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We are passionate about our mission of empowering seniors and we are deeply grateful to be a part of your life. Here is to your best life yet!



**J**ohn K. Ross IV is an Elder Law attorney and senior partner of Ross & Shoalmire, LLP Elder Law Firm. John holds a degree in Accounting from Texas State University and a Juris Doctorate from Texas Tech School of Law. John devotes his entire practice to assisting individuals with their estate planning and Elder Law needs. He is licensed to practice in Texas, Arkansas, and before the United States Tax Court. John is a U.S. Marine Corp veteran and is also an accredited Veterans Affairs attorney, a member of the National Academy of Elder Law Attorneys, and President of the Alzheimer's Alliance. John is a frequent speaker on both a local and national level, and has been quoted by such national publications as the Wall Street Journal on aging issues. John is the co-host of the Aging Insight radio program Saturdays from Noon to 1:00 p.m on 98.5 FM Texarkana and the Aging Insight television program on KLFI-TV Channel 10 Texarkana. You can also hear John on the Big Picture Retirement podcast.



**L**isa Shoalmire, J.D., M.Tax, a senior partner of the Ross & Shoalmire, LLP Elder Law Firm, is a senior advocate and Elder Law attorney. Lisa's practice is centered on protecting the rights of seniors and the disabled. She holds a Juris Doctorate and a Masters of Taxation from Baylor University and a Certified Public Accounting certificate from the State of Louisiana. Lisa is licensed to practice law in Texas and Arkansas and she is a member of the Board of Directors for Opportunities, Inc. and the Texarkana Community Foundation. Lisa's unique knowledge of the interaction between special needs planning, trusts, and asset protection planning has allowed her to assist countless families in maintaining the highest quality of life for themselves or their loved ones. Lisa is also a member of the National Academy of Elder Law Attorneys. Lisa is the co-host of the Aging Insight radio program Saturdays from Noon to 1:00 p.m. on 98.5 FM Texarkana and the Aging Insight television program on KLFI-TV Channel 10 Texarkana.





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## ***VA's Aid and Attendance Benefit***

**B**enefits available through the Veterans Administration are the most commonly overlooked benefits available to seniors. Many times, veterans and their spouses make incorrect assumptions related to their entitlement to VA benefits. These individuals will assume that since they did not retire from the military they are not entitled to any benefits from the VA, or they will assume that since they were not injured during their service they are not entitled to any benefits from the VA. While there are in fact benefits available to retired veterans and veterans with service connected disabilities, these are not the only benefits available.

The most commonly overlooked VA benefit is called the "Aid and Attendance" benefit. Of the people who have heard of this benefit, many have been incorrectly told that they do not qualify. The reality is, this benefit is available to many veterans and their spouses and can prove to be a lifesaver when times get tough.

In order to qualify for the VA Aid and Attendance benefit, the veteran must have served at least ninety (90) days of active duty. Of those ninety days, at least one of the days must have been during a designated period of war. This does not mean that the veteran had to have served in combat. It is merely a re-

quirement that the veteran's service occurred during one of the periods of time where the United States had declared war. Official periods of war include: the Mexican Border, May 9, 1916, to April 5, 1917; World War I, April 6, 1917, to November 11, 1918 (April 1, 1920, if served in Russia); World War II, December 7, 1941, to December 31, 1946; Korean Conflict, June 27, 1950, to January 31, 1955; Vietnam War, August 5, 1964, to May 7, 1975 (February 28, 1961, if served in Vietnam); and the Persian Gulf War, August 2, 1990 to unknown date.

In addition to the Veterans active duty service, he or she must have



been discharged from the military in some way other than dishonorably. This could include an honorable discharge, an other than honorable discharge, a general discharge or a medical discharge. Even if a veteran was dishonorably discharged, it may still be possible to petition VA to have the dishonorable discharge changed to one of the other forms of discharge.

A veteran who meets the above noted requirements is considered a wartime veteran. So what about the spouse of a wartime veteran? The surviving spouse of a wartime veterans is also entitled to the Aid and Attendance benefit, if he or she was married to the veteran for at least one year, married to the veteran at the time of the veteran's death and has not since remarried. There is no requirement that the spouse be married to be veteran during the veteran's time of service. Additionally, if the widow of a veteran does remarry and his or her new spouse is also a veteran who meets the eligibility requirements, then the spouse can qualify under that second marriage instead.

The reason the VA benefit is termed the Aid and Attendance benefit, is because it is for veterans or their surviving spouses who need assistance with their normal activities of daily living. In order to meet this requirement, the applicant must be over sixty-five (65) years of age or blind or disabled and need someone else's help with their activities of daily living. Such a assistance might include help with feeding, bathing, getting dressed, meal preparation , financial management and similar items.

Finally, in order to qualify for this benefit, the applicants must have

what the VA considers to be low monthly income and a normal net worth. However, a person should not assume that they do not meet these requirements without having a full understanding of what these terms mean. For example, when the VA uses the term "low monthly income," they are referring to Income for VA Purposes (IVAP). IVAP is defined as the total household income minus any unreimbursed medical expenses. Such unreimbursed medical expenses might include insurance premiums, copays, prescription drugs and the cost of in home care or assisted living. For example, a veteran with \$4,000.00 in monthly income might not consider himself to have low monthly income. But if this veteran lives in an assisted living facility that charges \$3,500.00 a month in rent, then the veteran's Income for VA Purposes is only \$500.00 per month. That would meet the definition of low monthly income.



The VA also requires an applicant to have a normal net worth. Unlike other federal programs, the VA does not define normal net worth. Instead, the VA will look at a person's

net worth in relation to how much they are spending and their life expectancy. Therefore, a younger veteran might be entitled to keep more assets than an older veteran. Typically, the VA does not count the value of a home in its determination of net worth. With a thorough understanding of the rules and the guidance of someone experienced with dealing with the VA, many people can meet this section of the eligibility test.

So, why is all of this discussion about the Aid and Attendance benefit so important? For those who qualify, the VA will send money that the person can use to help pay for their care. A surviving spouse of a veteran could receive a maximum benefit of approximately \$1,153.00 per month, a single veteran could receive a maximum benefit of approximately \$1,794.00 per month and a veteran with a dependent spouse could receive a maximum benefit of approximately \$2,127.00 per month.

Let's take Sally as an example. Sally is the surviving spouse of a veteran who served during the Korean conflict. She is seventy-nine years old and her Social Security and retirement income totals \$2,000.00 per month. Sally's health has declined and although she still lives at home, it is becoming more and more difficult for her to take care of herself. Sally looked at one of the local assisted living facilities and really liked what she saw. However, when she was told that the monthly cost would be \$2,500.00, she assumed that she could not afford that much expense and continued to live at home in an unsafe environment. But after applying for the Aid and Attendance benefit through the VA. Sally was able

to receive the maximum VA benefit of \$1,153.00 per month. This increased her income to \$3,100.00 dollars and she can now afford to live in the assisted living facility that she thought she could not afford.

Planning related to obtaining VA benefits is very complicated. Not only must you meet VA's eligibility rules exactly, this type of planning is only a small part of the type of planning on that is necessary for a person to protect themselves, their life savings, and their dignity. Many elder law attorneys are also accredited VA attorneys. A lawyer must be accredited by the Veterans Administration in order to assist you with VA planning. In addition to elder law attorneys, there are Veterans Service Organizations (VSO) that can also provide assistance with VA benefits.

For those who qualify, the VA Aid and Attendance benefit can be the difference between life and death. Anyone interested should seek advice, even if they do not need the benefit yet. Thank you to all the veterans and their family who have given so much for this country.

John K. Ross IV  
Elder Law Attorney  
Accredited VA  
Attorney

United States  
Marine

*John K. Ross IV, Lisa B. Shoalmire and/or Ross & Shoalmire, LLP, by way of this article, is not offering legal advice. This article is intended to be for informational purposes only. Before relying on any information contained herein, the reader should consult an elder law attorney.*



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# Transferring Values, Not Just Valuables by Engaging in Philanthropy

## *How will you be remembered?*

When most people think of estate planning, they immediately think about to whom they are going to leave their money and possessions. Passing down your assets to the next generation shouldn't be your only focus when you visit with a professional advisor to create an estate plan. Regardless of your financial situation, passing on your values, not just your valuables can result in a lasting and impactful legacy.

