incapacitated or disabled; or, you can continue to handle your own affairs, but specify in your “power of attorney” that a specific “attorney-in-fact” is authorized to handle your personal financial affairs, upon the occurrence of a specific event. The attorney-in-fact can also make medical decisions on your behalf in the event that you become disabled or incapacitated.

The durable power of attorney document must be carefully worded. You must make it clear that your intent is to provide a power of attorney that will survive your disability or incapacity or become effective only if you become disabled or incapacitated. All powers of attorney terminate automatically upon your death.

**HOW TO MAKE A POWER OF ATTORNEY:** In order to create an effective power of attorney, the following elements must be present. This is true whether the power of attorney is to be general, limited, or durable.

1. You must be competent (rational and capable of making your own decisions).

2. The power of attorney must be in writing. It can be handwritten or typed, or preprinted forms can be used.
3. The power of attorney document must contain the following:
  - A. The name of the person authorized to act as your attorney-in-fact.
  - B. The powers and responsibilities given to the attorney-in-fact.
  - C. Your signature, which must be signed and attested to in the presence of a notary public.
4. If the power of attorney affects real estate, the document should include the legal description of the property and it should be filed with the office of the county recorder where the property is located. If the power of attorney affects health care decision making, a copy of the documents should be provided to your attending physician.
5. If recorded, you may obtain certified copies of your "power of attorney" document from the county recorder and make them available to persons affected by them, such as your doctor, your banker, etc.
6. It is not necessary to have a lawyer write your power of attorney document, but it would be wise to do so.

**HOW TO CANCEL A POWER OF ATTORNEY:** All powers of attorney may be canceled at any time simply by delivering a written, notarized document to that effect to the attorney-in-fact. If the power of attorney has been recorded, the document revoking the power of attorney also should be recorded.

**ADVANTAGES OF A POWER OF ATTORNEY:** Powers of attorney are simple and inexpensive to prepare. The attorney-in-fact may begin exercising his or her authority under the

document immediately without the need for court authorization. Because there is no court supervision and annual accountings are not required, it is mandatory that you trust implicitly the nominated attorney-in-fact.

**POTENTIAL DISADVANTAGES OF POWERS OF ATTORNEY:** The same characteristics that make a power of attorney convenient and inexpensive also constitutes the biggest potential disadvantage. Because there is no court supervision and annual accountings are not required nor scrutinized by anyone, it is mandatory that you trust implicitly the nominated attorney-in-fact. With a power of attorney, there is ample opportunity for the attorney-in-fact to exercise the authority in an unethical or dishonest manner. For these reasons, it is vitally important that you have a high degree of trust and confidence in any person to whom you grant your power of attorney.

It is a good idea to consult with the individual you intend to appoint as attorney-in-fact. It is also advisable to nominate a second or third choice in case your first choice is unwilling or unable to serve in this capacity.

**POWERS OF ATTORNEY FOR FINANCIAL MATTERS:** The most common purpose for the use of a power of attorney is to grant authority to transact business on your behalf. Depending on how much authority you wish to convey, you may grant to your attorney-in-fact any one or all of the following:

1. Open, maintain or close bank accounts or brokerage accounts;
2. Sell, convey, lease, or maintain real estate;
3. Access to safe deposit boxes and their contents;
4. Make financial investments;
5. Borrow money, mortgage property, or renew or extend debts;
6. Prepare and file federal and state income tax returns (IRS Form 4868 also should be executed);
7. Vote at corporate meetings;

8. Purchase insurance for your benefit;
9. Initiate, defend, prosecute or settle any lawsuit;
10. Start or carry on a business;
11. Employ professional and business assistants of all kinds, including lawyers, accountants, real estate agents, etc.;
12. Apply for benefits and participate in governmental programs;
13. Transfer to a trustee any and all property; and
14. Disclaim part or all of an inheritance.

To be effective, the power of attorney must be signed before a notary public. If it affects real estate, it should include the legal description of the real estate and it should be filed with the county recorder in the county in which the real estate is located.

### **POWERS OF ATTORNEY FOR HEALTH CARE PURPOSES:**

In May, 1991, a new Iowa law became effective that allows individuals to confer upon an attorney-in-fact the authority to make medical and health care decisions on behalf of the person granting the powers. A health care power of attorney essentially takes the place of a guardianship and allows the attorney-in-fact to make daily health care decisions without court supervision, when an individual is unable to make decisions for himself or herself. A recent federal law now requires medical facilities to inform all patients, prior to admission, of the right to sign a living will or a health care power of attorney.

### **LIVING WILLS**

All adults have the basic right to control decisions about their own medical care. People have the right to decide whether or not to withhold certain treatment. They can choose not to receive medical or surgical procedures, which only prolong the dying process.

Iowa law ensures that the rights and desires of the terminally ill are honored. It provides that adults

By executing a health care power of attorney, you authorize the attorney-in-fact to make "health care decisions" on your behalf. "Health care decisions" means the consent, refusal to consent or the withdrawal of consent to "health care." "Health care" means any care, treatment, service or procedure the purpose of which is to maintain, diagnose or treat an individual's physical or mental condition.

It is a good idea to nominate an alternate attorney-in-fact, in case your first choice is not able or no longer willing to serve as your attorney-in-fact. However, it is not recommended that you appoint co-attorneys-in-fact. This will avoid potential deadlocks or disputes over health care decisions. You may revoke a power of attorney at any time. To make an effective revocation, you must communicate your intent to revoke. This communication may be oral or written. The communication should be made to the attorney-in-fact. However, if a health care provider currently is providing health care services, then you may effectively revoke the power of attorney by communicating your intent to the care provider.

The health care power of attorney allows you to grant to the attorney-in-fact the authority to make decisions regarding the use of life-sustaining procedures. Because of this, it has been said that the execution of a living will no longer is necessary. It is important that you realize that the execution of a living will memorializes your intent and desire regarding the use of life-sustaining procedures, and not what your attorney-in-fact thinks you desire. The presence of a living will relieves the attorney-in-fact from making that difficult decision, if the situation arises.

can direct, in advance, whether they want to be kept alive by artificial means in the event they become terminally ill and are incapable of taking part in decisions regarding their medical care. This written declaration is commonly referred to as a "living will." Because it is signed in advance of its use, it is also referred to as an "advanced directive." Federal law now requires hospitals and long-term care facilities to notify persons

being admitted of their right to execute advanced directives.

This section answers questions commonly asked regarding living wills. This is a general summary, and not a substitute for legal advice. You should see a lawyer to get complete and current legal advice. In particular, your lawyer will be able to provide a document that satisfies the requirements of Iowa law.

**WHAT IS A LIVING WILL?** The term "living will" is a misnomer. A living will is best defined as a written declaration that informs medical personnel of your desire not to have life-sustaining procedures induced if you are diagnosed as being terminally ill and you are incapable of participating in the decision-making process regarding your treatment, and the use of life-sustaining procedures would merely prolong the dying process.

**HOW DO I MAKE A LIVING WILL?** A living will can only be made by a competent adult who is age 18 or older. The declaration can be signed in the presence of two witnesses or a notary public. If witnessed, it is recommended that the witnesses not be members of the declarant's immediate family. A health care provider and its employees may not be witnesses. The witnesses also must sign the document. The declaration must be signed voluntarily.

**WHAT SHOULD I DO WITH THE LIVING WILL ONCE IT IS SIGNED?** The original living will must be given to your doctor in order to act on it. Under Iowa law, it is your responsibility to provide your attending physician with the declaration. An "attending physician" is the doctor who is primarily responsible for your care. This doctor may not always be your family doctor. However, it is a good idea to give a copy of the living will to your family doctor for his or her files. In addition, the living will's existence should be made known to family members.

**WHEN SHOULD I MAKE A LIVING WILL?**

As long as you are age 18 or older and competent, you can execute a living will at any time. It can be signed before or after diagnosis of terminal illness. A recent federal law now requires medical facilities to inform all patients, prior to admission, of the right to sign a living will or health care power of attorney.

**HOW DOES THE LIVING WILL AFFECT MY MEDICAL TREATMENT?** You may direct your doctors to withhold or withdraw life-sustaining procedures in the event you become terminally ill, are unable to participate in the decision making process and the use of life-sustaining procedures will merely prolong the dying process.

**WHAT IS A "TERMINAL CONDITION?"** Under Iowa law, a terminal condition is defined as an incurable or irreversible condition that results in death within a relatively short period of time or a comatose state from which there can be no recovery, to a reasonable degree of medical certainty.

**WHAT ARE "LIFE-SUSTAINING PROCEDURES?"** Under Iowa law, a life-sustaining procedure refers to any medical procedure of treatment that meets both of the following requirements:

1. The use of mechanical or artificial means to sustain, restore or take the place of a spontaneous vital function, and which,
2. When applied to a patient in a terminal condition, would serve only to prolong the dying process.

In April 1992, Iowa law was amended to include the withdrawal of nutrition and hydration as a life-sustaining procedure but only when required to be provided parenterally or by intubation. "Parenterally" is defined as "something introduced to the body other than through the intestine." It is important to note that the term does not include the provision of medicine or procedures necessary to provide comfort or to ease pain.

**WHO DECIDES WHETHER MY CONDITION IS TERMINAL?** Your attending physician makes this decision, but the determination must be confirmed by another physician. The doctors' conclusions must be entered in your written medical records.

**WHAT IF I MAKE A LIVING WILL BUT I CHANGE MY MIND?** You may revoke a living will at any time simply by notifying your attending physician of your intent to revoke the document. Your intent must be communicated, by you or someone else, to your attending physician, who will then record this communication as part of your medical record.

**WHEN DO THE PROVISIONS OF A LIVING WILL TAKE EFFECT?** The provisions take effect after (1) your doctor and another doctor decide that your condition is terminal and record their conclusion in your medical record, (2) your doctor is presented with your living will, and (3) you are unable to make decisions regarding your care and treatment. Accordingly, even if you make a living will, you have the right to make decisions regarding the use of life-sustaining procedures so long as you are able to do so. The living will only becomes effective when you are unable to participate in these decisions.

**MY LIVING WILL WAS SIGNED PRIOR TO APRIL 23, 1992. IS IT STILL VALID?** Effective April 23, 1992, Iowa law was amended to include the withdrawal of nutrition and hydration as life-sustaining procedures, and the definition of a terminal condition was expanded to include a comatose state from which no likelihood of recovery is expected. Living wills executed prior to this date are still valid, but their effectiveness will not include the changes. You must affirmatively elect these changes in the law by signing a new living will. However, if a living will executed prior to the effective date contained language prohibiting the administration of life-sustaining procedures in the case of nutrition, hydration, or comatose state, then that language now will be given effect.

**WHAT HAPPENS IF THE ORIGINAL LIVING WILL CANNOT BE FOUND OR IF SOMEONE TAMPERS WITH, DESTROYS OR CONCEALS MY LIVING WILL?** If the original living will cannot be located, then the law identifies a hierarchy of persons who are authorized to make the decision in your stead. See the next section for this list. If your living will is destroyed without your consent, that person has committed a crime, a serious misdemeanor.

**WHAT IF I DO NOT MAKE A LIVING WILL AND I BECOME TERMINALLY ILL AND UNABLE TO PARTICIPATE IN DECISIONS REGARDING MY TREATMENT?** If you have no living will in this situation, your treatment decisions may be made, in front of a witness, by the attending doctor and any of the following persons, in the following order:

1. The person you designated in a power of attorney, if any. (See the discussion above regarding powers of attorney.)
2. Your court-appointed guardian, if any. Your guardian must obtain court approval before making this decision.
3. Your spouse.
4. Your adult child. However, if you have more than one child, then the decision is to be made by a majority of your available adult children.
5. Your parent or parents.
6. An adult brother or sister.

**DOES A LIVING WILL AFFECT EXISTING LIFE INSURANCE BENEFITS?** The law provides that making a living will does not affect a life insurance policy, whether you already own a policy or are yet to purchase one. You cannot be required to sign a living will in order to obtain life insurance. Finally, the law specifically provides that death from the withdrawal of life-sustaining procedures pursuant to a living will does not constitute suicide or homicide.

DECLARATION RELATING TO USE OF LIFE-SUSTAINING PROCEDURES

If I should have an incurable or irreversible condition that will result either in death within a relatively short period of time or a state of permanent unconsciousness from which, to a reasonable degree of medical certainty, there can be no recovery, it is my desire that my life not be prolonged by the administration of life-sustaining procedures. If I am unable to participate in my health care decisions, I direct my attending physician to withhold or withdraw life-sustaining procedures that merely prolong the dying process and are not necessary to my comfort or freedom from pain.

Dated: \_\_\_\_\_ Signature \_\_\_\_\_
Print Name \_\_\_\_\_
Address \_\_\_\_\_

State of Iowa, County of \_\_\_\_\_, ss:

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned, a Notary Public in and for the State of Iowa, personally appeared \_\_\_\_\_, to me known to be the identical person named in and who executed the foregoing instrument and acknowledged that such person executed the same as such person's voluntary act and deed.

