NORTH CAROLINA BAR ASSOCIATION
SEEKING LIBERTY & JUSTICE

GRAY MATTERS

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The Chair's Comments

A Word from Brent Stephens


Brent Stephens

The budget cuts in Medicaid services and the mental health system over the past few years are now having a significant effect on North Carolina residents. During the past couple of months, I have been assisting an increasing number of clients with appeals due to a reduction or termination of Medicaid services. I imagine that some of you have seen an increase in calls on this topic as well. With this in mind, I wanted to provide some information concerning the special appeals process that now applies to Medicaid services in North Carolina. The law governing the special appeals process can be found in Session Law 2009-526, House Bill 191, Session Law 2008-118, House Bill 2438, rewriting Session Law 2008-107, and Chapter 150B of the North Carolina General Statutes.

I want to be clear on one point from the beginning. This special appeals process does not apply to the long term care Medicaid application process that so many of us handle. That appeals process is outlined in the North Carolina Adult Medicaid Manual and begins with a local hearing. Instead, my comments here will address a situation in which a client receives mental health, developmental disability, or substance abuse services through Medicaid, or receives services through one of the Community Alternative Program (CAP) Waivers. Examples of these services include Home and Community Supports and Private Duty Nursing. While individuals who take advantage of these services are not necessarily elderly, they often call upon elder law attorneys because we are familiar with Medicaid requirements.

This process typically starts for an individual with a denial, reduction, suspension, or termination notice from the North Carolina Department of Health and Human Services, Division of Medical Assistance, or one of its contractors, such as ValueOptions or Piedmont Behavioral Health. This is the point at which an attorney is usually retained, and if you choose to accept this client, you will be proceeding into an adversarial litigation process which is called a "contested case" under Article 3 of Chapter 150B.

The special appeals process is full of deadlines which you must meet, but the most important deadline is the very first one. You and/or your client must request a hearing within 30 days of the denial or termination notice. This is done by completing and sending the appeal request form to the Office of Administrative Hearings and the Department of Health and Human Services. Depending on the circumstances, it may also be necessary to send the appeal form to ValueOptions or Piedmont Behavioral Health. Where the hearing request involves a reduction, modification, or termination of Medicaid services (as opposed to an initial denial), the Department of Health and Human Services must reinstate services to the level and manner prior to the reduction, modification, or termination as long as the hearing request was filed in a timely manner.

The special appeal process provides that, to "the extent possible," contested Medicaid cases shall be heard within 55 days of the filing of the hearing request. While you may be thinking that two months is plenty of time, it goes by fast.

Within five days of filing the appeal, the Mediation Network of North Carolina will call to offer mediation as a way to resolve the matter. You may or may not choose to proceed with mediation depending on your litigation strategy, but I find it helpful to at least hear what the other side has to say. If you agree to go to mediation, then the mediation "must" be completed within 25 days of the filing of the appeal request.

If the mediation does not produce a successful resolution, or if you rejected the initial offer of mediation, then the contested case will proceed to a hearing. It is important to remember that going to mediation does not expand the initial 55 day hearing window. The time that you were preparing for and participating in mediation is counted as part of those 55 days.

The contested Medicaid case will be conducted telephonically or by video unless the Office of Administrative Hearings allows an

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in-person hearing. If you want an in-person hearing, then you have to request it and you should do so early in the process. There is no automatic right to an in-person hearing even if requested. An in-person hearing will be granted in the discretion of the Office of Administrative Hearings.

Furthermore, the default location for the in-person hearing is in Raleigh. You will have to show "good cause" why the in-person hearing should be conducted in your client's home county. Good cause includes, but is not limited to, impairments limiting your client's ability to travel and the fact that medical professional witnesses are not available to travel to Raleigh.

When preparing for the hearing, there are a few things that you should note. First, the law now expressly states that you may present new evidence at the hearing regardless of whether that evidence was obtained prior to the denial or termination, and regardless of whether the Department of Health and Human Services (or one of its contractors) had the opportunity to consider the evidence in making its determination to deny, reduce, terminate or suspend a Medicaid service. Section 10.15A.(h2)(4a), Session Law 2009-526. This is an important clarification in your client's favor. In the past, you would have to spend part of your time and effort fighting with the Department of Health and Human Services over this issue and showing the Administrative Law Judge (ALJ) why new evidence is allowed.

Second, the rules of evidence apply at the hearing. How many of us elder law attorneys remember the rules of evidence? Do not let this scare you away, because these clients need our help. However, it will require additional work and preparation on your part. Plus, it is actually enjoyable to say "objection." It is not as enjoyable when the ALJ says "overruled." In my experience, I have found that the ALJ's are fair and lenient when applying the rules. Our General Statutes provide that when evidence is not reasonably available under the rules of evidence to show the facts, then the most reliable and substantial evidence available "shall" be admitted. N.C.G.S. § 150B-29(a).

Third, and one of the most important things to remember, is that the record is essentially set at the hearing. If you disagree with the ultimate decision in the case and seek judicial review, then new evidence is not permitted unless the Superior Court Judge allows additional evidence and you can show that the evidence could not have been reasonably presented at the administrative hearing. N.C.G.S. § 150B-49. This rule is one reason why individuals need representation during the administrative hearing portion of the matter and not only upon judicial review.

Fourth, in conjunction with the new special Medicaid appeals process, the North Carolina Administrative Code was amended to reflect that certain rules do not apply to contested Medicaid cases. 26 NCAC 3.0401(a). The purported purpose was to simplify Medicaid appeals. This new section became effective Aug. 1, 2009.

I have a couple of issues with the amended administrative code section. Under this administrative code provision, the rules of formal discovery do not apply. If formal discovery does not apply, then how can you and your client be sure you receive all of the necessary information to ensure that you present all material evidence at the administrative hearing? Subpoenas are still allowed where appropriate.

In addition, the amended provision provides that 26 NCAC 3.0101(a) does not apply to contested Medicaid cases. 26 NCAC 3.0101(a) is the section of the North Carolina Administrative Code which states that the Rules of Civil Procedure under N.C. Gen. Stat. 1A-1 apply to contested cases. I question how the process can operate if the rules of civil procedure do not apply. In my experience, this has never been a issue as the powers of the ALJ under N.C. Gen. Stat. § 150B-33 seem to trump this rule and provide for an orderly disposition of the case. However, I found this exclusion to be strange and worthy of sharing with the members of our section.