Passing the baton of your values to the next generation doesn't just happen; it has to be cultivated during dinner conversations and long car rides, during vacations and daily chores. For families with strong moral, religious or civic beliefs, it may be particularly desirable for their children or grandchildren to grown up to be caring, generous adults with similar, deeply held values. While we may not spend a great deal of time talking about our values, we know intuitively that our most important values are reflected not by our words, but by our priorities and actions. Here are a few ways you can ensure the next generation receives what matters most.

### **1. Show and Tell and Supper**

One of the most powerful ways to preserve your family's legacy is to make sure that the next generation is aware of your family's story. Understanding your family's history will help future generations know what is important and the skills, values, and character traits that contributed to their ancestors' success. Whether



it is a nightly supper or perhaps a holiday meal, family gatherings are a perfect time to reminisce about the people

and events that made you who you are today. This type of everyday interaction can help reinforce what makes your family special; it can also help your children to develop the values you want them to have. Photos, historical relics or actual landmarks that you can show will help to reinforce the message. Telling your story is the most effective way to communicate and transfer your values to the next generation.

### **2. Train the Next Generation to be Givers**

Values such as empathy, self-reliance and respect are easier to model than discuss. Getting children involved in philanthropy from an early age is an excellent way to demonstrate what matters most to you. A simple act of generosity can instill in the youngest family members a greater appreciation for what they have, and yield benefits for years to come.





Take time to volunteer as a family at an animal shelter, participate in a park clean-up activity or serve at your local food bank. Another way to demonstrate what matters most to you is by creating a Donor-Advised fund that your family can use together to support local nonprofits. Your local community foundation can assist you in creating a Donor-Advised fund that is customized to meet your family's specific giving objectives.



After creating a Donor-Advised fund, you will receive an immediate charitable deduction affording you plenty of time to spend together as a family discussing the needs in your

community. The family can then recommend grants to be made to nonprofits which are addressing those needs. Donors may designate family members as successor advisors to their Donor-Advised fund, allowing them the privilege to make grant recommendations both now and in the future.

### 3. Be Open to Change

When the time comes for younger heirs to carry on the family's philanthropic legacy, older family members need to be open to new ideas.



By challenging old approaches, and testing new models, young philanthropic leaders can exercise the values they learned from their elders. Suppose through your volunteer work at a food pantry, your

children learned the importance of nutrition and food stability. Your children may share your values but express it in their own way by creating and managing a community garden, raising fresh vegetables for those in need. The end result is still feeding your neighbors, but the experience may be more fulfilling to your children because they planted, managed and harvested the food themselves.

Leaving a legacy is rarely just about money. For many of us, it means contributing to something meaningful and knowing we're leaving the world a little better off than we found it. The best estate plans not only enable clients to pass their valuables to their heirs in a strategic and tax-efficient manner; they help instill values as well.



**Kyle Penney**

*President of East Texas  
Communities Foundation*

*Guest columnist Kyle Penney is President of East Texas Communities Foundation and a Chartered Advisor in Philanthropy. The mission of ETCF is to support philanthropy by providing simple ways for donors to achieve their long-term charitable goals. To learn more about ETCF or to discuss your charitable giving, contact Kyle at 866-533-3823 or email questions or comments to [etcf@etcf.org](mailto:etcf@etcf.org). More information is available at [www.etcf.org](http://www.etcf.org).*





# Reinventing the Home Health Wheel

As Americans age and live longer, increasing numbers will live with multiple chronic conditions, such as diabetes or dementia, and functional impairments, such as difficulty in maintaining their home independence. One of the greatest healthcare challenges facing our country is ensuring that older Americans with serious chronic illness and other maladies of aging can remain as independent as possible. According to the Medicare Payment Advisory Commission (MedPAC), Medicare enrollment is projected to increase by more than 50% over the next 15 years from 54 million beneficiaries today to more than 80 million in 2030. Census projects that by 2030, the proportion of U.S. residents older than 65 will have nearly doubled from 2010.

Why does it matter? Criteria for hospital admission and hospital stay has significantly narrowed down and patients are being discharged to home much earlier. In addition, post-acute care facilities such as skilled nursing facilities, long-term acute care, in-patient rehab, and nursing homes have faced similar changes. Our love ones and our elderly population are potentially placed at risk in being sent home with a higher clinical need

*By: Anthony Fajardo*

than a conventional and traditional home healthcare are accustomed to. It is proven that the most dangerous time to a patient, especially the elderly patient, is the first two to four weeks they are discharged from the hospital or facility.

Solution from the industry. Reinventing home health wheel involves implementation of evidence-based advanced practices, engaging and educating clinicians, effective utilization of technology, understanding healthcare economics, creating a proactive collaborative approach, and passion for clinical excellence in the home care arena. In essence, placing acute in post-acute care. Therefore, embracing such innovative changes in the home health industry offers that solution to acute care hospitals, post-acute care facilities, and free-standing ERs when patients are ready to go home with and be with their love ones. In addition, independent or ACO-based physician practices can benefit with advance home health providers with preventing unplanned hospital admission.

Solution for the patient. The goal is providing a better patient experience and outcomes by ensuring that the patient receives appropriate, high-quality care regardless of

their setting and clinical acuity or needs. Additional benefits such as cost-effective healthcare, avoiding potential hospital-based complications, promoting independence and family involvement and education are attained with an innovative home healthcare approach.

Healthcare is a dynamic and ever-changing phenomenon. To adequately and efficiently meet the provisions of healthcare one should embrace and find ways to navigate through its changes. The Future of Home Health is the transformation of home health and home-based care to meet the needs of patients in the evolving U.S. health care system. The spectrum of home-based care services could serve as an array of offerings that are flexibly and seamlessly leveraged depending on patient need and preference.



Anthony Fajardo, BSN, RN, is the Executive Clinical Director of Ally Home Health and has 25 plus year total nursing experience in both acute care and home health industry. Co-founder of Ally Home Health an innovator in the home health industry.





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# WILLS, TRUSTS & PROBATE:

*Do I need any of this and if so, what do I need?*



*By: Kline Pillow*

Unbeknownst to many, a good solid estate plan requires more than just the signing of a Last Will and Testament. In fact, a simple Will is often times inadequate if your wish is for a properly effective and efficient distribution of your assets at the time of your death. While a good estate plan considers complex issues such as estate taxes, disability planning, protection for your surviving spouse and children and probate avoidance just to name a few, the key to truly understanding your plan is knowing the difference between probate and non-probate assets. While “Wills” and “probate” are commonly used and recognized estate planning terms, people often misunderstand what their actual functions are. The first step in understanding exactly how a Will works and when probate is necessary is to know what assets make up a probate estate. While you are living, all of the assets you own make up your estate. Assets that remain in your estate after your death must

pass through probate—the process through which a court determines how to distribute your property after you die. A Will, properly executed during your lifetime and subsequently approved by a court after your death, controls and directs the distribution of these probate assets. However, not all of your assets will be probate assets and your Will does not control how these non-probate assets are to be distributed.

Probate can be a complicated process that often includes the filing of a Will and appointment of an executor or administrator, court hearings, publication of notice, settlement of claims, filings of inventory and accounting and distributing property to heirs. This process can also be time-consuming and expensive, which is why some people opt to avoid the probate process altogether. However, to completely avoid probate, you must not die leaving behind any probate assets.