Notary Public in and for said State

Note, by Iowa law:

- 1. This declaration will be given effect only when the declarant's condition is to be terminal or the declarant is in a state of permanent unconsciousness and the declarant is not able to make treatment decisions.
2. It is the responsibility of the declarant to provide this document to the attending physician.
3. This declaration may be revoked in any manner by which the declarant is able to communicate the declarant's intent to revoke, without regard to mental or physician condition. A revocation is only effective as to the attending physician upon communication to such physician by the declaration, or by another to whom the revocation was communicated.

Helpful written materials are also available from Legal Services Corporation of Iowa, listed in the resource section of this booklet.

REVOCABLE TRUSTS

There has been much publicity in recent years about revocable trusts, living trusts and revocable living trusts. These are different names for the same thing.

A revocable trust is an agreement made by the trustor, who gives his/her property to the trustee. The trustee manages the property in accordance with the instructions of the trustor as they appear in the trust agreement. The revocable trust may be amended or revoked at any time during the trustor's lifetime so long as he or she is competent, or by the trustor's will if the trust instrument authorizes revocation in that manner. If the trust is not revoked, it becomes irrevocable at the trustor's death.

You can be the trustee of your own trust. If you are the trustee of your trust, you continue to manage your own financial affairs. The only difference is that the assets are owned by your trust. If you are not the trustee, you may choose to name as trustee an individual with investment expertise or a bank. As trustee, he or she will manage your property for you. The trustee will handle the collection of income from the assets, and may pay your expenses from the trust if you desire. The trustee will also make investment decisions. If you name a professional trustee, you should inquire about his or her fee for administering the trust.

There are several reasons people choose to set up revocable trusts. One reason people consider a revocable trust is to obtain privacy in their financial affairs. A living trust is a private arrangement between the trustor, the trustee and the beneficiaries. Upon your death, unlike your will, a living trust agreement is not usually filed with the Court, and does not become a part of the public record. However, even if the trust agreement is not recorded, the value of your trust may appear on an inventory which would be filed with the court.

Another reason people establish revocable trusts is to provide for continued management of their assets upon incapacity. If you have established a trust and transferred your assets into the trust, the trustee (or a successor trustee, if you were the original trustee) can continue to manage your financial affairs should you become incapacitated. This eliminates the need for a court to appoint a conservator to handle your finances.

Many people are interested in establishing a revocable trust because it will allow their estate to avoid probate. If you have transferred all your assets to a living trust, there will be no need to probate your estate at your death. But, if you have not transferred all your property or you have acquired additional property which was not transferred into the trust, probate proceedings will probably be necessary. If there is a probate of your estate, an inventory of your assets must be

filed with the court, and the value of your trust would be included. Probate fees are based on your gross estate, the value of your property. The fees of both your executor and estate attorney are calculated on the basis of your gross estate.

While establishing a living trust may avoid the need for the probate of your estate, it does not eliminate all costs associated with probate. You may still need to have someone prepare tax returns. Having a revocable trust does NOT eliminate the necessity to file an Iowa Inheritance Tax Return or a Federal Estate Tax Return if required, or to pay the tax. There may also be costs associated with the transfer of property to the beneficiaries. Those fees are based on the value of your revocable trust assets.

Even with a revocable trust, you still need to have a will. If you do not transfer all your assets into the trust, (which is the case for most people) you should have a will which would "pour-over" (transfer) your estate assets to the trust. You should also have a power of attorney. This person will be able to take care of any property which you did not transfer into the trust should you become incapacitated.

A revocable trust can be an integral part of your estate plan. You should contact an attorney experienced in estate planning to see if a revocable trust is right for you.

## GUARDIANSHIPS AND CONSERVATORSHIPS

Guardianships and conservatorships are court-authorized ways to allow one person to make decisions for another person. They allow the appointment of a "manager" to take care of the affairs of someone who has demonstrated that he or she is not capable of managing his or her own affairs. The power to make decisions for another has a big impact on the person whose affairs are to be managed. For that reason, it takes a Judge's order to establish a guardianship or conservatorship, and once established, the annual reports are reviewed by a Judge.

**THE DIFFERENCE BETWEEN GUARDIANSHIPS AND CONSERVATORSHIPS:** In a guardianship, the manager, called the "guardian," provides care and makes health care decisions for the person unable to manage his or her affairs, called the "ward." In a conservatorship, the manager, called the "conservator," handles the ward's property and finances. It is possible for the same person to act as both guardian and conservator for the ward.

**CREATION OF A GUARDIANSHIP OR CONSERVATORSHIP:** There are two ways to establish a guardianship or conservatorship. The first is by a voluntary court proceeding. The second is by an involuntary court proceeding.

Voluntary court proceedings are relatively simple. This occurs when a person agrees that he or she needs to have his or her affairs managed by another. It is this agreement that makes it a "voluntary" proceeding. The person signs the necessary legal documents, which the Judge then reviews. If the Judge determines that the appointment will be in the best interest of the applicant, the Judge will appoint a guardian and/or conservator.

Involuntary proceedings are much more complex. In these cases, the person for whom the guardianship or conservatorship is asked does not necessarily agree that he or she needs this help. Several steps are provided in the law to make sure the person's rights are protected. First, a petition must be filed in court. The person named in the petition as needing a guardian or conservator must be notified of this petition and must be given at least 20 days before the court hearing is held. In a guardianship, the applicant must prove by clear and convincing evidence that the proposed ward's decision making capacity is so impaired that the person is unable to care for the person's personal safety or to attend to or provide for the necessities for the person such as food, shelter, clothing, or other medical care, without which physical injury or illness might occur. In a conservatorship, the applicant must prove by clear and convincing evidence that the proposed ward's decision making capacity is so impaired that the person is unable to make, communicate or carry out important decisions concerning the person's financial affairs. It is at this hearing that the Judge decides whether a guardian or conservator should be appointed. The person for whom the guardian or conservator is sought must be represented by an attorney at this hearing, either selected by the proposed ward, or if no attorney appears for the ward, the court must appoint an attorney for such representation. If an attorney's services cannot be afforded, appointment will be made at county expense.

**TYPES OF GUARDIANSHIPS AND CONSERVATORSHIPS:** There are several types of guardianships and conservatorships under Iowa law. They differ in the amount of control the manager has over the other person's affairs. For example, with a limited guardianship or conservatorship, the manager's power is limited to certain functions. With a standby guardianship or conservatorship, the manager's authority will only be effective if a certain event happens, such as the person becoming incapacitated and unable to communicate his or her needs to others. In that case, a competent individual chooses the person he or she would like to serve as guardian or conservator in the event of incapacity. When a temporary guardianship or conservatorship is authorized, the power is in effect only for a limited period of time, or until a permanent appointment is made.

**NOTIFICATION OF GUARDIANSHIP AND CONSERVATORSHIP POWERS:** In any action for the appointment of a guardian or conservator, the ward is entitled to written notice which advises the ward of the powers held by the guardian and the conservator, if either one is appointed by the Judge. The written notice must also advise the ward of the right to legal counsel and the potential deprivation of the ward's civil rights.

**POWERS OF THE GUARDIAN OR CONSERVATOR:** The guardian has general power to make decisions for the ward. There are some decisions, however, which require the approval of the Judge. One example of a decision requiring the Judge's approval is changing the ward's residence to a place which gives the ward less freedom than the ward's current residence. Also, the Judge's approval is required for decisions regarding major medical elective surgery and other non-emergency major medical procedures.

The conservator, dealing with the financial affairs of the ward, has general power to collect and save the ward's assets and to dispose of the ward's personal property at a fair price. The Judge's approval must be obtained for the disposal of real estate, settling claims, executing leases or making disbursements.

**GUARDIANSHIP AND CONSERVATORSHIP REPORTS:** An Important part of the guardian's and conservator's responsibilities is making reports to keep it apprised of his/her activities on behalf of the ward. A guardian is responsible for three types of reports-an initial report must be made within 60 days of the guardian's appointment, an annual report on the anniversary date of the guardian's appointment and a final report within 30 days of the termination of the guardianship. A conservator must file an initial report and an inventory within the 60 days of appointment, supplement reports whenever any additional property comes into the conservator's hands , annual reports, and a final report when the conservatorship is terminated.

**TERMINATION OR CHANGE OF A GUARDIANSHIP OR CONSERVATORSHIP:** Once a guardianship or conservatorship is estab-

lished it lasts until the ward dies or until the ward returns to court and is granted an order to have the guardianship and/or conservatorship changed or ended. The ward must demonstrate that he/she has some decision making capacity and then the guardian/conservator and/or any other proponent of maintaining the guardianship or conservatorship must again prove by clear and convincing evidence that the ward's decision making capacity continues to be so impaired. Then the Judge will determine whether or not to continue with the guardianship and/or conservatorship and if it is to be continued whether it should be a full guardianship and/or conservatorship or whether it should be limited. Most guardianships or conservatorships for children end when they reach the age of eighteen with the filing of a final report. Other guardianships or conservatorships end only with the Judge's approval.

## WILLS

**WHY YOU SHOULD HAVE A WILL:** If you die without a valid will, you have no control over where your property goes. Instead, the laws of the State of Iowa make that decision. According to these laws, your property will be distributed to your relatives in a certain manner based upon your relationship (blood or marriage) to those persons. Without a will, there is no method of giving your assets to a charity or to a friend, if you so choose.

If you own real property, dying without a will may complicate the transfer of that property, either to your family or by sale to another. Further, since the State decides who gets the land, it might not pass to the next generation in one parcel. Finally, if there is not a will, the court will select someone to take care of your affairs, called an "administrator." This person may be someone who would be unacceptable to you. Generally, the court appoints the surviving spouse or a surviving child to administer the estate.

**SOME BASIC FACTS ABOUT WILLS:** A well-prepared will is the best way to make sure that your property, called your estate, passes as

you wish to your family and others, after your death. Generally, your estate consists of property and cash assets that you own at your death. It includes bank accounts, land, furniture, buildings, cars, stocks and bonds, proceeds from life insurance that are payable to your estate and retirement benefits payable to you by your employer. It also includes your Individual Retirement Accounts (IRAs). However, any property held in joint tenancy with another person passes directly to the surviving joint tenant. Life insurance proceeds and retirement benefits payable to named beneficiaries pass to those designated beneficiaries. Thus, joint tenancy property and life insurance and retirement benefits payable to named beneficiaries will pass to the intended person outside of your will.

**REQUIREMENTS FOR A WILL:** In Iowa, a valid will must comply with these requirements:

1. The maker must be at least eighteen (18) years of age or married.
2. The maker must be of "sound mind."
3. The will must be written and signed by the

maker in the presence of at least two competent witnesses, at least 16 years of age, who also sign the will in the presence of the maker and each other.

4. The maker must tell the witnesses that it is his or her will.

To make certain that your will is validly executed and complies with Iowa law so that your wishes can be carried out, you should consult an attorney in making and signing the will.

You will need to name the executor of your will. The executor is the person you desire to carry out the provisions of your will. If you do not name such a person, the court will appoint an executor for you.

**RESTRICTIONS ON PROPERTY DISTRIBUTION IN A WILL:** Generally, Iowa law allows you to distribute your property as you wish. However, there are some significant restrictions. You may not completely exclude a spouse from receiving any of your estate. Even if you attempt to cut your spouse out of the will, the law will allow your spouse to take a certain percentage of the assets.

Likewise, if you hold property (such as real estate, bank accounts, cars and household goods) in joint tenancy with another person, that property cannot be distributed by will. The surviving joint tenant automatically becomes the sole owner of that property upon your death.

**HOW LONG IS A WILL VALID?** A will that meets all of the requirements described earlier is good until it is changed or revoked by you. Changed circumstances may require an addition or correction. These changes may be reflected in a document called a codicil. This allows for the changes without redoing your entire will. The codicil must comply with the same requirements as the original will. However, you may need to completely redo the will if the changes are substantial ones.

**TAXES:** Both the state and federal governments may assess taxes on property passing from one individual to another after death.

**FEDERAL ESTATE TAX:** Under federal law, your estate (property) will be taxed based upon its value. In other words, if the estate is valued in excess of the threshold amount, there will be a federal tax due. If the estate is valued under the threshold amount, then there is no federal tax due. In 1999, the threshold amount is \$650,000 and, pursuant to a new federal law, this amount will increase to \$1,000,000 by the year 2006.

**IOWA INHERITANCE TAX:** The persons to whom you leave property may be required to pay Iowa Inheritance Tax. This tax is based upon the value of the property and relationship of the person to whom the property passes. After July 1, 1997, there is no Iowa Inheritance tax on property which passes to a surviving spouse or lineal descendants, such as children, grandchildren, or parents. For property which passes to all others, tax will be paid only if the value of the property is greater than a certain amount. These amounts differ according to the degree of your relationship to the person inheriting the property and the rates are subject to change. Typically, the more distant the relationship, the higher the tax.

