

KFI
4291
.A3
H36
1995

HANDBOOK FOR OLDER IOWANS

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

Funding for this project was provided
by the following organizations:

Iowa State Bar Foundation
Public Relations Committee of The Iowa State Bar Association
The Principal Financial Group Foundation, Inc.

**BEFORE UTILIZING THIS BOOKLET, PLEASE SEE PAGE ENTITLED
“USE OF THIS BOOKLET.”**



**Published by the Young Lawyers Division of
The Iowa State Bar Association
in cooperation with and with the permission of
The Iowa State Bar Association**

COPYRIGHT 1988

**The Young Lawyers Division, Committee
on the Delivery of Legal Services to the Elderly,
the Iowa State Bar Association**

**First Printing, January 1988
Second Printing with Revisions, February 1988
Third Printing with Revisions, June 1995**

TABLE OF CONTENTS

USE OF THIS BOOKLETii

PREFACEiii

HEALTH INFORMATION

Medicaid.....1

Medicare.....2

Medicare Supplemental Health Insurance Policies (“Medigap”)7

Long-Term Care Insurance11

Long-Term Health Care Facilities (Nursing Facilities).....12

Elder Abuse19

FINANCIAL INFORMATION

Social Security: Retirement Benefits, Disability and Supplemental Security Income (SSI)21

Veterans Benefits23

Food Stamps for the Elderly.....26

Federal Income Taxes.....27

Property Tax Relief for the Elderly and Disabled29

GENERAL TOPICS

Power of Attorney29

Durable Power of Attorney for Health Care Decisions.....32

Living Wills.....33

Revocable Trusts36

Guardianships and Conservatorships37

Wills38

Funeral Laws40

Consumer Protection42

Unfair Debt Collection Practices.....48

Landlord/Tenant Law52

Age Discrimination in Employment55

RESOURCE SECTION57

*****Please Read 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Information about the law quickly becomes outdated.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 Committee on the Delivery of Legal Services to the Elderly, a 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 about 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 Committee on the Delivery of Legal Services to the Elderly, listed below, have devoted many hours to assembling the information set forth in the following pages:

Cynthia A. Moeller, Davenport
Co-Chairperson 1993

David Bruner, Guthrie Center
Co-Chairperson 1993

Deanna Clingan-Fischer, Des Moines
Chairperson 1994 and Co-Chairperson 1995

Gordon R. Fischer, West Des Moines
Co-Chairperson 1995

Thomas Houser, Des Moines
Deborah Jacobsen, Des Moines
Mary Lou Herring, Des Moines
Betty Buitenwerf, Des Moines

Warren Sparks, Des Moines
Stephanie Sarcone, Des Moines
Rachele Hjelmaas, Des Moines

The following people assisted in reviewing the material for accuracy or in some other important facet of the development of the booklet: Beth Bahnson, Kris Bullington, Bruce Campbell, Jeanne Clawson, Kathy Farnsworth-Cubit, Carol Fatino, Kris Gross, Ed Henderson, Phyllis Huber, P. C. Keen, Sandi Kohl, John Kolosky, Bob Lund, Minnie Mallard, John F. McArtor, Tim McDermott, Carl McPherson, Debra Moore, Chris Ostlund, Sherry Purcell, Mary Rawls, Judge Dick R. Schlegel, Curt Sorteberg, Nick Stajcar and Tom Wakefield.

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.

AFDC AND SSI RECIPIENTS:

People who are eligible for either AFDC (Aid to Families with Dependent Children) or SSI (Supplemental Security Income) are considered to be categorically eligible for Medicaid. This means that they are automatically eligible for Medicaid if they receive AFDC or SSI benefits.

The parents or caretakers of children who receive AFDC 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 AFDC, and therefore, Medicaid. If the child lives with both grandparents, only one of the grandparents would be included in the AFDC grant. Eligibility of the grandparent is based upon the income and resources of the grandparent.

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. Resources (assets) are limited to \$2,000 for a single person or \$3,000 for a couple when both spouses live in a nursing facility. Not all resources count toward this limit, however.

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 in Iowa 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 the Part A (Hospital Insurance) and Part B Medicare premiums, the deductibles, and coinsurance amounts for beneficiaries whose income is below the national poverty level and who have very limited resources. To determine if you qualify for this program, contact your local Department of Human Services (DHS) office.

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY PROGRAM (SLMB):

This program will pay for the Part B

Medicare premium for people whose income is slightly more than the national 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. Contact your local Department of Human Services (DHS) office for more information.

HEALTH INSURANCE PREMIUM PAYMENT (HIP) PROGRAM:

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 NEEDY PROGRAM:

Medically Needy is a program designed to provide medical coverage for individuals who either have limited income or high medical expenses that use up most of their income. The individuals eligible for this program include: children under the

age of 21; pregnant women; 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 may not be eligible for AFDC or SSI for various reasons but may still be eligible for the Medically Needy program.

WHERE DO I APPLY?

You may apply for any of the programs listed above at the Department of Human Services (DHS) office in the county in which you live.

RECEIVING MEDICAID COVERAGE:

If you are determined eligible for Medicaid by your local Department of Human Services (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.

People who think 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 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 1995 calendar year information. Check with the Social Security Administration or your Medicare contractor 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 1995, the Part A premium is \$261 per month for regular entitle-

ment, or \$183 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 premiums, 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 1995 calendar year is \$46.10 per month.

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 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, for most covered services, there are limits on the amount that he or she can actually charge you. In 1995, 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 1995, this deductible is \$716. A copayment is required after the 60th day. Copayment, or coinsurance, is the patient’s responsibility. In 1995, the copayment is \$179 per day for hospitalization from the 61st through the 90th day, and \$358 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 a 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 \$89.50 per day copayment. Skilled nursing care must be needed daily, not merely occasionally, for services to be covered. Services must be “reasonable and neces-

sary” 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 service 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.
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 four** 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 (homebound).
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.

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 1995, the premium is \$46.10. 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 on aging. 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: 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 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. Compa-

nies must continue 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 (\$179 per day in 1995) for the 61st through the 90th day of hospitalization in each Medicare benefit period.
- Coverage for Part A coinsurance amount (\$358 per day in 1995) 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 (\$716 per benefit period in 1995).