Probate assets are any assets owned solely by the decedent, with no beneficiary designation and not held as joint tenants with rights of survivorship. These assets that remain in the decedent's name after their death must pass through the probate process and be distributed according to will or state or law. Some examples of common probate assets are as follows:

- Your home or any other real estate property
- Banking accounts that are solely in the decedent's name
- Life insurance policies that list the decedent or the estate as the beneficiary
- Stocks, bonds or brokerage accounts that fail to designate a beneficiary

Non-probate assets are assets that bypass the probate process and instead pass directly to the designated beneficiary or the surviving owner. Non-probate assets will generally be available





to your heirs sooner than if they had to pass through the probate process. Almost all assets can be made into non-probate assets. Some examples of common non-probate assets are as follows:

- Property that is owned jointly with your spouse or others through rights of survivorship
- Bank accounts you own solely in your name that have payable on death beneficiaries listed
- Life insurance policies, IRA's, 401(k) and annuities which are payable to a designated beneficiary
- Assets held in the name of a Trust or with a Trust named as the beneficiary

When planning your estate, you need to have a clear understanding as to which assets are probate assets and which assets will not pass through probate. Your Will does not control or direct the distribution of non-probate assets and sometimes that leads the unintended distributions of your assets at death. It is important that your beneficiary designations are updated to match your Will if

your desire is to have all of your assets distributed at your death as you provided in your Will. Alternatively, you may choose to eliminate the need for a Will and avoid the probate process altogether by making all of your assets into non-probate assets and one of the best ways to do that is by establishing a Trust.

While avoiding probate sounds ideal, sometimes non-probate assets can end up in the hands of someone you did not intend to have or adversely affect the person who receives the assets. Thus, non-probate distribution should only be used after understanding exactly who will inherit the asset when you die as well as the legal consequences of converting assets to non-probate assets for you during your lifetime and for the recipient of the asset at the time of your death.

When planning your estate, it is important for you to know whether your assets will be probate assets or non-probate assets so that you can take the appropriate action to accomplish your goals for distributing your property at the time of your death. Again, it is important that you contact an Elder Law and Estate

Planning attorney to determine whether your property is being distributed the way that you want and to properly consider the legal consequences of any action that you take when crafting your estate plan.

*Kline Pillow is a practicing attorney in Tyler, TX. Born and raised in Texarkana, he returned to the Ark-La Tex after graduating from Texas A & M University School of Law where he practiced as an elder law attorney for over three years with Ross & Shoalmire—Kline recently opened the Ross & Shoalmire office in Tyler and has enjoyed serving the community in that capacity. Licensed to practice in Texas, Kline focuses in Long Term Care Planning, Trusts and Estate Planning, Guardianship and probate matters, and a variety of other services related to Elder Care.*

*Kline is a member of the State Bar Association and is the former President of the Texarkana Young Lawyers Association. He is currently on the board of directors for the Adult Protective Services in Smith County.*

*Kline is an accredited Veterans Affairs Attorney, as well as a member of the National Academy of Elder Law Attorneys.*





On Friday, March 17, 2017, at the age of 64, I was diagnosed with Lewy body dementia (LBD) at the Mayo Clinic in Rochester, Minnesota. I had to ask “Louie What?” because I had never heard of it before. I learned that it is the second (or third depending on the source) most common form of neurodegenerative brain disease, behind Alzheimer’s. I had been experiencing various problems, including cognitive issues, for about eight months and had seen various doctors in Tyler and Dallas before being referred to the Mayo Clinic. After four very busy days of evaluations, consultations and tests, they were able to make the diagnosis.

Initially, I felt a huge sense of relief - at least I knew what was wrong with me. Over the next several days and weeks, it began to sink in what I’m facing - a progressive brain disease which has no cure and no specific treatment. Although various “symptoms” can be treated, there is no treatment for the disease itself, or that slows down its progression. The majority of patients diagnosed with LBD survive

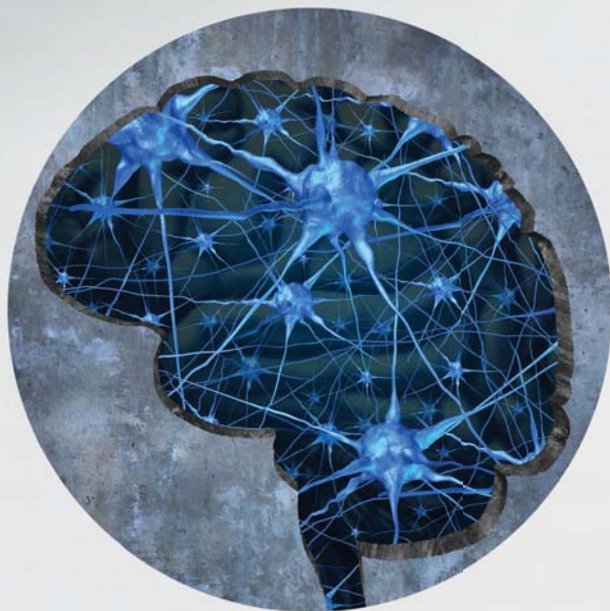
5-7 years, but life expectancy has ranged from as little as two years after diagnosis to 20 years. There exists no accurate way to predict the rate of progression. Facing this disease, I have elected not to hide my diagnosis or cover it up. I intend to make the best of each day I am given, the best way I know how. Many friends and acquaintances have remarked that, if I hadn’t told them about my diagnosis, they wouldn’t even know I have it. I can assure you that I know it, and those closest to me (my wife of 42 years and my middle son who lives in the same town as we do) know I am not the same person I was just one year ago.

Here are a few of the things I am dealing with daily. First, I have wide fluctuations in my cognitive abilities from day to day. While every day seems mentally “cloudy” to me, some days are more like a dense fog where my mind operates very slowly with unsure and unsteady results. My wife refers to these days as my “microwave fog” days - as I am unable to work the microwave. While I know I am supposed to push some buttons, I am unable cognitively to figure out which buttons to push in what order. Other days are light fog days and I can function mentally fairly

well. The worst days, however, my mind feels like a blackboard where everything has been erased. On those days, I can hardly function at all - I sit and stare off with absolutely nothing working in my mind. I can carry on a conversation - but only marginally. Secondly, I just am not the same person I was before. I find that, unlike my pre-disease days, I am very apathetic about most things. Now, I have an extremely short attention span, and I have almost no initiative. This too, is all new to me.

Also, all my life, I have been a very low key person, very slow to get angry and mostly reserved. Now, however, I find I can have a very quick temper (which I now work to control) and I have exploded on friends, family and strangers, giving them a “piece of my mind” because of some perceived grievance. I now have to work to control these outbursts, which I recognize as totally uncalled for. The result is that I don’t even feel like I am the same person I was before - and this distresses me. Again, personality





change and mood disorders are known to be a part of LBD. But this is not all, I have experienced significant depression to the extent that on two occasions I have contemplated suicide. I now am taking antidepressant medication. Thankfully, I have not had those feelings since.

Sleep problems are also an issue in this disease, and I touch all the bases here. One of the classic problems in LBD is REM sleep behavior disorder wherein you physically act out your dreams while asleep. I started experiencing that condition about 20 years ago (which again, is common with this disease) and it still continues to a lesser extent. Restless leg syndrome, periodic limb movements, sleep apnea and excessive daytime sleepiness can all be part of LBD and I experience all of them - one or more almost every day or night.

Finally, autonomic nerve dysfunction can be seen in LBD and I light up the scoreboard here. I experience lightheadedness/dizziness when I stand up (orthostatic hypotension) frequently. A fainting episode is what spurred my initial evaluation for my problems and “loss of consciousness” is not unusual in LBD. I also experience unexplained sweating and/or coldness. (I have experienced both at different times) which is a feature as well. At night, I often

experience sudden muscle jerks and twitches which occur when I am in bed. All can be “symptoms” of LBD.

Since I experience any number of these “symptoms” on a daily basis, I am constantly reminded of my diagnosis. As I reflect on these “symptoms” I am experiencing now, I can only imagine that they will seem trivial when compared to what is to come in the later stages of LBD. So, “Louie What?” has become for me Lewy body dementia and my journey has only just begun.