**WHAT TO DO WHEN SOMEONE DIES:** When there is a death in the family, often the last thing the surviving relatives attend to is the legal distribution of the deceased's property.

When there is a will, the executor should be contacted. The executor should then get in touch with a lawyer and the probate court as soon as possible. If there is no will, a friend or relative should contact a lawyer and the probate court. It may be possible to avoid probate or administration (the court system for handling estates). However, whether or not the court system is used, certain documents must be filed and taxes paid to properly finalize the deceased's affairs. For these reasons, a lawyer should be consulted.

## FUNERALS

Funeral services are often purchased without any real planning, without comparison of prices, and without knowledge of the legal options. This section will point out some of the options and legal rights involved in funeral and burial arrangements. At the end, other sources of information and help are listed.

**PREPLANNING:** In order to avoid having important funeral decisions made at a time of grief and vulnerability, it makes sense to plan in advance. Talk openly with family members and friends, so that they may know your wishes and you may learn theirs. Funeral directors are required to have written price lists. Review such materials with family members and put your wishes in writing. You may also compare prices by phone, since the law requires funeral homes to give out price information over the phone.

**CASKETS:** The casket is the movable container in which the deceased may be displayed and then buried. Casket prices can vary greatly, so comparison shopping is very important. Funeral directors must make casket price lists available before taking you to a casket display room. If you look at the caskets on display but do not see the ones from the written price lists that are affordable to you, make sure to ask. You should also note the purchase of a casket may not be necessary with some forms of funerals. See the section on cremation below.

**VAULTS AND GRAVELINERS:** Burial vaults and graveliners are underground containers into which a casket is placed. Although they are not required by law, a particular cemetery may require such containers to avoid having the ground above settle. Make sure and find out whether the cemetery you are considering requires these containers and, if it does, compare costs. Vault and graveliner price lists must be made available on the same basis as casket price lists.

**EMBALMING:** Embalming is the process of replacing normal body fluids with chemicals to preserve the body until burial or cremation. Embalming costs must be set forth on the general price list provided by the funeral home. In Iowa, embalming is not required by law if the burial takes place within 48 hours of death. (Some exceptions to the rule exist, requiring embalming to transport the body by common carrier, or if the death was the result of certain contagious diseases.)

**CREMATION:** Cremation is the process of reducing a body to ashes through exposure to extreme heat. The ashes are then placed in an urn, which may be buried in a cemetery or may be taken home and kept by a loved one. Your funeral director may also be aware of other disposition choices. Iowa law permits scattering the ashes on the ground, although local ordinances should be checked before doing so since local law may restrict such scattering. A casket is not necessary for cremation, although a simple container in some form, such as an unfinished wooden box or a canvas covering, can be used. Likewise, embalming is not required for cremation. Compare costs for yourself, but cremation will often be less costly than the alternatives.

**FINALIZING ARRANGEMENTS:** If you work out arrangements with a funeral director, the director must provide you with an item-by-item list of the goods and services you selected, with the price of each item set forth. The list must include any cash advance items, that is, any services for which the funeral home makes a direct cash payment to someone else (for example, to a minister or to an organist). Finally, this list must include a total price of all goods and services being purchased.

**"PRE-NEED" FUNERAL ARRANGEMENTS:** Funeral homes and cemeteries often sell "pre-need" funeral merchandise or arrangements. The customer selects the various features of the funeral

and the disposition of his or her body and signs a contract to pay for it in advance. Iowa law provides certain protections to make sure that the services or merchandise purchased in advance will be there at the time of death. Be aware that with such pre-need contracts, you have three days after signing the contract to change your mind and cancel it without penalty. While pre-need arrangements permit you to exercise control over matters, and thus may keep bereaved family members from going overboard and incurring burdensome debts, there may be disadvantages as well. You should talk about your decision with family and friends, and make sure to consider the following points:

1. Is payment in a lump sum or in installments? Are the installments truly affordable?
2. Is there an insurance feature, so that if you die "early" you still have the benefit of the services purchased?
3. If the seller complies with Iowa law by placing 80% of the purchase price of funeral services and merchandise, and 125% of the wholesale cost of cemetery merchandise, in trust, can you get your money out of the trust if you need it for other purposes? If so, at what cost? Would the trust have any effect on eligibility for government benefit programs? (Some benefit programs specifically exclude burial trusts up to certain amounts in making benefit eligibility decisions.)
4. Can the account be transferred if you move out of the area?
5. Are you certain the arrangement will cover all costs? If not, will your estate be billed?
6. Would you be better off keeping control of the money yourself, by creating your own separate savings account to cover such expenses?

**ASSISTANCE WITH BURIAL COSTS:** The following organizations may provide help with expenses associated with death or may provide

benefits to help the survivors: Social Security Administration; Veterans Administration; Iowa Department of Human Services; and the County General Relief Offices. Check other sections of this booklet for more information or contact the organization and ask about available assistance (addresses and phone numbers are set forth in the back of this booklet).

**MEMORIAL SOCIETIES:** Memorial societies are nonprofit groups which stress inexpensive funerals. They can provide information and advice on cremation, burial, and funeral arrangements in general. There are memorial societies in Ames, Davenport, and Iowa City (their addresses can be found in the back of this booklet). To learn more, you may contact the societies in Iowa or the national association:

*Funeral and Memorial Societies of  
America (FAMSA)  
P.O.Box 10  
Hinesburg, VT 05461  
(800) 458-5563*

**FUNERAL ASSOCIATIONS:** The Iowa Funeral Directors Association, a professional organization comprised of funeral directors in Iowa, serves as a resource for consumer inquiries. You can direct any questions to:

*Iowa Funeral Directors Association  
2400-86th Street, Unit 22  
Des Moines, IA 50322-4306  
(515) 270-0130*

In addition, any questions relating particularly to cemeteries can be answered by the Association of Iowa Cemeteries:

*Association of Iowa Cemeteries  
2735 Windsor Avenue  
Dubuque, IA 52001  
(319) 582-1289*

**GIFT OF BODY TO MEDICAL INSTITUTION:** Another alternative to burial and cremation is the gift of your body to a medical institution. If you choose this option you must keep in mind, however, your body must both be needed and acceptable for the donation to become a reality. In order to give your body to a medical institution, you must first obtain all the details from the institution to which the gift would be made. The University of Iowa has a medical institution with a deeded body program. For more information you may contact:

*Deeded Body Program  
Department of Anatomy  
Bowen Science Building  
University of Iowa  
Iowa City, IA 52242  
(319) 335-7762*

**OTHER SOURCES OF HELP:** For further discussion of the subject, the Legal Services Corporation of Iowa has a booklet entitled "Funerals in Iowa". Contact Legal Services (listed in the back of this booklet) to get that information. If you feel you have been the victim of any unfair or deceptive practices in connection with funeral or burial arrangements, contact the Consumer Protection Division of the Iowa Attorney General's Office. This address and telephone number are given in the back of the booklet.

## CONSUMER PROTECTION

**INTRODUCTION:** Consumers of all ages are vulnerable to the fast pitch and hard sell of the professional salesperson. Fraudulent telemarketers and other con-artists have taken millions of dollars from Iowa, especially older Iowans. Misleading sweepstakes through the mail have led some older Iowans to waste thousands of their hard-earned dollars.

Your best protection is to be a well-informed, careful buyer. This includes being knowledgeable about your legal rights, cautious of those "too good to be true" offers, and willing to demand satisfaction.

This section is designed to help you become a more alert consumer and therefore less likely to be taken advantage of by fast-talking salespeople or misleading advertising. Toward this end, an attempt is made to provide general information about types of purchases you may make and problems that may arise, as well as some remedies for those problems.

**TELEMARKETING:** Telemarketing scams are

friendly, high-pressured sales pitches and transactions conducted by phone which misrepresent a product or service. The telemarketing scams usually originate out of "boiler rooms" which are a number of phones in one room used to conduct phone solicitations throughout the country.

The calls are made by skilled salespeople, often with years of experience selling dubious products and services over the phone which may sound legitimate, but often are not. Claims that you have won some sort of valuable prize are the primary hooks for most scams, and should be considered to be a part of a clever effort to cheat you out of your hard-earned money.

It pays to thoroughly investigate these claims before you commit to a purchase by phone. A call to the Attorney General's Consumer Protection Division could help you evaluate a company or a sales pitch (call 1-515-281-5926). Here are some ways to protect yourself against telemarketing scams.

- Be wary of "great deals".

- Be especially suspicious of anyone claiming you have won a prize, or claiming that they can help recover money that you lost in previous telemarketing promotions.
- Do not be pressured into buying or sending money TODAY. Be wary of any company who insists on sending a private courier such as Federal Express or U.P.S. to your home for immediate payment.
- Ask detailed questions and get information in writing so that you can check out the company before you consider buying. But remember, the salesperson may not be the most reliable source for this information. Do not give your credit card or bank account numbers over the phone, unless you have done business with the company before and know it to be legitimate.
- **SAY NO** and end the phone call if you have decided not to make a purchase. Hang up.
- Tell the caller to put you on the company's do not call list.
- You do not need to be nice if the caller will not take no for an answer.
- Contact your preferred long distance carrier to reinstate your service, if you have been slammed or crammed.
- Call or write the unauthorized company to dispute the charges and, if you are unsatisfied with the results, file a complaint with the Iowa Utilities Division. Phone 515-281-3839 or (toll free outside the Des Moines area) 1-877-565-4450.
- You may also contact your local phone company and ask them to "freeze" your long distance account so that it cannot be "slammed" or changed without your specific authorization.
- Be extremely cautious when you receive telemarketing solicitations asking you to switch long distance companies. If you do not want to switch, make that very clear and ask them not to call you again.

**SLAMMING:** "Slamming" is switching your long distance service to another carrier without your approval and is a top consumer complaint received by the Attorney General's Office. Slamming is one good reason to examine your telephone bill every month. Another is "cramming" or putting some other service on your telephone bill without your permission (such as 800 service or a "buyer's club" membership). Slammers and crammers may use trickery or they may slam you and bill you with no permission whatsoever. Follow these tips to avoid having your long distance service "slammed" or your phone bill "crammed" with unauthorized billings:

- Closely examine your phone bill each month for any unauthorized changes or additional fees.

**CONTRACT AND CREDIT BUYING:** If you have ever bought a car, hired a workman to do repair work for you or purchased a pair of shoes using a credit card, you have entered into a contract.

Sometimes credit is extended for the purchase of an item or service and the payment is delayed or spread out over a period of time. This arrangement is commonly known as "buying on time" or buying on credit. What this means is that the store, dealer, or company extends you a loan in the amount needed to purchase the item or service. You agree to pay the money back with interest. Interest is the finance charge, and it is added to the total cost of the item.

The majority of credit buying today is by credit card. Purchasing with credit cards can lead to problems. It is easy to forget that payment by credit card actually represents a cash transaction. Eventually the bill will fall due and payment will be required. Also, credit card providers may differ a great deal on the interest rate they charge,

and may require other costs such as annual fees. It is wise to shop for the best deal in choosing a credit card.

### **BASIC CONTRACT DO'S AND DON'TS:**

- Do know how much your total cost will be. Know how long you will have to make payments and be sure you can meet them.
- Do insist that all promises (guarantees and warranties) be put in writing.
- Do insist that the salesperson let you take home a copy of the contract for a careful reading before you sign it.
- Do show the contract to a friend, relative, or a lawyer if you have a question about any part of it.
- Do keep copies of all contracts, payment records and complaint letters in a safe place.
- Do not assume you have the right to cancel a contract after agreeing to it.
- Do not sign anything unless you have had time to read it carefully and you fully understand what it says.
- Do not ever sign a contract with blank spaces that are to be filled in later by a sales person.
- Do not deal with any salesperson who refuses to let you take home a filled-in contract before you sign it.
- Do not allow a salesperson to keep trying to sell to you after you say "NO". Walk out, hang-up, or show the salesperson the door.

**DOOR-TO-DOOR SALES:** Although there are legitimate businesses which rely on door-to-door sales to sell their product, it is a regrettable fact that many door-to-door sales operations use deceptive, high-pressure sales techniques. The

victims of these improper practices are all too often the elderly.

Follow these tips to avoid being victimized:

1. Take all the time you need before making a purchase, using that time to compare values, review the agreement, and seek advice.
2. If you are not comfortable about the purchase, ask for written materials and a chance to review them.
3. **DO NOT** be pressured by statements that you must buy today!

Fortunately, if you act promptly, the law provides buyers a chance to cancel door-to-door purchases. The law requires the seller to give you a written **NOTICE OF CANCELLATION** with copies of the sales contract or sales receipt. The law also provides that you get a three-day "cooling-off" period from the time the sale is completed, in which to decide to cancel the sale. If you decide to cancel the door-to-door sale, you must do so by sending the written notice of cancellation, referred to above, to the company or business before midnight of the third business day after the date of the sale. You should probably send this notice by certified mail with a return receipt requested. Note that the three-day cancellation period is not available for purchases under \$25.00.

