



Government Benefits

U.W. Guardianship Certificate
Program # 3024
Curriculum
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FEDERAL GOVERNMENT **HEALTHCARE & HEALTH RELATED** **SERVICES**

SOCIAL SECURITY ADMINISTRATION¹

AFTER YOUR APPOINTMENT

It is necessary to update Social Security of your appointment as Guardian to an Incapacitated Person. Take a copy of the judicial order of your appointment as Guardian (copy of a certified copy is ok), and other pertinent information such as address or direct deposit changes with you. Be sure to have the client's (Incapacitated Person's) social security number. Expect SSA to ask you, as the Guardian, for your social security number and personal information about you during this process to verify your identity and role in the matter.

OVERVIEW

The Social Security Administration (SSA), administered by the federal government, has two disability programs paying benefits to eligible individuals: SSDI and SSI. SSA does not pay benefits to individuals with partial or short-term disabilities.

- **Social Security Disability Insurance (SSDI)**
Benefits paid to individuals who have a medical disability not allowing them to work for at least one year or will cause death. The benefit amount varies with individuals.
- **Supplemental Security Income (SSI)**
Benefits for individuals 65 and over with limited income and resources or those who are blind or disabled. Disabled and blind children can receive SSI benefits.² If an individual gets SSI, they may also be able to obtain other benefits, such as Medicaid and food stamps. The basic benefit amount is the same throughout the Country.

SSDI ELIGIBILITY

In general, to get disability benefits, an Incapacitated Person must meet two different earnings tests³:

1. A "recent work" test based on the Incapacitated Person's age at the time s/he became disabled; and
2. A "duration of work" test to show that s/he (the Incapacitated Person) worked long enough under Social Security.⁴

¹ Visit <http://www.ssa.gov/> for detailed information about the program's benefits. This information is not all-inclusive for benefits.

² See <http://www.ssa.gov/pubs/10026.html>

³ See <http://www.ssa.gov/pubs/10029.html#part1>

⁴ Certain blind individuals only have to meet the duration test.

SSDI eligibility is determined using a five-step process

1. Is the Incapacitated Person working?
2. Is the I.P.'s medical condition "severe"?
3. Is the I.P.'s medical condition on the List of Impairments?
4. Can the I.P. do the work s/he was able to do before?
5. Can the I.P. do any other type of work?

Eligibility for blind individuals can differ and can be viewed at:
<http://www.ssa.gov/pubs/10052.html>

A client (Incapacitated Person) receiving worker's compensation and/or other disability benefits may have their SSDI benefit eligibility reduced. However, a client receiving SSDI plus Veterans, state and local governmental benefits (if the client paid SS taxes) and/or SSI will not affect their social security benefits. See www.ssa.gov/pubs/10018.html

"The table below shows the rules for how much work an I.P. needs for the "recent work" test based on the Incapacitated Person's age when their disability began. The rules in this table are based on the *calendar quarter* in which the I.P. turned or will turn a certain age."⁵

The calendar quarters are:

- First Quarter: January 1 through March 31
- Second Quarter: April 1 through June 30
- Third Quarter: July 1 through September 30
- Fourth Quarter: October 1 through December 31

Rules for work needed for the "recent work test"⁶

<i>If an I.P. became disabled...</i>	<i>Then the I.P. generally need:</i>
In or before the quarter an I.P. turns age 24	1.5 years of work during the three-year period ending with the quarter the disability began. Work during half the time for the period beginning with the quarter after the I.P. turned 21 and ending with the quarter the I.P. became disabled.
In the quarter after the I.P. turned age 24 but before the quarter the I.P. turns age 31	Example: If the I.P. became disabled in the quarter the I.P. turned age 27, then the I.P. would need three years of work out of the six-year period ending with the quarter the I.P. became disabled.
In the quarter the I.P. turns age 31 or later	Work during five years out of the 10-year period ending with the quarter the

⁵ "Disability Benefits" online handbook at <http://www.ssa.gov/pubs/10029.html#part1>

⁶ "Disability Benefits" online handbook at <http://www.ssa.gov/pubs/10029.html#part1>

Incapacitated Person's disability began.

"The following table shows examples of how much work the I.P. need to meet the "duration of work test" if the I.P. becomes disabled at various selected ages. For the "duration of work" test, the I.P.'s work does not have to fall within a certain period of time."⁷

NOTE: This table does not cover all situations.

Examples of work needed for the "duration of work" test⁸

<i>If the I.P. became disabled...</i>	<i>Then the I.P. generally need:</i>
Before age 28	1.5 years of work
Age 30	2 years
Age 34	3 years
Age 38	4 years
Age 42	5 years
Age 44	5.5 years
Age 46	6 years
Age 48	6.5 years
Age 50	7 years
Age 52	7.5 years
Age 54	8 years
Age 56	8.5 years
Age 58	9 years
Age 60	9.5 years

APPLYING FOR SSDI BENEFITS

If the I.P. has not already submitted an application for benefits, it is imperative a Guardian apply for benefits as soon as their client is declared to be an "Incapacitated Person".⁹ Typical application processing can take many months. After a Guardian submits the benefits application information, SSA (the federal government office) evaluates the application for completeness and basic eligibility criteria. If the criteria are met, the application is forwarded to the state disability determination office for the remainder of the disability determination. A Guardian, on behalf of their client, will primarily deal with the state office regarding medical criteria..

Benefits begin after the I.P.'s application is approved. The first benefits will be paid to the I.P. during the sixth **full month after the date your disability began** (not the

⁷ "Disability Benefits" online handbook at <http://www.ssa.gov/pubs/10029.html#part1>

⁸ "Disability Benefits" online handbook at <http://www.ssa.gov/pubs/10029.html#part1>

⁹ The I.P. does not have to be deemed incapacitated by a judge before a SSDI benefits application is filed. It is possible the client started the application prior to the judicial determination of incapacity. If not, then the guardian should submit the SSDI application as soon as possible because of the lengthy eligibility determination process.

date the application was approved). Benefits may not occur indefinitely, but will continue as long as the I.P.'s medical condition has not improved and the I.P. cannot work. The I.P.'s disability will be reviewed regularly to ensure the Incapacitated Person is still eligible for benefits.

The Guardians, on behalf of the Incapacitated Person, must complete an application for Social Security Benefits **AND** complete the Disability Report.

- Apply online¹⁰ at: <http://www.ssa.gov/> or http://www.ssa.gov/pgm/links_disability.htm
 - A disability starter kit is available at http://www.ssa.gov/disability/disability_starter_kits.htm to assist you with collecting claim information.
 - An Adult Disability and Work History Report must be filled out too and can be found at: <https://secure.ssa.gov/apps6z/i3369/ee001-fe.jsp>
- Make an appointment at the local SSA office or over the telephone by calling Call 1-800-772-1213 between 7:00 am and 7:00 pm Monday through Friday.
 - TTY for deaf or hard of hearing. Individuals can call 1.800.325.0778.
 - If the disability claim is conducted over the telephone, expect it to take an hour.
 - A disability starter kit will be mailed to a Guardian on behalf of an I.P., if you make an appointment in person or on the telephone.
- The Disability Report is available at: www.socialsecurity.gov/disability/3368

Typical information needed to fill out the forms, includes:

- Client's (I.P.) Social Security number;
- Client's birth or baptismal certificate;
- Names, addresses and phone numbers of the doctors, caseworkers, hospitals and clinics that took care of the client and dates of the visits;
- Names and dosage of all the medicine the client takes;
- Medical records from the client's doctors, therapists, hospitals, clinics and caseworkers that are already in his/her possession;
- Laboratory and test results;
- A summary of where client worked and the kind of work he/she did; and
- A copy of the client's most recent W-2 Form (*Wage and Tax Statement*) or, if self-employed, their federal tax return for the past year.

APPEAL

If the client's (I.P.'s) claim is denied for:

- medical reasons, Guardians should complete the on-line tool at: <https://secure.ssa.gov/apps6z/iAppeals/ap001.jsp>

¹⁰ Not all benefits can be applied for on-line. See <http://www.ssa.gov/online services/> for available on-line services.

- For non-medical reasons, Guardians should contact the local SSA office or call 1.800.772.1213. TTY or hard of hearing, call 1.800.325.0778.

In Washington, the SSA's state agency is part of the Department of Social and Health Services. It is called the Division of Disability Determination Services (DDDS). Visit: <https://fortress.wa.gov/dshs/maa/DDDS/Index.htm>

DDDS Office	Contact Information
Olympia- physical address	Point Plaza West Building 2, Floor 2 6737 Capitol Blvd. S. Tumwater, WA 98501
Olympia- mailing address	PO Box 9303 Olympia WA 98507-9303
Seattle	1516 2nd Avenue, Suite 303 Seattle, WA 98101
Spokane	RockPointe III Building 1330 N. Washington Street, Suite 2080 Spokane, WA 99201

SSI ELIGIBILITY

When determining SSI eligibility, income (i.e.-pensions, social security benefits, wages) and resources (i.e.- real estate, cash, bonds) are counted. However, some resources such as the home an Incapacitated Person lives in and receiving food stamps are exempt. Certain amounts of income are also not counted toward eligibility. A spouse's income, is partially considered toward eligibility.

Anytime the client's (I.P.'s) resources, marital status, or living arrangements change, SSA must be notified because these changes may affect the client's monthly SSI amount. A client living in a residential or public institution or skilled nursing facility (SNF) usually cannot receive SSI. If SSI is needed to maintain the client's residence, the Guardian, on behalf of their I.P. client, can file a statement detailing such and the physician submit a report identifying how long the client will be in the institution or SNF, and the client might be able to continue receiving SSI.

Typically, an individual must be a US citizen to receive SSI. However, there are certain circumstances non-US citizens can receive SSI. Please read, <http://www.ssa.gov/pubs/10026.html>

APPLYING FOR SSI BENEFITS

Benefits begin after an Incapacitated Person's application that was submitted by the Guardian is approved. The first benefits will be paid to the I.P. the first full month after the I.P. applied or became eligible for SSI. Because resources and income are counted toward eligibility amount of benefits received each month may not be the same. SSA will notify the individual in advance if the amount of the payments is changed.

