Do You Have a Loved One in a Nursing Home?

This Special Report Explains How to Protect Their Assets & Have the State Pay for the Care They Deserve

A Publication of

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1. Introduction:

Medi-Cal is a joint federal-state program that provides health insurance coverage for those with low income, seniors and people with disabilities. In addition, it covers care in a nursing home for those who qualify. In the absence of any other public program covering long-term care, Medi-Cal has become the default nursing home insurance of the middle class.

This is not intended as a "self help" guide as the Medi-Cal rules are extremely complex. The author strongly recommends that you consult with an attorney familiar with California's rules before implementing a Medi-Cal Plan.

2. Eligibility Rules:

2.1. Resources:

In order to be eligible for Medi-Cal benefits, a nursing home resident may have no more than $2,000 in "countable" assets.

All assets are counted against these limits unless the assets fall within the short list of "noncountable" assets. These include the following:

- Personal possessions, such as clothing, furniture, and jewelry.
- One motor vehicle.
- The applicant's principal residence.
- Prepaid funeral plans and a small amount of life insurance.
- Assets that are considered "unavailable" for one reason or another.

As explained below, the spouse of a nursing home resident (called the community spouse, is limited to to $119,220 (in 2015) in "countable" assets. This figure changes each year to reflect inflation.

2.2. Income:

The basic Medi-Cal rule for nursing home residents is that they must pay all of their income, minus certain deductions, to the nursing home. The deductions include a $35-a-month personal needs allowance, a deduction for any uncovered medical costs (including medical insurance premiums), and, in the case of a married applicant, an allowance for the spouse who continues to live at home if he or she needs income support. A deduction may also be allowed for a dependent child living at home.

For Medi-Cal applicants who are married, the income of the community spouse is not counted in determining the Medi-Cal applicant's eligibility. Only income in the applicant's name is counted in determining his or her eligibility. Thus, even if the community spouse is still working and earning $5,000 a month, she will not have

to contribute to the cost of caring for her spouse in a nursing home if he is covered by Medi-Cal.

3. Consequences of Gifting Assets:

3.1. The Transfer Penalty:

A major rule of Medi-Cal eligibility is the penalty for transferring assets. Congress does not want you to move into a nursing home on Monday, give all your money to your children (or whomever) on Tuesday, and qualify for Medi-Cal on Wednesday. So it has imposed a penalty on people who transfer assets without receiving fair value in return.

This penalty is a period of time during which the person transferring the assets will be ineligible for Medi-Cal. The penalty period is determined by dividing the amount transferred by what Medi-Cal determines to be the average private pay cost of a nursing home. *The Average Private Pay Rate for 2015 is $7,628 per month.*

> ***Example:*** Dad gives his daughter $76,280. He will be ineligible for a period of 10 months from the date of the gift for Medi-Cal funded nursing home care.
>
> Another way to look at the above example is that for every $7,628 transferred, an applicant would be ineligible for Medi-Cal nursing home benefits for one month.

3.2. Exceptions to the Transfer Penalty:

Transferring assets to certain recipients will not trigger a period of Medi-Cal ineligibility. These exempt recipients include the following:

- A spouse (or a transfer to anyone else as long as it is for the spouse's benefit)
- A blind or disabled child
- A trust for the benefit of a blind or disabled child
- A trust for the sole benefit of a disabled individual under age 65 (even if the trust is for the benefit of the Medi-Cal applicant, under certain circumstances).

In addition, special rules apply to the transfer of a home.

California has very generous provisions that allow the transfer of one's home to virtually anyone with no penalty period. However, due to the complex interplay of property tax, income tax, and the estate recovery rules, it is highly recommended that you obtain legal assistance before transferring your home.

3.3. The Look Back Period:

A person applying for Medi-Cal coverage of long-term care must disclose all financial transactions he or she was involved in during a set period of time– frequently called the "look-back period." The state Medi-Cal agency then determines whether the Medi-Cal applicant transferred any assets for less than fair market value during this period. Congress does not want a person to be able to give away all of their assets one day and then qualify for public benefits the next.