### **HOME REPAIRS AND IMPROVEMENTS:**

Some of the suggestions listed above also apply to home repairs and improvements. These items can be costly, and sometimes dishonest people will use repair schemes to defraud an older person. Be aware of the following in considering offers from people to perform home repairs and improvements:

1. Watch out if someone offers to do an expensive job for an unusually low price. A favorite trick of some home improvement

companies involves quoting prices you can't resist, and then failing to deliver the promised service. Also be aware that there are some fly-by-night companies who offer to do the work on the spot, leaving you with a high bill and a faulty repair job.

2. Beware if a company offers a "free inspection." After an inspection, you may be faced with the "bad news" that several expensive repairs or improvements are necessary when in reality the repairs and improvements are not needed. Check the identification of all inspectors.
3. Get more than one estimate before beginning costly repairs.
4. Check references. Ask for the names of other consumers who have had work done by the contractor and call them.
5. Find out whether the contractor has liability insurance and get written verification of it. Check with the coordinator for Contractor Registration at the Labor Services Division of the Department of Workforce Development at 800-562-4692 as an additional protection.
6. Check with the Better Business Bureau and the Attorney General's Office about people you are considering hiring as contractors.
7. After you decide on a contractor, get your agreement and estimate in writing and be sure all labor and materials are listed in detail.
8. Pay by check, never in cash. Arrange to make the payment in installments: for example, some money at the beginning, some when the work is almost completed, and the majority of the amount due when the job is done or as specific portions of

work are completed. The payment schedule is negotiable.

9. Be wary of home improvement sellers who offer to arrange credit for you. Too many consumers of home improvements sign for expensive credit card contracts that take years to pay off at very high interest rates.
10. Get a lien release or waivers from all contractors, subcontractors, and suppliers before any payments are made to avoid being held responsible for bills you don't owe.

As a guiding principle, if someone approaches you about home repairs or improvements, as opposed to you initiating contact with them, be on your guard and do not agree to anything until you have had time to do some checking and get some advice.

**CAR REPAIR PROBLEMS:** At one time or another, all of us have had to take our cars in for repairs. Most repair shops are honest, however, sometimes we run into problems. Iowa has a law to protect consumers who need car repairs. Under this law:

1. Repair shops must provide you with an opportunity to receive an oral or written estimate for any repairs over \$50, or disclose the hourly labor charge if the cost of repairs cannot be estimated.
2. Repair shops may not charge you an amount higher than your estimate except for sales tax. Repair shops may charge up to 10% over the estimate for unforeseen but necessary repairs.
3. Repair shops may not do or charge you for repairs you have not authorized or tell you repairs are necessary when it is not true.
4. Repair shops must provide you with an

itemized list of all repairs and the name of the service technician who did the repairs.

5. Repair shops may not charge you for taking your car apart or putting it back together unless they tell you about such charges before they do the work.
6. Repair shops may not keep your replaced parts if you ask for them to be returned, unless you are told before repairs begin that the replaced parts will be kept by the shop.

In addition, you may wish to follow these routine precautions when you have car problems:

1. Shop around and ask your friends for the name of a good repair person or shop. If you find a repair person or shop you trust, keep going back.
2. If the repairs will be costly, get more than one estimate.
3. If the repair shop makes any promises, get them in writing.
4. Ask for your parts to be returned to you.

**HEALTH AND LIFE INSURANCE:** This booklet contains separate sections on Health and Life Insurance, and you are referred to those sections for further guidance on types of insurance and suggestions for purchasing such insurance. In general, you should determine what your needs are, do comparison shopping for a policy which will suit your needs, make sure you are getting what you need and know whether the benefits will change after you reach a certain age or if certain things happen. Also, check with the Insurance Commissioner to learn if the business actually exists.

**SWEEPSTAKES:** Iowans receive millions of sweepstakes notices every year, especially early in the year. But sweepstakes bring big problems

much more often than they bring big prizes-problems such as dashed hopes, unnecessary purchases and even consumer scams. By law, sweepstakes can not require you to make a purchase or a donation. They often would have you believe that your chances of winning go up if you buy a product (such as magazines or household goods). It is not so. Follow these tips to avoid being misled by sweepstakes offers:

- Remember- No Purchase Necessary! It is illegal for a sweepstakes to require you to buy a product or make a donation in order to win a prize - it will not increase your odds of winning.
- Be wary of claims of huge cash awards and prizes. Read the fine print carefully. Look for the stated odds of winning the prize and the details of the offer.
- Don't be swayed by celebrity endorsements-they do not guarantee that a sweepstakes is reputable.
- Be cautious. If you enter a sweepstakes, your name, address, telephone number and other personal information will be collected and probably will be rented or sold to other solicitors. Never give your credit card, bank account, or social security number on entry forms.
- Be skeptical of letter and post cards claiming to be "official" or "urgent". If the envelope has a bulk rate stamp you can bet that thousands of people are receiving the same notice and that you were not "specially selected" to win.

**DONATIONS TO CHARITIES:** People enjoy contributing to charitable organizations and there are certainly many charities worthy of support. However, some unscrupulous people may take advantage of your good will and keep money that was intended for people in need.

Make sure that any money you give reaches the right hands. Some profit-making businesses will try to sound like charities when they only wish to make a sale. Remember these pointers when someone asks you for a donation:

1. Give to charities that you know. Be sure you know the exact name of the charity to which you want to donate. Look-a-like charities exist which want you to believe they are a familiar, established charity when they are not. For example, the American Heart Foundation is not the same as the American Heart Association. Contact the local or state office of the charity to which you want to contribute money to ensure your money goes to the right place.
2. Find out whether the person asking for a donation is a professional fundraiser. Demand to know how much of your donation is going for the charitable purpose and specifically how it will be used. Professional fundraisers routinely keep from 70 - 99 percent of the money they raise. It is much wiser to donate directly to the charity of your choice.
3. Ask for written identification or information from both the organization and the solicitor. Find out the purpose of the charity and how the funds are used. Ask if contributions are tax deductible. If you are not satisfied with the answers, don't give.
4. Be suspicious of charities that only take cash.
5. Be suspicious of charities doing sweepstakes by mail. Your entire donation will likely go to administering the sweepstakes.
6. DO NOT be pushed into giving money by high pressure tactics or by claims of extreme urgency.

7. If you want to check on a charity, call the National Charities Information Bureau or the Philanthropic Advisory Service, both of which are listed in the back of this booklet.

Remember that if you are on a fixed income you should make charitable contributions only when your budget permits, and only in an amount you can truly afford. No reputable charity would ever expect you to deny yourself necessities in order to make a donation.

**HEALTH FRAUD:** Every year millions of dollars are spent by elderly Americans on "nutritional supplements," "medicines" and devices which are pure quackery and have no real health benefit. Fraudulent remedies to reverse the aging process or cure chronic or severe illness are often sold at great expense to consumers who may be so desperate in searching for relief that they are willing to try anything, even a product which may cause further health problems.

There are too many forms of health fraud to describe here, but some general advice can help you avoid problems.

1. Seek the advice of established health care professionals in deciding on your course of treatment.
2. Beware of extravagant promises, or guarantees of dramatic health benefits, such as advertisements promoting "scientific breakthroughs" and "miracle cures".
3. Talk to trusted friends and relatives before spending money on some new or unusual medicine or treatment.

**OTHER SCHEMES:** Dishonest dealers and businesses have many ways of getting you to part with your hard-earned cash. If you are not careful, you could find yourself paying unreasonably high interest rates for a credit purchase, or stuck with a piece of shoddy merchandise that you were

told was "a steal" at the price you paid. Unfortunately, bargains and deals that are "too good to be true" usually are not true, and you end up paying for a costly lesson in consumer education.

There are dozens of "cons" that are used to "fleece" the unwary and unsuspecting consumer. Some of the schemes involve certain products and services that are commonly purchased by older Iowans. The following are a few of the more common schemes that you should approach with caution.

**BAIT AND SWITCH:** This sales tactic has deceived even the most careful and skeptical of buyers. The store or business using this tactic usually advertises some attractive bargain that is available in "limited quantities" to get you into the store. Once you are there, the salesperson tries to get you to buy a more expensive item in the same line of merchandise - most often by downplaying the "bargain" that brought you to the store in the first place. In order to avoid this, stick to your decision to buy the item you originally saw advertised, or simply refuse to deal with anyone using this tactic. After you leave the store, file a complaint with the Better Business Bureau and the Consumer Protection Division of the Iowa Attorney General's Office.

**PIGEON-DROP:** Generally this is a "con" or fraud that is designed to deprive people - particularly older persons - of their savings. Usually, a pleasant person (the con artist) introduces himself and informs the victim that he has recently found a "large amount of money." The person isn't sure what he is supposed to do, but will share the money if the victim will help decide what to do. (A third person, supposedly a stranger to both the finder and the victim, but actually a cohort of the finder, often enters the scheme at some point.) The finder wants to give some of the money away to a "deserving and honest" person (the victim) because he doesn't need it all. The victim is told that proof of his "good faith" is needed before the victim can get the money. This "proof" is cash,

called "good faith" money. An amount is agreed upon, usually a very large sum, the victim obtains it from his own bank account and then gives it to the con artist.

What follows is either: A) the victim receives an empty box which was to contain the large amount of money promised; or B) the victim gives his money to the con artist and expects to receive his windfall "later today or tomorrow" but does not. These cons sound believable, but they never are. Unfortunately, this type of scheme happens all too often in Iowa's communities. If you are approached by someone like this, call the police.

**BANK EXAMINER:** The con artist approaches the victim and passes himself off as a bank examiner or law enforcement official. The victim's help is supposedly needed to find out whether a bank employee is embezzling money. The only thing the victim has to do is withdraw his savings and give all the money to the "bank official" so he can check the serial numbers. In reality if the victim agrees to participate, he will never see his savings again.

To avoid these schemes and cons, watch for these warning signs:

1. Someone offers you something for nothing or at a surprisingly low price.
2. A stranger asks you about your personal finances.
3. You are asked to pay large sums in cash.
4. Someone asks you to withdraw money from your savings account.
5. Someone asks you to help in a secret plan.
6. Someone makes an emotional appeal for your trust (and money), perhaps by claiming to share your religious convictions.

Remember that these frauds are successful in part because they involve “nice” people who are forcing you into making hasty judgments without consulting anyone. While they can make the potential gain seem very attractive, it is crucial to break the spell of the “con” by getting reliable outside advice before putting your savings at risk.

If you have been a victim of a con, be sure to contact the police. You should do this even though you may be embarrassed or afraid. This may prevent others from being tricked like you were.

**CONSUMER REMEDIES:** When something goes wrong with a product you have bought, if the repair job that you have contracted to have done is not satisfactory, or you believe you may have been defrauded, there are several remedies you can pursue.

**DEAL WITH THE SELLER FIRST:** In most cases, it may help to give the seller a chance to “make it right”. Call or write and ask to speak to the owner or manager. Give a calm, direct description of your complaint and ask what the company can do to make it right with you

**COMPLAINTS:** A thoughtfully prepared complaint made either in person or in writing can be an extremely effective way of getting a consumer problem solved, especially when that complaint is made to the proper authority. Complaints are most effective when they are accompanied by receipts and other documentation that help explain your case. If you are contacting the store or business by mail, send your complaint letter by registered mail and keep a copy for your records. NEVER SEND ORIGINALS of any receipt, con-

tract, or document. If taking your complaint directly to the business does not produce the satisfaction that you are seeking, call the Better Business Bureau and contact the Consumer Protection Division of the Attorney General's Office.

**SMALL CLAIMS COURT:** Iowa consumers who have not received satisfactory responses to their inquiries and complaints about defective products or poor service may wish to seek relief through Small Claims Court when their dispute involves \$4,000.00 or less.

The Small Claims Court is useful to the consumer because:

1. The court costs are small, compared to those of regular district court;
2. The procedure is informal; and
3. You do not need an attorney to represent you (although you or the opposing party may have one).

Contact the Clerk of Court's office in the county where you live for small claims forms and assistance in filing. The Legal Services Corporation of Iowa has a helpful booklet on small claims court, which you may get by contacting Legal Services at the address and phone number listed in the resource section at the back of this booklet.

If the dispute involves more money than the dollar limit referred to above, the District Court is used to resolve it. At this point, you should seek the assistance of an attorney.

## UNFAIR DEBT COLLECTION PRACTICES

**DEBT COLLECTION PRACTICES:** Because of unexpected circumstances, many people find themselves in a position where they owe money on a loan or purchase and cannot pay it back. There may be very good reasons for the inability to pay, such as loss of income or medical emer-

gency. This section is intended to make you aware of your rights if someone attempts to collect a debt from you. Knowing your rights, and what debt collectors can and cannot do, is very important in reducing the stress which being in debt may cause. In this section, the person col-

lecting the debt will be called the "creditor" or "debt collector."