- “[An I.P.’s] first, second and third monthly amounts will be based on your their first month's income. Sometimes a type of income in the first month is not received in the second month. [SSA] call this “nonrecurring income.” When this happens, the SSI benefit for the second and third month is based on the countable income from the first month, minus the nonrecurring income. After that, SSI amount usually is based on the I.P.’s income from two months before.”¹¹
 - Each January, if the cost of living has gone up, benefits will increase automatically.
- The client's (I.P.s) benefits will be reviewed regularly to ensure he/she is still eligible for benefits. If a client receives SSI because they are disabled, the amount of time between reviews depends upon whether the medical condition is likely to resolve or not. The interval time for reviews can be from 6 months after qualifying for SSI to once every 5-7 years. For more detailed information, see <http://www.ssa.gov/pubs/11011.html> (Reviewing Your Medical Condition).
- The majority of the SSI application can be completed on-line at: <http://www.ssa.gov/> or http://www.ssa.gov/pgm/links_disability.htm
 - An Adult Disability and Work History Report can be found at: <https://secure.ssa.gov/apps6z/i3369/ee001-fe.jsp>
- Applying for SSI benefits for a child under 18 can be completed on-line at: <http://www.ssa.gov/applyfordisability/child.htm>
- Or an appointment at the local SSA office can be made by calling 1.800.772.1213, between 7:00 am and 7:00 pm Monday through Friday. TTY and hard of hearing individuals can call: 1.800.325.0778

Information needed to fill out the SSI application, includes:

- Client's (I.P.s) Social security card or a record of your Social Security number;
- Client's birth certificate or other proof of your age;
- Information about the home where the client lives, such as a mortgage or a lease and landlord's name;

¹¹ See <http://www.ssa.gov/pubs/11011.html#part1> (About Your Payments)

- Payroll slips, bank books, insurance policies, burial fund records and other information about your income and the things the client owns;
- Bank account numbers;
- A copy of a check from the bank account the client will use to begin direct deposit benefits;
- The names, addresses and telephone numbers of doctors, hospitals and clinics that the client has been to if the Guardian is applying for SSI for the I.P. because the I.P. is disabled or blind;
- Proof of U.S. citizenship or eligible non-citizen status.

APPEAL

If the claim is denied, the Guardian has a right to appeal on behalf of their client:

- If someone is hired to represent the client on the appeal, read: <http://www.ssa.gov/pubs/10075.html>
- For SSI denial, please read: <http://www.ssa.gov/pubs/11008.html>
- Or contact the local SSA office or call 1.800.772.1213. TTY or hard of hearing individuals can call 1.800.325.0778.

SOCIAL SECURITY ADMINISTRATION RESOURCES

Contact information for SSA: <http://www.ssa.gov/pgm/reach.htm>

For extra help affording prescriptions- this is not Medicare Part D (clients with minimal resources and income): <https://secure.ssa.gov/apps6z/i1020/main.html>

Address change: www.socialsecurity.gov/changeaddress.html

Direct Deposit changes: This can take 30-60 days to take effect. Go to the local office or call SSA at: 1.800.325.0778

SSDI or SSI Representative Payee/Guardian : <http://www.ssa.gov/pubs/10076.html>

Benefit Eligibility Screening Tool: http://connections.govbenefits.gov/ssa_en.portal

Social Security Disabled Benefits Planner: <http://www.ssa.gov/dibplan/>

Report Fraud, Waste or Abuse of SSA benefits:

Social Security Fraud Hotline

P.O. Box 17768

Baltimore, Maryland 21235

https://www.socialsecurity.gov/oig/public_fraud_reporting/form.htm

1.800-269.0271 from 10:00 a.m. to 4:00 p.m. Eastern Standard Time

TTY: 1-866-501-2101 for the deaf or hard of hearing.

Fax: 410.597.0118

FEDERAL GOVERNMENT **HEALTHCARE & HEALTH RELATED** **SERVICES**

MEDICARE¹²

Medicare provides federal assistance with coverage for healthcare. Guardians should not confuse Medicare with Medicaid, a state-distributed medical benefits program. Medicaid is covered in the State Government section of this manual.

ELIGIBILITY

- If an Incapacitated Person is receiving Social Security (SS) or Railroad Retirement Benefits (RRB), eligibility and enrollment are automatic (see below). If the Incapacitated Person is not receiving these benefits, their Guardian must enroll them (see below).
- The enrollment period for Parts A and B is:
 - January 1-March 31, allowing the Incapacitated Person to be eligible for benefits beginning July 1 of that same year.
- For medical health plans or prescription drug coverage sign up or provider switch, the enrollment period is:
 - November 15-December 31, allowing the Incapacitated Person to be eligible for benefits beginning January 1 of the following year.

The Incapacitated Person will automatically be sent a **Medicare card** detailing which parts they are eligible for and when they become eligible for those benefits. This card is necessary for the provider to file claims for services rendered. If the Incapacitated Person belongs to Part C (see below), the plan provider will distribute a benefits card. If the Guardian determines that the Incapacitated Person does not want Part B (requires monthly premiums- see below), follow the instructions on the card and send the card back. A new card will then be issued.

- If the card gets lost or stolen, call Social Security (SS) at: 1.877.772.1213 or online at www.socialsecurity.gov
- If the Incapacitated Person needs a new card and gets benefits from the Railroad Retirement Board (RRB): call 1.877.772.5772 or apply on line at: www.rrb.gov and select "Benefit Online Services."

There are 4 parts to Medicare: Parts A, B, C and D.

- ✓ **PART A (Hospital Insurance)**- helps cover inpatient hospital stays, skilled nursing care (nursing home), hospice and home health visits. It does not cover long term care at an adult family home or assisted living (boarding home).
 - Administered by the federal government.
 - **No additional cost** if the Incapacitated Person or Incapacitated Person's spouse paid Medicare taxes while working. Part A can be purchased if

¹² Medicare coverage can be complex, especially if the client is receiving federal pension benefits or Tricare services. This information is meant as an overview and a guide and is not all inclusive. Please visit www.medicare.gov/ for detailed information.

the Incapacitated Person does not qualify for free-premiums. In 2009, the cost is up to \$443/month.

- A Guardian for a Incapacitated Person can sign their client up for Part A within three (3) months of the client turning 65 years of age. If the Incapacitated Person is not signed up by the time they turn 65, the premium can increase by 10% for each full 12 months the Incapacitated Person was not enrolled.
 - A Guardian can arrange to purchase Medigap insurance¹³ coverage from a private provider for a Incapacitated Person to cover costs Part A does not cover
 - **Coverage begins**
 - Automatically enrolled if the Guardian's client gets SS or RRB benefits the first day of the month the Incapacitated Person turns 65 years old.
 - If the Incapacitated Person does not get SS or RRB benefits, they will need to be signed up for Part A and should do so 3 months before they turn 65 years old.
 - If the Incapacitated Person is under 65 years old and is disabled, Part A benefits begin when the Incapacitated Person received SS disability benefits or receives certain disability benefits from the RRB for 24 months.
 - An Incapacitated Person diagnosed with Amyotrophic Lateral Sclerosis (ALS or Lou Gehring's Disease) automatically get Part A the month the disability benefits begin.
 - An Incapacitated Person at any age with End Stage Renal Disease (ESRD) is eligible for benefits. The start date varies. See the brochure: www.medicare.gov/Publications/Pubs/pdf/10128.pdf
- ✓ **PART B (Medical Insurance)**- helps cover medically necessary doctor visits, outpatient care and some preventative care.
- Run by the federal government.
 - **There is a monthly premium.** In 2009, it is \$96.40/month. The monthly premium can be higher in some situations.
 - If the Guardian does not sign up the Incapacitated Person by the time their client turns 65, the premium will increase by 10% for each full 12 months the Incapacitated Person is not enrolled.
 - **Coverage begins**
 - Automatically enrolled if a Guardian's client gets SS or RRB benefits the first day of the month the Incapacitated Person turns 65 years old.
 - If the Incapacitated Person does not get SS or RRB benefits, they will need to be signed up for Part B and this should be done 3 months before they turn 65 years old or no later than 3 months after turning 65 years old or

¹³ Medigap insurance is very costly and a guardian should weigh the costs and benefits of purchasing this insurance before buying it with the I.P.'s resources. It would be prudent for the guardian to evaluate the other resources the I.P. has available to them as benefits before purchasing this insurance.

- the Incapacitated Person will have to pay the premium penalty when they do sign up.
 - If a Guardian needs to sign an Incapacitated Person up for Part B, call Social Security at 1.800.772.1213. They will send you a form in the mail to fill out and return to an identified processing center.
 - Guardians can purchase Medigap¹⁴ insurance coverage on behalf of a Incapacitated Person from a private provider to cover costs Part B do not cover
 - ✓ **PART C (Medicare Advantage Plans, run like an HMP or PPO)-** includes Parts A & B and prescription coverage (Part D) must be selected through the plan that is chosen. There are other Medicare Health Programs not called Medicare Advantage Plans that are part of Medicare.
 - Run by private companies approved by the federal government.
 - **Cost of the program varies.**
 - ✓ **PART D (Prescription Insurance)-** helps cover prescription medication
 - Optional to join
 - **Payments for medications required**

Where to Get Your Medicare Questions Answered¹⁵

1-800-MEDICARE

To get general Medicare information. See page 108.

1-800-633-4227

TTY 1-877-486-2048

State Health Insurance Assistance Program (SHIP)

To get free personalized health insurance counseling, including help making health care decisions, information on programs for people with limited income and resources, and help with claims, billing, and appeals.

See pages 111-114 of the brochure listed in footnote 2.

Social Security

To get a replacement Medicare card, change your address or name; get information about Part A and/or Part B eligibility, entitlement, and enrollment; apply for “extra help” with Medicare prescription drug costs; and report a death.

1-800-772-1213

TTY 1-800-325-0778

Coordination of Benefits Contractor

To get information on whether Medicare or your other insurance pays first.

1-800-999-1118

TTY 1-800-318-8782

¹⁴ See footnote 3.

¹⁵ Information from <http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf> See page 14.

<p>Department of Defense To get information about TRICARE To get information about TRICARE for Life</p>	<p>1-888-363-5433 1-866-773-0404 TTY 1-866-773-0405</p>
<p>Department of Health and Human Services Office of Inspector General If a Guardian suspects fraud, see pages 94-97. Office for Civil Rights -See footnote 2 If a Guardian thinks their client has been treated unfairly, see page 97. See footnote 2</p>	<p>1-800-447-8477 TTY 1-800-377-4950 1-800-368-1019 TTY 1-800-537-7697</p>
<p>Department of Veterans Affairs If the Incapacitated Person is a veteran or have served in the U.S. military.</p> <p>Office of Personnel Management To get information about the Federal Employee Health Benefits Program for current and retired Federal employees.</p>	<p>1-800-827-1000 TTY 1-800-829-4833</p> <p>1-888-767-6738 TTY 1-800-878-5707</p>
<p>Railroad Retirement Board (RRB) If the Incapacitated Person has benefits from the RRB, call them to change your address or name, enroll in Medicare, replace your Medicare card, and report a death.</p>	<p>Local RRB office or 1-877-772-5772.</p>
<p>Quality Improvement Organization (QIO) To ask questions or report complaints about the quality of care for a Medicare-covered service.</p>	<p>1-800-MEDICARE to get the telephone number for your QIO.</p>

ADDITIONAL MEDICARE RESOURCES

- ❖ Medicare and You 2009, a informative brochure about benefits is available at:
<http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf>

FEDERAL GOVERNMENT **HEALTHCARE &** **HEALTH RELATED SERVICES**

VETERANS AFFAIRS

This section is important if a Guardian has been assigned or assumed responsibility for an Incapacitated Person who is also a veteran. Veterans have additional services that are available to them that may be accessed through the diligent work of a Guardian.