Unlike most other states, the look-back period is currently 30 months in California, and the transfer penalty begins to run on the first day of the month in which a transfer is made.

California's generous transfer rules allow for planning opportunities that are not available in other states.

4. Protections for the Healthy Spouse:

4.1. Community Spouse Resource Allowance:

The Medi-Cal law provides special protections for the spouse of a nursing home resident to make sure she has the minimum support needed to continue to live in the community.

The so-called "spousal protections" work this way: If the Medi-Cal applicant is married, the countable assets of both the community spouse and the institutionalized spouse are totaled as of the date of "institutionalization," the day on which the ill spouse enters either a hospital or a long-term care facility in which he or she then stays for at least 30 days. (This is sometimes called the "snapshot" date because Medi-Cal is taking a picture of the couple's assets as of this date.)

In general, the community spouse may keep up to a maximum of $119,220. Called the "community spouse resource allowance," this is the most that California allows a community spouse to retain without a hearing or a court order.

4.2. Minimum Monthly Maintenance Needs Allowance:

In all circumstances, the income of the community spouse will continue undisturbed; he or she will not have to use his or her income to support the nursing home spouse receiving Medi-Cal benefits.

But what if most of the couple's income is in the name of the institutionalized spouse, and the community spouse's income is not enough to live on? In such cases, the community spouse is entitled to some or all of the monthly income of

the institutionalized spouse. How much the community spouse is entitled to depends on what the Medi-Cal agency determines to be a minimum income level for the community spouse.

This figure is $2,981 for 2015. If the community spouse's own income falls below his or her MMMNA, the shortfall is made up from the nursing home spouse's income.

In exceptional circumstances, community spouses may seek an increase in their MMMNAs either by appealing to the state Medi-Cal agency or by obtaining a court order of spousal support.

5. Estate Recovery:

Under Medi-Cal law, following the death of the Medi-Cal recipient, the state must attempt to recover from his or her estate whatever benefits it paid for the recipient's care. However, no recovery can take place until the death of the recipient's spouse, or as long as there is a child of the deceased who is under age 21 or who is blind or disabled.

While states must attempt to recover funds from the Medi-Cal recipient's *probate estate*, meaning property that is held in the beneficiary's name only, they have the option of seeking recovery against property in which the recipient had an interest but which passes outside of probate. This includes jointly held assets, assets in a living trust, and some life estates.

California has opted for the broader option of recovering from non-probate property as well as probate assets.

Given the rules for Medi-Cal eligibility, the only property of substantial value that a Medi-Cal recipient is likely to own at death is his or her home.

6. Medi-Cal Planning to Accelerate Eligibility:

6.1. The Need for Planning:

One of the greatest fears of older Americans is that they may end up in a nursing home. This not only means a great loss of personal autonomy, but also a tremendous financial price.

Most people end up paying for nursing home care out of their savings until they run out. Then they can qualify for Medi-Cal to pick up the cost. The advantages of paying privately are that you are more likely to gain entrance to a better quality facility and doing so eliminates or postpones dealing with your state's welfare bureaucracy -- an often demeaning and time-consuming process. The disadvantage is that it's expensive.

Careful planning, whether in advance or in response to an unanticipated need for care, can help protect your estate, whether for your spouse or for your children. This can be done by purchasing long-term care insurance or by making sure you receive the benefits to which you are entitled under the Medicare and Medi-Cal programs. Veterans may also seek benefits from the Veterans Administration.

Medicare Part A covers up to 100 days of “skilled nursing” care per spell of illness. However, the definition of “skilled nursing” and the other conditions for obtaining this coverage are quite stringent, meaning that few nursing home residents receive the full 100 days of coverage. As a result, Medicare pays for only about 9 percent of nursing home care in the United States.