Plan C includes the basic benefits plus:

- Coverage for the Medicare Part A deductible.
- Coverage for the skilled nursing facility care coinsurance amount (\$89.50 per day for days 21 through 100 per benefit period in 1995).
- Coverage for the Medicare Part B deductible (\$100 per calendar year in 1995).
- 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.
- Coverage for at-home recovery. Benefit pays up to \$1600 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.

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.
- 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.
- Coverage for 100% of Medicare Part B excess charges.

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.
- 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.
- 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.
- 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.
- 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).

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-stage 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 that the Medigap benefits and premiums 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 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)

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 supplement 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 Infor-

mation Program (SHIIP) counselor. SHIIP provides free objective information about Medicare supplement insurance policies as well as on long-term care insurance and Medicare benefits.

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

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. Neither Medicare, Medicare supplement insurance, nor the health insurance provided by your employer will pay for most long-term care expenses. Medicare will cover the cost of some skilled nursing care in approved nursing homes or in your home, but only in certain situations. Medicare does not cover custodial or intermediate care or prolonged home health 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.

Medicaid pays for nearly half of all nursing home care. 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 insurance 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 can 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. 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.
- 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.
- 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.
- 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.
- 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.
- Expect to receive the policy in 30 days. A policy should be delivered within a reasonable time after application (usually 30 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, Lucas State Office Building, Des Moines, Iowa 50319; 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. The Insurance Division also has available a booklet entitled "Iowa Guide to Long-Term Care Insurance." For more information about the SHIIP counselor nearest you or to request a copy of the free booklet, call (515) 281-5705 or your area agency on aging.

LONG-TERM HEALTH 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, intermediate care 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 emergency 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.

INTERMEDIATE CARE FACILITY: Intermediate care 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 intermediate care services.

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.

REGULATION OF LONG-TERM HEALTH CARE FACILITIES: The Iowa Department of Inspections 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 of 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.

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 intermediate 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 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.

RIGHT 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 the 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 recordkeeping, including information kept in an auto-

6. matic 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 from 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 and physical abuse. Residents also have the right to be free from chemical or physical restraint unless authorized by the resident's physician for a specified period of time. Restraints are to be used for the protection of the residents or others, not for the convenience of the staff.

TRANSFER OUT OF A FACILITY: If a resident is told to leave a facility and the

resident does not want to leave, the facility is attempting an involuntary transfer. An involuntary transfer is permitted only: (1) for medical reasons; (2) for the welfare of the resident or other residents; or (3) for nonpayment of the bill. Conversion from private pay to Medicaid does not constitute nonpayment.

A resident facing an involuntary transfer has the following rights to notice and a hearing on the proposed transfer:

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. Care Review Committees. The State of Iowa requires each licensed care facility to have a Care Review Committee. The committee is composed of community volunteers. Committee members are supposed 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 Care Review 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 Care Review 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 ombudsman tries to assist in working out solutions so as to avoid legal or other formal action. 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
914 Grand Avenue - Suite 236
Des Moines, Iowa 50309
Phone (515) 281-5187*

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) 281-4225*

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. 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 family 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.

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 RNs or LPNs are on staff?
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? Residents need various types of rehabilitative services. The techniques used to deliver these services change, and all employees need to keep current on these techniques.
8. Safety. Is there an adequate fire safety system that includes at least smoke and heat detectors and sprinklers or approved fire-resistant con-

- struction? 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. 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 the level of care, the higher the costs are likely to be.
 11. Deposits. What is required in advance? How will the deposit be returned? Be aware that Medicare residents cannot be charged deposits.
 12. 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.
 13. Third party payment. What third party payments will the facility accept? Does it take Medicare and Medicaid residents?
 14. 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?
 15. Fees if spouse transferred. What fees will a resident pay if one of them is transferred to the nursing facility? Is the spouse allowed to continue living independently? Is the spouse required to move to a smaller unit?
 16. Availability of nursing beds. What happens if no beds are available in the nursing center when the resident needs one? The contract should specify the resident's rights on this issue.
 17. Transfer decisions. What triggers the transfer of a resident from his or her apartment to the nursing facility? Who makes this decision? Can the transfer decision be appealed?

A checklist for rating different facilities may be obtained from the Long-Term Care Ombudsman, whose address and phone number are set forth on a previous page and in the resource section at the back of this booklet.

SUMMARY: Iowa health care facilities are here to serve you. If you choose a facility in which you feel productive and content, the purpose of the long-term health care will have been fulfilled.

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) 281-5187.

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
- Unresponsive
- Hostile
- Confused
- 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 employers.

TO WHOM SHOULD I REPORT ABUSE? If the abuse you are reporting occurred in a nursing or other care facility, call **(515) 281-4077**, 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.

SOCIAL SECURITY RETIREMENT BENEFITS, DISABILITY BENEFITS AND SUPPLEMENTAL SECURITY INCOME

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 which will be discussed in this chapter. The first program is Social Security Retirement benefits. The second program is known as Social Security Disability. The third is the Supplemental Security Income (SSI) program. This section will include the steps you must go through 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. The amount you will receive is figured by the Social Security Administration (SSA) according to a formula based on your work record. (Benefits available to certain surviving relatives of a deceased worker are discussed below.)

You may be eligible to receive retirement benefits as early as age 62. However, if benefits are received at age 62 rather than age 65, the amount of your monthly benefit will be lower. For planning purposes, when you turn 62 (or up to 1 month before), you should call your local Social Security office and inquire into benefits. The representative will discuss your eligibility for benefits and time frames for receiving those benefits.

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 other proof of age—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.

WORKING ONCE SOCIAL SECURITY PAYMENTS HAVE STARTED: It is true that your Social Security benefits may be reduced if you continue to earn money over a set amount. Persons who are age 70 and older can earn an unlimited amount of income. Workers between the ages of 65 and 69 may earn up to \$11,280 in 1995 without a reduction in benefits. Workers between the ages of 62 and 65 may earn up to \$8,160 in 1995 without a reduction in benefits. Each of these amounts is that allowed under law and is subject to change every year. You should check with your Social Security office for current amounts. If a person under 65 earns more than is allowable, one dollar in benefits will be withheld for each two dollars earned above the limit. For persons 65 or older, one dollar in benefits is withheld for each three dollars of earnings above the limit.