Washington has five main medical facilities serving our Veterans:

WASHINGTON VA FACILITIES	CONTACT INFORMATION
Seattle	1660 S. Columbian Way Seattle, WA 98108-1597 Phone: 800-329-8387 or 206-762-1010 Fax: 206-764-2224
Spokane	4815 N. Assembly Street Spokane, WA 99205-6197 Phone: (509) 434-7000 or (800) 325-7940 Fax: (509) 434-7119
Tacoma	9600 Veterans Dr Tacoma, WA 98493 Phone: (253) 582-8440 or (800) 329-8387
Vancouver	1601 E. 4th Plain Blvd Vancouver, WA 98661 Phone: (360) 696-4061 or (800) 949-1004
Walla Walla	77 Wainwright Drive Walla Walla, WA 99362 Phone: (509) 525-5200 or (888) 687-8863 Fax: (509) 527-3452
Yakima (mental health outreach clinic)	1111 N. 1st Street, Suite 1 Yakima, WA 98902 Phone: (509) 457-2736 Fax: (509) 457-1822

Washington State Department of Veterans Affairs

<http://www.dva.wa.gov/index.html>

The WA DVA is divided into three main sections: (1) administrative services, (2) State Veterans Homes and (3) veteran services. Administrative services supports the Veterans Administration run homes, provides leadership, policy direction, and support for the delivery of statewide veterans' services. This section also is a direct link with the Legislature and other stakeholders.¹⁶ The State Veterans Homes provide support to the three facilities providing long term care to honorably discharged veterans. Veterans Services provides veterans with case management, claim filing and assistance, counseling and estate management to name a few. Visit http://www.dva.wa.gov/estate_management.htm for more information and a direct link for Washington veteran assistance.

Washington's County Veterans Programs

The County Veterans Coalition (CVC) is a collaborative Washington program involving Veteran program ADMINISTRATORS and veteran advocates.

Visit them at: <http://www.cvcwashington.org/General/Main.aspx>

Most larger county programs may offer short term and long term transitional housing for homeless veterans; financial assistance; work with incarcerated veterans; assist with life stabilizing community resource access, and case management support. Call each county office to determine what resources are available to your client.

County	Contact Information
Adams	Veterans' Assistance Program County Court House, 10 Broadway Ritzville, 99169 509.659.8045
Asotin	VFW Post 1443 829 15th St Clarkston, 99403 509.758.4219
Benton	Veterans' Assistance Program County Auditor's Office, 135 2nd St Prosser, 99350 509-736-2727
Chelan	Veterans' Assistance Program County Court House, 350 Orondo Ave Wenatchee, 98801 509.667.6216
Clallam	Veterans' Assistance Program County Court House, 223 East 4th St, Suite 4 Port Angeles, 98362 360.417.2233

¹⁶ http://www.dva.wa.gov/about_us.html

Columbia	American Legion Post 42 211 E. Clay Dayton, 99328 509.382.2239
Cowlitz	Veterans' Assistance Program 208 Vine St Kelso, 98626 360.577.6757
Douglas	VFW Hall 211 11th St NE East Wenatchee, 98802 509.884.3617
Ferry	Veterans' Assistance Program County Auditor's Office, 350 E. Delaware Republic, 99166 509.775.5229
Franklin	Veterans' Assistance Program County Auditor's Office, 1016 N. 4th Pasco, 99301 509.545.3540
Garfield	Veterans Assistance Program Auditor's Office, Garfield County Courthouse Pomeroy, 99347 509.843.1391
Grant	Veterans Assistance Coordinator 10 Mountain View Dr Quincy, 98848 509.750.6831
Grays Harbor	Veterans Assistance Program County Auditor's Office, 100 Broadway Ave W Suite 2 Montesano, 98563-3614 360.249.4232
Island	Veterans Assistance Program 1 NE 6th Street Coupeville, 98239 360.679.7379
Jefferson	Jefferson County Veterans Program County Courthouse, 1820 Jefferson St Port Townsend, 98368 360.385.9122

King- Seattle Office	King County Veterans Program 123 Third Avenue South, Suite 300 Seattle, WA 98104 www.kingcounty.gov/dchs 206.296.7656 1.800.325.6165 ext. 6-7656 Fax: 206.296.0298 TTY: 206.296.7656 TTY Relay: 711
King- Renton Office	500 SW Seventh Street Renton, WA 98057 206.205.3500 FAX: 425.271.0885 TTY: 206.205.3508
Kitsap	Veterans' Assistance Program 614 Division Street, MS-23 Port Orchard, 98366 360.337.4883
Kittitas	Kittitas County Veterans' Coalition 413 N Main St, Suite O Ellensburg, 98926 509.933.2932
Klickitat	Veterans' Assistance Program 205 S Columbus Ave Goldendale, 98620 509.773.2312
Lewis	Veterans' Assistance Program Dept of Health Services, 360 NW North St Chehalis, 98532 360.740.1223
Lincoln	Veterans' Assistance Program County Auditor's Office, 450 Logan Street Davenport, 99122-0028 509.725.4971
Mason	Veterans' Assistance Program Board of Commissioners, 411 North Fifth St Shelton, 98584 360.427.9670
Okanogan	Veterans' Assistance Program County Auditor's Office 123 5th Ave. N Okanogan, 98840 509.422.7240
Pacific	Veterans' Assistance Program

Pend Orielle	<p>Courthouse Annex 1216 W. Robert Bush Drive South Bend, 98586 360.875.9337</p>
Pierce	<p>Veterans' Assistance Program County Auditor's Office, 625 W 4th St Newport, 99156-5015 509.447.3185</p> <p>Pierce County Veterans Bureau 901 Tacoma Ave S, Suite 102 Tacoma, 98402 253.798.7449 http://www.co.pierce.wa.us/pc/abtus/ourorg/veterans/default.htm</p>
Snohomish	<p>Veterans Assistance Program 3000 Rockefeller Ave MS: 305 Everett, 98201 425.388.7255</p>
San Juan	<p>Veterans' Assistance Program County Auditor's Office, 350 Court St Friday Harbor, 98250-1095 360.378.3356</p>
Skagit	<p>Veterans' Assistance Program Skagit Community Action Agency, 330 Pacific Place Mount Vernon, 98273 360.416.7585</p>
Skamania	<p>Veterans' Assistance Program County Courthouse, 240 NW Vancouver Stevenson, 98648 509.427.9420</p>
Spokane	<p>Spokane County Veterans Program 1102 W College Ave Spokane, 99201 509.477.3690</p>
Stevens	<p>Veterans' Assistance Program County Auditor's Office 215 S Oak St Room 106 Colville, 99114 509.684.7511</p>
Thurston	<p>Veterans' Assistance Program 2404 Heritage Court SW Olympia, 98502 360.786.5578</p>
Wahkiakum	<p>Veterans' Assistance Program</p>

	County Auditor's Office, 64 Main St Cathlamet, 98612 360-795-3219
Walla Walla	Veterans' Assistance Program Public Services Building 1520 Kelly Place 2nd Floor Walla Walla, 99362 509-527-3278
Whatcom	Veterans Service Office, Whatcom County Annex 1000 N. Forest St, Suite 188 Bellingham, 98225 360.676.6700 ext. 50700
Whitman	Veterans' Assistance Program County Auditor's Office North 400 Main Colfax, 99111 509.397.6270
Yakima	Veterans' Assistance Fund 1111 N. First Street, Suite 1 Yakima, 98901 509.574.1537

VA Health Care Eligibility

The VA health care system offers extensive services to eligible individuals based on priority groups. The priority group determination is made at the time of applying for benefits.

Health care services include primary care, mental health, social work, long-term nursing care, adult day health care, in-patient care, in-home nurse oversight, eye care and even prescriptions. Some Veterans are eligible to receive dental care benefits too.

Application to enroll in benefits is open for Veterans at anytime. Eligibility is determined by (1) looking at the I.P.'s length of service and discharge character and (2) qualifying in one of 8 enrollment priority groups. Income verification of the previous year is the second step of benefit eligibility determination. The enrollment group determination identifies which veterans get services before others. Some priority groups may not be allowed access to benefits due to budget constraints set by Congress. However, in 2009, previously restricted Priority Group 8 member access to benefits will be open in order to serve their needs. Since 2003, Category 8 members were not eligible for services because their income was too high. If you are aware the Veteran is eligible for benefits but has not applied, especially if they could fall into Priority Group 8, now is the time to enroll them! Enrollment is easy and not time consuming. A copy of the Veterans discharge paperwork the Veterans VA Form DD 214 (AKA DD 214) (original or copy) is needed.

The cost of each Veteran's care will depend on their established priority group. VA health care eligibility is divided into enrollment priority groups which determines who gets what health care benefits and at what cost.

View Priority groups at:
<https://www.va.gov/healtheligibility/eligibility/PriorityGroups.asp>

There are no monthly health care premiums for services, but some services may require a co-pay. Service rates can be viewed at:
<http://www.va.gov/healtheligibility/costs/>

Information about health care eligibility is available at: www.va.gov/healtheligibility or you can call 1.877.222-VETS (8387). However, you may apply for benefits on-line, in person at a VA office, or mail or fax the form:
<https://www.1010ez.med.va.gov/sec/vha/1010ez/>

After benefits are approved, the Veteran will be issued an identification card with their picture.

Criteria to determine eligibility can be viewed at:
<http://www.va.gov/healtheligibility/eligibility/DetermineEligibility.asp>

Eligibility information for:

Prisoners of War:

<http://www.va.gov/healtheligibility/eligibility/POW.asp>

Purple Heart Medal Recipients:

<http://www.va.gov/healtheligibility/Library/pubs/PurpleHeart/PurpleHeart.pdf>

Combat Veterans:

<http://www.va.gov/healtheligibility/Library/pubs/CombatVet/CombatVet.pdf>

After the Guardianship is established

Once appointed as the Veteran's guardian, it is necessary to update the Veteran's information to include the guardianship establishment. And if there are other changes needing to be reported such as an increase or decrease in the Veteran's income, the Veteran's residence, etc., this information must be updated on VA Form 10-10EZ. You will also need to send in a certified copy of the order appointing guardian (a copy is ok; it does not need to be the original certified copy) with VA Form 10-10EZ. A copy of the VA Form 10-10EZ can be located at:
<https://www.va.gov/healtheligibility/update/>

Even if a guardian of the estate has been court ordered, if the VA has been fiduciary of the veteran's funds, the VA does not have to honor the guardianship of the estate and turn over management of the veterans benefits to the guardian. The VA is federally governed. The guardian of the estate should contact the VA fiduciary as soon as appointed, including providing a copy of the court order and begin working with the fiduciary toward a solution on transitioning the veteran's VA funds. Visit:
<http://www.dva.va.gov/> or the website below in the next paragraph.