### Don W. Kent

Don W. Kent is a shareholder in the firm of Kent, Anderson, Bush, Frost & Metcalf in Tyler, TX and has more than 34 years' experience defending multi-million dollar products liability, toxic tort, business and medical liability claims against individuals and companies in state and federal courts. Mr. Kent received his B.A. degree from Baylor University and his J.D. degree from the University of Houston. Don is Board Certified in Personal Injury Trial Law by the Texas Board of Legal Specialization, is an “AV” rated attorney with Martindale Hubbell, and is a charter fellow of Litigation Counsel of America.

Don and his wife Cynthia have been married for 42 years and have three sons. Don enjoys golfing, hunting, scuba diving and baseball card collecting.

# 10 Tips for Caregivers



## 1 Seek support from others

Seek support from other caregivers. You are not alone! Whether it's exchanging ideas and tips, finding encouragement through the grief that can accompany the disease, or learning about valuable resources and partners -- a support group is an affirming and safe place to share your journey. The Alzheimer's Alliance of Smith County works with nine such support groups throughout Smith County.

## 2 Take care of your own health



Take care of your own health so that you can be strong enough to take care of your loved one. Visit your doctor regularly. Watch your diet, exercise and get plenty of rest. Making sure that you stay healthy will help you be a better caregiver. Remember, physical activity — in any form — can help reduce stress and improve overall well-being.



## 3 Accept offers of help & suggest things people can do to help

Accept offers of help and suggest specific things people can do to help you. Trying to do everything by yourself will leave you exhausted. Seek the support of family, friends and caregivers going through similar experiences.

Evaluate your needs, identify action steps and call the Alliance to connect with local programs and services that could provide support.

## 4 Learn to communicate effectively with loved ones



Learn how to communicate effectively with your loved one. As the disease progresses, new caregiving skills may be necessary. The Alliance can provide strategies to help you better understand and cope with the behaviors and personality changes that often accompany Alzheimer's.

## 5

## Carve out a pocket of time just for yourself, even if it's only 30 minutes a week



Caregiving is hard work, so take respite breaks often. Make time for yourself. As a caregiver, it's hard to find time for yourself, but staying connected to friends, family and activities that you love is important for your well-being. Even if it's only 30 minutes a week, carve out a pocket of time just for yourself.

With generous private donations, as well as some public funding, the Alliance is able to provide respite care grants to families and caregivers in Smith County. Options include in-home care and overnight breaks to ease the financial and emotional burden on caregivers, while ensuring their loved one is well cared for and safe.

Our “Terrific Tuesdays” Day Club program provides a mid-week break for families and caregivers to recharge, relax, build relationships with friends, maintain their own health and personal care, and more! “Terrific Tuesdays” meets each Tuesday from 10:00 a.m. to 2:00 p.m. in Tyler.

## 6

## Watch for depression



Watch out for signs of depression and don't delay getting professional help when you need it. In partnership with the University of Texas at Tyler Memory Assessment and Research Center, counseling is available, through the Alliance, at no cost to families.



## 7

## Be open to new technologies

Be open to new technologies that can help you care for your loved one. Because wandering is such a common behavior in persons with dementia, anyone with Alzheimer's disease is at risk of wandering at any time, even if wandering or getting lost has not been a problem in the past.

Project Lifesaver is a program offered by the Alzheimer's Alliance of Smith County in coordination with the Smith County Sheriff's Office and the Tyler Police Department. The participant wears a waterproof transmitter bracelet that emits a radio signal unique to the wearer. If the person is reported wandering or missing, the device can be tracked by law enforcement.



## 8 Organize medical information



Organize medical information so it's up to date and easy to find and make sure legal documents are in order. The Client Services Director at the Alliance can assist with evaluating and recommending the appropriate medical and legal information that you may need.

## 9 Become an educated caregiver

Become an educated caregiver. Knowledge can be empowering and encouraging on your journey with Alzheimer's disease or a related dementia. The Alzheimer's Alliance offers educational workshops, seminars, and conferences throughout the year on topics such as compassionate communication, caregiver support, legal and financial planning and dementia 101.

## 10 Give yourself credit for doing the best you can



Give yourself credit for doing the best you can in one of the toughest jobs there is! Our Client Services Director meets with persons who have Alzheimer's disease or other dementia types, their caregivers, family members and friends. Typically, people first contact the Alzheimer's Alliance when memory loss is suspected, a referral to a community service is needed, or guidance is needed in a specific situation. The most helpful guidance begins early in the disease process!

Our Client Services Director is a Licensed Master Social Worker and is available to meet in person or by phone.

During your appointment, the Client Services Director will listen carefully to the concerns and issues presented and will help your family develop an individualized plan of action for navigating the dementia journey.

# think local



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Ref: <http://caregiveraction.org/resources/10-tips-family-caregivers>

# Employment & Retirement Related Annuities

Kristen Ishihara

The need for long-term care is exploding as our population ages. Just as the care need has dramatically increased, so have the costs. Long-term care expenses can easily exceed \$60,000.00 annually for one individual. As a family, you watch what your parents worked to earn for a lifetime slowly dissolve into nothing.

If someone is paying for long-term care, they have three options: long-term care insurance, privately paying cash or Medicaid. We have found that only seven percent of our clients that need long-term care have long-term care insurance. Likewise, there are not many individuals that can privately pay expenses of \$5,000.00 per month without taking a significant hit to their retirement assets. That leaves the third option of qualifying for Medicaid.

Long-term Care Medicaid is the only government program available to pay for skilled nursing home costs. To say that the rules and regulations surrounding Medicaid are complex is quite an understatement. Our firm has been navigating this maze for years and still discovers new provisions and techniques on a weekly basis. But the purpose of this article is not to give you a detailed explanation of Medicaid but to tell you of the most important change

in Medicaid rule interpretation in a decade.

Medicaid determines eligibility for an individual by dividing their assets into countable resources and non-countable resources. The non-countable resources have no effect on eligibility while the countable resources after a certain point prevent the person from receiving benefits. So, for example, a home worth up to \$560,000.00 is a non-countable asset while \$25,000.00 in cash is a countable asset. In its simplest terms, getting someone qualified for Medicaid is a matter of either spending the countable resources or converting the resources from countable to non-countable. In the example above, we need to “spend down” \$25,000.00. That could be spent by privately paying for care at the nursing home or it could be used to make improvements on the home, thus converting countable cash into a non-countable asset. Why does this matter to you?

For the vast majority of Americans, the two largest personal assets a family owns are their home and their Individual Retirement Account (“IRA”). As discussed above, the home is a non-countable asset. IRAs, or other retirement accounts, however, are generally countable.

Imagine a woman or man who is widowed, owns the home and has

\$100,000.00 in his or her IRA. If this individual needs long-term care, Medicaid will not pay for her until her countable assets are below \$2,000.00. She would start making sizable withdrawals to cover the long term care costs and that IRA will deplete to nothing in under two years.

Similarly, imagine a husband and wife where one of them needs long-term care and they own a home, car and IRA worth \$300,000.00. Medicaid would expect this family to deplete that IRA to \$100,000.00 before they pay for the spouse in the facility. The remaining spouse now has to live her last years on one third of the retirement she had planned on.

It no longer has to be this way. Due to a recent change in the interpretation of Texas Medicaid Policy, IRAs and other qualified accounts may be treated as either countable or non-countable simply because of the investment structure. Medicaid policy has a section on what they refer to as “Employment and Retirement Related Annuities.” In this section, it defines a Retirement Related Annuity as any type of annuity governed under Section 408(a), (b), (c), (k), (p) or (q) or under 408A of the Internal Revenue Code. These sections cover ANY annuity held in an IRA, SEP, SIMPLE or



Roth. More importantly, the rule clearly states that Retirement Related Annuities are NOT a countable asset for Medicaid eligibility purposes. This means that virtually any qualified annuity is no longer a countable asset for Medicaid under the new rules.

So let's look at our examples again. That widower with a home and \$100,000.00 IRA merely needs to purchase an annuity for \$100,000.00 and that asset will not have to be spent before she qualifies for Medicaid. Likewise, the married couple with a home, car and \$300,000.00 IRA need only purchase a \$200,000.00 qualified annuity and the spouse in the facility can qualify for Medicaid while the retirement assets are preserved for the spouse at home.