For all practical purposes, in the United States the only “insurance” plan for long-term institutional care is Medi-Cal. Lacking access to alternatives such as paying privately or being covered by a long-term care insurance policy, most people pay out of their own pockets for long-term care until they become eligible for Medi-Cal. Although their names are confusingly alike, Medi-Cal and Medicare are quite different programs.

For one thing, all retirees who receive Social Security benefits also receive Medicare as their health insurance. Medicare is an “entitlement” program. Medi-Cal, on the other hand, is a form of welfare — or at least that’s how it began. So to be eligible for Medi-Cal, you must become “impoverished” under the program’s guidelines.

Also, unlike Medicare, which is totally federal, Medi-Cal is a joint federal-state program. Each state operates its own system, but this system must conform to federal guidelines in order for the state to receive federal money, which pays for about half the state’s costs.

This complicates matters, since the Medi-Cal eligibility rules are different from state to state, and they keep changing.

Both the federal government and most state governments seem to be continually tinkering with the eligibility requirements and restrictions. This has most recently occurred with the passage of the Deficit Reduction Act of 2005 (the DRA) which significantly changed rules governing the treatment of asset transfers of nursing home residents.

Those who are not in immediate need of long-term care may have the luxury of distributing or protecting their assets in advance. This way, when they do need long-term care, they will quickly qualify for Medi-Cal benefits. Giving general rules for so-called “Medi-Cal planning” is difficult because every client’s case is different. Some have more savings or income than others. Some are married, others are single. Some have family support, others do not. Some own their own

homes, some rent. Still, a number of basic strategies and tools are typically used in Medi-Cal planning.

6.2. Transfers:

Congress has established a period of ineligibility for Medi-Cal for those who transfer assets. Unlike most other states, the look-back period is currently 30 months in California, and the transfer penalty begins to run on the first day of the month in which a transfer is made. California's generous transfer rules allow for planning opportunities that are not available in other states.

Any transfer strategy must take into account the nursing home resident's income and all of her expenses, including the cost of the nursing home. *Also, be very, very careful before making transfers. Also, bear in mind that if you give money to your children, it belongs to them and you should not rely on them to hold the money for your benefit. However well-intentioned they may be, your children could lose the funds due to bankruptcy, divorce or lawsuit. Any of these occurrences would jeopardize the savings you spent a lifetime accumulating. Do not give away your savings unless you are ready for these risks.*

Transfers should be made carefully, with an understanding of all the consequences. In any case, as a rule, never transfer assets for Medi-Cal planning unless you keep enough funds in your name to (1) pay for any care needs you may have during the resulting period of ineligibility for Medi-Cal; and (2) feel comfortable and have sufficient resources to maintain your present lifestyle.

6.3. Annuities

Immediate annuities can be ideal planning tools for spouses of nursing home residents. For single individuals, they are usually less useful. An immediate annuity, in its simplest form, is a contract with an insurance company under which the consumer pays a certain amount of money to the company and the company sends the consumer a monthly check for the rest of his or her life. In most states the purchase of an annuity is not considered to be a transfer for purposes of eligibility for Medi-Cal, but is instead the purchase of an investment. It transforms otherwise countable assets into a non-countable income stream. As long as the income is in the name of the community spouse, it's not a problem.

In order for the annuity purchase not to be considered a transfer, it must meet three basic requirements: (1) It must be irrevocable; (2) You must receive back at least what you paid into the annuity during your actuarial life expectancy; and, (3) If you purchase an annuity with a term certain (see below), it must be shorter than your actuarial life expectancy.

Example: Mrs. Jones, the community spouse, lives in a state where the most money she can keep for herself and still have Mr. Jones, who is in a nursing home, qualify for Medi-Cal (her maximum resource allowance) is $119,220. However, Mrs. Jones has $229,220 in countable assets. She can take the difference of $110,000 and purchase an annuity, making her husband in the nursing home immediately eligible for Medi-Cal. She would continue to receive the annuity check each month for the rest of her life.