This column is getting too long for a "Chair's Comments" section, but I did want to mention one last thing. The ALJ must make his or her "recommended decision" within 20 days of the hearing. The ALJ's decision is not necessarily the final decision. The ALJ sends the recommended decision to the Department of Health and Human Services. The Department of Health and Human Services must make its "final decision" within 20 days of receiving the ALJ's recommended decision. As a reward for all of your preparation and hard work, your adversary in the matter is the one who makes the final decision. No one said life is fair, but if you receive an unfavorable ruling, at least you can file an appeal for judicial review. ■

Tax-Free Planning Opportunity for Long Term Care Expenses

by Marc J. Soss

The aging demographics of the United States coupled with the Pension and Recovery Act of 2006 (PPA) and the Deficit Reduction Act of 2008 (DRA) have provided an excellent planning opportunity to create tax efficient vehicles to solve a client's long-term care planning needs. Beginning on Jan. 1, 2010, a tax-free planning option will become available for individuals who desire to provide for long-term medical care by using an existing annuity or life insurance contract purchased after 1096. While not a new concept (it dates back to 1997), the 2010 tax-free planning opportunity may be beneficial to an individual with a larger than needed life insurance policy death benefit, unaffordable monthly or annual premiums, an under-performing or matured deferred annuity contract or the desire to incorporate long-term medical care into his or her estate plan.

Under the PPA's provisions, annuity funds may be withdrawn completely tax-free on a FIFO (first-in-first-out) basis for long-term care benefits (amending Section 72(e) of the Internal Revenue Code). The PPA also includes a "1035 exchange" option that allows for the tax-free and penalty-free basis withdrawal of the entire annuity value for qualified long-term care expenses. however, no income tax deduction will be allowed for any payment made from the cash surrender value of a life insurance contract or the cash value of an annuity contract for coverage under a qualified long-term care insurance contract (Section 213 (a) of the Code).

This benefit is further enhanced by the modification of the Medicaid "look back" period from 32 months to 60 months for transferred assets and the authority for all states to adopt "partnership long-term care insurance plans" under the DRA. The qualified partnership plans allow an insured to exclude an amount of assets equal to the value of the benefits purchased in a long-term care partnership policy from Medicaid qualification."

Implications

The benefits of converting an existing annuity or life insurance contract include 1) no surrender charge will apply to account withdrawals for qualifying long-term care expenses; 2) withdrawals for qualifying long-term care expenses will be categorized as a tax-free reduction of basis; 3) a spouse can be added to a policy for long-term care purposes; 4) 10 percent free withdrawal provision for non-long term contract withdrawals; 5) ability to purchase an optional lifetime long-term care provision with guaranteed premiums; and 6) the annuity's cash will remain available if the long-term care portion of the policy is never used. However, the conversion will also result in 1) the commencement of a new surrender charge period for the contract; 2) medical underwriting (at a time when the individual's health may be declining); 3) health care benefits that are limited in scope and to a specified number of years; and 4) the cost of the long-term care rider reducing the annuity's tax-deferred income stream. In addition, the typical policy will contain a two-year waiting period from the time the annuity is purchased before benefits can be activated and a 90-day "elimination period" once a claim is filed.

Conclusion

A hybrid policy of this nature should not be used as a substitute for comprehensive long-term care insurance. It is recommended that these policies be used only when an individual can't afford or is uninterested in comprehensive long-term care insurance. ■

Marc J. Soss practices in the areas of estate and tax planning; probate trust and litigation; and corporate law in Southwest Florida. He has published numerous articles and has been quoted in Forbes.com, Fox Business, the Naval Reserve Association's magazine, the Rhode Island Bar's magazine, Bradenton Herald, Lawyers USA and Military.com.

The Impact of Estate Tax Repeal on Elder Law

by Bob Mason, CELA

Loss of Stepped-Up Basis Means Carry Over Basis

As things stand now (Feb. 11, 2010) stepped-up basis in inherited assets has been drastically curtailed. The estate tax went into automatic repeal on Jan. 1, 2010, and with it went the stepped-up basis rules. Whether those rules come back, and if so in what form and when, depends totally on Congress.

How Congress handles that could tremendously affect the country's middle class elderly and their families who have counted on the ability to leave assets to younger generations at a tax basis calculated from the value of an asset on the date of death of a parent, rather than the basis of the asset in the hands of the parent.

Background

As a result of the provisions of the Economic Growth and Tax Relief Reconciliation Act of 2001, beginning Jan. 1, 2010, the estate and generation-skipping transfer taxes have been repealed for one year while the gift tax remains in place with a $1 million exemption and 35% maximum rate. This in itself does not raise too many immediate issues for elder law attorneys.

What does raise issues for elder law attorneys is the fact that the same "one year repeal scheme" contains a "modified carryover basis" that generally denies a step-up in the basis of appreciated assets at death through a repeal of IRC § 1014. In its stead is new IRC

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§ 1022 (discussed further below).

Unless Congress acts, the estate, gift, and GST taxes as they existed before 2002 will be reinstated on Jan. 1, 2011, with a 55% rate and a $1 million exemption for lifetime and testamentary transfers (as well as a $1 million exemption from GST tax). That may not have too much impact on the average elder law client. Most important, perhaps for the elder law bar, will be the reinstatement of IRC § 1014.

Parliamentary Machinations

On Dec. 2, 2009, the House of Representatives, along strictly partisan lines, passed H.R. 4154, making 2009 law (with its $3.5 million estate and GST tax exclusions, 45% rate, *and* IRC § 1014) permanent.

On Dec. 24, 2009, Senator Max Baucus (D-MT) attempted through parliamentary maneuvering (which would require bipartisan support) to skip the first and second reading of the bill and extend the then current tax scheme for two months into 2010, which would give the senate time early in 2010 to take up the issue and avoid the confusion that currently confronts us. In response, Senator Mitch McConnell (R-KY) attempted to introduce a bill that would permanently raise the exemption to $5 million, lower the top rate to 35%, and allow a surviving spouse to use unused exemption "left over" from a deceased spouse.

At this point, full of the Christmas spirit and anxious to get home through a blizzard raging in the middle of the country, H.R. 4154 was docketed for the usual second reading immediately upon the return of the Senate in 2010. On Jan. 20, 2010, the bill was read the second time and placed on the Senate Legislative Calendar where, as of today (Feb. 11, 2010), it languishes.

So . . . What Now?