The timing of the purchase of an annuity is critical, and if not done correctly and at the correct time may not have the intended result. Therefore, implementation of this type of Medicaid planning should only be done on the advice of an elder law attorney that can advise you on the correct method and timing of implementation. The Elder Law attorneys of Ross & Shoalmire, LLP have been advising clients on long-term care asset protection and estate planning for years. We assist clients across Texas and Arkansas with Medicaid, Veteran Benefits, Wills and Trusts daily and have a dedicated team of elder law attorneys and Medicaid/VA case workers that can help guide you and your client on the right path to protecting your client's resources.

*Kristen is an elder law attorney with the firm of Ross & Shoalmire. She is an accredited Veterans Affairs Attorney, a member of the National Association of Elder Law attorneys and licensed to practice in Texas, Oklahoma and Arkansas. Kristen graduated in the top of her class from Baylor Law, where she met her husband Richard. Kristen & Richard moved to Longview in 2006. They have two children – Lucas & Brianna, five and six years old.*

*Kristen Ishihara is humbled and honored to represent the citizens of Longview as the City Council Representative for District Four, having been elected in 2014.*

*Kristen and her family are members at Winterfield United Methodist Church. Kristen has been actively involved in our community in a number of ways. She is the past President of the Zonta Club of Longview and currently serving as the President of the Junior League of Longview. Kristen is a mentor for Partners in Prevention, a coach for East Texas Lightning, the local Special Olympics team, and a board member for DORS Youth Transition Center.*



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BY LISA SHOALMIRE

# Special Plans for Special People

## Using Special Needs Trust to Plan for the Disabled

Caregivers for people who are ill, aged or disabled are the unsung heroes among us. These caregivers are typically on the job 24 hours a day, seven days a week, caring for that special someone in their lives who has limitations which prevents that person from living independently. The subject of this care may be a child with Down's Syndrome or it may be a spouse with Alzheimer's disease. Either way, these caregivers stand as a buffer against the world to make sure that their special someone is provided with a safe, clean place to live, nutritious meals to eat, a capable medical team to treat them, and love and affection to enhance their lives. The biggest fear these caregivers often have is a day when, due to their own death or disability, they cannot be there to care for their loved one.

## Planning is Imperative

If someone with special needs depends on you to care for them, it is imperative that you plan for your disabled loved one if you cannot be their caregiver. One important piece of this plan is to consider creating a Special Needs Trust to hold assets for the benefit of the disabled individual. A special needs trust allows you to leave money for the care of your loved one that won't disqualify them from Supplemental Social Income (SSI) or government healthcare benefits such as Medicaid. The government support programs for the disabled are an important safety net for disabled persons and in many cases may be the only source for healthcare coverage. If a disabled person receives even a small inheritance or gift outright, that person may immediately lose access to medical, housing and cash benefits until the assets are spent. The disabled person then has to re-apply for these benefits which may take time to process.

However, if assets are set aside for the disabled person using a properly drafted and executed Special Needs Trust (SNT), then assets left by the caregiver or others are not counted as a resource of the disabled person, but yet, these assets may be used to enhance the quality of life of the disabled person, beyond the very modest government programs available to them. Most importantly, assets held in a SNT do not disqualify the disabled person from their health coverage, housing benefits or disability payments.

## WHAT IS A TRUST

A trust is simply a legal entity that can hold assets for the benefit of someone else. For instance, a parent may create a trust by signing a trust document creating a trust for the benefit of a disabled child. The trust document will name who the beneficiary is (the disabled person) and the trust will also name a trustee, who is the person who can manage the assets placed into the trust



and make disbursements to the beneficiary.

## TWO TYPES OF SPECIAL NEEDS TRUST

There are two main types of SNTs: a First Party SNT and a Third Party SNT. A first party SNT is funded using the beneficiary's own assets. A common example of this type of trust is a Court created trust for the disabled beneficiary funded with money from a legal settlement from a personal injury lawsuit which was the cause of the individual's disability.

The most common type of SNT is the Third Party SNT. This is a trust set up by third parties, such as parents of a disabled child. The parents can create the trust today, even while they are living, or they can put a provision in the Last Will and Testament that creates the SNT at their death to hold assets for their disabled child.

An important distinction between the two types of trust is that, when the disabled beneficiary dies, assets which remain in a First Party SNT must be paid over to the State that provided any government support to the individual during his or her lifetime. This is called a "payback provision." In contrast, any assets which remain in a Third Party SNT at the disabled person's death may be disbursed to other surviving family members or other named beneficiaries. There is no payback requirement for a Third Party SNT.

## HOW TO SET UP A TRUST

A special needs trust is definitely not a do-it-yourself project. There are numerous federal and state laws, as well as administrative rules, which must be carefully fol-

lowed in setting up and running a SNT. A misstep, even an unknowing one, can cause the trust to be "busted", and the assets drained out without benefiting the disabled individual. An attorney who specializes in SNTs will know best how to create the trust for your individual circumstances and build in as much flexibility as allowed under the current laws and rules which affect SNTs.

## FUNDING THE TRUST

If you are setting up a Third Party SNT, you will need to estimate how much assistance the beneficiary will need over their lifetime and determine what the source of those funds may be, both while you are living and able to care for them, and after you are deceased. This may mean you name the trust as a beneficiary of life insurance policies, retirement accounts or even place your residence in the trust for the benefit of your disabled family member. If you create a Third Party SNT while you are living, you can even encourage other family members making gifts to the trust, either while they are living or through their own estate planning.

## OPERATING THE TRUST

The Trustee is responsible for managing the assets of the trust, filing tax returns if required, and disbursing assets for the benefit of disabled person. SNTs can be challenging to operate properly because of all the rules which have to be followed. Some family members are simply not equipped or are unwilling to learn to be a good trustee. Many who create a SNT appoint a professional trustee, such as a bank trust officer, to be the trustee to make sure all the rules are followed and

the trust is not "busted".

The trustee makes sure that the assets in the trust are maintained and kept safe and that the needs of the beneficiary are met. The Trustee may use funds in the trust to pay for medical expenses not otherwise covered such as special medical equipment or in-home caregivers. The trustee may also pay for quality of life enhancements for the disabled individual such as cable television, tablet computers, vacations and entertainment.

## PEACE OF MIND

By utilizing a SNT, caregivers get peace of mind that, even after they are gone, their disabled loved one will have resources at their disposal to enhance their lives while still maintaining eligibility and medical benefits. You should speak to an Elder Law attorney about your situation if you are caring for a special needs person and create a plan of care.



Lisa Shoalmire  
Elder Law Attorney  
Accredited VA Attorney

Lisa Shoalmire, John Ross and/ or Ross & Shoalmire, LLP, by way of this article, is not offering legal advice. This article is intended to be for informational purposes only. Before relying on any information contained herein, the reader should consult an elder law attorney.



# REDUCING STRESS THAT COMES WITH AGING

*By: Kelli Cook-Licensed Clinical Social Worker*

**A**t each phase of life we experience different types of stressors. Childhood can involve academic stress, social demands, meeting parental expectations and possibly parental separations and divorce. The teenage years can involve the tumultuous emotional, academic, and social pressures of becoming a responsible and productive adult. Young adults face the challenge of juggling work and going to college, and for some doing this while raising children. Middle adulthood brings the stress of trying to balance work, family life, thinking about retirement and taking care of elderly parents. In the retirement years comes a new realm of stressors, most have not encountered before and often in isolation.