Also, the guardian of the estate should not assume the VA fiduciary will pay guardian fees out of the veteran's VA benefits. The VA must pre-approve any guardian fees if the guardian is expecting their fees come from the veteran's VA benefits. The guardian should talk to the VA fiduciary or the Field Examiner assigned to the case as soon as appointed. Visit: http://www.dva.wa.gov/estate_management.htm

Primary Care

Primary care services are offered at Community Based Outpatient Clinics (CBOC-pronounced "Sea-Bock.") Clinics are typically open from 8:00 am-4:30 pm, but appointments are made over the phone only until 4:00 pm. The veteran can expect to receive the following services through their Primary Care Provider (PCP): referral to specialty clinics if needed (i.e., urology, oncology, etc), appropriate health screening procedures, health promotion, and on-going coordination of their overall health care needs. If a veteran needs a same day appoint for an acute illness, clinics have a "urgent care" clinic.

CLINICS	CONTACT INFORMATION
American Lake	9600 Veterans Dr Tacoma, WA 98493 Phone: (253) 582-8440 or (800) 329-8387
Bellevue	13033 Bel-Red Road Suite 210 Bellevue, WA 98005 Phone: (425) 214-1055
Federal Way	34617 11th Place South Suite 301 Federal Way, WA 98003 Phone: 253-336-4142 1.800.310.5001
Bremerton	925 Adele Avenue Bremerton, WA 98312 Phone: (360) 782-0129 Fax: 360-377-8029
Port Angeles	1005 Georgianna St Port Angeles, WA 98362 Phone: (360) 565-9330
Richland	825 Jadwin Avenue, Suite 250 Federal Building 2nd Floor Richland, WA 99352 Phone: 1-509-946-1020 Fax: 509-946-3040
Seattle	12360 Lake City Way NE, Suite 200 Seattle, WA 98125 Phone: (206)384-4382
Sedro Woolley	Cedar Grove Building B 2031-C Hospital Drive

	Sedro-Woolley, WA 98284 Phone: 360-848-8500
Wenatchee	2530 Chester-Kimm Road Wenatchee, WA 98801 Phone: 509-663-7615
Yakima	717 Fruitvale Blvd. Yakima, WA 98902 Phone: 509-966-0199 Fax: 509-966-4266

Once a Veteran is enrolled in the health care system, the Veteran can see a primary care provider (PCP). At this first appointment if in agreement, the Veteran can expect to have blood work completed (requiring a 12 hour fast (no eating or drinking) prior to the appointment); a colon cancer screening (this could depend on the veteran’s age and medical history); a thorough review of prescriptions; immunizations depending on age and medical history (i.e.- tetanus, pneumonia, flu); and possibly seeing a mental health or social work practitioner.

To make an appointment at a VA Puget Sound CBOC clinic:

TO MAKE AN APPOINTMENT @ CBOC	PHONE NUMBER
Federal Way, Bellevue, or North Seattle	1.800.310.5001
Bremerton	360.782.0129
Mt. Vernon	206.764.2547
Port Angeles	360.565.9330
Seattle	206.277.4700
American Lake (Tacoma)	253.583.1234

Prescriptions

The VA formulary may not offer all prescribed medications. Some medications may require a mental health practitioner visit prior to the medications being dispensed (i.e., antidepressants, antipsychotics, other mood altering medications).

Prescriptions from PCP’s at the CBOC clinics are mailed to the veteran and billed at a later date. In limited situations, prescriptions can be filled at the practitioner’s discretion more immediately. Refills are obtained by calling a toll free number and following the prompts. The VA prescription re-fill system allows veterans to call in a refill any time after the initial dispensing. The computer “holds” the refill information in its database until approximately 10 days before the medication runs out. Then the medication will automatically be filled and mailed to the veteran.

When a prescription is turned in the first time to the CBOC pharmacy, the pharmacy will fill the prescription and arrange for it to be mailed to the Veteran. Thereafter, someone (i.e.-Veteran, guardian, family member, nursing home, boarding home) must take responsibility for ordering the medications prior to the medication running out.

PRESCRIPTION REFILL CONTACT INFORMATION

VA Puget Sound

1.800.329.8387

Depending on the assigned priority group, prescription co-pays range from \$0-\$8 per prescription for a 30 day supply. Most prescriptions will be filled as a 90-day (3 month) supply (\$24 co-pay).

(1) VA- prescribing practitioner

- Prior to the Veteran receiving medications from the VA pharmacy, two appointments have to occur:
 - Pharmacy- A pharmacist conducts this appointment prior to the appointment with the primary care provider.
 - He/She will enter all medications into a database, discuss allergies, ask to have paperwork completed regarding past medical history and will gather other pertinent information regarding medication administration.
 - Although this appointment is usually in-person, some pharmacists will conduct this appointment over the phone with the guardian if the Veterans condition is such they will not be able to substantively participate (i.e.- severe dementia, mental health conditions, aphasic (unable to speak)).
 - You will have to ask at the time you make the appointment or ask to speak with the pharmacy department directly about this.
 - Primary Care Provider (PCP)- At this appointment, bring all medication bottles and any information you have about medication administration.

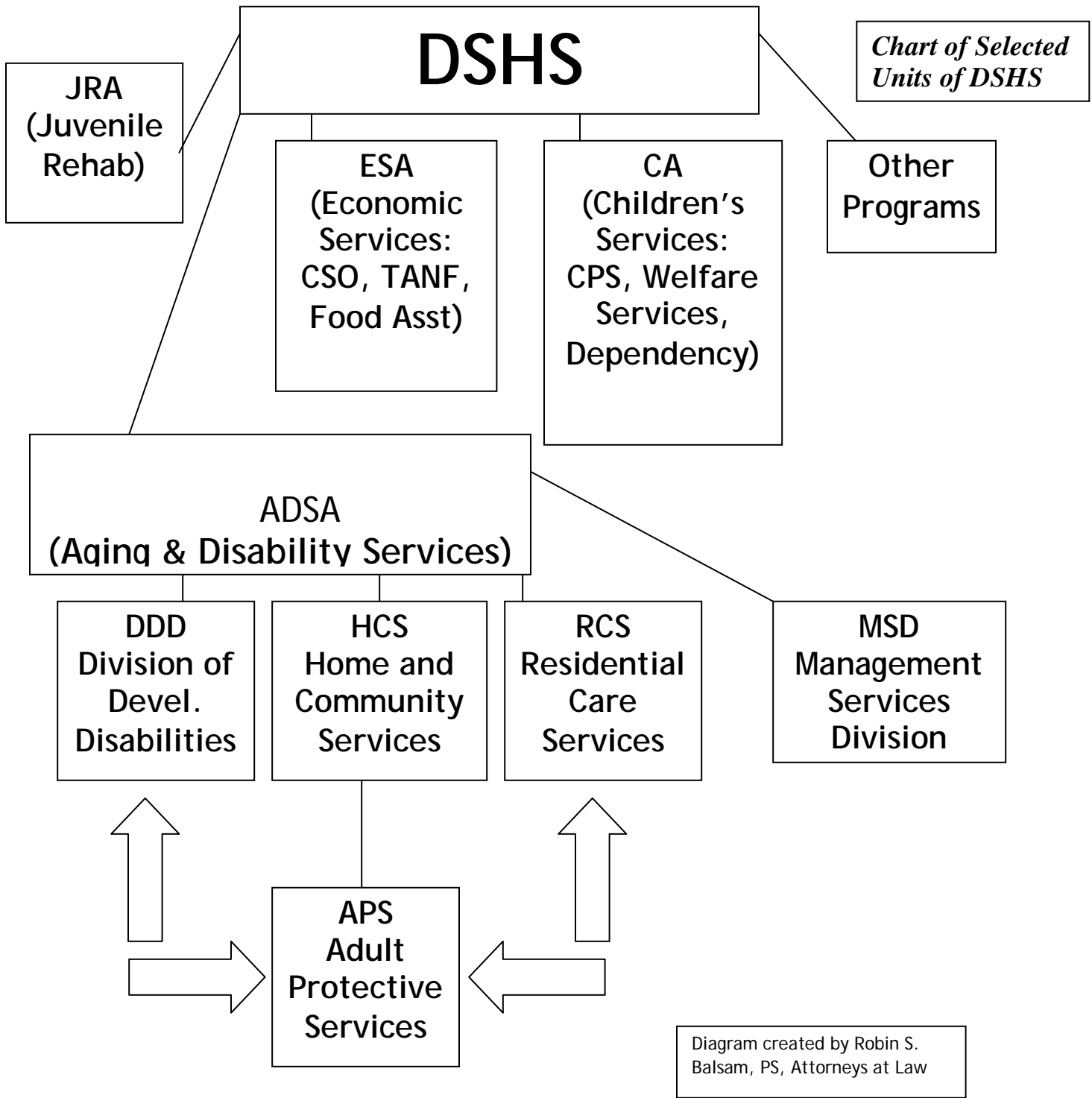
(2) Non-VA prescribing practitioner

- The VA can fill prescriptions if:
 - The Veteran is enrolled in VA healthcare and assigned a Primary Care Provider (PCP)
 - Requested medical records from the non-VA provider must be provided
 - VA PCP must agree with the medications prescribed by the non-VA practitioner
- The Veteran must be willing to accept the medications available on the VA formulary

ADDITIONAL VETERAN RESOURCES

- ❖ For complete Veteran information, please visit: <http://www.va.gov/>
- ❖ Veterans Affairs (VA) offers a wide-variety of benefits, not just health care, to Veterans. Information about all benefits available to Veterans: <http://www.vba.va.gov/bln/21/summaryVAbenefits.pdf>
- ❖ African American PTSD 1.866.322.0766
- ❖ American Ex-POW's 206.220.6145
- ❖ American Legion 206.220.6223 or
1.877.249.4386
- ❖ American Veterans (AM VETS) 253.472.1966
- ❖ Disabled American Veterans (DAV) 206.220.6225 or
1.877.273.4606
- ❖ Nat'l Association of Black Veterans 206.220.6299
- ❖ Military Order of Purple Heart 206.220.6230
- ❖ Paralyzed Veterans of America (PVA) 206.220.6176 or
1.800.795.3576
- ❖ US Department of Veterans Affairs 1.800.827.1000
- ❖ Vietnam Veterans of America (VVA) 206.220.6731 or
1.877.292.8735
- ❖ Veterans of Foreign Wars (VFW) 206.220.6191 or
1.877.805.1331
- ❖ VA Regional Office ((VARO) benefit issues) 1.800.827.1000
- ❖ VA Regional Office ((VAMC) medical issues) 1.800.329.8387
- ❖ Washington Dept of Veterans Affairs (WDVA) 1.800.562.2308
- ❖ Washington State Centralized Admissions 1.877.838.7787
- ❖ Washington Veterans Homes 1.877.838.7787
- ❖ Outreach Veteran Centers
Seattle: 206.553.2706
Tacoma: 253.565.7038
Vancouver: 360.733.9226
Eastern Washington:
509.457.2736