In most instances, the purchase of an annuity should wait until the unhealthy spouse moves to a nursing home. In addition, if the annuity has a term certain — a guaranteed number of payments no matter the lifespan of the annuitant — the term must be shorter than the life expectancy of the either spouse.

Annuities are of less benefit for a single individual in a nursing home because he or she would have to pay the monthly income from the annuity to the nursing home.

In short, immediate annuities are a very powerful tool in the right circumstances. They must also be distinguished from deferred annuities, which have no Medi-Cal planning purpose.

6.4. Increasing the Community Spouse Resource Allowance:

Before passage of the Deficit Reduction Act of 2005 (DRA) community spouses in some states (whose own income was less than their MMMNA) had an alternative to receiving the shortfall from the income of the nursing home spouse. These community spouses could petition the state Medi-Cal agency for an increase in their standard resource allowances (called the community spouse resource allowance, or CSRA) so that the additional funds could be invested in order to generate income to make up the shortfall in the MMMNA. The DRA put an end to this practice.

Under the new law, an increased resource allowance may only be granted to community spouses whose income is still not enough to reach the MMMNA after first receiving the income of the nursing home spouse.

6.5. Trusts:

6.5.1. Introduction:

The problem with transferring assets is that you have given them away. You no longer control them, and even a trusted child or other relative may lose them. A safer approach is to put them in an irrevocable trust. A trust is a legal entity under which one person — the “trustee” — holds legal title to property for the benefit of others — the “beneficiaries.” The trustee must follow the rules provided in the

trust instrument. Whether trust assets are counted against Medi-Cal's resource limits depends on the terms of the trust and who created it.

A "revocable" trust is one that may be changed or rescinded by the person who created it. Medi-Cal considers the principal of such trusts (that is, the funds that make up the trust) to be assets that are countable in determining Medi-Cal eligibility. *Thus, revocable trusts are of no use in Medi-Cal planning.*

6.5.2. Income-only Trusts

An "irrevocable" trust, on the other hand, is one that cannot be changed after it has been created. In most cases, this type of trust is drafted so that the income is payable to you (the person establishing the trust, called the "grantor") for life, and the principal cannot be applied to benefit you or your spouse. At your death the principal is paid to your heirs. This way, the funds in the trust are protected and you can use the income for your living expenses. For Medi-Cal purposes, the principal in such trusts is not counted as a resource, provided the trustee cannot pay it to you or your spouse. However, if you do move to a nursing home, the trust income will have to go to the nursing home.

You should be aware of the drawbacks to such an arrangement. It is very rigid, so you cannot gain access to the trust funds even if you need them for some other purpose. For this reason, you should always leave an ample cushion of ready funds outside the trust.

You may also choose to place property in a trust from which even payments of income to you or your spouse cannot be made. Instead, the trust may be set up for the benefit of your children, or others.

One advantage of these trusts is that if they contain property that has increased in value, such as real estate or stock, you (the grantor) can retain a "special testamentary power of appointment" so that the beneficiaries receive the property with a step-up in basis at your death. This will also prevent the need to file a gift tax return upon the funding of the trust.

6.5.3. Testamentary Trusts

Testamentary trusts are trusts created under a will. The Medi-Cal rules provide a special "safe harbor" for testamentary trusts created by a deceased spouse for the benefit of a surviving spouse. The assets of these trusts are treated as available to the Medi-Cal applicant only to the extent that the trustee has an obligation to pay for the applicant's support. If payments are solely at the trustee's discretion, they are considered unavailable.

Therefore, these testamentary trusts can provide an important mechanism for community spouses to leave funds for their surviving institutionalized husband or

wife that can be used to pay for services that are not covered by Medi-Cal. These may include extra therapy, special equipment, evaluation by medical specialists or others, legal fees, visits by family members, or transfers to another nursing home if that becomes necessary.