Seniors face numerous stressors at this phase of life. Most of the stress can be characterized by a “general sense of loss”. Some of the typical things they can face:

- financial hardship-surviving on less income, managing retirement funds
- physical decline-loss of mobility, loss of energy, increased pain, chronic disease management

- loss of independence-driving, living alone, engaging in normal day to day tasks
- loss of loved ones and companionship
- Increased health care cost and involvement
- Increased isolation or lack of support from loved ones
- loss of cognitive functioning-memory loss, concentration issues
- caring for terminally ill spouse
- taking numerous medications-which can have negative side effects
- moving into a new home, nursing home, assisted living, or with children, or other relatives

Seniors often have a difficult time asking others for help. Many feel embarrassment or shame, and will hide their struggles and need for support. At times they feel like a burden to their families. The world around them has changed significantly and for some, they no longer feel safe. Living alone with limited cognitive and physical strength can put them at risk for being taken

advantage of, or even abused. Neglect can occur when seniors don't have people in their lives that support them.

Seniors have an increased risk for depression and anxiety. Some report a lost sense of purpose and meaning to life. During this phase, they can begin to review their life. They may find things that they are thankful for and can be proud of their contributions. They also can be unhappy about their choices, have regrets, remember past hurts, losses, or can have traumatic memories resurface that have been unprocessed and resolved.

There are many ways to reduce the effects of stress that seniors face. One of the main factors is to get connected and come out of isolation. One must realize the importance of connections and using coping skills that help to regulate the accumulating effects of the stressors they encounter.

Over activation of our stress response system puts a person at risk for lower immune system functioning, anxiety, depression, gastrointestinal issues, increased



chronic pain, appetite disturbance and sleep disturbance.

It is important to learn healthy coping skills to reduce the impact of stress on the body and mind.

Ways to combat senior stress:

## 1. Increase social connections and activities

- Find ways to connect with others. Join a church, a gym, or a local volunteer group.
- Ask for help from relatives or other friends on how to get more connected
- Take a class and learn something new

## 2. Journaling

- Daily write down things that are stressful or upsetting.
- Make a gratitude list

## 3. Yoga, Tai Chi Meditation, Walking or any form of movement

- You can purchase DVD's from Walmart
- This helps to regulate stress in the body
- If you are smart phone savvy there are great mindfulness apps (mindfulness daily)

## 4. Get a pet

- Pets are great company and emotional support

## 5. Volunteer

- Being part of team of helping others can reduce feelings of isolation
- Give you a purpose for your life

## 6. Breathing techniques

- Taking time to stop and doing diaphragmatic or belly breathing.
- Breathe slowly in through your nose and out through your mouth completing multiplies sets. As you do the sets focus on your breathing can have dramatic effects on your stress and health

- Free App Breathe2Relax

## 7. Ask for help and support

- Don't be afraid to talk with your Primary Care Provider
- Don't be ashamed to let people know you need support
- Talk with your family, friends or Pastor

## 8. Increase your vitamin intake

- Eat lots of fruits and vegetables
- Get screened for vitamin deficiencies

## 9. Find a new hobby or activity

- Word searches, puzzles help increase brain function
- Read a novel
- Start fishing
- Start a card playing group

## 10. Laughter & Music

- Find ways to bring laughter back into your life
- Watch funny movies
- Call someone and tell them funny stories
- Listen to music that makes you happy and want to move.... And move!

## 11. Get in nature

- Small doses of sunlight
- Short walks admiring what you see

## 12. Get professional help

- It's ok to seek the support from a professional trained to help you learn better coping skills
- It's ok to get support to help process and resolve life's hurts, losses and disappointments.

Don't suffer in isolation. You can learn new ways to manage the stress of this difficult phase in life. Let someone know today what you need and begin choosing some healthy coping skills that help you regulate reduce the impact of stress on your body and mind.



Kelli Cook is a Licensed Clinical Social Worker who specializes in Post-Traumatic Stress Disorder and Stress Management. She has been practicing psychotherapy for 18 years. Kelli is the Director of Genesis PrimeCare Hope & Recovery Center. Genesis PrimeCare Hope & Recovery Center is a trauma specialty outpatient counseling center in Texarkana that is part of a Federally Qualified Health Center. Kelli provides individual therapy, supervision of therapists, and seminars to the community in stress management, and trauma recovery. She is passionate about seeing people heal from overwhelming and traumatic experiences and be healthier in all aspects of their life. The Hope & Recovery Center is located at 1400 College Drive, Texarkana, Texas



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# MEDICAID FOR LONG TERM CARE - ANSWERS TO COMMON QUESTIONS

By: Donna Butler

When it comes to Medicaid for long term care, we encounter many questions. People encounter many rumors, misunderstandings and outright lies related to Medicaid. It is necessary for us to provide a general background to the program's eligibility requirements before any discussion of planning can occur.

It is common for families to assume that they do not qualify for long term care Medicaid when in fact, they could. Even more commonly, families attempt to plan for their future long term care by acting on rumors and incorrect advice. The purpose of this article is to provide a general overview with the intent that once the reader is armed with the basic knowledge, he or she will not make the same mistakes as so many of the people who came before them.

## ***What is the difference between Medicaid and Medicare?***

Medicare is the federal health insurance program for people who are over the age of 65 or meet other specific criteria if they are younger. Medicare is broken down into Part A (Hospital Insurance), Part B (Medical Insurance), Part C (Advantage Plans, and Part D (prescription drug coverage). A monthly premium is paid for this coverage and is typically deducted from a person's Social Security benefit each month. Many times when a person enters into a Long Term Care facility, their stay is covered by Medicare for the first 20 days. Longer coverage can occur if supplemental insurance coverage is in place.



Medicaid is a federally mandated program that provides payment for skilled nursing care for individuals who meet certain requirements. Although Medicaid is a federally created program, the actual administration of that program is left to the individual states. Because of this division between federally created rules and state administration, there are many specific differences between the states, although the overall rules are generally the same. Also, the rules change frequently, so from the time a reader starts this article, the rules may change before they even finish the article. As a result, the following information is for general knowledge and should not be relied upon without the advice of an expert in the field. This article will be describing the qualifications of the Medicaid program.

## ***What are the requirements for qualifying for Medicaid for Long-Term Care Facility?***

In order to qualify, a person must meet the following criteria:

(1) Be a U.S. Citizen or an alien lawfully living in the U.S. AND reside in the state where they are applying for benefits;

(2) Be over the age of 65, disabled or blind;

(3) Have gross monthly income of less than \$2,205 (in 2017);

(4) Meet "medical necessity" requirements for skilled nursing care;

(5) Meet certain asset requirements; and

(6) Live in a facility that accepts Medicaid.

## ***What is a "Medicaid bed"?***

Only some facilities accept Medicaid as a way to pay for long term care. These facilities typically only accept a limited number of Medicaid recipients. A "Medicaid bed" refers to a bed in a semi-private room at a facility that accepts Medicaid and has fewer than their limited number of available spots.

## ***If my spouse has to go to the nursing home, will I be required to pay all of their income to the nursing home?***

Not always. Each state allows a Monthly Maintenance Needs Allowance (MMNA) for the community spouse. The federally mandated minimum is \$2,003.00 (in 2017) and the maximum



is \$3,023.00 (in 2017). The MMNA differs from state to state. This means that the community spouse is given an allowance up to the maximum amount allowed by their state of residency.

### ***Does Medicaid count our total income towards the income cap?***

No. Medicaid only counts the applicant's income towards the income cap. The current income cap is \$2,205.00 (in 2017).

### ***What if the applicant has too much income?***

Even if the applicant has too much income, they can still qualify for Medicaid. If the applicant otherwise qualifies for Medicaid long term nursing home benefits, the applicant (or the applicant's spouse or duly appointed agent) may create a Qualified Income Trust or "Miller Trust." This trust allows the applicant to transfer his/her income into the trust and then qualify for Medicaid long term nursing home care benefits. This means that no one should ever be disqualified for Medicaid because they have too much income! Either you have less than the income limit and qualify or you have more than the limit, set up a Miller Trust and then qualify. This type of trust has very specific requirements and you should contact an expert for more details.

A Miller Trust is only used to overcome the income cap issue and is not a trust used to protect assets.