The Senate could act quickly . . . or not. When and if it acts, the question remains with respect to the prospective versus retroactive application (and, in either event, it would likely go to conference or back to the House). Given the current political climate, I will venture no predictions. That being said, 41 Republicans in the Senate will find an automatic reinstatement of the 2002 tax with a 55% rate and a $1 million exclusion highly unpalatable, which may put them in more of a mood to "make a deal." On the other hand, 59 Democrats can force a tax increase on many households simply by doing nothing.

Bottom Line:

• If Congress reinstates the Estate Tax retroactively to Jan. 1, 2010, IRC § 1022 and the carry-over basis scheme is irrelevant.

• If Congress does nothing, carry-over basis will be a concern for the estates of decedents dying in 2010 only.

• If Congress reinstates the Estate Tax prospectively from enactment, then the carry-over basis scheme is a concern for the estates of those dying during the "gap period" between Jan. 1, 2010 and the effective date of any new enactment.

IRC § 1022 Impact On Grantor and Testamentary Trusts – It Ain't Pretty

Generally, IRC § 1022 provides that basis of "property acquired from a decedent" is the lesser of the decedent's basis or the fair market value on the date of the decedent's death. IRC § 1022(a)(2). Two modifications alleviate much of the pain.

First, a "general basis increase" in the amount of $1.3 million is available to be allocated to property, IRC § 1022(b), in a manner to be determined by "the executor" and as elected on a return, IRC § 1022(d)(3)(A).

Second, a "spousal basis increase" in the amount of an additional $3 million is available with respect to "qualified spousal property". IRC § 1022(c). The definition of "qualified spousal property" should be of significant interest to the elder law attorney.

• Of course, it includes outright transfers, id. (c)(3)(A), but often planning strategies avoid such testamentary transfers. The other troubling aspect is that "outright transfers" arguably do not include a life estate to the spouse (and for that matter other terminable interests). *Id.* (c)(4)(B).

• The definition also includes "qualified terminable interest property." *Id.* (c)(3)(B). "Qualified terminable interest property" mirrors much of the definition under IRC § 2056. (which, by the way, has now been temporarily replaced). *Id.* (c)(5). The property must pass to the spouse from the decedent and must provide a qualifying income interest for life, which is defined as either all the income at least annually or a "usufruct interest for life" (query: would this resurrect a life estate?). *Id.* (c)(5)(B). The question is to what extent regulations under IRC § 2056 might flesh out these concepts that would apply under IRC § 1022.

Here is the real catch: Property passing to a marital SNT will not eligible for the spousal basis increase, although it should be eligible for the general basis increase.

Suffice it to say, also, that allocation of a "spousal basis increase" will not be available to an irrevocable grantor trust . . . but in the elder law context spouses are not usually the beneficiaries of irrevocable grantor trusts.

With respect to other beneficiaries interested in the general basis increase, the single biggest question in the context of irrevocable grantor trusts is to what extent the property passing to remainder beneficiaries would be considered "property acquired from a decedent." There has been debate on the topic between those who might be considered as taking an expansive outlook on what trusts that would qualify for an allocation of basis increase and those who take a narrower view.

The Debate

I take the narrow or "conservative" view. But in fairness to those who take a more "expansive view" (especially because many of them are exceptional lawyers) I'll summarize.

For any property to be eligible under IRC § 1022, it must be "treated as owned" by the decedent and "acquired from the decedent".

The thinking of the "expansive" view commentators is that any grantor trust (under the rules of IRC §§ 671-678) that was treated as wholly owned by the grantor (who is now deceased) should qualify for a basis increase. The thinking is that because the trust had been "treated as owned" by the decedent under IRC §§ 671-678, it ought to be treated as owned under IRC § 1022.

Under the "expansive view," for example, a grantor trust treated as owned by the grantor because she retained a right to substitute assets under IRC § 675(4) ought to qualify for a basis increase under IRC § 1022.

The problem with that line of reasoning, as I see it, is that IRC § 1022 provides specific instruction as to what is treated as owned or not owned by the decedent and transferred by the decedent for purposes of basis allocation. There is no statutory cross reference to the grantor trust rules.

I believe the grantor trust rules and the

carry-over basis rules of IRC § 1022 are about different tasks. The grantor trust rules determine deemed ownership ("treated as owned" if you will) for purposes of determining whether items of income, deductions and credits are going to flow through to the grantor. The carry-over basis rules under IRC § 1022 determine whether an asset is "treated as owned" by a decedent in such a manner that the property can be said to have been acquired from the decedent in order to determine whether a beneficiary is going to be entitled to a basis increase.

Further Analysis Under the "Conservative" View

• IRC 1022 applies generally to "property acquired from a decedent". IRC § 1022(d)(1)(A) provides that the general basis increase ($1.3 million) and the spousal basis increase ($3 million) are available "only if the property was owned by the decedent at death."

• Subparagraph B, clauses (i) and (ii), clarify that a portion of jointly held property and property in a revocable trust are treated as owned by the decedent. Also, IRC § 1022(d)(1)(B)(iii) says that the decedent is not treated as owning property by virtue of a power of appointment with respect to the property.

• IRC 1022(e) defines "property acquired from the decedent". Subparagraph (2) again clarifies that property passing from a revocable trust is eligible. Property transferred by the decedent during his life "to any other trust with respect to which the decedent reserved the right to make any change in the enjoyment thereof through the exercise of a power to alter, amend, or terminate the trust" is also eligible. In the context of an irrevocable grantor trust, according to the "conservative" view, the only way to secure the general basis increase is through IRC § 1022(e)(2)(B). In view of the language concerning powers of appointment in IRC § 1022(d)(1)(B)(iii), the practitioner may want to consider some limited right to amend in the grantor, perhaps to remove a remainder beneficiary or class of beneficiaries in favor of some other beneficiary or beneficiaries. Of course, this must be viewed in light of the possibility that a state agency would attempt to use this power to classify the trust as an available resource for Medicaid purposes (which is why it may be wise to specify the alternate beneficiary in the document which would drastically limit the scope of the amendment the grantor could make).

Well . . .

Uncertainty certainly reigns. With respect to carry over basis, and unless Congress becomes any more unhinged than it is, it seems that the difficulties discussed here will remain so through, at most, 2010. ■

Bob Mason is a Certified Elder Law Attorney and a past chair of the Elder Law Section of the North Carolina Bar Association. He practices in Asheboro, North Carolina.

Deeds – More Information Required in 2010

by Greg Herman-Giddens

Effective Jan. 1, 2010, all new North Carolina deeds must contain the address of both the grantor and grantee as well as a statement indicating whether the property contains the primary residence of the grantor.