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 must be expected to 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.

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

BENEFITS FOR THE WORKERS' 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 a 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 full-time);
- 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 a disabled child who is receiving benefits based on deceased worker's earnings;
- Spouse age 50 or older who becomes disabled within seven years after worker's 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 was developed to provide a guaranteed minimum income to the aged, blind and disabled. These benefits are based on the recipient's needs. Unlike the program which provides 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 above. However, since this program is based on the needs rather than the work record of the disabled person, income and resource guidelines must also be met.

For 1995, an eligible individual's adjusted income cannot be more than \$458 per month. An eligible couple's adjusted income cannot be more than \$687 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 in available resources or assets. When determining resources, you do not have to count the house in which you live, a vehicle which does not exceed \$4,500 in value, wedding rings and household furnishings. Again, these figures are current for 1995 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 change 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 for the period of time that you should have initially been receiving them.

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 a.m. to 7 p.m. for materials or further assistance.

DISABILITY AND DEATH BENEFITS FOR VETERANS

DISABILITY BENEFITS: There are two types of disability benefits for veterans. The first is called Compensation and is based on the same basic premise as Workers' Compensation. Veterans who are injured while in service are entitled to this benefit. The amount of the benefit is based on the degree of disability. The amount of the benefit can range from under \$100 per month for a mildly disabled veteran to approximately \$5,000 per month for a quadriplegic veteran.

The second type of disability benefit for living veterans is Non-Service-Connected Pension. Only veterans who had some service during a wartime period are eligible for this benefit. For Department of Veterans Affairs purposes, the wartime periods are listed as follows:

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.

There are three levels of disability pension. In addition to the basic pension there are two higher levels. The first is housebound which is payable to those veterans who are basically confined to their own home or yard because of their health conditions. Travel outside of their immediate vicinity can usually only be accomplished with assistance from someone else. The highest level of pension is aid and attendance. If veterans are so disabled that they need help in performing daily functions such as cooking, bathing, dressing or cannot be trusted to take medication, they may be eligible for this allowance. Often this type of patient is in a nursing home, but they are also found in a private residence.

Each level of pension has progressively higher income limitations. Additional income is also authorized if the veteran has dependents. All of the payments are made in one check except in the event of estrangement. Then 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. He/she could only receive an apportionment as the custodian of the veteran's children.

To further complicate matters, veterans' Non-Service-Connected Pension can be under one of three different laws. Each of the laws is slightly different, and a veteran coming onto the rolls now is only 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 appropriately called Old Law Pension. Veterans on this program had to have been on the pension rolls since before July 1, 1960. There are very few of these pensioners left. Section 306 Pension replaced the Old Law Pension from 1960

until December 31, 1978, when the Improved Pension came into existence. There are many veterans and beneficiaries who remain under this law because it is more desirable in their particular situations.

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 also broken down as to service-connected or not. If someone dies while in service or if a veteran dies of service-connected causes, then his or her dependent survivors are entitled to Dependency Indemnity Compensation (DIC). Widows, children or dependent parents could receive this benefit. For widows, the amount of the benefit is based on the rank of the veteran while he or she was in service. The amounts can range from about \$750 to well over \$1,000 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 they 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 or REPS for short. The benefits 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 Social Security.

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

Widows 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 be receiving 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 ques-

tion is Government Life Insurance. This program is administered by the Department of Veterans Affairs and is handled like any other life insurance. If an insured veteran dies, the insurance proceeds could be paid in a lump sum or in the form of an annuity. The annuity could 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.

This is an overview of Department of Veterans Affairs disability and death benefits. As you can see, 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 individual cases or about benefits in general, you can contact the Veterans Benefits Counselor toll free at 1-800-827-1000. All telephone exchanges in the state of Iowa ring into the Des Moines regional office. In the Des Moines area, the local number is (515) 284-0219.

FOOD STAMPS FOR THE ELDERLY

The food stamp program, managed by the United States Department of Agriculture, provides coupons 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. You can get 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. 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.

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 (from a job) or unearned income (ADC, 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 eligibility for food stamps. Some of the items not counted include your home and property surrounding it, your household goods and personal items and one burial plot per household member. 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 \$4,550 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.

Resources having a total value within the following limits do not disqualify you from receiving food stamps. The limits on countable resources are as follows:

1. \$2,000 worth of 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 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, 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 1994.

Household Size	Maximum Net Monthly Income
1	\$ 614
2	\$ 820
3	\$ 1,027
4	\$ 1,234
5	\$ 1,440
6	\$ 1,647
7	\$ 1,854
8	\$ 2,060

For each additional member over 8, add \$207.

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

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, however, or you lose the right to appeal. The time period is currently 90 days from the time you are denied benefits. You must send the completed appeal form to your local DHS office. A hearing at which you can appear will then be set. You can have a friend or lawyer help you at this meeting.

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.

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? Persons who are age 65 or older receive special treatment in certain areas of state and federal tax law. The obligation to report income and file a tax return does not end at age 65. However, depending on their income level, older citizens may not be required to file a return.

For 1994, taxpayers age 65 or older were required to file a federal income tax return if they fell into one of the following categories:

Filing Status	Gross Income Equal To or Greater Than
(a) Married filing jointly, one spouse age 65 or older	\$12,000
(b) Married filing jointly, both spouses age 65 or older	\$12,750
(c) Married filing separately, age 65 or older	\$ 2,450
(d) Surviving spouse, age 65 or older	\$ 9,550
(e) Head of household filer, age 65 or older	\$ 9,000
(f) Single, age 65 or older	\$ 7,200

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, if a person netted \$400 or more from self-employment, or if tax on an IRA is due, or if wages of \$100 or more were earned from an organization exempt from making employer FICA contributions (e.g. a church), a federal income tax return must still be filed.