**THE CONSEQUENCES OF FAILURE TO PAY A DEBT:** There are no "debtor prisons" and it must be emphasized that people cannot go to jail or be arrested just because they are unable to pay their debts. As you will read below, a debt collector who threatens you with jail is breaking the law.

When you fail to make your payment to a creditor, you will usually receive a bill. If you continually fail to pay, you may receive more bills stating you owe the money. If allowed by contract (such as a credit card), interest may be added to the amount you owe. The business then might attempt to call you or write to you to resolve the matter. If this does not work, the business may get more aggressive in contacting you about the debt, and may hire either a collection agency or an attorney for purposes of collecting the money.

### **PROHIBITED COLLECTION PRACTICES:**

Under the laws of Iowa and the United States, persons who attempt to collect debts are restricted in their methods of collection. These restrictions prohibit conduct which is threatening, harassing or dishonest. If the debt collector's conduct in attempting to collect the debt violates these prohibitions, you may be able to sue the debt collector for money damages and recover your attorney's fees from the debt collector.

**EXAMPLES OF PROHIBITED PRACTICES:** Generally speaking, a debt collector cannot:

1. Threaten to harm persons or property;
2. Threaten that you may be arrested for failure to pay the debt;
3. Misrepresent or lie about who the debt collector works for;
4. Misrepresent or lie about the amount of the debt;

5. Misrepresent or lie about what the collector will do if the debt is not paid;
6. Send papers that appear to be court documents but are not;
7. Tell anyone else including your employers, friends and relatives about the debt (other than a credit bureau);
8. Contact you at your place of employment;
9. Contact you after the debt collector knows you are represented by an attorney;
10. Use foul language or profanity;
11. Telephone too often, or very early in the morning or very late in the evening; or
12. Threaten to garnish your wages or paycheck (unless a court judgment has already been entered against you).

If you request proof of debt, the collector must provide this to you.

### **WHAT TO DO IF A DEBT COLLECTOR USES UNFAIR COLLECTION PRACTICES:**

If you believe that a debt collector is using improper methods to collect the debt, you may wish to get legal help right away, or you may wish to write a letter to the collector telling him or her to stop the improper activity. Make a copy of the letter for your records and mail it by certified mail, return receipt requested. By doing this, you can prove that your letter was received. If the conduct of the debt collector continues, make notes of these occurrences and contact an attorney.

**REPOSSESSION:** A secured debt is one which arises when an individual borrows money or buys on credit and allows the creditor to have an interest in some of his or her property. That property becomes the "collateral." The best examples of this are when a person purchases an automobile,

furniture, or appliances on credit. In exchange for your right to make payments, the seller has the right to take back ("repossess") the property if you miss any payment subject to your right to cure. When a creditor attempts to repossess property, you may want to consult an attorney. Creditors do not have the right to enter your home without your permission when attempting to repossess collateral.

Your right to cure is when you receive a "cure notice" telling you your payment is late and giving you 20 days to pay all overdue amounts and any late charges. If you purchase a consumer item on credit for personal use (such as a car or appliance), or take out a consumer loan, then the creditor cannot repossess the collateral, or "accelerate" your loan (make all your installment payments become due at once) until he has sent you a "cure notice." If you pay within this time you may continue to make installment payments as if you were never late. However, you are only entitled to one "cure notice" each 365 days, and if you are late a second time the creditor could repossess the collateral without additional notice.

**WHAT HAPPENS IF YOU ARE SUED:** If the amount of the debt is \$4,000.00 or less, the lawsuit will take place in Small Claims Court. If the amount of the debt is more than that, the lawsuit will take place in the District Court, and you should be sure to get legal help.

When you are notified that you have been sued, it is important that you respond appropriately. If it is in Small Claims Court, you will be provided with an "Answer" form which you should sign and return to the courthouse within 20 days from the date you received the papers. If you do not do this, the court will automatically enter the judgment against you and you will not have anything to say about it. If you return the form, you will be notified of the time and place of the hearing on the case. You must attend the hearing and should bring with you any papers or other documents pertaining to the disagreements.

Even if you do not dispute that you owe the money, you may still want a hearing so you can ask the Judge to set up payments that you can afford. You can represent yourself in Small Claims Court, although if you dispute the debt it would be a good idea to talk to a lawyer. If the lawsuit is in excess of the Small Claims Court dollar amount, you should certainly contact a lawyer. If you cannot afford an attorney, you may wish to contact Legal Services Corporation of Iowa or the Legal Aid Society to see if you are eligible for free legal help.

### **WHAT HAPPENS IF YOU LOSE IN COURT:**

If a court determines that you owe the debt, a judgment will be entered against you. If you do not pay the judgment and you have any money in a bank account and the creditor discovers where it is, the creditor can have the sheriff seize it. If you are employed, the creditor can have the sheriff take a portion of your wages. The amount taken depends upon the amount of money you are expected to earn that year. If you earn \$12,000.00 or less per year, then a maximum of \$250.00 per year can be taken. The more money you earn, the more money can be taken. Remember, your wages cannot be taken ("garnished") until a judgment has been entered against you. Talk to a lawyer for further details.

The law protects certain property and funds from being taken by the sheriff in this manner. This type of property is referred to as "exempt". The following are examples of exempt property which cannot be taken from you.

1. Your wardrobe up to a value of \$1,000.00
2. Any household furniture, goods, and appliances which are intended for family use. The total value of all of these protected items up to \$2,000.00 per individual. In determining value, you use that figure which could be obtained if you tried to sell the item.

3. A debtor is entitled to keep one motor vehicle and musical instruments for personal, family, or household use worth up to \$5,000.00.
4. The tools of your profession or trade, up to a maximum value of \$10,000.00 per person.
5. If you own your home and you live in it, a creditor cannot take this away from you.
6. Your social security benefits, veteran's benefits, disability benefits, or alimony payments to the extent necessary for the support of you and your dependents.

If the sheriff attempts to seize any exempt property, you must inform him/her in writing of your intent to claim the exemption. If, after a judgment is entered against you, the sheriff attempts to seize any of your property, you should talk to an attorney to see what you can do to keep the property.

**OTHER RESOURCES:** Legal Services Corporation of Iowa has two useful booklets dealing with unfair debt collection and Small Claims Court. Information on how to contact Legal Services is set forth in the resource section at the back of this booklet.

### LANDLORD/TENANT

This section will discuss only a few points of landlord-tenant law, and will do so in a very general way. For more information, look to the list of resources at the end of this section.

**PROTECT YOUR RIGHTS:** If you are involved in a landlord-tenant arrangement, there are certain steps you should take to protect your rights:

- Put important messages in writing;
- Keep copies of all written documents;
- Get receipts;
- Have a witness handy to see or hear any thing that could later be the subject of dispute;
- Take photos of any condition of the rental property which you may want to describe to a Judge later on;
- Keep a record of important events and dates.

**RENTAL AGREEMENTS:** A rental agreement is the understanding between the landlord and the tenant about the rental of the house or apartment. A rental agreement can be written or oral. A rental agreement can also be for an exact length of time (6 months, 3 years, etc.), or it can be

month-to-month or week-to-week. If a rental agreement is for an exact period of time which is more than one year, it must be in writing rather than oral.

Whether to make a rental agreement for a set term (like 6 months) or month-to-month depends on your needs. There are advantages to each type of arrangement. A rental agreement for a set length of time will guarantee the tenant that the rent will not increase during the term of the agreement, and will guarantee the landlord that the tenant will have to pay rent for the term. The main disadvantage is that if the tenant wants or needs to move, he or she may have to pay the rent for the remainder of the term of the agreement, unless he or she can find a sublessee or obtain a release from the landlord. A month-to-month rental agreement has the advantage of a short term and easy exit from the agreement. However, the main disadvantage is that the rent can be increased with adequate written notice whenever the landlord sees fit.

It is important to weigh the advantages and disadvantages when entering into a rental agreement. It may be that a month-to-month tenancy is just right for a person waiting for placement in a resi-

dential care facility. An agreement for a longer term may be better if the tenant is in good health and expects to remain in one place indefinitely.

### **PROHIBITED RENTAL PROVISIONS:**

Iowa law prohibits rental agreements from including certain provisions. The rental agreement shall not provide that the tenant or landlord:

1. Agree to pay the other party's attorney's fees in the event that the parties are involved in a dispute over the rental agreement.
2. Agree to limit the liability of the other party.
3. Agree to lose automatically ("confess judgment") if a dispute goes to court.
4. Agree to waive any other rights or remedies provided by law.

Prohibited provisions are unenforceable. If a landlord intentionally uses a rental agreement containing any of the above provisions, a tenant may recover damages and attorney's fees.

**RENTAL DEPOSITS:** Iowa law places a number of restrictions on rental deposits (also called security or "damage" deposits). Here are some of the most important legal requirements:

1. The rental deposit may not exceed an amount equivalent to two months rent.
2. The landlord must keep the deposit in a bank account separate from the landlord's own money.
3. The deposit may not be kept by the landlord to pay for normal wear and tear to the rental unit.
4. The deposit must be returned to the tenant within 30 days after the tenant moves, provided he or she has left a forwarding

address with the landlord. (If the forwarding address is not given to the landlord within one year, the landlord may keep the deposit.)

5. A landlord may keep part of the rental deposit for the following reasons:
  - a. To make up for unpaid rent, or other payments owed to the landlord under the rental agreement.
  - b. To make repairs to the property for damages which were the tenant's fault.
  - c. To pay for the costs of removing a tenant who remained even after proper notices to leave were delivered.
6. In order for the landlord to keep any part of the deposit, he or she must give the tenant a written explanation of the specific reasons the money is being withheld and must do so within thirty days of the tenant moving. If the tenant disagrees with the landlord's reasons, he or she may go to Small Claims Court to seek the return of the deposit.

**LANDLORD'S DUTIES:** Here are some of the landlord's duties under Iowa law:

1. Keep the house or apartment up to housing code requirements. You may want to call the building or housing inspector if there seem to be any serious code violations.
2. Make whatever repairs are necessary to keep the house or apartment in a fit and livable condition.
3. Provide a proper container for garbage and arrange for garbage collection.

4. Provide the necessary essential services such as hot and cold running water and heat.
5. Keep any areas used by the tenants of more than one apartment ("common areas") clean and safe.
6. Keep facilities and appliances such as the electric wiring, plumbing, heating, air conditioning and the like in good and safe working order.

A landlord may shift some of these duties to the tenant only under special circumstances.

**TENANT'S DUTIES:** Here are some of the tenant's duties under Iowa law:

1. Keep the house or apartment in a safe and healthful condition as required by housing codes. (NOTE: Some part of a housing code may deal with areas or activities the tenant has special control of, such as proper use of extension cords and avoiding overload of the electrical circuitry.)
2. Keep his or her own living area as clean and safe as possible.
3. Dispose of garbage properly, in the containers provided.
4. Keep all plumbing fixtures (such as bathroom and kitchen) as clean as possible.
5. Use property appliances and facilities, such as plumbing, heating, wiring and air conditioning.
6. Keep from purposely or carelessly changing, tearing down, or abusing the house or apartment or allowing someone else to do so.
7. Avoid doing things that will disturb the neighbor's peace and quiet.

**RAISING THE RENT:** In a month-to-month rental arrangement, a landlord may raise the rent if proper advance notice is given. To raise the rent, the landlord must give the tenant a written notice of the rent increase at least 30 days before the increase can take effect. In a rental arrangement for a definite period (such as for 6 months, 1 year, etc.), the landlord cannot raise the rent during the agreed period, but a new rent can be negotiated when the agreed period ends.

**RETALIATION:** Retaliation is "getting back at" or "getting even with" someone for something. As a rule, a tenant is protected from a landlord's attempt to retaliate against a tenant. The law makes certain types of retaliation illegal.

A landlord cannot attempt to get even with a tenant by raising the rent, refusing to do any maintenance, or evicting (or threatening to evict) just because the tenant has done one of the following things:

1. Contacted the building or housing inspector about an unsanitary, unhealthful or unsafe condition which the tenant did not cause.
2. Complained to the landlord that he or she is not doing the things he or she is obligated to do as a landlord -for example, not doing required maintenance, not providing a trash container, etc.
3. Organize with other tenants to protect the tenant's rights or join an organization concerned with tenants' rights.