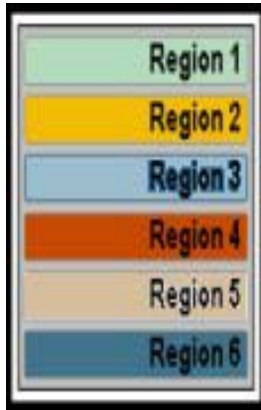
State Government



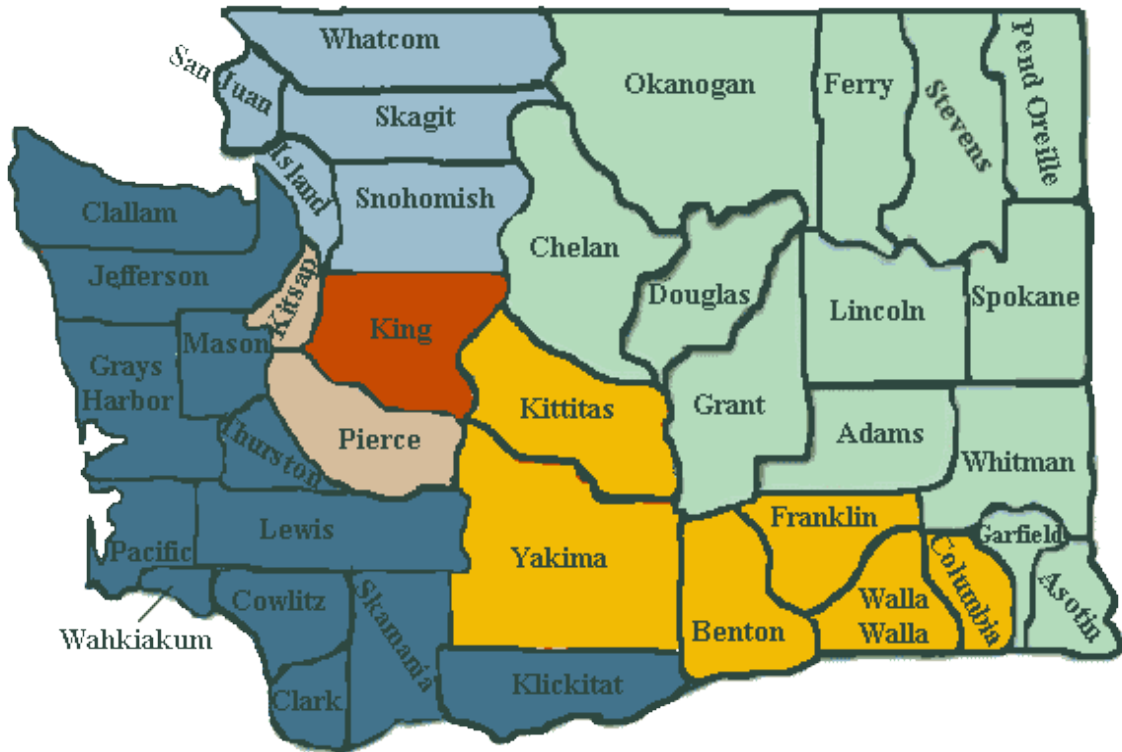
Department of Social and Health Services

The Department of Social and Health Services (DSHS) is the governmental agency charged with assisting and protecting the public. DSHS is divided into six regions. Whenever a Guardian deals with DSHS, the region you will work with is based on where the client (the Incapacitated Person) lives. Map obtained from:

<https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/findservice.asp>



DSHS REGIONS



STATE GOVERNMENT **HEALTHCARE & HEALTH RELATED** **SERVICES**

HOME AND COMMUNITY SERVICES (HCS)

The section of DSHS which determines eligibility for Medicaid (Medical and Long Term Care Services) and provides Case Management to clients.

AFTER YOUR APPOINTMENT AS GUARDIAN

It is necessary to update Home and Community Services (HCS) of your appointment. Send a copy of the order appointing you (copy of a certified copy is ok) to the client's case manager. If you do not know the case manager's name, send it to the correct regional office.

As a guardian, you are eligible to have your fees paid by DSHS. See WAC 388-79. If the order appointing guardian does not say such payment is Court Ordered, you will have to obtain one before DSHS will pay your fees. Pay attention to the amount allowed monthly. If your fees will be higher, you must meet the qualifications in WAC 388-79-040(3)(a) and (b). By calling the correct region below, you can locate the address of the Regional Administrator who is the DSHS representative per the WAC you must provide notice to for fees.¹⁷ Visit <http://apps.leg.wa.gov/WAC/default.aspx?cite=388-79>

HCS office	Contact information
Region 1	1.866.323.9409 TTY: 509.456.2827
Region 2	1.800.822.2097 TTY: 509.225.4444
Region 3	1.866.608.0836 TTY: 360.416.7404
Region 4	1.800.346.9257 TTY: 1.800.833.6384
Region 5- Pierce County	1.800.442.5129 TTY 253.593.5471
Region 5-Kitsap County	1.800.462.4957 TTY: 1.800.672.7091

¹⁷ Many of the HCS physical addresses are not where mail is received because DSHS uses a general mail delivery system. If mail is sent to the physical address where mail is not received, the mail will be returned to the sender. Call to get the mailing address.

OVERVIEW

Medicaid is a health care program run by the government for individuals with minimal resources and income. The health care program can provide medical insurance and long term care services for Incapacitated Persons. Long term care services can include an Incapacitated Person receiving care in their own home, or care for the client's needs in a nursing home, boarding home (assisted living) or adult family home. Washington Administrative Code (WAC) 388-106 governs Long Term Care Services. The booklet, Medicaid and Long Term Care Services is a great resource tool. See <http://www1.dshs.wa.gov/pdf/Publications/22-619.pdf>

MEDICAID ELIGIBILITY

Both requirements below must be satisfied to be eligible for Medicaid:

- ✓ **Financial Eligibility-** income and resources are considered. The Guardian, on behalf of the Incapacitated Person, will include financial information on the application and may be asked to produce copies of other documents to verify income and resources.

There is not one set way to determine financial eligibility. Factors taken into consideration can include marital status, burial plans, stocks and bonds, and the number of dependents the client supports.

- ✓ **Functional Eligibility** - the Incapacitated Person's care needs are evaluated to determine how much assistance the I.P. needs to function at their highest capability
 - CARE will evaluate four areas: cognitive performance, clinical complexity, mood and behaviors, and activities of daily living
 - Activities of Daily Living (ADLs) include: evaluating how much daily assistance the I.P. needs for for bathing, dressing, toileting, transferring, continence and eating.
 - Instrumental Activities of Daily Living (IADLs): include evaluating how much the I.P. can participate in/needs help with: decision making, money management, cooking dinner, shopping for food, navigating transportation, etc.
 - The other evaluated areas will for example, identify the I.P.'s values and preferences, to what degree the I.P. understands their care needs, and the security of their living arrangement.

The functional eligibility portion is captured in a CARE assessment. CARE stands for Comprehensive Assessment Reporting Evaluation. It is performed by a DSHS employee who typically is a Registered Nurse or Social Worker who visits the Incapacitated Person wherever they are living (i.e.- at the client's home, hospital, home, nursing home, etc.) to conduct the assessment. CARE is a computer based algorithm that determines the number of hours a client needs care assistance.

The assessment takes approximately 2-4 hours of interviewing and record review to complete. The HCS employee will bring a laptop computer to input

all of the information. In order to ensure an accurate assessment for your client, it is necessary to have someone familiar with the client's care needs present at the evaluation. The assessment is conducted through observation of the client and with interview questions.

After the CARE assessment is completed a care plan is created from the imputed assessment to inform caregivers how to serve the needs of the client. The Guardian, as the representative of the Incapacitated Person, and the HCS employee must sign the assessment and care plan within thirty (30) days of its completion.

If a Guardian is not in agreement with the results of the CARE assessment, be sure to talk to the case manager who performed the assessment or their supervisor. Sometimes information can be input into the algorithm by mistake or possibly enough information was not provided at the time of the assessment to capture the Incapacitated Person's realistic care needs. See WAC 388-106-0050 through 388-106-0145.

APPLYING FOR MEDICAID

It is imperative that a Guardian apply for benefits as soon as they think they are eligible. The application process can take up to 45 business days once all of the required documents are submitted.

Benefits begin after the application is approved. **Financial Benefits** will be backdated to the first day of the month in which the Guardian applied for Medicaid.

Functional (care) Benefits begin after the case worker has performed the CARE assessment and determined the I.P. is eligible.

- Apply on line at:
http://www.aasa.dshs.wa.gov/pubinfo/benefits/medicaid_apply.htm or view http://www1.dshs.wa.gov/pdf/ms/forms/14_001.pdf
- Pick up an application at the local HCS office and mail or fax it in. Visit <http://www.adsa.dshs.wa.gov/Resources/clickmap.htm> to find the HCS office nearest you.
 - HCS offices have the capability of providing a translator if the Guardian and/or client do not speak English.
 - Applications cannot be taken over the telephone.

Typical information needed to fill out the forms, includes:

- A Social Security number;
- Proof of identification;
- Proof of income;
- Documentation of resources (i.e. bank statements, property tax statements, life insurance);
- Immigration or alien documents.
- Proof of citizenship if the Incapacitated Person does not receive Medicare or Supplemental Security Income (SSI).

By law, DSHS is allowed to seek **Estate Recovery** for benefits paid to the Incapacitated Person while they were living. Estate recovery cannot begin until after the Incapacitated Person has died. For more information, read <http://www.aasa.dshs.wa.gov/pubinfo/benefits/estaterecovery.htm> For referrals to attorneys experienced in this area, call 1.888.201.1014.

ONCE APPROVED

After approval, the I.P. is eligible to receive medical services such as lab work, physician visits and prescriptions if the I.P. is not receiving Medicare. The I.P. will receive a Medicaid Identification Card or a Provider One services card. The monthly “medical coupon” is very important and the Guardian should make sure that it accompanies the I.P. to all medical visits and/or pharmacies. Be sure the I.P. has the current month’s coupon; the dates of service eligibility are printed on the coupon.