The person who presents the deed for recording at the register of deeds is responsible for reporting the correct amount of documentary stamp tax due (currently $2.00 per $1,000 of consideration).

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009
SESSION LAW 2009-454
SENATE BILL 405
S405-v-6
AN ACT TO ASSIST COUNTIES AND THE DEPARTMENT OF REVENUE IN OBTAINING ACCURATE REAL PROPERTY SALES INFORMATION NEEDED FOR PROPERTY TAX APPRAISALS.

The General Assembly of North Carolina enacts:

SECTION 1. Article 19 of Chapter 105 of the General Statutes is amended by adding a new section to read:

"§ 105-317.2. Report on transfers of real property. To facilitate the accurate appraisal of real property for taxation, the information listed in this section must be included in each deed conveying property. The following information is required:

(1) The name of each grantor and grantee and the mailing address of each grantor and grantee.

(2) A statement whether the property includes the primary residence of a grantor.

Failure to comply with this section does not affect the validity of a duly recorded deed. This section does not apply to deeds of trust, deeds of release, or similar instruments."

SECTION 2. G.S. 105-228.32 reads as rewritten:

"§ 105-228.32. Instrument must be marked to reflect tax paid. A person who presents an instrument for registration must report to the Register of Deeds the amount of tax due. It is the duty of the person presenting the instrument for registration to report the correct amount of tax due. Before the instrument may be recorded, the Register of Deeds must collect the tax due and mark the instrument to indicate that the tax has been paid and the amount of the tax paid."

SECTION 3. This act becomes effective Jan. 1, 2010.

In the General Assembly read three times and ratified this the 30th day of July, 2009.

s/ Walter H. Dalton
President of the Senate

s/ Joe Hackney
Speaker of the House of Representatives

s/ Beverly E. Perdue
Governor

Approved 12:18 p.m. this 7th day of August, 2009 ■

Greg Herman-Giddens practices with TrustCounsel in Chapel Hill, and authors the North Carolina Estate Planning Blog (www.ncestateplanningblog.com)

2010 SOCIAL SECURITY CHANGES (October 2009)

Cost-of-Living Adjustment (COLA):

Monthly Social Security and Supplemental Security Income (SSI) benefits will not automatically increase in 2010 as there was no increase in the Consumer Price Index (CPI-W) from the third quarter of 2008 through the third quarter of 2009. Other important 2010 Social Security information is as follows:

Maximum Taxable Earnings:	2009	2010
Social Security (OASDI only)	$106,800	$106,800*
Medicare (HI only)	No Limit	

Quarter of Coverage:	2009	2010
	$1,090	$1,120

Retirement Earnings Test Exempt Amounts:	2009	2010
Under full retirement age NOTE: One dollar in benefits will be withheld for every $2 in earnings above the limit.	$14,160/yr. ($1,180/mo.)	$14,160/yr.* ($1,180/mo.)
The year an individual reaches full retirement age NOTE: Applies only to earnings for months prior to attaining full retirement age. One dollar in benefits will be withheld for every $3 in earnings above the limit.	$37,680/yr. ($3,140/mo.)	$37,680/yr.* ($3,140/mo.)
There is no limit on earnings beginning the month an individual attains full retirement age.		

Social Security Disability Thresholds:		2009	2010
Substantial Gainful Activity (SGA)	**Non-Blind**	$ 980/mo.	$1,000/mo.
	Blind	$1,640/mo.	$1,640/mo.*
Trial Work Period (TWP)		$ 700/mo.	$ 720/mo.

SSI Federal Payment Standard:	2009	2010
Individual	$ 674/mo.	$ 674/mo.*
Couple	$1,010/mo.	$1,010/mo.*

SSI Student Exclusion:	2009	2010
Monthly Limit	$1,640	$1,640*
Annual Limit	$6,600	$6,600*

*Because there is no COLA, by statute these amounts remain unchanged in 2010.

Found at: http://www.socialsecurity.gov/cola/facts/colafacts2010.htm

A Roundup of Key Elder Law Numbers for 2010

Below are figures for 2010 that are frequently used in the elder law practice or of interest to clients.

Medicaid Spousal Impoverishment Figures for 2010 Unchanged From 2009

The minimum community spouse resource allowance (CSRA) remains **$21,912**, as does the maximum CSRA, **$109,560**. The maximum monthly maintenance needs allowance remains **$2,739**. The minimum monthly maintenance needs allowance remains $1,821.25 until July 1, 2010.

Income cap: Because the SSI federal benefit rate was unchanged, the income cap for 2010 applicable in "income cap" states should remain $2,022 a month.

Annual Gift Tax Exclusion Stays at $13,000

The annual gift tax exclusion remains at $13,000.

Long-Term Care Premium Deductibility Limits for 2010

The Internal Revenue Service has announced the 2010 limitations on the deductibility of long-term care insurance premiums from taxes. Any premium amounts above these limits are not considered to be a medical expense.

Benefits from per diem or indemnity policies, which pay a predetermined amount each day, are not included in income except amounts that exceed the beneficiary's total qualified long-term care expenses or $290 per day (for 2010), whichever is greater.

(See table, top of next column.)

Attained age before the close of the taxable year	Maximum deduction
40 or less	$330
More than 40 > 50	$620
More than 50 > 60	$1,230
More than 60 > 70	$3,290
More than 70	$4,110

Medicare Premiums, Deductibles and Co-payments for 2010

• Basic Part B premium: $110.50/month (was $96.40) (But most beneficiaries will not pay this increase due to a "hold-harmless" provision in the Medicare law prohibiting Part B premiums from rising more than that year's cost of living increase in Social Security benefits.

• Part B deductible: $155 (was $135)

• Part A deductible: $1,100 (was $1,068)

• Co-payment for hospital stay days 61-90: $275/day (was $267)

• Co-payment for hospital stay days 91 and beyond: $550/day (was $534)

• Skilled nursing facility co-payment, days 21-100: $137.50/day (was $133.50)

Premiums for higher-income beneficiaries:

• Individuals with annual incomes between $85,000 and $107,000 and married couples with annual incomes between $170,000 and $214,000 in 2010 will pay a monthly premium of $154.70.

• Individuals with annual incomes between $107,000 and $160,000 and married couples with annual incomes between $214,000 and $320,000 in 2010 will pay a monthly premium of $221.

• Individuals with annual incomes between $160,000 and $214,000 and married couples with annual incomes between $320,000 and $428,000 in 2010 will pay a monthly premium of $287.30.