**LANDLORD'S RIGHT TO ENTER:** As a rule, a landlord cannot enter the tenant's home without telling the tenant at least 24 hours in advance of the landlord's intention to enter. Here are the main legal rules describing the landlord's "right of access" (that is, the landlord's right to enter the rental property), and the limits on that right:

1. The landlord cannot abuse his or her right of access, or use it to harass the tenant. Generally, the landlord can enter only at reasonable hours, after giving at least 24 hours notice. The only exception to this "24 hours advance notice" requirement are emergencies and other situations where it is not really possible to give the notice.
2. The tenant cannot unreasonably refuse to allow the landlord to enter the apartment or house to make necessary repairs or inspections. This also applies to repairmen sent by the landlord.
3. In the case of an emergency, the landlord may enter the tenant's home at any time, even without the tenant's consent.
2. If the arrangement is for some exact period of time, such as 1 year, the arrangement will end automatically on the last day of the agreed period, unless the agreement also sets out some special procedures for renewal of the arrangement.
3. If a landlord or tenant wants to end a rental agreement because of the other person's failure to live up to it, it is best to get legal advice.

### **ENDING THE RENTAL AGREEMENT:**

Either a landlord or a tenant can end a rental agreement as follows:

1. If the arrangement is month-to-month, the person wanting to end the arrangement must give the other a written notice at least 30 days in advance of the intended ending date. The notice should actually say what the ending date will be, and the ending date must be a date when rent would normally be due.

**EVICTION:** Eviction (also called "Forcible Entry and Detainer", or "F.E.D.") is the legal process landlords use to make tenants leave the rental property. Forcing a tenant out in some way other than through proper eviction procedures, such as by turning off utilities, is illegal.

An eviction involves written notices and an opportunity to tell one's story to a Judge, usually a Small Claims Court Judge. A full discussion of eviction procedures cannot be given here, but remember this important point: an eviction must involve an opportunity for the tenant to tell his or her story to the Judge, and written notices demanding that the tenant leave do not, of themselves, amount to an eviction. For more information, check the resources section at the back of this booklet.

## **AGE DISCRIMINATION IN EMPLOYMENT**

Growing numbers of Americans are choosing to remain active members of the workforce beyond the customary retirement age of 65. To protect older or mature workers, Congress and the Iowa Legislature have passed legislation to address age discrimination in the workplace.

**Age discrimination is any action by a covered employer which is arbitrarily based on age rather than work performance or ability.**

**COVERAGE OF THE LAW:** Under the Federal Age Discrimination in Employment Act

(ADEA), discrimination is prohibited against persons above the age of 40. The Iowa Civil Rights Act is much broader; it extends protection against age discrimination in employment to all persons age 18 and above.

The federal law applies to private employers of 20 or more persons, governmental employers, most labor organizations and employment agencies working for covered employers. The state law applies to the same entities and is somewhat broader in that it applies to private employers of 4 or more persons.

This protection extends to all aspects of employment. An employer generally is prohibited from using age as a basis for hiring, retention, discharge, demotion, promotion, work assignment, compensation, benefits or other terms of employment.

The Age Discrimination in Employment Act does not apply if an age requirement or limit is based on a genuine job requirement or a bona fide seniority system or retirement plan. Additionally, an employer may make employment decisions regarding an employee, regardless of the employee's age, for legitimate business reasons that are unrelated to a person's age.

**FILING A COMPLAINT:** If you feel that you have been discriminated against, a complaint should be filed with the Iowa Civil Rights Commission and the Equal Employment Opportunity Commission (EEOC), a federal agency. In addition, some of the larger cities in Iowa have established local Human Rights Commissions which have the authority to receive and investigate discrimination complaints. It is very important to file the complaint within 180 days of the discriminatory act as prescribed by the law. Failure to do so may result in a dismissal of the entire action. It is also often wise to talk to an attorney as soon as possible, to help you with these processes.

**The appropriate agency will accept your complaint and process it without charge to you.** If the agency does not act promptly, you may file a private suit to remedy the discrimination. Many complaints are resolved through agency mediation and settlement.

Civil suits may be filed, but first an attempt must be made to resolve the dispute by filing a complaint through the EEOC and/or the Iowa Civil Rights Commission. No court action can be taken for 60 days following the official filing of the complaint (federal) or 120 days (state).

If more information is needed, contact the Iowa

Civil Rights Commission, Iowa Department of Elder Affairs, your local Area Agency on Aging or Human Rights Commission. See the resources listed below and the resource section at the back of this booklet for help in contacting these agencies and for help in locating a lawyer.

**TRAINING:** Moneys have been set aside for the training and retraining of mature workers. Contact your local Dislocated Worker Center.

**JOB OPPORTUNITIES:** Continuing employment has been recognized as an important ingredient in keeping older lowans independent as long as possible, and the Iowa Legislature and US Congress have passed a number of laws to protect and preserve job opportunities for senior citizens.

The Iowa Department of Employment Services has offices throughout the state which help older workers locate jobs. The Retired Iowans Community Employment Program (RICEP) is state-funded and is operated by the Department of Elder Affairs through Area Agencies on Aging in cooperation with the Iowa Department of Workforce Development. Job search assistance is provided by Older Worker Specialists, most of whom are themselves 55 and older who work specifically with older individuals (45 and older) regardless of the person's income.

Older Worker Specialists usually work out of local Area Agency on Aging offices or the Department of Workforce Development Centers. They conduct advocacy on behalf of older workers, locate and develop job opportunities, determine the need for support services and make referrals to appropriate agencies. RICEP is the state match for the Senior Community Service Employment Program (SCSEP).

SCSEP is funded under Title V of the Older Americans Act (OAA), and it is administered in Iowa by the Department of Elder Affairs through the local Area Agencies on Aging and three national sponsors: AARP, Green Thumb, Inc. and

The National Council of Senior Citizens (NCSC). Applicants must meet income guidelines to qualify for participation.

To be eligible, a person must be 55 or older, a US Citizen or authorized alien, a resident of Iowa willing and able to work and have a low income (less than 125 percent of the federal poverty level). SCSEP provides work experience for participants in host agencies which are public organizations or non-profit community organizations.

**Participants in SCSEP work an average of 20 hours per week and receive no less than the state minimum wage.** The host agencies provide work experience and training in a variety of jobs according to location. In addition to these goals, the program also provides service to the elderly and the community, demonstrates the value of the mature worker, develops self-esteem and places participants in jobs within the agency or with another employer.

### ***WHO CAN ASSIST YOU***

*Your local Area Agency on Aging  
See page 61*

*Iowa Civil Rights Commission  
515-281-4121*

*Iowa Department of Elder Affairs  
515-242-3333*

*Equal Employment Opportunity Commission  
816-374-5773*

### **GRANDPARENT AND GREAT-GRANDPARENT VISITATION IN IOWA**

Grandparents and great-grandparents who are denied visitation with their grandchildren or great-grandchildren, are sometimes able to petition the court to get court ordered visitation. Although, custodial parents generally have the right to decide who can visit and influence their child, a grandparent or great-grandparent will be granted visitation over the objection of a custodial parent if three requirements are met. First, they must prove legal status to benefit from the law, and the grandchild or great-grandchild must live in Iowa. Second, the court has to find that the visitation is in the best interest of the child. Third, the grandparent or great-grandparent must show they have established a "substantial relationship" with the child prior to filing a visitation petition with the court.

A grandparent or great-grandparent has legal status to file a petition in court for visitation rights if a parent of the child unreasonably refuses to allow visitation by the grandparent or great-grandparent or if the parent unreasonably restricts visitation. There are several other circumstances that also give a grandparent or great-grandparent legal status to petition for visitation. Some examples include a divorce of the child's parents, placement of a child in foster care, and step-parent adoptions.

Once a grandparent or great-grandparent has legal status to petition for visitation, the court must find that the visitation is in the best interests of the child. Some of the factors the court may consider in determining whether the visitation is in the

best interest of the child are the following: the type of relationship between grandparent and child, whether the grandparent is a positive influence on the child, the reasons (if any) the parent is refusing to allow the grandparent contact with the child, and if the child is old enough, the court may also consider the child's wishes.

The court must also find that the grandparent or great-grandparent had a substantial relationship with the child before the grandparent will be successful in getting visitation with a grandchild or

great-grandchild. The reason for this requirement is that if no such relationship existed in the past, presumably there will be no adverse effect on the child if there is no relationship in the future. Indications of a substantial relationship might include a history of frequent or routine visits and regular telephone contact or exchange of letters. If the court finds that there is both a substantial relationship with the grandchild and that it is in the best interest of the grandchild to continue that relationship, visitation may be awarded.

### RESOURCES

The resources below do not represent a complete listing of all resources helpful to elderly Iowans. However, an effort was made to include the primary services and agencies relating to the subjects covered in this booklet, and by contacting those listed you may learn of still other helpful services.

NOTE that some agencies provide services in more than one of the categories listed below but may be listed in only one category. Note also that the categories themselves may overlap in various ways. Cross-references are often provided, but you should check other categories to get a more complete resource picture.

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**AREA AGENCIES ON AGING**

**AREA I (private non-profit organization)**

Bruce Butters, Director  
NorthLand Agency on Aging  
808 River Street  
Decorah, IA 52101  
319/382-2941 or 2942 or 800/233-4603  
FAX—319/382-6248

**AREA II-V-XII (private non-profit organization)**

Lahoma Counts, Director  
Elderbridge Area Agency on Aging  
22 North Georgia - #216  
Mason City, IA 50401  
515/424-0678 or 800/243-0678  
Ft Dodge 515/955-5244 or 800/543-3280  
Carroll 712/792-3512 or 800/543-3265  
FAX—515/424-2927

**AREA III (private non-profit organization)**

Dave Welle, Director  
Northwest Aging Association  
2 Grand Avenue  
Spencer, IA 51301  
712/262-1775 or 800/242-5033  
FAX—712/262-7520

**AREA IV (private non-profit organization)**

Rick Motz, Director  
Siouxland Aging Services Inc  
915 Pierce St  
Sioux City, IA 51101  
712/279-6900 or 800/798-6916  
FAX—712/233-3415

**AREA VI-VII (private non-profit organization)**

Donna Harvey, Director  
Hawkeye Valley Area Agency on Aging  
2101 Kimball Avenue, Ste. 320  
Waterloo, IA 50702  
319/272-2244 or 800/779-8707  
FAX—319/272-2455

**AREA VIII (private non-profit organization)**

Linda McDonald, Director  
Scenic Valley Area VIII Agency on Aging  
3505 Stoneman Rd Ste 4  
Dubuque, IA 52002-5213  
319/588-3970  
FAX—319/588-1952

**AREA IX (separate organizational unit)**

Marvin Webb, Director  
Great River Bend Area Agency on Aging  
P.O. Box 3788  
Davenport, IA 52808-3788 (mailing address)  
736 Federal Street  
Davenport, IA 52803 (physical address)  
319/324-9085 or 800/892-9085 (local area only)  
FAX—319/324-9384

**AREA X (separate organizational unit)**

Liz Selk, Director  
Heritage Area Agency on Aging  
6301 Kirkwood Blvd., SW, P.O. Box 2068  
Cedar Rapids, IA 52406  
319/398-5559 or 800/332-5934  
FAX—319/398-5533

**AREA XI (private non-profit organization)**

Joel Olah, Director  
Aging Resources of Central Iowa  
5835 Grand Avenue, Suite 106  
Des Moines, IA 50312-1439  
515/255-1310 or 800/747-5352  
FAX—515/255-9442

**AREA XIII (private non-profit organization)**

Barbara Morrison, Director  
Southwest 8 Senior Services, Inc.  
3319 Nebraska Avenue  
Council Bluffs, IA 51501  
712/328-2540 or 800/432-9209  
FAX—712/328-6899

**AREA XIV (private non-profit organization)**

Lois Houston, Director  
Area XIV Agency on Aging  
210 North Russell Street  
Creston, IA 50801  
515/782-4040 —FAX 515/782-4519

**AREA XV (private non-profit organization)**

Connie Holland, Director  
Seneca Area Agency on Aging  
228 East Second Street  
Ottumwa, IA 52501  
515/682-2270 or 800/642-6522  
FAX—515/682-2445

**AREA XVI (private non-profit organization)**

Dennis Zegarac, Director  
Southeast Iowa Agency on Aging  
509 Jefferson Street  
Burlington, IA 52601  
319/752-5433 or 800/292-1268  
FAX—319/754-7030



## RESOURCES

**ADULT DAY CARE:** Adult day care service is any program which provides an organized program of supportive care during the day in a group environment to older persons who need a degree of supervision and assistance, or both. Services may include, but are not limited to rehabilitation services, personal care, transportation services, social/recreational activities and preventive or restorative services. Contact your local area agency on aging for the location of the nearest adult day care program.