✓ **Financial**

The I.P. will receive an eligibility letter explaining how much the I.P.’s cost of care will be (“participation”) and what income and resources they will be allowed to keep. Long term care services are never “free.” The Guardian, on behalf of the I.P., will always have to pay a portion of care called “Participation.”

Guardians should be aware that their client will also be assigned a “financial worker.” It is imperative the financial worker is updated by the Guardian about any changes to income or resources of the I.P. The Incapacitated Person will consistently receive “financial letters” from the financial worker detailing financial information such as changes reported to DSHS and the I.P.’s cost of participation. **Keep these letters!** Financial criteria are reviewed at least annually through the updating of financial information. Failure to update the information at the request of HCS can jeopardize the ability of the I.P. to continue receiving benefits.

✓ **Functional**

If the I.P. resides in a nursing home, boarding home or adult family home, the Incapacitated Person will be assigned an HCS “case manager” who may or may not be the one who performed the initial CARE assessment. But in most DSHS regions, if the I.P. is receiving in-home services from an individual provider, the local Area Agency on Aging (AAA) office will case manage the I.P.

It is imperative the Guardian update the case manager with any decline or improvement of the I.P.’s conditions, changes to the I.P.’s care and/or with the care provider. Functional criteria are only reviewed annually by updating the assessment. If something happens and the client’s needs increase, the assessment must be updated so it accurately reflects the client’s care needs (hours allowed for a caregiver).

Care Options

I.P.’s who need assistance with activities of daily living (ADL’s) such as bathing and dressing may be eligible to receive long term care services in their own home by an Individual Provider. They may also be eligible for placement in an adult family home, boarding home (assisted living) or a nursing home. Typically, 24hrs a day/7 days a week “in-home” care is not an option through DSHS’ long term care services. There

are a variety of long term care service programs available. Contact the HCS office to find out which ones the I.P. is eligible to receive. See WAC 388-106.

Community Options Program Entry System (COPES)

- An Individual provider is a caregiver hired by the Guardian on behalf of the Incapacitated Person to provide personal care assistance. Individual providers are contracted through HCS. The caregivers are also provided basic care giving training by HCS or their contracted trainers.
 - The Washington State Home Care Referral Registry provides FREE referral series to IP's matching the client's needs. Call 1.800.970.5456 for more information or visit: www.hcqa.wa.gov

Residential Housing Options¹⁸

- Adult Family Home¹⁹ (AFH)
 - This is a home where no more than 6 individuals can live. Some homes have a specialization to care for residents who have dementia, developmental disabilities or mental health concerns. The home provides meals, laundry, and supervision. The resident may receive help with Activities of Daily Living (ADL) such as bathing, medications, or other care tasks depending on their needs. Staff accepts responsibility for the care and well-being of the residents. This type of facility offers great flexibility because it can serve residents who may or may not have high care needs.
- Boarding Home²⁰ (BH or Assisted Living)
 - This is a facility where seven or more individuals can reside. Boarding homes can also be known as an "assisted living." A BH provides meals, laundry, and housekeeping services, and residents may also receive help with ADL such as bathing, medications, or other care tasks. Staff accepts responsibility for the care and well-being of the residents. Some facilities have specialization with residents who have dementia, developmental disabilities or mental health concerns. This type of facility serves a more "independent" resident whose does not have a high level of care needs. Group Homes fall under a Boarding Home license.
- Nursing Home²¹ (NH or SNF)

¹⁸ Residential Care Services is the section of DSHS responsible for licensing Adult Family Homes (AFH), Boarding Homes (BH) and Nursing Homes (NH). To register complaints of abuse, neglect or other concerns in any of these facilities, call 1.800.562.6078. Trying to find out information on whether a specific AFH, BH and NH has been recently cited for care or other services? Call the local RCS office and ask for the complaint reports under public disclosure. To find an office near you, visit: <http://www.aasa.dshs.wa.gov/Resources/rcshelp.htm>

¹⁹ AFH and BH's are licensed according to state laws. WAC 388-76 and WAC 388-78A

²⁰ AFH and BH's are licensed according to state laws. Retirement communities and Independent Living communities are not licensed.

²¹ NH's are licensed according to both state and federal laws.

- The facility provides 24 hour supervised nursing care, social services, physical and occupational therapies if needed, activities, meals, laundry and medication services.

ADDITIONAL HCS RESOURCES

Aging Disability Services Administration:

<http://www.aasa.dshs.wa.gov/default.htm> and
<http://www.aasa.dshs.wa.gov/about/>

Vulnerable Adult Abuse Prevention and Reporting:

<http://www.aasa.dshs.wa.gov/APS/>

Care Giver Resources: <http://www.aasa.dshs.wa.gov/caregiving/>

Professionals and Providers: <http://www.aasa.dshs.wa.gov/professional/>

Residential Housing Options: <http://www.aasa.dshs.wa.gov/pubinfo/housing/other/>

In Home Care Resources:

<http://www.aasa.dshs.wa.gov/pubinfo/housing/inhome/>

Long Term Care (LTC) Manual (in-depth look at policies and procedures governing Home and Community Services):

<http://www.aasa.dshs.wa.gov/professional/LTCManual/>

EA-Z manual (in depth look at financial eligibility policies, procedures and rules):

<http://www.dshs.wa.gov/manuals/eaz/sections/LTCIndex.shtml>

Advanced Directives and Wills: <http://www.aasa.dshs.wa.gov/pubinfo/legal/>

VA Benefits: <http://www.aasa.dshs.wa.gov/pubinfo/benefits/veteran.htm>

Financial Planning:

<http://www.aasa.dshs.wa.gov/pubinfo/LTCPlan/financial.htm>

HCS Management Bulletins (MB's): internal communication/directives to HCS staff from HCS management: <http://www.aasa.dshs.wa.gov/professional/MB/>

STATE GOVERNMENT **HEALTHCARE & HEALTH RELATED** **SERVICES**

DIVISION OF DEVELOPMENTAL DISABILITIES **(DDD)**²²

The section of DSHS which determines public benefits eligibility for those individuals with a developmental disability, including individuals who have been declared to be an "Incapacitated Person" (IP) by a Washington State Court. DDD aims to promote the independence and well-being of adults with developmental disabilities. Some of the programs DDD offers are employment coaching, assistance with care needs, mental health support, and a variety of living arrangements and day programs to support independence and promote socialization.

AFTER YOUR APPOINTMENT AS GUARDIAN

It is necessary to update the Division of Developmental Disabilities (DDD) of your appointment. Send a copy of the order appointing you (copy of a certified copy is ok) to your client's case resource manager. If you do not know the case manager's name, send it to the correct regional office.

As a guardian, you are eligible to have your fees paid by DSHS. See WAC 388-79. If the order appointing guardian does not say such payment is Court Ordered, you will have to obtain one before DSHS will pay your fees. Pay attention to the amount allowed monthly. If your fees will be higher, you must meet the qualifications in WAC 388-79-040(3)(a) and (b). By calling the correct region below, you can locate the address of the Regional Administrator who is the DSHS representative per the WAC you must provide notice to for fees.²³

Visit <http://apps.leg.wa.gov/WAC/default.aspx?cite=388-79>

DDD Office	Contact Information
Region 1	1.800.00.462.0624
Region 2	1.800.822.7840
Region 3	1.800.788.2053
Region 4	1.800.314.3296
Region 5	1.800.248.0949
Region 6	1.800.339.8227

I.P.'s are assigned a Case Resource Manager to coordinate planning and development of resources; authorize payment; monitor and review service delivery; provide

²² There are DDD services available for children, but the focus of this information is on developmentally disabled adults.

²³ Many of the HCS physical addresses are not where mail is received because DSHS uses a general mail delivery system. If mail is sent to the physical address where mail is not received, the mail will be returned to the sender. Call to get the mailing address.

information about available services; and refer persons to other sources of support. Case resource managers also assist I.P.'s and their families with crisis intervention.

Once appointed, the guardian and the case resource manager will work collaboratively to further promote the resources and benefits your client is receiving. Guardians should feel comfortable regularly communicating with the case resource manager about both positive and negative issues. They authorize services for the client, but do not typically implement the services. Case resource managers identify resources and the guardian has the responsibility to follow-up with implementation of the resource. Case resource managers will not take over the management of the I.P.'s care needs.

Developmental Disability Definition²⁴

Under RCW 71A.10.020(3) the definition in law of a developmental disability²⁵ is:

- A disability prior to the age of 18 attributable to:
- Mental Retardation;
- Cerebral Palsy;
- Epilepsy;
- Autism; or
- Another neurological or other condition closely related to mental retardation or that requires treatment similar to that required for individuals with mental retardation.

Developmentally disabled clients may receive services when living in their own home, living with family or caregivers, in a Supported Living; State Operated Living Arrangement (SOLA), Residential Habilitation Center (RHC) (i.e.-Yakima Valley School or Rainier School at Buckley), Adult Family Home; Nursing Home or Group Home (licensed Boarding Home).

APPLYING FOR DDD

Benefits begin after your application is approved. **Financial Benefits** will be backdated to the first day of the month in which the client applied for Medicaid.

- Download the application packet on-line at:
<http://www.dshs.wa.gov/ddd/eligible.shtml> (scroll to the bottom of the page)
- Pick up an application at your local DDD office. Visit :
<http://www.dshs.wa.gov/ddd/contacts.shtml> to find the office nearest you.
 - DDD offices have the capability of providing a translator if the client does not speak English.
 - Applications cannot be taken over the telephone.

In order to determine the amount of care assistance needed for the client, an assessment will be performed by a DDD employee. This assessment is part of the Comprehensive Assessment Reporting Evaluation (CARE) used by Home and Community Services (HCS). is the DDD employee usually has a social services background. They

²⁴For complete eligibility information, See <http://www.dshs.wa.gov/ddd/eligible.shtml> and <http://apps.leg.wa.gov/WAC/default.aspx?cite=388-823>

²⁵ Criteria for a qualifying Developmental disability is laid out in Washington Administrative Code (WAC) 388-823.

visit the client wherever they are living to conduct the assessment. . See: <http://apps.leg.wa.gov/WAC/default.aspx?cite=388-828>

The assessment takes approximately 2-4 hours and encompasses service and support level assessments. In order to ensure an accurate assessment for your client, it is necessary to have someone familiar with the client's care needs present at the evaluation. The assessment is conducted through observation of the client and with interview questions.

After the assessment is completed, an Individual Service Plan (ISP) is created from the imputed assessment to inform caregivers how to serve the needs of the client. An ISP is a care plan. The Guardian, on behalf of the I.P. and the DDD employee must sign the assessment and care plan within thirty (30) days of its completion.

If a Guardian is not in agreement with the results of the CARE assessment, be sure to talk to the case manager who performed the assessment or their supervisor before signing it. Sometimes information can be input into the assessment ²⁶ by mistake or it is possible adequate information was not provided at the time of the assessment capturing the I.P.'s realistic care needs. See WAC 388-106-0050 through 388-106-0145.