• Individuals with annual incomes of $214,000 or more and married couples with annual incomes of $428,000 or more in 2010 will pay a monthly premium of $353.60.

Rates differ for beneficiaries who are married but file a separate tax return from their spouse:

• Those with incomes between $85,000 and $128,000 will pay a monthly premium of $287.30.

• Those with incomes greater than $128,000 will pay a monthly premium of $353.60.

Social Security Benefit Changes for 2010

Monthly Social Security and Supplemental Security Income (SSI) benefits will not automatically increase in 2010 as there was no increase in the Consumer Price Index (CPI-W) from the third quarter of 2008 through the third quarter of 2009. ■

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New Requirements for Wills in North Carolina

by Andrew Olsen

Some North Carolina attorneys have traditionally put their firm name on the wills that they draft, or on an envelope or attached paper covering for marketing purposes. Some have been going so far as to include language directing the executor to contact them upon death of the testator. Some choose not to include their name. But beginning at the start of this year, all North Carolina attorneys will need to place their name on the document itself.

Effective Jan. 1, 2010, new legal requirements went into effect governing how attorneys in North Carolina are to prepare wills and codicils to wills. North Carolina Session Law 2009-182 has added two sections to Chapter 31 Article 1 of the North Carolina General Statutes governing wills.

According to the new Section 31-4.1, an attorney can not be a beneficiary under an attested written will that they have prepared unless they are a relative of the testator within five degrees of kinship or the parent, sibling or child of the testator's former or present spouse. In addition, if an attorney preparing an attested written will does fall into either of these categories, he or she must attach an affidavit to the will in question certifying their compliance with this new legislation. Any bequest that is written into an attested written will that does not comply with this section shall be invalidated. Any attorney may still be a beneficiary of a will that is not prepared by them.

Additionally, a designation of an attorney in a fiduciary role is specifically not considered for this purpose a devise or bequest. In addition to allowing an attorney to be named as Executor, presumably this provision would validate a devise to an attorney as trustee.

Section 31-4.2 states that any attorney who drafts an attested written will or a codicil to an attested written will must affix his or her name and business address to the will in addition to stating that he or she is the drafter. This section has raised many questions among practicing estate planning and elder law attorneys. For instance, no consequence is stated if the name, address and preparer are not affixed to an attested written will. It is not clear from the language in the new law whether the absence of this information will invalidate the will.

Another possible problem involves the identification of the drafter of the will. Many attorneys already indicate their firm name and business address on their wills; however, many firms also have several attorneys who may be involved in reviewing a will prior to its execution. The question could be raised as to whether any attorney within a firm that is involved in the drafting of a particular will must be identified on that document.

No mention is made as to how this statute would be applied to wills drafted out of state. The statute would apparently not invalidate wills drafted by non-lawyers. Nothing in the statute appears to prohibit an attorney from using a Revocable Living Trust to leave the Testator's estate to the attorney.

Liz Arias, a member of the Estate Planning & Fiduciary Law Section of the North Carolina Bar Association, relates that the bill was enacted over the objection of that section, which is actively seeking its repeal, or at least in the upcoming short session, its reformation. The section would like the legislature to clarify that failure to attach the affidavit required under Section 31-4.1 or to print the name of the drafting attorneys on the will does not make a will invalid.

While these unanswered questions still remain, it is important to note that the changes that must be implemented in drafting practices immediately. This legislation did take effect on Jan. 1, 2010, and therefore all attested written wills that have been prepared this year and are now being prepared by any attorney in North Carolina need to include the name and business address of the attorney and indication that he or she is the drafter. ■

Andrew Olsen practices in Wilmington, North Carolina, in the areas of elder law and estate planning.

Do Grandparents Have Child Custody Rights in North Carolina?

by Jonathan D. Breeden

North Carolina does not formally recognize grandparent visitation or custody rights. In fact, some feel that the court discourages grandparents from seeking custody from a child's biological parents. The court does not allow claims involving grandparent rights unless there is evidence that the child's parents are unfit or have acted contrary to their constitutionally protected parental rights.

Some examples of grandparent rights claims may be cases of ongoing custody disputes involving other non-parent family members (including another grandparent), or cases where the current parent/child relationship is not intact.

Grandparent Rights to Visitation and Custody in North Carolina

In order for grandparents to have a valid claim for custody rights, they must be able to prove to the court that their grandchild's parents are unfit or have acted contrary to their constitutional rights as parents. That claim may be established if the grandparents can show that the child's parents are not mentally able to take care of child, are not financially able to care for the child, abuse drugs, place the child in danger or have abandoned the child for a period of time. However, a child may be left by his or her parents, and not be considered abandoned, if they maintain contact with the child and come back when they are able to take care of the child.

It is important for grandparents to remember that it only takes a child and one parent to form an intact family in the eyes of the law. If one parent is deemed unfit and the other is fit, the family unit remains intact and the grandparents are not allowed to attack an intact family for custody. The government in North Carolina holds the viewpoint that family comes first and the government should not get in the way of family.

Additionally, if grandparents make a claim for custody of their grandchild and the court finds that the family is intact and the child's parent (or parents) is fit, the grandparents will not only lose their claim, but may lose any contact they previously had with the child. In many situations, a parent may retaliate against the grandparents who made a custody claim (and lost) by not allowing them to see the child. The parent has every right to do this and the court will not intervene. The law considers it the prerogative of a fit parent to decide who may or may not be a part of his or her child's life and that includes grandparents.

Grandparent Visitation and Custody

When emergency or temporary protective custody orders are issued for the child placing him or her with the grandparent, then custody becomes an issue and the family is not considered intact. This opens the possibility of granting custody rights of the child to other family members, including the other grandparents who do not have custody over the child. This may create a situation where it is grandparent versus grandparent battling for custody of their common grandchild.

Grandparents do not have a claim for visitation rights simply because their son or daughter won't let them see their grandchild. Even in a case of death or divorce of the child's parents, the grandparents can still end up without any custody or visitation rights, even when the child has lived with them. Grandparents must still be able to prove that the family unit is not intact, the child's parents are unfit or that the parents have acted contrary to their constitutionally protected rights. If there is one remaining parent in the child's life and the court considers that parent fit, the family relationship is still intact. In that situation, the grandparent's child (divorced father or mother of grandchild in a custody dispute) would have standing to try to get custody or visitation over the child (away from the other parent). Then the grandparents may be able to receive visitation from their child (grandchild's parent).