6.5.4. Supplemental Needs Trusts

The Medi-Cal rules also have certain exceptions for transfers for the sole benefit of disabled people under age 65. Even after moving to a nursing home, if you have a child, other relative, or even a friend who is under age 65 and disabled, you can transfer assets into a trust for his or her benefit without incurring any period of ineligibility. If these trusts are properly structured, the funds in them will not be considered to belong to the beneficiary in determining his or her own Medi-Cal eligibility.

6.6. Protection of the Family Home

After a Medi-Cal recipient dies, the state must attempt to recoup from his or her estate whatever benefits it paid for the recipient's care. This is called "estate recovery."

For many people, setting up a "life estate" is the most simple and appropriate alternative for protecting the home from estate recovery. A life estate is a form of joint ownership of property between two or more people. They each have an ownership interest in the property, but for different periods of time. The person holding the life estate possesses the property currently and for the rest of his or her life. The other owner has a current ownership interest but cannot take possession until the end of the life estate, which occurs at the death of the life estate holder.

Another method of protecting the home from estate recovery is to transfer it to an irrevocable trust. Trusts provide more flexibility than life estates but are more complicated. Once the house is in the irrevocable trust, it cannot be taken out again. Although it can be sold, the proceeds must remain in the trust. This can protect more of the value of the house if it is sold. Further, if properly drafted, the later sale of the home while in this trust might allow the settlor, if he or she had met the residency requirements, to exclude up to $250,000 in taxable gain, an exclusion that would not be available if the owner had transferred the home outside of trust to a non-resident child or other third party before sale.

7. The Deficit Reduction Act of 2005:

7.1. Introduction:

On February 8, 2006 President Bush signed into law the Deficit Reduction Act of 2005 (DRA), which cut nearly $40 billion over five years from Medicare,

Medicaid, and other programs. Of greatest interest to the elderly and their families, the new law places severe new restrictions on the ability of the elderly to transfer assets before qualifying for Medicaid coverage of nursing home care.

The DRA made significant changes to Medicaid's long-term care rules, including the look-back period; the transfer penalty start date; the undue hardship exception; the treatment of annuities; community spouse income rules; home equity limits; the treatment of investments in continuing care retirement communities (CCRCs); promissory notes and life estates; and state long-term care partnership programs.

Following is a brief summary of the Medicaid laws before and after enactment of the DRA in these areas. Also, bear in mind that states are gradually coming into compliance with the new transfer rules. For the status of the rules in your state, check with a qualified elder law attorney there.

California Rules: The majority of the changes enacted by the DRA have not yet been enacted into California law.

7.2. The Look-Back Period

A person applying for Medicaid coverage of long-term care must disclose all financial transactions he or she was involved in during a set period of time– frequently called the "look-back period." The state Medicaid agency then determines whether the Medicaid applicant transferred any assets for less than fair market value during this period. Congress does not want a person to be able to give away all of their assets one day and then qualify for public benefits the next.

The DRA extends Medicaid's "look-back" period for all asset transfers to five years. The extension of the look-back period will make the application process more difficult and could result in more applicants being denied for lack of documentation, given that they will need to produce five years worth of records.

7.3. The Penalty Period Start Date

The penalty period is the period during which a Medicaid applicant is ineligible for Medicaid payment for long term care services because the applicant transferred assets for less than fair market value during the look-back period.

Before the DRA, the penalty period began either when the transfer was made or on the first day of the following month. It was possible for the penalty period to expire before the individual actually needed nursing home care. The DRA changes the start of the penalty period to the date when the individual transferring the assets enters a nursing home and would otherwise be eligible for Medicaid coverage but for the transfer. In other words, the penalty period does

not begin until the nursing home resident is out of funds and has no money to pay the nursing home for however long the penalty period lasts.