ONCE APPROVED

The Guardian should be aware the I.P. will be assigned a "case resource manager" who may or may not be the one who performed the initial assessment. It is imperative the case resource manager is updated with any decline or improvement of the I.P.'s medical conditions, and changes to their care or with the care provider. Functional criteria are reviewed annually by updating assessment.

Care Options

An I.P. who needs assistance with activities of daily living (ADL's) such as bathing and dressing may be eligible to receive care services in their own home by an Individual Provider. They may also be eligible for placement in a supported living (apartment or house with roommates and caregivers), an adult family home, group home (licensed as a boarding home) or a nursing home. There are a variety of long term care service programs available. Guardians should contact the DDD office to find out which ones their client is eligible for. See WAC 388-106.

Medicaid Personal Care (MPC)

- An Individual Provider is a caregiver hired by the Guardian on behalf of the I.P. to provide personal care assistance. Individual Providers are contracted through DDD. The caregivers are also provided basic care giving training by DDD or their contracted trainers. See <http://www.dshs.wa.gov/ddd/calendar.shtml>
 - The Washington State Home Care Referral Registry provides FREE referral series to Individual Providers

²⁶ The CARE assessment evaluates seventeen classifications based on cognitive performance, clinical complexity, mood/behavior symptoms, and activities of daily living (ADL). The department has assigned a specific daily rate to residential settings or a base number of hours if the I.P. receives care in their home. WAC 388-106-0050 through 0200.

matching the Incapacitated Person's needs. Call
1.800.970.5456 for more information or visit:
www.hcqa.wa.gov

ADDITIONAL DDD RESOURCES

- ❖ Division of Disabilities: <http://www.dshs.wa.gov/ddd/>
- ❖ Services offered by DDD: <http://www.dshs.wa.gov/ddd/services.shtml>
- ❖ Training opportunities and events:
<http://www.dshs.wa.gov/ddd/calendar.shtml>

STATE GOVERNMENT **COMMUNITY RESOURCES²⁷**

AREA AGENCY ON AGING²⁸ (AAA)

The Area Agency on Aging provides collaborative networking for services for persons age 60 and older, including Incapacitated Persons, to remain in their own homes. AAA offices are available in every Washington county and are located throughout the United States.²⁹ They are typically the first place to turn to find out about services.

“AAA’s help older adults plan and find additional care, services, or programs. Help can range from getting services for a frail adult so he/she can remain at home to providing access to activities and socialization through programs like senior centers. They also provide support and services to the family or friends helping to care for older adults.”³⁰

To locate the local AAA office near you, visit,
http://www.agingwashington.org/local_aaas.asp

INFORMATION AND ASSISTANCE PROGRAM **(I & A or Senior I & A)**

Information and Assistance is a free referral service to seniors (60 years and older) and their family members or Guardians who are assisting the client (the Incapacitated Person) with care. These agencies receive some funding through the AAA for their services; but most if not all are non-profit agencies. Many of the Senior I & A offices have detailed pamphlets and/or booklets as resources available at no cost for the clients, caregivers, family, and guardians.

Senior I & A can assist with:

- planning, finding and getting more care, services, or programs (e.g. transportation, meals, housekeeping, personal care);
- explore options for paying for long term care and review eligibility for benefits;
- figure out health care insurance and prescription drug options;
- get a listing of local adult housing and assisted living; and
- sort through legal issues (e.g. setting up advance directives, living wills) or make referrals for legal advice.³¹

²⁷ Some of these programs may receive federal funding, but are listed under State Government here because the program is in every Washington County.

²⁸ For complete Washington AAA information: http://www.agingwashington.org/advisory_councils.htm

²⁹ <http://www.aasa.dshs.wa.gov/pubinfo/help/agencies.htm#IA>

³⁰ <http://www.aasa.dshs.wa.gov/pubinfo/help/agencies.htm#IA>

³¹ <http://www.aasa.dshs.wa.gov/pubinfo/help/agencies.htm#IA>

To locate the local I & A office near you, visit,
<http://www.adsa.dshs.wa.gov/Resources/clickmap.htm>

Long-Term Care Ombudsman (LTCOP)

The Washington State Long-Term Care Ombudsman Program are volunteer³² advocates trained to protect and promote resident rights and quality of life for individuals in licensed, long-term adult care facilities (i.e.- adult family homes, boarding homes, and nursing homes). This program receives some federal funds, but is administered at the state level. For more information, visit this website at: <http://www.ltcop.org/>

An ombudsman:

- ✓ Advocates for the rights of clients in adult care facilities;
- ✓ Works with clients, families and facility staff to meet the needs and concerns of the people living there; and
- ✓ Empowers and educates clients and families about resident rights in long term care facilities
- ✓ Provides a way to get complaints and concerns heard and resolved.

Locate the nearest LTCOP office: <http://www.ltcop.org/WAombudsmenlist.htm> or <http://www.aasa.dshs.wa.gov/Resources/clickmap.htm>

The LTCOP is not responsible for the licensing of boarding homes, adult family homes or nursing homes. They are invested with the power to investigate complaints or concerns filed by Guardians on behalf of their clients (the Incapacitated Person) or by the families of the client. LTCOP do not have the authority to cite facilities for non-compliance, impose remedies upon the facility or perform licensing inspections in the facilities. Residential Care Services³³ is the only entity authorized to perform licensing inspections and impose remedies upon the facilities for non-compliance.

Regional LTCO offices keep information and reports on facilities and their non-compliance. If a Guardian is looking for a residential placement for a client, they may call the LTCO office, which can provide Guardians with this helpful information. Sometimes LTCO work as “quasi” mediators to solve issues between clients and providers or facility administrators.

³² Regional LTCO are paid positions responsible for their volunteers and the facility in their region.

³³ See the Home and Community Services section in this manual.

COMMUNITY SERVICES OFFICE

A DSHS program responsible for eligibility determination of public benefits (not involving long term care). Some of the benefits available are basic food program, drug and alcohol treatment, refugee cash assistance, general assistance unemployable (GAU),³⁴ voter registration services, child support services, pregnancy support,

To find a Community Service Office (CSO) near you, visit:

<https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/findservice.asp>

To apply for all benefits visit:

<https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/cover.asp>

Online application for all benefits:

https://fortress.wa.gov/dshs/f2ws03esaapps/onlineapp/introduction_1.asp

Services offered:

<https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/services.asp>

Once approved for benefits, the I.P. will be assigned a designated CSO worker. This office works similar to HCS and DDD, but has a much broader base of clientele. CSO clients are adults of any age with disabilities and health problems.

Guardians should contact the designated worker if issues arise regarding benefits. And if the guardian has left a voicemail for the CSO worker and has not heard back within 48 hours, make a follow-up call to the worker. Eligibility will be re-determined at least yearly, just like long term care benefits.

If the guardian files the on-line application form, the program may be able to give approval after submission, but often additional paperwork or an interview is needed before eligibility can be determined. The application process, once all documents are received and all interviews conducted, should be completed within thirty business days.

It is necessary that the guardian becomes familiar with the operating procedures of the CSO because some services are only addressed by appointment with a CSO worker, yet some services may be provided on a first-come-first-serve basis. CSO waiting areas are always full of people and often have long waits. Guardians should check with the office to find out if an appointment is needed or if the service you need tended to can be handled on a walk-in basis.

³⁴ General Assistance Unemployable (GAU) is a state-funded program that provides cash and medical benefits for persons who are physically and/or mentally incapacitated and unemployable for 90 days from the date of application. Visit: <https://fortress.wa.gov/dshs/f2ws03esaapps/onlinecso/gau.asp> The application for GAU is not different than for other CSO services.

ADDITIONAL COMMUNITY RESOURCES

- ❖ Senior Advocacy Information: <http://www.n4a.org/>
- ❖ National LTCOP information: <http://www.ltcombudsman.org/default.cfm>
- ❖ Revised Code of Washington: <http://apps.leg.wa.gov/RCW/default.aspx>
- ❖ Washington Administrative Code: <http://apps.leg.wa.gov/WAC/default.aspx>
- ❖ LTC resources: <http://www.kingcountyltcop.org/resourceinkcenter.html>

County Government

COUNTY GOVERNMENT

COMMUNITY SERVICES

Washington’s County Long Term Care and other Aging Programs³⁶

King County	<p>King County Aging Program 401 5th Ave, Suite 510 Seattle, WA 98104 http://your.kingcounty.gov/dchs/csd/aging/index.htm</p> <p>Healthy Aging Partnership (available in King and Pierce counties) http://www.4elders.org/</p>
Lewis	
Mason	
Pierce County	<p>Pierce County Aging and Long Term Care³⁵ 3580 Pacific Avenue, Tacoma, WA 98418 253.798.4600</p> <p>http://www.co.pierce.wa.us/pc/abtus/ourorg/altc/altc.htm or http://www.co.pierce.wa.us/pc/abtus/ourorg/humsvcs/ADRC.htm</p> <p>Healthy Aging Partnership (available in King and Pierce counties) http://www.4elders.org/</p>
Thurston	

County Transportation Options

Washington State Department of Transportation has provided grants to most Washington counties. The grants provide funds for individuals with special needs who do not have adequate transportation access to medical appointments. Visit: <http://www.wsdot.wa.gov/planning/wtp/documents/TransportationAccess.htm>

County transportation programs have different names, service hours, assistance limits, and fares. All programs have a “certification” process to ensure the Incapacitated Person (I.P.) is medically eligible for services. This process can take as long as a month to complete. Some programs have the application on-line to download, print and fill-out, but require the application to be submitted via fax or mail. Also, some counties do not offer cross-county transportation.

³⁵ First pilot county for this type of program in Washington: Aging and Disability Resource Center

³⁶ Some of the programs listed here are unique to a particular county. The county itself might not provide the program, but rather is in a collaborative partnership with the program provider.

Once approved, most programs require reservations 1-3 days in advanced and do not typically offer same-day trip transportation.

Two main transportation programs are called ACCESS or Paratransit. Paratransit offers interpreter services for its clients. Although Paratransit primarily dedicates its service to Medicaid clients, private pay clients are also served. Call 425.227.7035 for more information.