### **ALZHEIMER'S ASSOCIATION**

#### ***The Iowa Chapter Network***

##### Big Sioux Chapter

800 5th Street, Baxter Building-Suite 140  
Sioux City, Iowa 51101  
712-279-5802 or 1-800-426-6512  
[www.alz-sioux.org](http://www.alz-sioux.org)

##### Mid Iowa Chapter

Iowa Lutheran Hospital  
700 E. University  
Des Moines, Iowa 50316  
515-263-2464  
1-800-738-8071

##### East Central Iowa Chapter

3100 E Avenue, N. W.  
Cedar Rapids, Iowa 52405  
319-398-3550  
1-888-397-9635  
[www.alzeci.org](http://www.alzeci.org)

##### Mississippi Valley Chapter

736 Federal Street, Bldg. 2  
Davenport, Iowa 52803  
319-324- 1022  
1-800-448-3650

**AREA AGENCIES ON AGING:** The Iowa Department of Elder Affairs has designated thirteen Area Agencies on Aging (AAA's) to admin-

ister programs for older persons at the local level throughout the state. Each AAA is responsible for developing, coordinating, and delivering aging services within its designated geographical area. The AAA's provide four types of services to Iowans aged 60 and over:

- Access Services - transportation, outreach, and information and referral;
- Community Service - congregate meals, continuing education, legal services, counseling, assessment, case management, and assistance;
- In Home Services - home health, homemaker, home-delivered meals and chore maintenance; and
- Services to Residents of Care Providing Facilities - casework, placement, relocation, grievance resolution, and resident advocate committees

A listing of the Area Agencies on Aging has been provided on page 61.

### **ASSISTIVE TECHNOLOGY:**

**INFO TECH** is a free information and referral service for assistive technology. Info Tech provides free, up-to-date-product information on commercially available adaptive equipment for people with disabilities or people who are elderly.

#### InfoTech

University Hospital School  
100 Hawkins Drive Room S384  
Iowa City, IA 52242-1011  
319-356-0550  
1-800-331-3027  
[www.uiowa.edu/infotech](http://www.uiowa.edu/infotech)

**CASE MANAGEMENT PROGRAM FOR THE FRAIL ELDERLY:**

The Case Management Program for the Frail Elderly is a multi-disciplinary approach to coordinating community based services to frail and vulnerable elderly which helps the elderly and their families to make long term care choices and avoid inappropriate or premature institutionalization. To learn more about the Case Management Program for the Frail Elderly, contact your local Area Agency on Aging or the Iowa Department of Elder Affairs at (515) 242-3333.

**CITIZEN'S AIDE - OMBUDSMAN:**

This office receives, investigates and tries to resolve complaints concerning state and local government. Note that complaints concerning county care facilities are within the Citizens Aide's activities, but other nursing home (long-term care facility) complaints are referred to the Long-Term Care Ombudsman, listed in the Long-Term Care Facility part of the resource section.

*Citizen's Aide - Ombudsman  
215 East 7th Street  
Des Moines, IA 50319  
Local: (515) 281-3592  
1-888-426-6283*

**CONSUMER ISSUES:**

**CONSUMER PROTECTION DIVISION:** Provides information and assistance with a variety of consumer matters, focusing primarily on problems related to consumer fraud, such as unfair practices and deceptive advertising. Call the number below for assistance, and to find out how you can lodge a complaint.

*Iowa Attorney General  
Hoover Building-2nd Floor  
1305 East Walnut  
Des Moines, IA 50319  
(515) 281-5926*

**BETTER BUSINESS BUREAU:** Better Business Bureau's (BBB's) can provide information on

whether a business has a satisfactory performance record and whether a charity is sound and reputable. The BBB also has consumer education pamphlets and a complaint handling procedure, which includes the possibility of arbitration.

*BETTENDORF:  
852 Middle Road, Suite 290  
Bettendorf, IA 52722-4100  
319-355-6344  
1-800-222-1600*

*DES MOINES:  
505 5th Ave Suite 950  
Des Moines, IA 50309  
515-243-8137  
1-800-362-2860  
[www.desmoines.bbb.org](http://www.desmoines.bbb.org)*

*SIOUX CITY:  
505 6th St. Suite 300  
Sioux City, IA 51101  
712-252-4501  
1-888-845-422  
[www.siouxcity.bbb.org](http://www.siouxcity.bbb.org)*

**Or statewide:** 1-800-222-1600

**INSURANCE DIVISION:** Insurance Division personnel are available to investigate complaints as well as to answer your questions about insurance companies and practices.

- For inquiries concerning life insurance: 515-281-8246
- For inquiries concerning health insurance: 515-281-4241
- For inquiries concerning property and casualty insurance: 515- 281-4025

*Insurance Division,  
Department of Commerce,  
330 Maple  
Des Moines, IA 50319*

**DISABILITY PROGRAMS**

*Alliance for the Mentally Ill*  
5911 Meredith Drive, Suite C1  
Des Moines, IA 50322  
515-254-0417

*ARC of Iowa*  
715 E. Locust  
Des Moines, IA 50309  
515-283-2358

*Community Mental Health Centers*  
*Association of Iowa*  
7025 Hickman Road, Suite 5  
Urbandale, IA 50322-4843  
515-270-9495

*Iowa Compass*  
1-800-779-2001

*Deaf Services*  
*Department of Human Rights*  
*Lucas Building*  
321 East 12th Street  
Des Moines, IA 50319  
515-281-3164 V/TTY  
515-281-7121

*Department for the Blind*  
524 4th Street  
Des Moines, IA 50309  
515-281-1333

*Governor's Developmental Disabilities Council*  
*River Hills Business Park*  
617 E. 2nd  
Des Moines, IA 50309  
515-281-9082 or 1-800-452-1936

*Iowa Protection & Advocacy Services*  
3015 Merle Hay Road, Suite 6  
Des Moines, IA 50310  
515-278-2502

**DISCRIMINATION AND CIVIL RIGHTS:**

**IOWA CIVIL RIGHTS COMMISSION:** This statewide office receives, investigates and tries to resolve complaints involving age discrimination (as well as illegal discrimination on other grounds, such as race, sex, disability, national origin or religion). For more information or to file a complaint, contact either your local human rights commission (if you live in a city that has one) or contact the statewide Commission at the number below.

*Iowa Civil Rights Commission*  
211 E. Maple Street, 2nd Floor  
Des Moines, IA 50309  
515-281-4121  
1 800-457-4416  
[www.state.ia.us/government/crc](http://www.state.ia.us/government/crc)

**EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC):** The district office of the EEOC handles employment discrimination complaints arising under federal law. The federal law covering employment discrimination on the basis of age applies to anyone 40 or older. To file a complaint with the EEOC, contact the office below as soon as possible after the discriminatory act. The EEOC can assign an investigator and may attempt to resolve the problem.

*Equal Employment Opportunity*  
*Commission (EEOC)*  
310 West Wisconsin Avenue, Suite 800  
Milwaukee, WI 53203  
414-297-1111

**IOWA CIVIL LIBERTIES UNION:** The Iowa Civil Liberties Union (ICLU) is a private membership organization which can assist individuals and groups in asserting or protecting their constitutional rights. The ICLU works through the courts, the legislature and through the education of the public to protect such rights as freedom of speech and freedom of religion, among others.

*Iowa Civil Liberties Union*  
446 Insurance Exchange Building  
Des Moines, IA 50309  
515-243-3576

**DOMESTIC VIOLENCE AND SEXUAL ABUSE:**

*Iowa Coalition against Domestic Violence*  
2603 Bell Avenue, Suite 100  
Des Moines, IA 50321  
1-800-942-0333  
[icadv@aol.com](mailto:icadv@aol.com)

*Iowa Coalition against Sexual Assault*  
2603 Bell Avenue, Suite 102  
Des Moines, IA 50321  
515-244-7424  
1-800-284-7821  
[iowacasa@aol.com](mailto:iowacasa@aol.com)

**EDUCATION:**

**IOWA STATE UNIVERSITY (ISU) EXTENSION SERVICE:** There is an extension service office for each county, providing a wide range of education-related services, including seminars on such subjects as nutrition, family economics, and human relations. Free publications available through the extension service cover such subjects as retirement planning, selecting nursing home insurance, housing for the elderly, and wellness. For more information, contact your county office, by checking the telephone book under Iowa State University Extension Service, or in some areas, United States Department of Agriculture (USDA).

**AREA COMMUNITY COLLEGES:** There are 15 area community colleges in Iowa. Your area community college may offer education programs of special interest to the elderly, and may permit the elderly to register at reduced fees. Contact the community college in your area for more information.

**LEGAL SERVICES CORPORATION OF IOWA (LSCI):** Provides about 40 different pamphlets and booklets dealing with such law-related subjects as nursing homes, health care, medigap insurance, funerals, small claims, Social Security, age discrimination, Medicaid, guardianships/con-

servatorships, and landlord/tenant law. These publications are free to low-income Iowans, and others can purchase them at modest cost. For more information, call the central office of the LSCI.

*LSCI*  
1111 9th Street, Suite 230  
Des Moines, IA 50314-2527  
515-280-3636  
1-800-532-1503

**ELDER ABUSE:**

**DEPENDENT ADULT ABUSE & NEGLECT REPORTING:** This toll-free hotline of the Iowa Department of Human Services (DHS) is for reporting suspected instances of abuse or neglect of dependent adults, in the community and facility.

*If you suspect adult abuse, please call: 1-800-362-2178 (24 hours a day, 7 days a week) or call your local DHS office. To reach the Department of Inspections & Appeals (DIA) call: 515-281-4115*

**EMPLOYMENT:**

**IOWA DEPARTMENT OF ELDER AFFAIRS:** This agency administers two senior employment programs through the area agencies on aging across the state.

- i. Senior Community Service Employment Program provides work experience through part-time jobs with public agencies or non-profit corporations. To be eligible, you must be 55 years or older and meet income guidelines established by the United States Department of Labor.
- ii. The Retired Iowans Community Employment Program is a state-funded program, which provides job search assistance through Older Worker Specialists. Individuals 45 years and older are eligible for assistance in most areas, and there are no income requirements.

Iowa Department of Elder Affairs  
(515) 242-3333

**IOWA WORKFORCE DEVELOPMENT:** There are offices throughout Iowa that provide a range of employment related services, including job placement for older workers seeking full or part-time employment and mentoring programs. To locate the office near you call 515-281-9065.

**AARP — SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM:** This program provides on-the-job training and employment services for Iowans age 55 and older. Participants must be able to work and their income must fall within certain guidelines. To locate the office near you contact:

*A.A.R.P. Foundation  
Senior Community Service Employment Program  
Project Office  
4601 SW 9th Street  
Des Moines, IA 50315  
515-287-1555*

**GREEN THUMB SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM:** This service, which covers 66 Iowa counties, provides employment in community betterment jobs at minimum wage to low-income Iowans age 55 and older. Additionally, Green Thumb administers the dislocated older worker and experience works programs. Contact the state office at the number listed to see whether you qualify.

*Green Thumb Senior Community Service  
Employment Program  
3720 N. 2nd Avenue  
Des Moines, IA 50313  
515-243-2430  
1-800-782-7519  
[www.greenthumb.org](http://www.greenthumb.org)*

**NATIONAL SENIOR CITIZENS EDUCATION AND RESEARCH CENTER - SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM**

*West Central Development Corporation  
1108 4th Street  
Harlan, IA 51537  
712-755-5135*

*Woodbury County Community Action Agency  
2700 Leach Avenue  
Sioux City, IA 51106  
712-274-1610*

**FINANCIAL:**

**CONSUMER /DEBT COUNSELING:**

National Credit Counseling Services 1-888-844-6227 Department of Human Services (DHS): DHS provides a wide range of services, including food stamps and Medicaid. To contact your local office, check your telephone book or get the help of directory assistance.

**GENERAL RELIEF:** General relief is the county program, which provides a range of basic services to needy persons. While any need may be brought to the attention of the county relief director, the main services provided relate to food, clothing and shelter. General relief is intended to provide help in fulfilling those needs, which cannot be fully met by other programs. Thus, the general relief director is often very well versed in the various assistance programs available. To reach the general relief office, contact the Department of Human Services or the county auditor in your county.

**GAMBLING ASSISTANCE:**

1-800-238-7633  
Public Health Gambler's Treatment Program  
515-281-8802

**FUNERALS:**

**CONTINENTAL ASSOCIATION OF FUNERAL AND MEMORIAL SOCIETIES:** This association can provide information and advice about funerals, burials, and cremation. In addition, there are several memorial societies in Iowa.

*Funeral and Memorial Societies of  
America  
PO Box 10  
Hinesburg, VT 05461  
1-800-458-5563  
[www.funerals.org/famsa](http://www.funerals.org/famsa)*

*Central Iowa Memorial Society  
1015 Hyland Avenue  
Ames, Iowa 50010*

*Iowa Memorial Funeral Society  
3011 West 70th Street  
Davenport, IA 52806*

*Memorial Society of Iowa River Valley  
120 North Dubuque Street  
Iowa City, IA 52245  
319-338-2637*

If you encounter problems in connection with funerals in Iowa, contact the Consumer Protection Division of the Iowa Attorney General's Office (see the Consumer Protection pages of this Resource Section).