7.4. Home Equity Limits

Before the DRA's enactment an individual could still qualify for long-term care services even if he or she had substantial equity in his or her home. Under the DRA, states will not cover long-term care services for an individual whose home equity exceeds $500,000, although states have the option of increasing this equity limit to $750,000. In all states and under the DRA, the house may be kept with no equity limit if the Medicaid applicant's spouse or another dependent relative lives there.

7.5. The Treatment of Annuities

The DRA added requirements for disclosing immediate annuities, which have been useful long-term care planning tools. In its simplest form, an immediate annuity is a contract with an insurance company under which the consumer pays a certain amount of money to the company and the company sends the consumer a monthly check for the rest of his or her life or a prescribed time period.

An immediate annuity can be used to convert assets into an income stream for the benefit of an institutionalized Medicaid applicant or the applicant's spouse. The state will not treat the annuity as an asset countable toward Medicaid's asset limit ($2,000 in most states plus up to $119,220 for the healthy spouse) as long as the annuity complies with certain requirements. The annuity must be: (1) irrevocable – the annuitant cannot take funds out of the annuity except for the monthly payments, (2) non-transferable – the annuitant cannot be able to transfer the annuity to another beneficiary, and (3) actuarially sound – the payment term cannot be longer than the annuitant's life expectancy.

To these requirements, the DRA added an additional requirement. The state must be named the remainder beneficiary of any annuities up to the amount of Medicaid benefits paid on the nursing home resident's behalf. If the Medicaid recipient is married or has a minor or disabled child, the state must be named as a secondary beneficiary. The Medicaid application must now also inform the applicant that if he or she obtains Medicaid benefits, the state automatically becomes a beneficiary of the annuity.

In addition, all annuities must be disclosed by an applicant for Medicaid regardless of whether the annuity is irrevocable or treated as a countable asset. If an individual, spouse, or representative refuses to disclose sufficient information related to any annuity, the state must either deny or terminate coverage.

7.6. Promissory Notes and Life Estates

Prior to the DRA's enactment, a Medicaid applicant could show that a transaction was an (uncountable) loan to another person rather than a (countable) gift by presenting promissory notes, loans, or mortgages at the time of the Medicaid application. A promissory note is normally given in return for a loan and it is simply a promise to repay the amount. Classifying transfers as loans rather than gifts is useful because it allows parents to "lend" assets to their children and still maintain Medicaid eligibility.

Congress considered this to be an abusive planning strategy, so the DRA imposes restrictions on the use of promissory notes, loans, and mortgages. In order for a loan to not be treated as a transfer for less than fair market value it must satisfy three standards: (1) the term of the loan must not last longer than the anticipated life of the lender, (2) payments must be made in equal amounts during the term of the loan with no deferral of payments and no balloon payments, (3) and the debt cannot be cancelled at the death of the lender. If these three standards are not met, the outstanding balance on the promissory note, loan, or mortgage will be considered a transfer and used to assess a Medicaid penalty period.

Prior to the DRA's passage, another common estate planning technique was for an individual to purchase a life estate (a legal right to live in and possess a property) in the home of another person, such as a child. By doing this, the individual was able to pass assets to his or her children without triggering a transfer penalty. The DRA still allows the purchase of a life estate in another person's home, but to avoid a transfer penalty the individual purchasing the life estate must actually reside in the home for at least one year after the purchase.

7.7. Undue Hardship Exception

Before the DRA's passage, federal law allowed for an exemption from the transfer penalty if it would cause "undue hardship," but the law did not establish procedures for determining undue hardship and left it up to states to create their own. The DRA finally sets out some rules and requires states to create a hardship waiver process that complies with specific language in the federal law. The new law provides that undue hardship exists when enforcing the penalty period for asset transfers would deprive the Medicaid applicant of (1) medical care necessary to maintain the applicant's health or life or (2) food, clothing, shelter, or necessities of life.