NONTAXABLE INCOME: Certain types of income are nontaxable and should not be reported. Such income includes compensation for sickness or injury, veteran's benefits, gifts and inheritances received by an individual. Municipal bond interest is not taxable for federal income tax purposes only. Exceptions to these examples exist, so consult your tax advisor.

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: A person age 65 or older who files a federal income tax return will be entitled to a standard deduction in an amount higher than other taxpayers. This increase in the standard deduction took the place of the additional personal exemption older taxpayers received in earlier tax years.

SALE OF YOUR HOME: A significant tax benefit available to persons age 55 or older is the exclusion of gain from the sale of a personal residence. This is a once-in-a-lifetime exclusion that allows a taxpayer, age 55 or older, to exclude from taxable income the gain realized from the sale of his or her personal residence. The property in question must have been owned by the taxpayer and used as his or her principal residence for at least three of the last five years. In addition, since this is a once-in-a-lifetime option, neither the taxpayer nor the taxpayer's spouse is allowed to have taken advantage of this exclusion before. If the taxpayer meets these requirements, he or she may exclude \$125,000 of gain on the sale or exchange. If the taxpayer is married, but files separately, he or she may exclude only \$62,500 of the gain on the sale or exchange.

CREDITS FOR CERTAIN PENSIONS AND ANNUITIES: Persons over 65 are also entitled to a special credit against taxes on taxable pensions or annuities from a public retirement system. You should consult with a tax advisor to determine if you are eligible and the amount of the credit for which you may be eligible.

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.

HOMEOWNERS AND RENTERS: 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 or rented and actually used as a home by the the person filing for the credit. In addition to the homestead tax credit, persons who own and who meet certain qualifications are eligible for a property tax credit. Renters who meet the same qualifications are entitled to a rent reimbursement. The definition of renters also includes persons who reside in long-term care facilities.

To qualify, an individual must be at least 65, or be a surviving spouse at least 55, or be totally disabled and live in this state.

Anyone qualifying for these programs must meet the age or disability criteria by December 31 of the previous year. Forms must be filed each year between January 1 and June 1.

In addition to meeting the above-stated age or disability requirements, your income must be below a certain level to qualify for property tax credit and rent reimbursement. Your income includes almost everything you receive, such as Social Security, all pensions and annuities, wages, salaries, tips, capital gains, cash public assistance and other earned income. Your county assessor and treasurer have available the credit application form with instructions for you to complete.

Eligible persons who rent a house or apartment may be entitled to a reimbursement of a portion of the rent paid in the prior year. This amount is figured according to a formula set by the Iowa Department of Revenue and Finance. In addition, you are eligible only if the place you rent, or the nursing home you live in, is subject to property tax. For nursing homes, this means that it must be operated for profit.

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 pow-

ers, 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 ATTORNEY: 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 you 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. 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 has to 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 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 in the presence of a notary public.
4. If the power of attorney affects real estate, the document 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 document 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 characteristic that makes 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.

The annual reporting requirements of a conservatorship or guardianship provide a certain amount of protection to the conservator, and thus helps protect that individual against allegations of wrongdoing. Furthermore, because many attorneys-in-fact are family members, the court's supervisory role may help insulate that individual from disputes by family members.

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;
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 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 decision 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. 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.

Prior to the adoption of this law, there was no statutory authority to grant such powers. Yet, many individuals executed health care powers of attorney anyway. The new law ratifies powers of attorney that were signed prior to the effective date of the law, but only to the extent the document is consistent with the new law. If you fall in this category, you may want to have your lawyer review your power of attorney to ensure it complies with the statutory requirements.

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.

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 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 it is 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 wit-

nesses 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 a 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 or 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 record.

WHAT IF I MAKE A LIVING WILL BUT 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 doc-

tor 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

5. your available adult children.
6. Your parent or parents.
7. 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 _____, 19 ____, 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 determined to be terminal or 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 physical condition. A revocation is only effective as to the attending physician upon communication to such physician by the declarant, 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/she is competent. No changes may be made to the trust agreement upon incapacity or death.

You can be the trustee of your 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 isn't 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 would eliminate 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.

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 transferring property to the beneficiaries.

Even with a revocable trust, you still need to have a will. If you do not transfer all your assets into the trust, you should have a will which would "pour-over" (transfer) the 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 court order to establish a guardianship or conservatorship, and once established they are reviewed each year by the court.

THE DIFFERENCE BETWEEN GUARDIANSHIPS AND CONSERVATORSHIPS: In a guardianship, the manager, called the “guardian,” provides care and makes 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 which makes it a “voluntary” proceeding. The person signs the necessary legal documents, which the judge then reviews. In almost every instance, the judge approves the request and appoints a guardian or conservator (whichever is asked for) for the “ward.”

Involuntary proceedings are much more complex. In these cases, the person for whom the guardianship or conservatorship is asked does not agree that he or she

needs this help. Several steps are provided by 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 after notice before the court hearing is held. 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 is entitled to be represented by an attorney at this hearing. If an attorney’s services cannot be afforded, one will be appointed.

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 is choosing 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. The general guardianship or conservatorship is the most commonly used form. Once it is established, it lasts until the ward dies or is able to show that the guardianship or conservatorship is no longer necessary or in the ward’s best interest.

NOTIFICATION OF GUARDIANSHIP AND CONSERVATORSHIP POWERS: In any action for the appointment of a guardian and 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 court. 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 court. One example of a decision requiring court approval is where the ward's home is to be changed, without the consent of the ward, to a place which gives the ward less freedom than in his or her current home. Also, court approval is required for decisions regarding major medical elective surgery and other nonemergency 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. Court approval must be obtained for the disposal of real estate, settling claims or executing leases.

TERMINATION OR CHANGE OF A GUARDIANSHIP OR CONSERVATORSHIP: The ward may return to court and ask that the guardianship or conservatorship be changed or ended. To end a guardianship or conservatorship, the ward must show that it is no longer necessary or in his or her best interests. Most guardianships or conservatorships for children end when they reach the age of eighteen. Other guardianships or conservatorships end only with court 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, the State will not give your assets to a charity or to your friends.

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 final 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 way to make sure

that your property, called your estate, passes as you wish to your family and loved ones 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 of life insurance that are payable to your estate and retirement benefits payable to you.