A classic example would be a case where the child's father moved to another state and abandoned the child (the child's parent is missing). The child's mother is not fit to care for the child (perhaps due to substance abuse) and the grandparents care for the child. In this case, the grandparents may have a claim for custody over their grandchild.

Recent Legislation About Grandparent Rights

A proposed bill in the 2009 General Assembly relates to grandparent visitation rights (House Bill 590). This bill has not passed and would create a legislative committee to conduct a study regarding grandparent visitation rights and make corresponding recommendations. If passed, the committee would consider North Carolina's custody and visitation laws, the current laws regarding grandparent visitation rights, circumstances when grandparents should be granted visitation, other state statutes pertaining to grandparent visitation rights, and whether grandparent visitation should be granted in a supervised or unsupervised capacity. ■

Long-Term Care Insurance Tax-Deductibility Rules

Individual Purchase

As you age . . . your tax deductible limit increases. Tax-qualified LTCi premiums are considered a medical expense. For an individual who itemizes tax deductions, medical expenses are deductible to the extent that they exceed 7.5% of the individual's Adjusted Gross Income (AGI). The amount of the LTCi premium treated as a medical expense is limited to the eligible LTCi premiums, as defined by Internal Revenue Code 213(d), based on the age of the insured individual. That portion of the LTCi premium that exceeds the eligible LTCi premium is not included as a medical expense.

Individual taxpayers can treat premiums paid for tax-qualified long-term care insurance for themselves, their spouse or any tax dependents (such as parents) as a personal medical expense.

The yearly maximum deductible amount for each individual depends on the insured's attained age at the close of the taxable year (*see* Table 1 for current limits). These deductible maximums are indexed and increase each year for inflation.

Example: A husband and wife ages 55 and 49 purchase policies. The Eligible amount that the husband can include toward reaching the 7.5% of the Adjusted Gross Income (AGI) threshold is $1,150. The wife (age 49) can apply $580. *Note*: In two years, when the wife will fall into the 51-to-61 threshold, the higher amounts for both will apply. And, these amounts are increased annually.

Planning Tip: Some LTC insurers offer "shared care" policies where two people share one pool of benefits. This may be used to maximize the eligible tax deductibility when there is a difference in ages between the spouses.

Tax Savings Tip: Long-term care insurance premiums may be paid from a Health Savings Account (HSA) up to the limits shown above.

Taxability of Benefits Received: Generally, benefits received from a tax-qualified LTCi policy that was purchased by an individual are non-taxable and therefore excluded from Adjusted Gross Income. Benefits paid under an indemnity policy are not taxed unless they exceed the higher of the cost of qualified long-term care or $280-per-day (the 2009 limit). The 2010 limit is $290-per-day.

Self-Employed

A self-employed individual can deduct 100% of his/her out-of-pocket long-term care insurance premiums, up to the Eligible Premium amounts listed above [IRC 162(l)]. The portion of LTCi premiums that exceeds the Eligible Premium (*see* Table 1) amount is not deductible as a medical expense. The deductible amount includes eligible premiums paid for spouses and dependents [IRC 162(l)]. It is not necessary to meet a 7.5% AGI threshold in order to take this deduction.

However, a self-employed individual may not deduct LTCi premiums during any calendar month in which he/she or his/her spouse is eligible to participate in a subsidized LTCi plan (where the employer pays all or part of the premiums for LTCi).

Partnership ² Limited Liability Company (LLC) ² Subchapter S Corporation

Partners is a partnership, members of an LLC that is taxed as a partnership, and shareholders/employees of Subchapter S Corporations who own more than 2% of the Corporation, are taxed as self-employed individuals. The partnership, LLC or Subchapter S Corporation pays the premium.

The partner, member or shareholder/employee includes the LTCi premium in his/her Adjusted Gross Income, but may deduct up to 100% of the age-based Eligible Premium, as listed in Table 1. It is not necessary to meet a 7.5% AGI threshold.

If the sole shareholder/employee purchases LTCi in his/her own name instead of that of the S Corporation, the S Corporation is not treated as a partnership and the shareholder is not treated as a partner. As such, the shareholder is not treated as self-employed and is only eligible to include his/her eligible LTCi premiums in his/her itemized deductions, which are subject to the 7.5% AGI threshold.

Planning Tip: In a sole proprietor or a partnership situation, the owner/partner who has a spouse who is a true employee can deduct the actual (full) premium for that spouse's policy. If that spouse's policy had a shared benefit rider, that would be included in the deductible premium amount (actual total premium is deductible).

Subchapter C Corporation

When a business purchases a tax-qualified LTCi policy on behalf of any of its employees, or their spouses and dependents, the corporation is entitled to take a 100% deduction as a business expense on the total premium paid. The deduction is not limited to the aged-based Eligible Premiums.

2010 Federal Tax Deductible Limits (Table 1)

Taxpayer's Age At End of Tax Year	Deductible Limit
40 or less	$330
More than 40 but not more than 50	$620
More than 50 but not more than 60	$1,230
More than 60 but not more than 70	$3,290
More than 70	$4,110

Source: IRS Revenue Procedure: 2009-50

2009 Federal Tax Deductible Limits (Table 2)

Taxpayer's Age At End of Tax Year	Deductible Limit
40 or less	$320
More than 40 but not more than 50	$600
More than 50 but not more than 60	$1,190
More than 60 but not more than 70	$3,180
More than 70	$3,980

Source: IRS Revenue Procedure: 2008-66

2008 Federal Tax Deductible Limits (Table 3)

Taxpayer's Age At End of Tax Year	Deductible Limit
40 or less	$310
More than 40 but not more than 50	$580
More than 50 but not more than 60	$1,150
More than 60 but not more than 70	$3,080
More than 70	$3,850

Source: IRS Revenue Procedure: 2007-68

The purchase of a tax-qualified LTCi policy is not subject to any non-discrimination rules, thus allowing an employer to be selective in the classification of employees it elects to cover.

Planning Tip: Premium payments generally will be tax deductible when the class is based on such factors as the officers of the corporation and length of service (e.g. company pays for all those who are Senior Vice President or higher and have been with the company for 12 or more years). Tax rulings have stipulated that the class cannot, however, be based on stock ownership.

Tax Savings Tip: The use of Ten-Pay or Accelerated Premium plans provide higher tax deductions for the Corporation and enable the long-term care insurance premium to be fully paid-up by the time the owner retires (no ongoing premiums) or sells.