## **HEALTH:**

**HEALTH PROMOTION OF THE IOWA DEPARTMENT OF PUBLIC HEALTH:** This statewide agency promotes the adoption of personal habits that will improve health and well being, primarily through the provision of technical assistance to other groups and agencies. Although the Bureau can provide direct services to individuals upon request, a person needing health information may first wish to contact the local public health nursing agency (see below) or the county extension service (see resources listed under Education).

*Bureau of Health Promotion  
Iowa Department of Public Health  
321 E. 12th Street  
Lucas State Office Building  
Des Moines, IA 50319  
515-281-6779*

**PUBLIC HEALTH OR VISITING NURSES:** Each Iowa county has a public health nurse or visiting nurse. These professional nurses provide skilled nursing services as well as health instruction to

patients in the patient's own home. A sliding fee scale is typically used to determine the costs of these services. To contact the public health or visiting nurse in your county, check the county section of your telephone book or contact the local Area Agency on Aging.

**IOWA HOSPICE ORGANIZATION:** Hospice is a program of caring for the terminally ill and their families, providing practical care and human support in ways that will add to the comfort and quality of life. To see if there is one near you, check your telephone book or directory assistance under hospice or call 515-243-1046.

## **HOUSING:**

**HOUSING AUTHORITIES:** There are local and regional housing authorities all over Iowa providing low cost housing to qualifying low-income people. The housing authority, which serves your area of the state, may be located in your town, or in a town or city nearby. To contact your housing authority, check your telephone book or directory assistance, or ask your city or county government officials for assistance or contact:

*Iowa Department of Elder Affairs (IDEA)  
200 10th Street, 3rd Floor  
Des Moines, Iowa 50309-3609  
(515) 242-3333*

The area agencies on aging can provide you with a list of rental units for seniors available across Iowa. The list includes the HUD, FmHA and privately financed apartment units that provide low-cost housing. Applications are made directly to the unit management. Call the IDEA number above and they will refer you to the area agency serving your community.

## **INFORMATIONAL & REFERRAL**

**SERVICES:** There are about eleven Information & Referral Services in Iowa serving many (but not all) Iowa counties. Information & Referral service staff is equipped to direct you to the agencies and resources in your area, which

can assist you with a given problem. These services go by a variety of names, although you may be able to find one in your area by checking under Information & Referral in your telephone book. Otherwise, you may call the Information & Referral Service in Des Moines ("First Call for Help") to find out whether it, or some other office, serves the county in which you live. The telephone number of the Des Moines service area is 515-246-6555.

## **IOWA DEPARTMENT OF ELDER**

**AFFAIRS:** The Iowa Department of Elder Affairs is the sole state agency responsible for the application and receipt of Older Americans Act funds. The Department is a focal point for all activities related to the needs and concerns of older Iowans. Therefore, the Department is committed to work towards the goals of Iowa's elders and is responsible for administering a variety of services and programs.

Iowa Department of Elder Affairs  
200 10th Street, 3<sup>rd</sup> Floor  
Des Moines, Iowa 50309-3609  
515-242-3333

or visit our website at:  
[www.state.ia.us/government/dea](http://www.state.ia.us/government/dea)

## **SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP):**

The Senior Health Insurance Information Program (SHIIP) of the Iowa Insurance Division has trained local counselors in many parts of Iowa. The counselors are available to answer your questions concerning any of the following issues:

- Medicare Supplemental insurance policies
- Medicare, Part A and Part B
- Long-Term Care insurance policies
- Comparing policy coverage's
- Other types of health insurance sold to senior citizens
- Insurance and Medicare claims.

- Tips on how to deal with agents, phone solicitors and mailings.
- How to file a complaint with the Iowa Insurance Division

This is a free confidential service. Counselors do not sell insurance or promote specific companies, policies or agents. For information about assistance in your area, contact the Iowa Insurance Division or your local Area Agency on Aging.

### *SHIIP*

*Insurance Division*

*Iowa Department of Commerce*

*330 Maple*

*Des Moines, Iowa 50319*

*1-800-351-4664*

## **LEGAL SERVICES:**

**LAWYER REFERRAL SERVICE:** This service of the Iowa State Bar Association can locate an attorney in your area willing to help with legal problems like yours. The cost for any service beyond the initial meeting is to be agreed upon between the attorney and client.

*Lawyer Referral Service*

*521 East Locust St. - Fl. 3rd*

*Des Moines, IA 50309*

*515-280-7429*

*800-532-1108*

## **H.E.L.P. LEGAL ASSISTANCE:**

*736 Federal St. #401*

*Davenport, Iowa 52803*

*319-322-6216*

## **LEGAL AID SOCIETY OF POLK COUNTY:**

Provides free legal help in civil cases to qualifying low-income residents of Polk County.

*1111 9th Street*

*Des Moines, IA 50314*

*515-243-1193*

## **LEGAL SERVICES CORPORATION OF IOWA**

**(LSCI):** Provides free legal help in civil cases to qualifying low-income residents of all Iowa counties except Polk County (for Polk County, see

above). Some offices may also provide legal help to non-low income elderly. To find out the location of the office serving your area of the state, call the central office at the numbers below.

*LSCI*  
1111 9th Street, Suite 230  
Des Moines, Iowa 50314-2527  
515-243-2151  
1-800-532-1275

**VOLUNTEER LAWYERS PROJECT:** Volunteer lawyers from all over the state provide free legal help to qualifying low income Iowans in civil cases. All screening for the project is performed by the regional offices of the Legal Services Corporation of Iowa or, for Polk County residents, the Legal Aid Society of Polk County (see telephone numbers above).

**SENIOR CITIZENS LEGAL CLINIC:** Provides free legal help in civil cases to Iowa residents 60 years of age and older in an eight county area of Iowa including, Boone, Dallas, Jasper, Madison, Marion, Polk, Story, and Warren.

*Senior Citizens Legal Clinic*  
Drake University Law School  
2400 University  
Des Moines, Iowa 50311  
515-271-3851

**MUSCATINE LEGAL SERVICES:** Muscatine county residents are eligible for legal services based upon the federal income guidelines. Fees are based upon the type of legal services that will be provided. Clients pay for their court costs.

*Muscatine Legal Services*  
210 East Second Street  
Muscatine, Iowa 52761  
515-271-3851

**LEGAL AID SOCIETY OF STORY COUNTY:** Free legal help in civil cases for low-income Story County residents, as defined by federal income guidelines. Legal services provided include family law, probate, landlord/tenant, and bankruptcy.

*Legal Aid Society of Story County*  
937 Sixth Street  
Nevada, IA 50201  
515-382-2471  
1-800-896-8847

**CLINICAL LAW PROGRAM OF THE UNIVERSITY OF IOWA:** Free legal help for Iowa residents, primarily in civil cases. The clinic focuses especially on problems involving government agencies, public benefits and discrimination. Family law issues are not handled by this clinic.

*Clinical Law Program*  
University of Iowa  
College of Law  
Iowa City, IA 52242-1113  
319-335-9023

**LEGAL HOTLINE for Older Iowans:**

Iowans 60 years and older can get free and confidential legal advice and referrals over the telephone. Call (515) 282-8161 in the Des Moines area or toll free at 1-800-992-8161

*IN ADDITION TO THE LEGAL RESOURCES ABOVE, YOUR LOCAL AREA AGENCY ON AGING MAY HAVE LEGAL RESOURCES AVAILABLE TO YOU. CHECK THE RESOURCE PAGE FOR AREA AGENCIES ON AGING.*

**LONG-TERM CARE (NURSING HOMES)**

**STATE LONG-TERM CARE OMBUDSMAN:** The Long-Term Care Ombudsman represents the interests of residents of long-term care facilities in Iowa. This includes investigating complaints, acting as an advocate for long-term care residents, and monitoring state and federal laws affecting long-term care in Iowa.

*Long-Term Care Ombudsman*  
200 10th Street, 3rd Floor  
Des Moines, IA 50309-3609  
515- 242-3333  
*Complaint Hotline:*  
1-800-532-3213

**MEDICARE:**

**Durable Medical Equipment**-Medicare coverage and claims for medical equipment and supplies  
1-800-899-7095

**Senior Health Insurance Information Program (SHIPP)** - Health insurance counseling, Medicare & insurance claims assistance, Medicare + Choice information  
1-800-351-4664

**Social Security Administration**  
Medicare enrollment, eligibility, HMO disenrollment and card replacement  
1-800-772-1213

**Medicare Part A**  
Coverage and claims for hospitals and skilled nursing facilities  
(712) 279-8650

Home health agency and hospice coverage and claims  
(515) 246-0126

**Medicare Part B**  
Coverage and claims questions  
Medicare fraud or abuse  
1-800-532-1285

**Medicare Rights Helpline**  
Medicare quality of care complaints and assistance when the hospital notifies the patient that Medicare will no longer pay for stay  
1-800-752-7014

**Medicare and Medicaid Waste, Fraud and Abuse**

If you have a concern about a bill or service charged to Medicare or Medicaid and you are not sure if the provider is entitled to be reimbursed for what was submitted, you can call Operation Restore Trust of Iowa. This program of the Iowa Department of Elder Affairs works with a variety

of agencies to educate Medicare and Medicaid beneficiaries on fraud, waste and abuse and can also provide information, education, and individual assistance. Please call Operation Restore Trust of Iowa 1-800-423-2449.

**MONEY MANAGEMENT:**

The Iowa Money Management Program is coordinated by the Iowa Department of Elder Affairs and promotes independent living of persons on a limited income who are at risk because of their inability to manage their financial affairs and who do not have friends or family who can help. The program provides trained volunteers offering representative payee or bill payer services to older persons or persons with disabilities.

Individuals eligible for the program must receive a government benefit check such as Social Security or Veterans benefits. Volunteers provide representative payee services free of charge. For more information contact:

*Money Management Program Coordinator  
Iowa Department of Elder Affairs  
200 10th Street, 3rd Floor  
Des Moines, IA 50309-3609  
515-242-3333*

**NUTRITION:**

The thirteen (13) area agencies on aging provide congregate and home-delivered meals and nutrition education to Iowans age 60 and over at more than 400 congregate meal sites located throughout the state. Eligible participants are given the opportunity to make a confidential contribution toward the cost of these meals.

**REFUGEE SERVICES:**

Refugee Services Center  
Hoover Building, 1305 East Walnut  
Des Moines, IA 50319  
515-281-4190

**RESPITE CARE:**

Respite care provides temporary relief to the caregiver of a dependent individual, one or both of whom are aged 60 or older. The respite may be brief, 2-3 hours in duration, or longer than 24 hours, and the care may take place at the individual's residence or elsewhere. Contact your local Area Agency on Aging for the location of the nearest respite care program

**SOCIAL SECURITY:**

**SOCIAL SECURITY ADMINISTRATION (SSA):**

To contact the Social Security Information Center, call the nationwide, toll-free number, 1-800-772-1213 from 7 a.m. to 7 p.m. The TDD toll-free number is 1-800-288-7185. If you already know which of Iowa's Social Security offices serves you, you may also get the number from the telephone book or directory assistance, and call that office directly. The Social Security office can provide assistance with Social Security retirement and survivor benefits, SSI (Supplemental Security Income), Social Security Disability, and Medicare enrollment among other services and benefits of special importance to the elderly.

**TAX HELP:**

**TAXPAYER SERVICE TAX COUNSELING FOR THE ELDERLY:**

The United States Internal Revenue Service (IRS) maintains a Taxpayer Service which can attempt to answer your questions concerning federal taxes. For assistance in completing your tax return, you can call the same toll-free number to get the help of a trained volunteer through the Tax Counseling for the Elderly program. There are more than 500 volunteers in Iowa who will assist the elderly (and also low-income persons of any age) with their state and federal taxes, at no charge.

*Taxpayer Service/Tax Counseling for the Elderly*  
515-283-0523  
1-800-829-1040

**IOWA STATE DEPARTMENT OF REVENUE AND FINANCE:** The Iowa Department of Revenue and Finance staff can answer your questions concerning Iowa taxes, including questions about preparation of your Iowa income tax forms. Call the number listed below. For information about property tax credits, call (515) 281-4040. For information about rent reimbursement, call (515) 281-3114. For elderly credit refunds call 515-281-4966

*Iowa State Department of Revenue and Finance*  
*Hoover Building, 1305 E. Walnut*  
*Des Moines, IA 50319*  
*(515) 281-3114*  
*[www.state.ia.us/tax](http://www.state.ia.us/tax)*

**VETERANS:**

**VETERANS' ADMINISTRATION REGIONAL OFFICE:**

Provides assistance with the wide range of benefits available to veterans and certain relatives of veterans. Contact the Veterans Administration for more information about benefits and about other sources of assistance for veterans and their families.

*Veterans Administration Regional Office*  
*210 Walnut St.*  
*Des Moines, IA 50309*  
*1-800-827-1000*

**WOMEN:**

*Status of Women*  
*Department of Human Rights*  
*Lucas Building*  
*321 E. 12th Street, First Floor*  
*Des Moines, IA 50319*  
*515-281-4461 or 1-800-558-4427*