Any property held in joint tenancy with a 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 do not pass according to the terms of your will.

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

1. The maker must be at least 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.

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.

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

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 changes without redoing your 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. If the estate is valued at less than \$600,000, no federal estate taxes will be due. This amount is subject to change in the future.

IOWA INHERITANCE TAX: The persons to whom you leave property may be required to pay Iowa inheritance tax. This tax is based on the value of the property which passes to those persons. There is no inheritance tax on property which passes to a surviving spouse. For property passing to children, other lineal descendants (grandchildren or great-grandchildren), or a father or mother, Iowa inheritance 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 and are subject to change. For property passing to other persons than those above, there will be inheritance tax paid on the full value of the property.

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

The cost of a funeral is one of the largest single expenses many families ever have. In spite of this fact, 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 assistance 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. 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 viewed 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, such as 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, is 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 service 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 needed 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
- 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 handbook).

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

Continental Association of Funeral and Memorial Societies
 6900 Lost Lake Road
 Egg Harbor, WI 54209-9231
 (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*

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

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:

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 handbook) 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 conartists have taken millions of dollars from Iowans, especially older Iowans.

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 (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 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 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. You do not need to be nice if the caller will not take no for an answer.

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 type of 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 salesperson.
- 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, hangup 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 products, 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 a 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 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.

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 consider-

ing 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 Employment Services at (515) 281-3606 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. 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 your 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 when taking our cars in for repairs. Fortunately, the Iowa Motor Vehicle Service Trade Practices Act was enacted in 1990 to protect consumers. 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 do or charge you for repairs you have not authorized or tell you repairs are necessary when that is not true.
3. Repair shops must provide you with an itemized list of all repairs and the name of the service technician who did the repairs.

4. 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.
5. 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:

- 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.
- If the repairs will be costly, get more than one estimate.
- If the repair shop makes any promises, get them in writing.
- 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 Division of Insurance to learn if the company actually exists.

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 goodwill 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 to 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 what the purpose of the charity is 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.

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.

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.

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 downgrading 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 him or herself and informs the victim that he or she has

recently found a "large amount of money." The person isn't sure what he or she 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 or she doesn't need it all. The victim is told that proof of his or her "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 or her 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 or her money to the con artist and expects to receive his or her 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 or herself 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 or her savings and give all the money to the "bank official" so he or she can check the serial numbers. In reality, if the victim agrees to participate, he or she will never see the 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.

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, contract 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 \$3,000 or less. (As of July 1, 1995, the small claims court limit will rise to \$4,000.)

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 handbook.

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.

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 emergency. 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 collecting 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." 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 \$3,000 or less (\$4,000 or less as of July 1, 1995), 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 suit 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 "answer" sheet, you will be notified of the time and place of the hearing. 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 of Polk County (for Polk County residents) 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, 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 or less per year, then a maximum of \$250 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 the manner described above. 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.
2. Any household furniture, goods and appliances which are intended for family use. The total value of all of those items can be up to \$2,000 per individual. In determining value, you use the dollar amount 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.
4. The tools of your profession or trade, up to a maximum value of \$10,000 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 or her in writing of your intent to claim the exemp-

tion. 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 handbook.

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 anything 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; and
- 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 a 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 long-term 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.

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 prop-

erty 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. Properly use 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 neighbors' 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 sorts 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. Organized with other tenants to protect the tenants' rights or joined 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. Exceptions 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 repairpersons 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.

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.
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.

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 four 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 lawyer 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: Funds have been set aside for the training and retraining of older workers. Contact your local Dislocated Worker Center or Job Training Partnership Act (JTPA) office.

JOB OPPORTUNITIES: Continuing employment has been recognized as an important ingredient in keeping older Iowans independent as long as possible, and the Iowa Legislature and U.S. Congress have passed a number of laws to protect and preserve job opportunities for older 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 Employment Services. 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 Employment Services Workforce Centers. They conduct advocacy on behalf of older workers, locate and develop job opportunities, determine the need for support services and make referral to appropriate agencies. RICEP is the state match for the Senior Community Service Employment Program (SCSEP).

The 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: The American Association of Retired Persons (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 U.S. 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). The SCSEP provides work experience for participants in host agencies which are public organizations or nonprofit 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 older worker, assists in developing 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 58*

*Your Local Job Service/JTPA Office
See pages 63 and 64*

*Iowa Civil Rights Commission
515-281-4121*

*Iowa Department of Elder Affairs
515-281-5187*

*Equal Employment Opportunity
Commission
816-374-5773*

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.

	Page
Adult Day Care.....	60
Alzheimer’s Association	60
Area Agencies on Aging	58, 59, 60
Case Management.....	61
Citizen’s Aide Ombudsman.....	61
Consumer Protection.....	61, 62
Discrimination & Civil Rights	62
Education	62, 63
Elder Abuse.....	63
Employment.....	63, 64
Financial	64
Funerals	65
Health	65
Health Insurance.....	66
Housing	65, 66
Legal Services	66, 67
Long-Term Care Ombudsman	67, 68
Nutrition	68
Representative Payee.....	68
Respite Care.....	68
Social Security	68
Taxes	68
Veterans	69

AREA AGENCIES ON AGING

AREA I (private non-profit corporation)

Bruce Butters, Director
NorthLand Agency on Aging
808 River Street
Decorah, IA 52101
319/382-2941 or 2942 or 1-800-233-4603
FAX—319/382-6248

AREA II-V-XII (private non-profit corporation)

Lahoma Counts, Director
Elderbridge Area Agency on Aging
22 North Georgia - #216
Mason City, IA 50401
515/424-0678 or 1-800-243-0678
Fort Dodge 515/955-5244
Carroll 712/792-3512
FAX—515/424-2927

AREA III (private non-profit corporation)

Greg Anliker, Director
Northwest Aging Association
2 Grand Avenue, P.O. Box 3010
Spencer, IA 51301
712/262-1775 or 1-800-242-5033
FAX—712/262-7520

AREA IV (private non-profit corporation)

Rick Motz, Director
Area IV Agency on Aging
508 Frances Building
505 5th Street
Sioux City, IA 51101
712/279-6900 or 1-800-798-6916
FAX — 712/233-3415