County Transportation Options	Contact Information
Clallam Paratransit	800-756-5438 http://www.paratransit.net/home.asp?page=cu
Grays Harbor Paratransit	800.846.5438 http://www.paratransit.net/home.asp?page=cu
Jefferson Paratransit	800-756-5438 http://www.paratransit.net/home.asp?page=cu
Kitsap Kitsap Transit Access Paratransit	1.800.422.2877 360.479.7272 Fax: 360.377.9871 Reservation line is open 8:00 am – 4:00 pm www.kitsaptransit.org/AccessHome/ 360.377.7007 or 800.756.5438 http://www.paratransit.net/home.asp?page=cu
King Metro Access Renton Paratransit	1-866-205-5001 206-263-3113 http://transit.metrokc.gov/tops/accessible/accessvan.html accessible.services@kingcounty.gov http://www.paratransit.net/home.asp?page=co&subp=3
Lewis Paratransit	800.846.5438 http://www.paratransit.net/home.asp?page=cu

Kelso/Longview Community urban Bus Service (CUBS) with Paratransit	360.442.5667 http://www.paratransit.net/home.asp?page=co&subp=2 http://www.cubs-bus.com/
Mason Transit	800.281.9434 360. 426.9434 http://masontransit.org/tservices/volunteer.html (volunteer drivers) Accepts donations for rides and is always looking for volunteers Serves clients over 60 and not on Medicaid 800.846.5438 http://www.paratransit.net/home.asp?page=cu
Paratransit	
Pacific Paratransit	800.846.5438 http://www.paratransit.net/home.asp?page=cu
Pierce Shuttle (Paratransit)	253.581.8100 TDD: 253.582.7963 FAX: 253.984.8227 http://www.piercetransit.org/shuttle.htm http://www.co.pierce.wa.us/xml/abtus/ourorg/humsvcs/altc/pierceseniorinfotransportationoptions.pdf (information about various transportation programs) http://www.piercetransit.org/orting.htm (free van service in Orting) 800.925.5438 http://www.paratransit.net/home.asp?page=cu
Paratransit	
Snohomish Paratransit	877-852-2580 http://www.paratransit.net/home.asp?page=cu
Thurston Paratransit	800.846.5438 http://www.paratransit.net/home.asp?page=cu

Housing Options³⁷

The U.S. Department of Housing and Urban Development (HUD) administers the voucher program (or Section 8) and low rent program enabling low income individuals or families the option to purchase or lease housing in the private market. Older and disabled individuals usually comprise the majority of the low-income population who are not able to secure safe, adequate housing with their resources. For information about HUD in Washington, visit: <http://www.hud.gov/local/index.cfm?state=wa>

HUD gives federal funds to Public Housing Agencies (PHA) or Housing Authorities (HA) at the county level. The HA's and/or PHA's determine eligibility for each program through an application process and maintain their own waitlists for the housing programs. Not all counties have both a low rent and housing voucher program. Also,

³⁷ This information is in this chapter because the agency delivering the resource is at a county level.

vouchers may not be transferrable to other counties. Contact your local PHA office before your I.P. must move to another county.

Locate a PHA in the I.P.'s county:

<http://www.hud.gov/offices/pih/pha/contacts/states/wa.cfm>

Low Rent Program- <http://www.hud.gov/renting/phprog.cfm>

This program is available to families or individuals who have low income. If the applicant is disabled or old, this consideration is weighted in the application process. Past tenant history, citizenship and the size of the family are also considered. The application must be hand-written and can be obtained from the HA/PHA at: <http://www.hud.gov/offices/pih/pha/contacts/states/wa.cfm>

Once determined eligible for the program, the individual is wait-listed until a housing option is available. The resources for this program are limited and the wait lists are often very long. Once a housing option becomes available, the individual will have to sign a lease with HUD and may have to provide a deposit. Rent is determined by a formula set by HUD. An individual may remain in the home as long as they are compliant with the lease and are determined financially eligible (usually every 12 months).

In addition to the application process, the HA's monitor the housing, provide maintenance, assure compliance with the lease, re-examine financial eligibility, and set charges.

Housing Choice Vouchers:

http://www.hud.gov/offices/pih/programs/hcv/about/fact_sheet.cfm#1

The PHA determines if an individual or family is eligible. "If the PHA determines that your family [or individual] is eligible, the PHA will put [the] name on a waiting list, unless it is able to assist [the person] immediately. Once [a] name is reached on the waiting list, the PHA will contact [the individual] and issue. . . a housing voucher." The number of individuals wanting assistance through this program far exceeds the number of vouchers available; waiting lists can take years.

Families issued a voucher are responsible for locating a residence. "A housing subsidy is paid to the landlord directly by the PHA on behalf of the participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program. Under certain circumstances, if authorized by the PHA, a family may use its voucher to purchase a modest home."³⁸

³⁸ http://www.hud.gov/offices/pih/programs/hcv/about/fact_sheet.cfm

County Aging and Long Term Care Services

Caregiver Support Programs³⁹

These services may support the unpaid family members, including non-professional guardians who care for their client daily.

Caring for a loved one is an onerous, tedious and at times very burdensome responsibility.

A happy and healthy caregiver provides the best care!

Respite Services

Provides services to focus on the needs of the caregiver to prevent burnout and support caregivers through periods of crisis or planned time away as the main caregiver. Professionals step in to assist with care for a defined time period, which allows the caregiver to maintain their own healthy life. Eligibility is typically based on income and determined by a sliding-scale fee. For overnight respite programs, eligibility is based on the client's (I.P.'s) care needs to ensure the facility can provide their health and well-being.

Adult Day Services

Professionals provide a therapeutic and socially enhancing environment for disabled and older clients. There are typically two programs offered: Adult Day Care Services and Adult Day Health Services. Adult Day Care programs are non-RN supervised, whereas Adult Day Health programs are RN-supervised. Program eligibility will depend on the medical conditions of participants and the medical oversight necessary to manage their care while on-site. Speak to the I.P.'s DSHS case manager to see if the I.P. is eligible for the program.

Often, this program is housed at a boarding home (assisted living) or a Senior Center. Typically a program will occur 2-3 times a week, four (4) to six (6) hours a day. Many programs include transportation to and from the program. Eligibility for the program will be assessed by a professional to ensure the program is beneficial for the client and the program can manage the client's needs. Payment eligibility is typically based on income and determined by a sliding-scale fee, unless covered by Medicaid

Due to recent 2009 state budget cutbacks many HCS clients living in adult family homes or boarding homes may not be eligible for adult day health services.⁴⁰ Clients who remain in their own home will likely continue to be eligible for adult day health services. Adult day care program Medicaid participants are not likely to be affected.

COUNTY	ADULT DAY SERVICES LOCATIONS
King	Washington Adult Day Services Association 206.461.3899 Lake Washington Adult Day Health

³⁹ Caregiver support services may vary by county. Contact each county to determine support services are available.

⁴⁰ DSHS is holding a public hearing on this issue on May 5, 2009, An official decision will be forthcoming thereafter.

106 5th Avenue
Kirkland, WA 98003
425.827.3001

[Snoqualmie Valley Adult Day Health](#)

4610 Stephens Avenue
Carnation, WA 98014
425.333-4152

Pierce

MultiCare Adult Day Care & Day Health
6442 South Yakima Avenue Tacoma, WA 98408-4599
Monday through Friday 10:00 am- 7:00 pm
253.459.7222 (office) 253. 473.3117 (fax)

Good Samaritan Community Services Day Care & Day Health (Orchard Hill)
14016 A Street South Tacoma, WA 98444
Monday through Friday; also provides overnight respite care
253.539.9185 (office) 253.539.8511 (fax)

Cascade Park Active Day Care and Day Health
242 St. Helens Tacoma, WA 98402
Monday through Friday
253.627-9990 (office) 253.680. 1961 (fax)
Active Day also runs an afternoon program Monday - Thursday from 2 - 6 p.m.

[Korean Women's Association \(KWA\) Day Care](#)

125 East 96th Street Tacoma, WA 98445
(253) 535-4202 (office) and 253.535.4827 (fax)
Tuesday, Wednesday and Friday
Services are available in Korean, Japanese, and English languages.

Snohomish

Northshore Adult Day Health Center
10212 East Riverside Drive
Bothell, WA 98011
425.488.4821

Specialized Transportation

Professionals provide transportation where or when the caregiver or Guardian might not be able to provide. This can include providing transportation to services provided by the long term care agency, such as Adult Day Health. Visit the county long term care websites to find direct links to transportation options or call the program directly. Also see the section on "Transportation" above.

Fire and Fall Prevention Programs

These programs are designed to assist the I.P. to walk and move about safely and promote fire safety. Some programs like Safe Strides by Gentiva Home Health Agency are administered through a local home health agency under the supervision of a physical therapist. Visit:

<http://www.gentiva.com/Services/GentivaSafeStrides/default.asp>⁴¹

Some counties, like King, in conjunction with the State Fire Marshal, have a Safe Steps program available to their at-risk senior residents. Visit: <http://www.kcsafesteps.org/> Additionally, many fire departments will come to the I.P.'s home to do a safety check, including providing free or low cost smoke detectors if needed. Call your local city or county fire station.

Housework and Errands

Direct care workers provide basic housework and simple errands to assist the caregiver in performing these functions, but are unable to because of their care giving responsibilities. Eligibility is typically based on income and determined by a sliding-scale fee. Visit the county long term care website or call the office for more information.

Home Delivered Meal Programs

The majority of today's home delivered meal programs provide ready to "heat and eat," nutritionally prepared meals to the client's home. The meals are packaged in disposable, microwave safe containers and often 14-30 days worth of freezable meals are delivered at one time. Many programs provide low sodium or diabetic diets. Some programs have a nominal recommended donation per meal if the client can afford to contribute. However, a client's lack of payment is not a deterrent to be eligible for most programs.

COUNTY	CONTACT INFORMATION TO BEGIN SERVICES
Pierce	Catholic Community Services (CCS) 253.474.1300 Lutheran Community Services Northwest 253. 272.8433 ext. 225 or 1.800.335.8433 www.lcsnw.org/tacoma/mealsonwheels.html

⁴¹ This is not an endorsement for Gentiva Home Health Agency; merely an example of such program.

American Home Patient (liquid nutrition- Medicaid only)

253.383.5783

Mom's Meals

1-866-204-6111 info@momsmeals.com

Pierce Meals on Wheels, 206.448-5767

Apply online: <http://www.seniorservices.org/communitydining/mow.asp>

COUNTY AND COMMUNITY RESOURCES

- ❖ Benefits Check-up (a service from the National Council on Aging):
<http://www.benefitscheckup.org/>

DEATH ISSUES and BENEFITS RESOURCES

VETERANS AFFAIRS

For a listing of the many death benefits (i.e. - a headstone, military honors) Veterans, their spouses and dependent children are entitled to, visit: <http://www.cem.va.gov/>

Tahoma National Cemetery in Kent

18600 SE 240th Street

Kent, WA 98042-4868

Phone: 425 413 9614

Fax: 425 413 9618

MEDICAID

By law, DSHS is allowed to seek Estate Recovery for benefits paid to the client while they were living. Estate recovery cannot begin until after the client has died. For more information, read <http://www.aasa.dshs.wa.gov/pubinfo/benefits/estaterecovery.htm> For referrals to attorneys experienced in this area, call 1.888.201.1014.