Selling Tip: Fiscal Year-End Planning for profitable companies with a retained earnings issue. The fiscal (tax) year for C-Corps generally don't end on December 31 (as they do for 'pass through' entities and individuals). At the beginning of the fourth quarter of their Fiscal Year, profitable companies start looking for tax deductions. Recommend long-term care insurance as an executive benefit … benefits are far more valued than new office furniture.

The premium paid by the business is excluded (not reported) from the employee's Adjusted Gross Income even if the premium exceeds the Eligible Premium amount listed in Table 1.

Employer-Pay Contributory Arrangement on Behalf of an Employee

If an employer pays all or a portion of the tax-qualified LTCi premiums on behalf of an employee, the amount paid is deductible by the employer as a business expense. The deduction is not limited by the age-based limits. The entire employer contribution would also be excluded from the employee's AGI.

If the employer only pays a portion of the premium, the employee is able to apply the balance that he/she pays towards his/her medical expenses, up to the Eligible Premium amount, and would then be entitles to a deduction for medical expenses that exceed 7.5% of AGI.

Gift Tax Exclusion

In addition to the annual Gift Tax Exclusion of $13,000 per donee, a donor has the ability to pay for the medical expenses of the donee [IRC Sec. 2503(e)]. If those medical expenses are tax-qualified LTCi premiums, the exclusion is subject to the age-based limits for Eligible Premium listed in Table 1. An individual (donor) can purchase LTCi policies for family members (donees) and still maintain the annual Gift Tax Exclusion when selecting a Ten-Pay or Accelerated Payment Option.

Return of Premium

The refund is included in the beneficiary's gross income and is taxable, to the extent it was either excluded from the owner's income or deducted by the owner. It must be included as income in the year it is received.

Health Savings Account (HSA)

Tax-qualified LTCi premiums can be reimbursed through an HSA, tax-free up to the Eligible Premium amounts listed in Table 1, even if the HSA is offered through an employer-provided cafeteria plan.

Health Reimbursement Account (HRA)

Reimbursements for insurance covering medical care expenses, as defined in IRC Sec. 213(d), which includes qualified long-term care services and qualified long-term care insurance premiums are allowable under an HRA. Although employers pay for HRAs, an HRA cannot be provided by salary reduction or IRC Sec. 125 plans. As such, the LTCi premiums cannot be paid on a pre-tax basis through an HRA.

Cafeteria Plan

Tax-qualified LTCi premiums cannot be purchased with pre-tax dollars under an employer-provided cafeteria plan. However, LTCi premiums may be paid through an HSA that is offered under an employer-provided cafeteria plan.

Flexible Spending Account (FSA)

Tax-qualified LTCi premiums cannot be reimbursed under an FSA.

State Deductibility Rules

Many states offer tax incentives to encourage the purchase of LTCi. Below is a general summary of state specific tax information for your reference. This information is current through December 2008 and is subject to change.

Taxpayers may need to meet state specific requirements to qualify for deductions or credits for LTCi. For information regarding the tax liability of a case, consultation with a tax consultant or legal advisor is recommended.

What The Coding Means

* = No Credit Or Deduction.

No Broad-Based State Income Tax.

** = Same As Federal Tax Law (see above for details).

AL Deduction for amount of the premium paid for qualifying guaranteed renewable LTCi policy.

AK*

AZ*

AR**

CA Deduction. Max amount deductible based on sliding scale, increased each year to account for inflation. Residents who need LTC services for at least 180 days can qualify for a $500 tax credit as long as their adjusted gross income does not exceed $100,000.

CO Credit for taxpayer & taxpayer's spouse in an amount equal to 25% of total premiums paid during tax year, up to $150 for each policy. Available to taxpayers with federal taxable income <$50,000 or two individuals filing a joint return with taxable income <$50,000 if credit is claimed for one policy, joint filers with income of <$100,000 if credit is claimed for two policies.

CT*

DE**

DC Deduction. Not to exceed $500 per year, per individual for annual premiums paid for LTC.

FL*

GA**

HI Deduction. Same as federal tax law, except subject to 7.5% of HI adjusted gross income, instead of federal adjusted gross income.

ID For taxable years beginning January 1,2004 and after, the full amount of the premium paid by a taxpayer for LTCi which is for the benefit of the taxpayer, a dependent of the taxpayer or an employee of a taxpayer can be deducted from taxable income to the extent the premium is not otherwise deducted by taxpayer.

IL*

IN Deduction up to full cost of premium paid for qualified LTCi for taxpayer and taxpayer's spouse.

IA**

KS For tax years beginning in 2005,a subtraction from federal adjusted gross income for $500 in the tax year 2005, increasing each year by $100 until 2010. After 2010, it is a $1000 subtraction from the federal adjusted gross income for premium costs for qualified LTCi.

KY Deduction from adj. gross income allowed for any amount paid during the tax year for LTC premiums.