AREA VI & VII (private non-profit corporation)

Donna Rhone, Director
Hawkeye Valley Area Agency on Aging
2101 Kimball Avenue, P.O. Box 2576
Waterloo, IA 50704
319/233-5214 or 1-800-779-8707
FAX — 319/292-1434

AREA VIII (private non-profit corporation)

Linda McDonald, Director
Scenic Valley Area VIII Agency on Aging
2013 Central
Dubuque, IA 52001
319/588-3970
FAX — 319/588-7627

AREA IX (private non-profit corporation)

Marvin Webb, Director
Great River Bend Area Agency on Aging
P.O. Box 3008
Davenport, IA 52808-3008
736 Federal Street
Davenport, IA 52803
319/324-9085 or 1-800-892-9085
FAX—319/324-9384

AREA X (separate organizational unit)

Thomas Miskimen, Director
Heritage Area Agency on Aging
6301 Kirkwood Blvd. S.W., P.O. Box 2068
Cedar Rapids, IA 52406
319/398-5559 or 1-800-332-5934
FAX—319/398-5533

AREA XI (private non-profit corporation)

Joel Olah, Director
CrossRoads of Iowa Area Agency on Aging
921 6th Avenue, Suite B
Des Moines, IA 50309
515/244-4046
FAX — 515/244-0238

AREA XIII (private non-profit corporation)

Barbara Blocker, Director
Southwest 8 Senior Services, Inc.
3319 Nebraska Avenue
Council Bluffs, IA 51501
712/328-2540 or 1-800-432-9209
FAX — 712/328-6899

AREA XIV (private non-profit corporation)

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

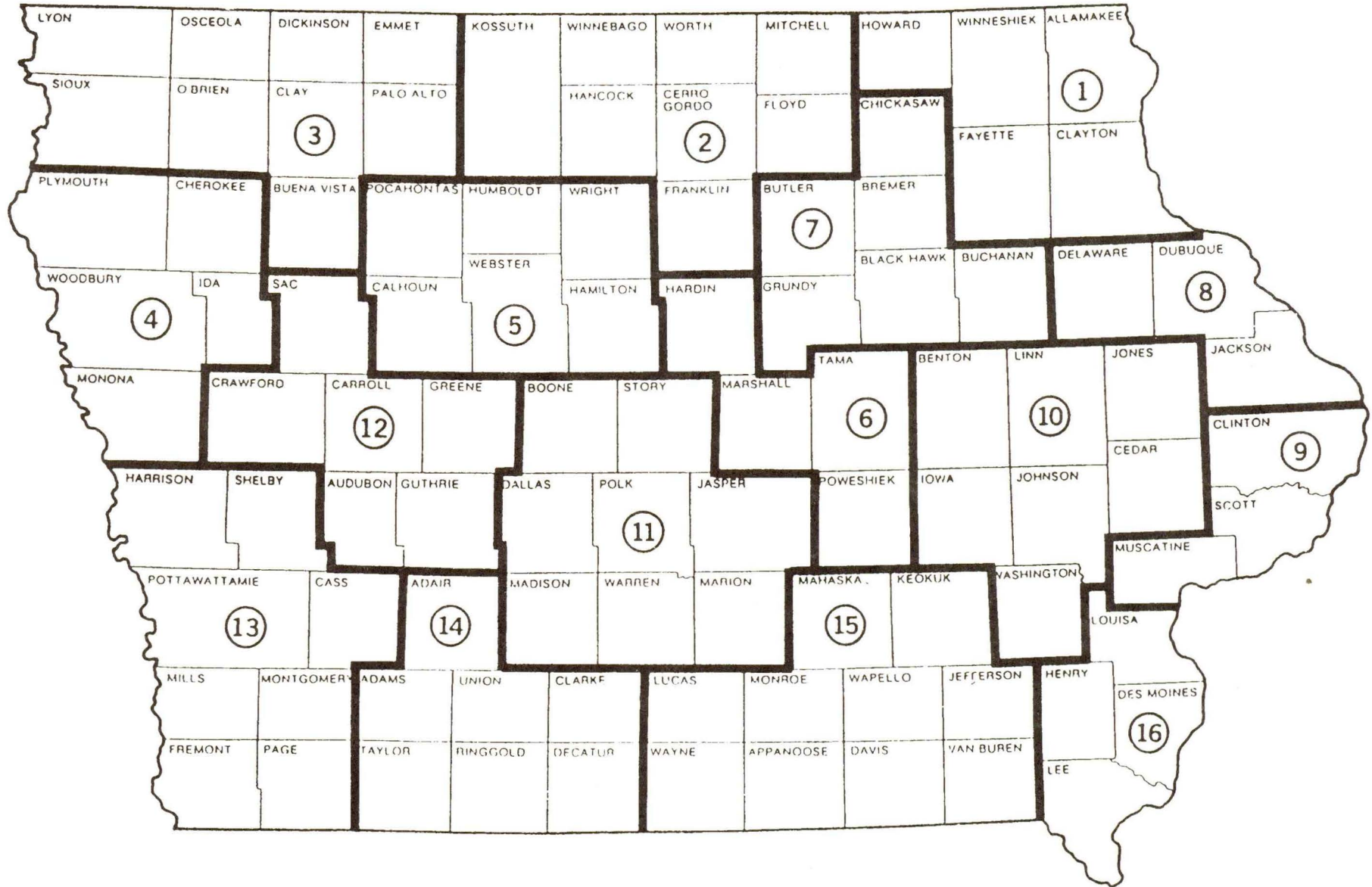
AREA XV (private non-profit corporation)

Peg Amos, Director
Seneca Area Agency on Aging
228 East Second Street
Ottumwa, IA 52501
515/682-2270 or 1-800-642-6522
FAX — 515/682-2445

AREA XVI (private non-profit corporation)

Dennis Zegarac, Director
Southeast Iowa Agency on Aging
509 Jefferson Street
Burlington, IA 52601
319/752-5433 or 1-800-292-1268
FAX — 319/754-7030