If an applicant asserts an undue hardship, state Medicaid agencies must approve or deny the application within a reasonable time and must inform the applicant that he or she has the right to appeal the decision, and provide a process by which this can be done. In addition, the applicant must be told that application of the penalty period can be halted if undue hardship exists.

With the resident's consent, nursing homes may now pursue hardship waivers on the resident's behalf.

7.8. State Long-Term Care Partnerships

Many middle-income people have too many assets to qualify for Medicaid but can't afford a pricey long-term care insurance policy. So-called "partnership" programs offer special long-term care policies that allow buyers to protect assets and qualify for Medicaid when the long-term care policy runs out. In an effort to encourage more people to purchase long-term care insurance, the DRA allows all states to create such programs.

7.9. Continuing Care Retirement Communities

The DRA now expressly allows continuing care retirement communities (CCRCs) to require residents to spend down their declared resources before applying for Medicaid. However, the spend-down requirements must still take into account the income needs of the Medicaid applicant's spouse. The DRA also requires that three conditions be met before a CCRC entrance fee can be considered an available resource of someone applying for Medicaid coverage of nursing home care. The entrance fee must be able to be used to pay for the individual's care, the fee or any remaining portion must be refundable on the institutionalized individual's death or on termination of the admission contract when the individual leaves the CCRC, and the fee must not grant the individual an ownership interest in the CCRC.

8. The Attorney's Role:

Do you need an attorney for even "simple" Medi-Cal planning? This depends on your situation, but in most cases, the prudent answer would be "yes." The social worker at your mother's nursing home assigned to assist in preparing a Medi-Cal application for your mother knows a lot about the program, but maybe not the particular rule that applies in your case or the newest changes in the law. In addition, by the time you're applying for Medi-Cal, you may have missed out on significant planning opportunities.

The best bet is to consult with a qualified professional who can advise you on the entire situation. At the very least, the price of the consultation should purchase some peace of mind. And what you learn can mean significant financial savings or better care for you or your loved one. As described above, this may involve the use of trusts, transfers of assets, purchase of annuities or increased income and resource allowances for the healthy spouse.

If you are going to consult with a qualified professional, the sooner the better. If you wait, it may be too late to take some steps available to preserve your assets.

9. About Steven M. Ratner:

Steven M. Ratner is the founder of the Ratner & Pinchman, APLC. Steven M. Ratner is Certified in Estate Planning, Trust and Probate Law by the State Bar of California Board of Legal Specialization, and is the Author of a chapter in the CEB treatise "Complete Plans for Small and Mid-Size Estates." The Chapter is entitled: "Estate Planning for Clients Facing Future Long-Term Care Costs." The CEB is a program of the University of California that is cosponsored by the State Bar of California.

California attorneys Certified as specialists must pass a written examination in their specialty field, demonstrate a high level of experience in the specialty field, fulfill ongoing education requirements and be favorably evaluated by other attorneys and judges familiar with their work.

Steven M. Ratner graduated from the University of Oregon School of Law where he was first in his class, a member of the Order of the Coif, and an Associate Editor of the Oregon Law Review. Mr. Ratner received an LL.M. in Taxation from New York University School of Law where he was a Student Editor of the Tax Law Review and the recipient of the Harry J. Rudnick Memorial Award.

Mr. Ratner's work experience includes a one-year clerkship with the Honorable Herbert Y.C. Choy of the United States Court of Appeals for the Ninth Circuit in Honolulu, Hawaii.

Mr. Ratner serves on the Board of Directors of Seacrest Holdings Corporation, a not for profit, that supports the activities of Seacrest Village Retirement Communities.

Steven M. Ratner served as an Adjunct Professor of the San Diego State University Seminar in Estate Planning. The seminar is part of the CFP Board Registered Executive Financial Planner Program.

Mr. Ratner is admitted to practice in California and New York. Mr. Ratner is a member of the San Diego County Bar Association, and is a member, and former co-chair of the Elder Law Section of the San Diego County Bar Association.