See* DEDUCTIBILITY *page 12

Deductibility *from page 11*

LA*
ME Deduction of full premium for individual taxpayers. Applies to premiums paid for LTCi policies that have been certified by the Department of Insurance. Deduction is limited to extent the premiums are not claimed as an itemized deduction on federal tax return. For employers, a credit is allowed against the tax imposed for each taxable year equal to the lowest of the following: (A) $5000; (B) 20% of the costs incurred by the taxpayer in providing LTC policy coverage as part of the benefit package; or (C) $100 for each employee covered by an employer-sponsored LTC policy.
MD Credit. Taxpayer is allowed a one-time credit against the state income tax in an amount equal to 100% of eligible LTCi premium paid. The credit may not exceed $500 for each insured, may not be claimed by more than one taxpayer with respect to the same individual and may not be claimed if the insured was covered by LTCi before July 1 2000. No carryover is allowed. For employers, a credit up to an amount equal to 5% of the costs incurred by the employer during the taxable year for providing LTCi as part of the benefit package. The credit may not exceed $5000 or $100 for each employee covered by LTCi under the benefit package.
MA*
MI*
MN Credit allowed for LTCi premiums equal to the lesser of: (1) 25% of premiums paid to the extent not deducted in determining federal taxable income; or (2) $100.
MS Credit. Equal to 25% of premium costs paid during the taxable year for a qualified policy for self, spouse, parent, parent-in-law, or dependent. The credit cannot exceed $500.
MO Deduction. Taxpayers may deduct 100% of all non-reimbursed amounts paid for qualified LTCi premiums to the extent such amounts are not included in itemized deductions.
MT Deduction for entire amount of qualified LTCi premiums covering taxpayer, taxpayer's parents, grandparents & dependents provided insured is a MT resident. Credit allowed for qualified elder care expenses paid by an individual for care of a qualified family member. Premiums paid for LTCi coverage for qualifying family member are included in qualified elder care expenses. Credit not allowed if premium deduction is taken.
NE**
NV*
NH*
NJ Deduction of LTCi premiums may be taken if they exceed 2% of adjusted gross income and cannot be reimbursed.
NM Deduction for LTCi premiums may be taken if not already itemized on their federal tax return. The following deduction amounts are allowed (married, filing jointly): Adjusted gross income <$30,000,a 25% deduction, $30,000-$70,000,a 15% deduction, and >$70,000, a 10% deduction. Deduction amounts allowed (single or married, filing separately): Adj. gross income <$15,000, a 25% deduction, $15,000-$35,000, a 15% deduction, and >$35,000, a 10% deduction. Deduction amounts allowed (head of household):Adj. gross income <$20,000,a 25% deduction, $20,000-$50,000,a 15% deduction, and >$50,000, a 10% deduction. Same schedule applies for all premiums or LTC services not covered under the federal tax law.
NY Credit for 20% of premium paid for qualifying LTCi premiums. Taxpayer is permitted to carry over to future tax years any credit amount in excess of taxpayer's tax liability for the year. Employers are eligible for a credit equal to 20% of the premiums paid during the tax year for the purchase of, or for continuing coverage under, a LTCi policy. The credit is not refundable and the credit may not reduce the tax to less than the minimum tax due.
NC Credit allowed for premiums paid on LTCi for taxpayer, taxpayer's spouse or dependent in an amount equal to 15% of the premium costs, up to $350 for each policy on which the credit is claimed as long as adj. gross income meets the following limitations: Married Filing Separately <$50,000; Single <$60,000; Head of Household <$80,000; Married Filing Jointly or Qualifying Widower <$100,000.
ND Credit allowed for premiums paid on LTCi for taxpayer, taxpayer's spouse, parent, stepparent or children in an amount equal to 25% of the premium costs, up to $100.
OH Deduction of federally qualified LTCi premiums for taxpayer, taxpayer's spouse and dependents to the extent deduction is not allowed in computing federal adj.gross income.
OK**
OR Credit equal to the lesser of 15% of premiums paid during the tax year or $500 for LTCi coverage for individual, dependent or parents. For employers, a credit of $500 is allowed for each employee covered by an employer-sponsored policy.
PA*
RI**
SC**
SD*
TN*
TX*
UT*
VT**
VA Credit. Taxpayer allowed 15% credit for LTCi premiums paid provided the individual has not claimed a deduction for federal income tax purposes. Any unused credit may be carried over against the income taxes in the next five years or until the full credit is used.
WA*
WV Deduction for LTCi premiums covering taxpayer, taxpayer's spouse, parents and dependents to the extent the amount paid for LTCi is not deducted in determining federal income tax.
WI Deduction allowed for taxpayer and taxpayer's spouse for 100% of the amount paid for a LTCi policy to the extent the same deduction is not taken for federal income tax purposes.
WY*

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** = Same As Federal Tax Law
(see above for details). ■

Acknowledgements: The American Association for Long-Term Care Insurance wishes to acknowledge John Hancock for permission to use text from their 2007 Federal and State Tax Guide as well as Dave DeBoer, JD, CLU, ChFC, CASL, Advanced Markets, Mutual of Omaha Insurance Company for reviewing this material. Neither these individuals nor companies warrant the information provided herewith. As mentioned previously, always seek the counsel of a professional tax advisor.

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Recent Developments

by Letha McDowell

Legislative Update

Effect of Caveat on Estate Administration (Session Law 2009-131). "An Act to Allow for Certain Payments of an Estate While a Caveat is Pending." Allows the Clerk of Court to enter an order allowing an executor to pay taxes, funeral expenses, debts which are a lien on property, bills of the decedent accrued before death, claims against the estate which are timely filed, and professional fees related to estate administration during the pendency of a caveat.

Update Funeral Expense Allowance/ Estates (Session Law 2009-288). "An Act to Update and Clarify the Second And Third Class Priority Expenses and the Gravestone Authorization In Probate Proceedings." Increases preferential limitation on funeral expenses from $2,500 to $3,500 and clarifies that costs associated with a gravestone are allowable as third class expenses to the extent of $1,500.

Alt. Testimony/Children and Adults with Disabilities (Session Law 2009-514). "An Act to Provide for Alternative Means of Testimony for Persons with Developmental Disabilities and Persons with Mental Retardation, as Recommended by the Joint Study Committee on Autism Spectrum Disorder and Public Safety." Allows persons with disabilities to testify in a civil proceeding or special proceeding to testify outside of an open forum.

Case Law Update

Administrative – Medicare & Medicaid – Payments to Hospitals.

Charlotte-Mecklenburg Hospital Authority v. North Carolina Department of Health and Human Services. (Lawyers Weekly No. 09-07-1043)

Holding: Defendants are complying with state and federal statutes and regulations by paying Medicaid claims then seeking reimbursement from third parties – including Medicare. And since only a provider can make a Medicare claim, defendants properly asked the plaintiff-hospitals to reimburse defendants for Medicaid payments that could have been billed to Medicare.

Labor & Employment – Civil Rights – Administrative – Discrimination Claim – Age & Disability.

Anderson v. E&J Greer, Inc. (Lawyers Weekly No. 09-02-1060)

Holding: When claimant failed to check the box for age on an EEOC intake questionnaire and failed to describe discriminatory conduct due to his age, he failed to make a claim of age discrimination with the EEOC. ■

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Mark Your Calendars!

Upcoming Events for the Elder Law Section

2/26/10
N.C. Elder Law Section Symposium
Cary, NC

2/24-28/10
NAELA Special Needs Summit
New Orleans, LA

4/23/10
Fundamentals of Special Needs Trust Administration (Webinar)
Stetson College School of Law

5/11-16/10
NAELA Annual Meeting
Disney's Yacht & Beach Club Resort
Orlando, FL

5/18-20/10
The 2010 Conference of the North Carolina Guardianship Association
Asheville, NC

8/20-22/10
NAELA 2010 CAP Conference
CAPS Only
Chicago, IL

10/21-22/10
Stetson Special Needs Trust Seminar
Pete Beach, FL

11/4-6/10
NAELA Fall Program
(*Tentative*)

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