### ***What assets can I keep and still qualify for Medicaid?***

When applying for Medicaid, the state will look at what they call your "countable resources." To qualify for Medicaid, an unmarried individual's countable resources cannot exceed \$2,000.00. If both spouses are applying for long term care nursing home benefits, then their combined countable resources generally cannot exceed \$3,000.00.

When a couple is married and only one of them is applying for long term care Medicaid, all available non-exempt re-

sources of both spouses will be counted as resources. One half of the couple's resources will be set aside for the spouse not applying for Medicaid, with a minimum set aside amount of \$24,180.00 and a maximum of \$120,900.00 (in 2017). There may be ways in which to increase the maximum amount that can be set aside for the spouse staying at home but the strategies can be complex and should be discussed with an expert.

The following is a more extensive list of exempt assets:

- a. The principal residence of the Applicant up to a value of \$552,000.00;
- b. A burial plot held for the Applicant or the Applicant's family;
- c. Term or burial insurance, if it has no cash value;
- d. Identifiable burial funds in the amount of \$1,500.00 or a prepaid irrevocable burial contract regardless of the value;
- e. One automobile is exempt, regardless of value;
- f. Household goods and personal items;
- g. Life insurance policies owned by the Applicant with total face values of \$1,500.00 per insured person or less;
- h. Livestock and poultry that are held for business purposes or for consumption;
- i. Business property essential for self-support; and
- j. Non-business property valued at up to \$6,000.00, essential for self-support (generally mineral interests).

### ***Can't I just give everything to my children or my church?***

No. Any gift made within a 5 year "look-back" period will incur a penalty. During the penalty period the applicant may be qualified for some limited Medicaid benefits but Medicaid will not pay for the nursing facility. Consult with an expert to discuss any gifts before they are made.

*Donna Butler is the senior Medicaid & VA Benefits paralegal for Ross & Shoalmire. She is a long time Texarkana resident and graduate of Texas High School. She is married to Marty and they have one daughter, Priscella, who is a recent graduate from the University of Arkansas at Monticello.*

*Donna holds an Associate Degree in Business Administration as well as a Bookkeeping Certificate from Texarkana College.*

*Donna is the secretary for the Texarkana Area Legal Assistants (TALA) group and an Event Lead for the American Cancer Society's Relay for Life of Texarkana.*



*John K. Ross IV, Lisa B. Shoalmire, and Ross & Shoalmire, LLP, by way of this, is not offering legal advice. This article is intended to be for informal purposes only. Before relying on any information contained herein, the reader should consult an elder law attorney.*

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## Elder Law Services

<b>TYLER, TX</b> Ross & Shoalmire, LLP	455 Rice Street, Ste. 102	Tyler, TX 75703	903-561-5653
<b>LONGVIEW, TX</b> Ross & Shoalmire, LLP	1125 Judson Road, Ste. 105	Longview, TX 75601	903-212-7313
<b>PARIS, TX</b> Ross & Shoalmire, LLP	1007 S. Collegiate	Paris, TX 75460	903-905-4436
<b>TEXARKANA, TX</b> Ross & Shoalmire, LLP	1820 Galleria Oaks	Texarkana, TX 75503	903-223-5653

## Geriatric Behavioral Health Facilities

<b>TYLER, TX</b> UT Health Northeast	11937 US Hwy. 271	Tyler, TX 75708	903-531-4080
ETMC Behavioral Health	4101 University Blvd.	Tyler, TX 75701	903-266-2200

## Home Health Services

<b>TYLER, TX</b> Ally Home Health	5430 Glen Lakes Dr.	Tyler, TX 75703	903-749-0458
Allegiance Home Health Services, LLC	401 E Front St., Ste. 120	Tyler, TX 75702	855-597-4663
Angels Care Health Services	1820 Shiloh Rd., Ste. 1400	Tyler, TX 75703	903-561-2252
At Home Healthcare	9846 TX Hwy. 31	Tyler, TX 75705	903-597-7700
At Home Healthcare Tyler	419 S. Beckham Ave.	Tyler, TX 75702	903-508-2485
Balm In Gilead Home Health Services	4546 S. Broadway Ave., Ste. C	Tyler, TX 75703	903-561-9419
Beulah Home Health	3613 S. Broadway Ave., Ste. 401	Tyler, TX 75701	903-581-2058
Choice Homecare	6760 Old Jacksonville Hwy, Ste. 101	Tyler, TX 75701	903-363-9932

*Ross & Shoalmire "Legal Solutions for Senior Adults and Adult Children"*



## Home Health Services - Continued

CHRISTUS Trinity Mother Frances Home Health	3131 Troup Hwy.	Tyler, TX 75701	903-510-7096
Encompass Home Health & Hospice	100 E. Ferguson St., Ste. 102	Tyler, TX 75702	866-592-9105
ETMC Home Health	1409 S. Beckham Ave.	Tyler, TX 75701	903-535-6051
Girling Community Care	100 E. Ferguson St., Ste. 600	Tyler, TX 75702	903-526-2914
Home Health LLC	417 S. Chilton Ave.	Tyler, TX 75702	903-617-6872
HomePointe Home Health	P.O. Box 7838	Tyler, TX 75711	903-533-0300
Interim HealthCare	1021 ESE Loop 323, Ste. 300	Tyler, TX 75703	877-205-7729
Jordan Health Services	921 Shiloh Rd, Ste. B-200	Tyler, TX 75703	903-509-0959
Kindred at Home	1700 SSE Loop 323, Ste. 110	Tyler, TX 75702	903-595-5266
Maxim Healthcare Services	1828 ESE Loop 323, Ste. 101	Tyler, TX 75701	903-581-8881
Paradigm Homecare LP	777 S. Broadway Ave.	Tyler, TX 75701	903-581-1223
Texas Home Health	7925 S. Broadway Ave., Ste. 900	Tyler, TX 75703	903-597-2086
Unicare Home Health Services	3300 S. Broadway Ave., Ste. 208	Tyler, TX 75701	903-531-9949

### JACKSONVILLE, TX

A Pineywoods Home Health Care	1738 S. Jackson St.	Jacksonville, TX 75766	903-589-0020
Health Concepts Home Health Inc.	1623 S. Jackson St.	Jacksonville, TX 75766	903-586-8847

### HENDERSON, TX

ACEA Home Health	306 Shawnee Tr.	Henderson, TX 75654	903-657-3475
Advancing at Home Healthcare	702 Fair Park, Ste. 101	Henderson, TX 75654	903-657-6050
Assist Care	100 Zeid Park, Ste. 101	Henderson, TX 75652	903-657-4413
At Home Healthcare	506 Hwy 79 N.	Henderson, TX 75652	903-657-1004

### VAN, TX

Health At Home Services	169 S. Oak St.	Van, TX 75790	903-963-1300
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### ATHENS, TX

JA Trinity Valley Home Health	300 S. Prairieville St.	Athens, TX 75751	903-677-3500
Caring Companions at Home	104 E. Corsicana St.	Athens, TX 75751	903-677-3007
Kindred at Home & Kindred Hospice	1750 Enterprise St., Ste. 100	Athens, TX 75751	903-675-5184
Pathfinders	311 S. Palestine St.	Athens, TX 75751	903-677-8301
Star Care LLP	214 W. Cayuga Dr.	Athens, TX 75751	855-294-7284

## Hospice Services

### TYLER, TX

CIMA	921 Shiloh Rd.	Tyler, TX 75703	903-509-2462
Compass Hospice	828 Fleischel St.	Tyler, TX 75701	903-758-8383
Encompass Home Health & Hospice	100 E. Ferguson St., Ste. 102	Tyler, TX 75702	866-592-9105
Grace Hospice of East Texas LLC	1820 Shiloh Rd., Ste. 1103	Tyler, TX 75703	903-617-6893
Harbor Hospice	727 E. Front St., Ste. 100-B	Tyler, TX 75702	903-525-9390
Heart to Heart Hospice	7925 S. Broadway Ave., Ste. 1140	Tyler, TX 75703	903-593-6619
Hospice Plus	112 E. Line St., Ste. 202	Tyler, TX 75702	903-787-7502
Legacy Hospice	1901 Rickety Ln.	Tyler, TX 75703	903-509-3015
National Hospice MedEquip	2227 Deerbrook Dr.	Tyler, TX 75703	866-944-6463
Hospice of East Texas	4111 University Blvd.	Tyler, TX 75701	903-266-3400