AREA AGENCIES ON AGING



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

Barbara Newhouse, Director
226 Insurance Center, P.O. 3716
Sioux City, Iowa 51102
712-252-5433
1-800-426-6512
FAX 712-252-5438
Hours: 8:30 a.m. to 5 p.m., M-F

Iowa Golden Chapter

Judi VerHoef, Director
c/o Iowa Methodist Medical Center
1200 Pleasant Street
Des Moines, Iowa 50309
515-241-8838
1-800-738-8071
FAX 515-241-8837
Hours: 8:30 a.m. to 5 p.m., M-F

East Central Iowa Chapter

Elizabeth Selk, Director
3100 E Avenue, N.W.
Cedar Rapids, Iowa 52405
319-398-3646
FAX 319-398-3937
Hours: 8 a.m. to 4:30 p.m., M-F

Heart of Iowa Chapter

Georgia Grant, Director
2228 Lincoln Way
Ames, Iowa 50010
515-292-4109
FAX 515-292-3318
Hours: 9 a.m. to 4 p.m., M-Th
9 a.m. to 2 p.m., Friday

Mississippi Valley Chapter

Denise Heinrichs, Director
111 East 3rd Street
Davenport, Iowa 52801
319-324-1022
FAX 319-324-6267
Hours: 9 a.m. to 5 p.m., M-F

Iowa Alzheimer's Chapter Network

Chuck Safris
4107 Greenview
Urbandale, Iowa 50322
515-276-2996

AREA AGENCIES ON AGING: The Iowa Department of Elder Affairs has designated thirteen Area Agencies on Aging (AAA's) to administer programs for elders 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, information and assistance;
- Community Service—congregate meals, continuing education, legal services, counseling assessment and case management;
- In Home Services—home health, homemaker, home-delivered meals and chore maintenance;
- Services to Residents of Care Facilities—case-work, placement, relocation and grievance resolution.

A listing of each AAA's address, phone number and geographical area has been previously provided for your convenience.

CASE MANAGEMENT PROGRAM FOR THE FRAIL ELDERLY:

The Case Management Program for the Frail Elderly is a multidisciplinary approach to coordinating community-based services to frail and vulnerable elderly. This program 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) 281-5187.

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
Capitol Complex
215 E. 7th
Des Moines, Iowa 50309
Local: (515) 281-3592
Toll-free: 1-800-358-5510*

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
1305 East Walnut Street
Des Moines, Iowa 50319
(515) 281-5926*

BETTER BUSINESS BUREAU: Here are the addresses and telephone numbers of the three Better Business Bureaus in Iowa:

*BETTENDORF:
852 Middle Road, Suite 290
52722-4100
Telephone: (319) 355-6344*

*DES MOINES:
615 Insurance Exchange Bldg
50309-2375
Telephone: (515) 243-8137
In-state Wats: 1-800-362-2860*

*SIOUX CITY:
318 Badgerow Building
51101-1611
Telephone: (712) 252-4501*

Better Business Bureaus (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.

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

Call one of the telephone numbers below for more information about complaint procedures.

- 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
Lucas Building
321 E. 12th Street
Des Moines, Iowa 50319*

PHILANTHROPIC ADVISORY SERVICE: The Philanthropic Advisory Service (PAS) collects and distributes information on thousands of nonprofit organizations that solicit nationally or have national or international program services. For information about local charities, contact your Better Business Bureau (BBB-listed above). The BBB may also be able to provide information on national organizations, through reports distributed by the Philanthropic Advisory Service.

*Philanthropic Advisory Service
4200 Wilson Boulevard,
Suite 800
Arlington, VA 22203
(703) 276-0133*

NATIONAL CHARITIES INFORMATION BUREAU: This organization collects information on hundreds of national charities, and can tell you whether or not a particular national charity meets its standards. Written reports on charities can also be provided by mail, upon request.

*National Charities Information
Bureau
.19 Union Square West, 6th Floor
New York, NY 10003-3395
(212)929-6300*

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, Iowa 50319
Local: (515) 281-4121
Toll-free: 1-800-457-4416*

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) 291-1111*

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 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, Iowa 50309
(515) 243-3576*

For the help of a lawyer in connection with a civil rights problem, look to the resource pages on "Legal Help."

EDUCATION:

IOWA STATE UNIVERSITY 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, to name a few. 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 Univer-

sity 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 educational 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 (LSCD): Provides about 40 different pamphlets and booklets dealing with such law-related subjects as nursing homes, health care, Medigap insurance, Social Security, guardianships/conservatorships, age discrimination, funerals, small claims court 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 Legal Services Corporation of Iowa at one of the numbers below:

*Legal Services Corporation of Iowa
312 Eighth Street, Suite 300
Des Moines, Iowa 50309-3828
1-800-532-1275; (515) 243-2151*

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. By reporting such abuse or neglect through this hotline, an evaluator from the Iowa Department of Human Services will be assigned to find out whether the dependent adult is being abused or neglected and, if so, what steps should be taken.

*If you suspect elder abuse, please call:
1-800-362-2178 (24 hours a day, 7 days a week) OR
call your local DHS office*

EMPLOYMENT:

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

- i. Senior Community Service Employment Program provides work experience through part-time jobs with public agencies or nonprofit 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) 281-5187*

JOB SERVICE OF IOWA: There are about 70 Job Service offices in Iowa, providing a range of employment related services, including job placement for older workers seeking full or part-time employment. Check the yellow pages or directory assistance for the number of the office nearest you. Job Service of Iowa is a division of the Iowa Department of Employment Services.

A.A.R.P. (AMERICAN ASSOCIATION OF RETIRED PERSONS) 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.

*A.A.R.P. (American Association of Retired Persons)
Senior Community Service Employment Program Regional Offices:
Des Moines (515) 287-1555;
Ottumwa (515) 682-8173;
Waterloo (319) 582-0902*

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. Contact the state office at the number below to see whether you qualify.

*Green Thumb Senior Community
Service Employment Program
(515) 243-2430*

J.T.P.A. OLDER INDIVIDUAL PROGRAM: This program trains economically disadvantaged people age 55 or older and attempts to find them employment with private businesses. Services available include on-the-job training, skills training, classroom training and support services. To find out which of the 16 Iowa offices serves your area, contact the Iowa Department of Economic Development, Division of Job Training, in Des Moines at the number below.

*J.T.P.A. Older Individual Program
(515) 242-4778*

For other employment-related services for the elderly, see the sections on Civil Rights (employment discrimination).

FINANCIAL:

IOWA DEPARTMENT OF HUMAN SERVICES: The Iowa Department of Human Services (DHS) provides a wide range of services, including food stamps, Medicaid and Aid to Families with Dependent Children (AFDC). 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 your local Department of Human Services or the county auditor.

HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM:

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. For more information on the program, contact your local Department of Human Services (DHS) office.

QUALIFIED MEDICARE BENEFICIARY PROGRAM (QMB): Under the QMB program, the state-administered Medicaid program pays the Part A (Hospital Insurance) and Part B Medicare premiums, the deductibles and coinsurance amounts for beneficiaries whose income is below the national poverty level and who have very limited resources. To determine if you qualify for this program, contact your local Department of Human Services (DHS) office.

SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB) PROGRAM:

The Specified Low-Income Medicare Beneficiary program (SLMB) will pay the Part B premium for people whose income is slightly more than the national 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. To determine eligibility contact your local Department of Human Services (DHS) office.

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.

*Continental Association of Funeral and Memorial Societies
6900 Lost Lake Road
Egg Harbor, WI 54209-9231
(800) 458-5563*

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

*Illowa Memorial Funeral Society
3011 West 70th Street
Davenport, Iowa 52806
(319) 391-1886*

*Memorial Society of Iowa River Valley
120 North Dubuque Street
Iowa City, Iowa 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 pages of this Resource Section). For a booklet describing your rights in this area, contact the Legal Services Corporation of Iowa (see the Legal Help pages of this Resource Section).

HEALTH:

BUREAU OF 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 indi-

viduals 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
Lucas State Office Building
321 E. 12th St.
Des Moines, Iowa 50319-0075
(515) 281-6779*

PUBLIC HEALTH OR VISITING NURSES:

Each Iowa county has a public health or visiting nurse. These professional nurses provide skilled nursing services as well as health instruction to patients in their own homes. 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. There are currently about 48 hospices in Iowa. To see if there is one near you, check your telephone book or directory assistance under hospice or call the number below.

*Iowa Hospice Organization,
(515) 277-0281*

Other health-related resources are set forth in the pages of this Resource Section.

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 local city/county government officials for assistance or contact:

*Iowa Department of Elder Affairs
(IDEA)
914 Grand, Suite 236
Des Moines, Iowa 50309-2801
(515) 281-5187*

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.

INFORMATION & ASSISTANCE SERVICES:

There are about eleven Information & Assistance Services in Iowa serving many (but not all) Iowa counties. Information & Assistance service staff are 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 & Assistance in your telephone book. Otherwise, you may call the Information & Assistance 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.

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 coverages
- 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
Lucas State Office Building
Des Moines, Iowa 50319
(515) 281-5705*

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, Iowa 50309
(515) 280-7429 (in Des Moines area)
1-800-532-1108 (outside Des Moines area)*

H.E.L.P. LEGAL AID:

*401 Harborview Building
736 Federal Street
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, Iowa 50314
(515) 243-1193*

LEGAL SERVICES CORPORATION OF IOWA: 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.

*Legal Services Corporation of Iowa
312 Eighth Street, Suite 300
Des Moines, Iowa 50309
(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
(319) 263-8663*

LEGAL AID SOCIETY OF STORY COUNTY: Provides 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, Iowa 50201
(515) 382-2471*

CLINICAL LAW PROGRAM OF THE UNIVERSITY OF IOWA: Provides 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, Iowa 52242
(319) 335-9023*

IN ADDITION TO THE LEGAL RESOURCES ABOVE, YOUR LOCAL AREA AGENCY ON AGING MAY HAVE LEGAL RESOURCES AVAILABLE TO YOU. CHECK THE RESOURCE PAGE ON 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
236 Jewett Building
914 Grand Avenue
Des Moines, Iowa 50309-2801
(515) 281-5426; 1-800-532-3213*

NUTRITION:

The 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.

REPRESENTATIVE PAYEE PROGRAM:

The Representative Payee Program is available in several counties in Iowa. The program provides a financial protective service to assist older or disabled, low-income persons unable to manage their bills and other financial obligations.

Individuals eligible for the program must receive a government benefit check such as Social Security, Veterans or Railroad Retirement. Representative payee services are provided free of charge by volunteers. For more information, contact:

*Representative Payee Coordinator
Iowa Department of Elder Affairs
914 Grand Ave. Suite 236
Des Moines, Iowa 50309-2801
(515) 281-5965*

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: To contact the Social Security Information Center, call the nationwide, toll-free num-

ber, 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 21 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, 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
Local: (515) 283-0523
Statewide: 1-800-829-1040*

IOWA STATE DEPARTMENT OF REVENUE:

The Iowa Department of Revenue staff can answer your questions concerning Iowa taxes, including questions about preparation of your Iowa income tax forms. For information about property tax credits, call (515) 281-4040. For information about rent reimbursement, call (515) 281-3114, or 1-800-572-9344.

*Iowa State Department of Revenue
Hoover Building
Des Moines, IA 50319
(515) 281-3114*

VETERANS:

DEPARTMENT OF VETERANS AFFAIRS

REGIONAL OFFICE:

Provides assistance with the wide range of benefits available to veterans and certain relatives of veterans. Check the section of this booklet dealing with veterans' benefits and contact the Department of Veterans Affairs for more information about benefits and about other sources of assistance for veterans and their families.

*Department of Veterans Affairs
Regional Office
210 Walnut Street
Des Moines, Iowa 50309
Des Moines area (515) 284-0219
Statewide 1-800-827-1000
TDD only 1-800-829-4833*

THE IOWA STATE BAR ASSOCIATION
521 EAST LOCUST STREET - FL 3RD
DES MOINES, IA 50309-1939



BULK RATE
U.S. POSTAGE
PAID
Permit No. 1825
Des Moines, Iowa