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## Hospice Services-Continued

### JACKSONVILLE, TX

Hospice of East Texas	217 E. Commerce St., Ste. E.	Jacksonville, TX 75766	903-589-0232
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### HENDERSON, TX

Angel Care Hospice	702 Fairpark Dr., Ste. 102	Henderson, TX 75654	903-657-2461
Hospice of East Texas	114 Richardson Dr.	Henderson, TX 75654	903-657-5593

### ATHENS, TX

Bristol Hospice	115 Heart Place Blvd., Ste. 100	Athens, TX 75751	903-670-1360
Genesis Hospicecare	1317 S. Palestine St.	Athens, TX 75751	903-675-4730
Hospice Plus	627 S. Palestine St.	Athens, TX 75751	903-292-1706
Kindred at Home and Kindred Hospice	1750 Enterprise St., Ste. 100	Athens, TX 75751	903-675-5184

## Assisted Living

### TYLER, TX

Atria Copeland	5317 New Copeland Rd.	Tyler, TX 75703	903-218-4131
Atria Willow Park	3500 S. Vine Ave.	Tyler, TX 75701	903-561-4302
Azalea Place Nursing and Rehab	810 S. Porter Ave.	Tyler, TX 75701	903-593-2463
Brookdale East	3505 University Blvd.	Tyler TX 75701	903-565-0800
Brookdale South	5403 Plantation Dr.	Tyler, TX 75703	903-594-4201
Garden Estates	2055 W. Grande Blvd.	Tyler, TX 75703	903-534-0449
Meadow Lake	16044 CR 165	Tyler, TX 75703	903-561-0657
Oak Hills Terrace	2651 Elkton Tr.	Tyler, TX 75703	903-747-3927
Prestige Estates	6928 Paluxy Dr.	Tyler, TX 75703	903-561-6102
Reunion Inn	1515 Rice Rd.	Tyler TX 75703	903-581-6100
The Hamptons	4250 Old Omen Rd.	Tyler, TX 75707	903-566-8391
The Villa of Tyler	3323 Garden Valley Rd.	Tyler, TX 75702	903-592-8852
Waterton Inn	2885 Shiloh Rd.	Tyler, TX 75703	903-939-9664

### WHITEHOUSE, TX

Oak Brook Health Care Center	107 Stacy Dr.	Whitehouse, TX 75791	903-839-5050
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### HENDERSON, TX

Arbor Place	1200 Kilgore Dr.	Henderson, TX 75645	903-657-8620
Azalea Place	1905 Old Nacogdoches Rd.	Henderson, TX 75645	903-483-3076
Brookdale Henderson	1000 Richardson St.	Henderson, TX 75645	903-730-8962
Henderson Health & Rehab	1010 W. Main St.	Henderson, TX 75672	903-657-6513
Autumn Leaves	321 Kilgore Dr.	Henderson, TX 75652	903-657-1923

### LINDALE, TX

Wesley House	13923 FM 2710	Lindale, TX 75771	903-882-9296
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### MINEOLA, TX

Autumn Wind	135 Autumn Wind Ct.	Mineola, TX 75773	903-569-1111
Mineola Healthcare Residence	716 Mimosa St.	Mineola, TX 75773	903-569-5366

### QUITMAN, TX

Wesley House	1031 E. Goode St.	Quitman, TX 75783	903-763-1303
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## Assisted Living -Continued

### JACKSONVILLE, TX

Angelina House	211 Philip Ave.	Jacksonville, TX 75766	903-589-1105
Bonner Street Plaza	421 S. Bonner St.	Jacksonville, TX 75766	903-586-9871
Trinity Assisted Living	131 Zimmerman Dr.	Jacksonville, TX 75766	903-284-6135

### CANTON, TX

Country Place Senior Living (Mulberry)	1835 S. Trade Days Blvd.	Canton, TX 75103	903-567-2313
Country Place Senior Living (Pine)	1833 S. Trade Days Blvd.	Canton, TX 75103	903-675-6500

### WILLS POINT, TX

Free State Crestwood Nursing Home & Assisted Living	1448 Houston St.	Wills Point, TX 75169	903-873-4300
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### ATHENS, TX

Arabella Athens	413 Gibson Rd.	Athens, TX 75751	903-675-1995
Country Place Senior Living Community	209 Wood St.	Athens, TX 75751	903-567-2942
Green Oaks Nursing Center	500 Valle Vista Dr.	Athens, TX 75751	903-677-3434
Oak Wood Place	603 Wood St.	Athens, TX 75751	903-675-2002

## Independent Living

### TYLER, TX

Atria Copeland	5317 New Copeland Rd.	Tyler, TX 75703	903-218-4131
Atria Willow Park	3500 S. Vine Ave.	Tyler, TX 75701	903-561-4302
Garden Estates	205 W. Grande Blvd.	Tyler, TX 75703	903-534-0449
Meadow Lake	16044 CR 165	Tyler, TX 75703	903-561-0657
Rosewood Estates	506 Rice Rd.	Tyler, TX 75703	903-402-1261
The Hamptons	4250 Old Omen Rd.	Tyler, TX 75707	903-566-8391
The Villas of Pine Ridge	3110 Towne Park Dr.	Tyler, TX 75701	903-561-1461

## Skilled Nursing/Long-Term Care

### TYLER, TX

Azalea Place Nursing and Rehab	810 S. Porter Ave.	Tyler, TX 75701	903-593-2463
Azalea Trails	550 Old Jacksonville Hwy.	Tyler, TX 75703	877-655-6183
Briarcliff Health Center	3403 S. Vine Ave.	Tyler, TX 75701	903-581-5714
Brookdale East	3505 University Blvd.	Tyler TX 75701	903-565-0800
Brookdale South	5403 Plantation Dr.	Tyler, TX 75703	903-594-4201
Genesis at Clairmont	900 S. Baxter Ave.	Tyler, TX 75701	903-597-8192
Genesis at Colonial	930 S. Baxter Ave.	Tyler, TX 75701	903-597-2068
Greenbrier Nursing & Rehab	3526 W. Erwin St.	Tyler, TX 75702	903-593-6441
Park Place Nursing and Rehab	2450 E. 5th St.	Tyler, TX 75701	903-592-6745
Pinecrest Nursing and Rehab	3505 Old Jacksonville Hwy.	Tyler, TX 75701	903-561-2011
Providence Park	5505 New Copeland Rd.	Tyler, TX 75703	903-939-2443
Reunion Plaza Senior Care Center	1401 Rice Rd.	Tyler, TX 75703	903-561-6060
The Heights	2650 Elkton Tr.	Tyler, TX 75703	903-266-1841
Tyler Continue Care	800 E. Dawson	Tyler, TX 75701	903-531-4080
Villa of Tyler	3323 Garden Valley Rd.	Tyler, TX 75702	903-592-8852
Waterton at Shiloh	2875 Shiloh Rd.	Tyler, TX 75703	903-561-1300

## Skilled Nursing/Long-Term Care -Continued

### LINDALE, TX

Colonial Nursing and Rehab	508 S. Pierce	Lindale, TX 75771	903-882-1891
Lindale Nursing Center	215 W. Margaret St.	Lindale, TX 75771	903-882-7561

### QUITMAN, TX

Heritage Healthcare Residence	1026 E. Goode St.	Quitman, TX 75783	903-763-2284
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### MINEOLA, TX

Mineola Healthcare Residence	716 Mimosa Dr.	Mineola, TX 75733	903-569-5366
Wood Memorial	320 Greenville Ave	Mineola, TX 75773	903-569-3852

### JACKSONVILLE, TX

Bonner Street Plaza	421 S. Bonner	Jacksonville, TX 75766	903-586-9871
Gardendale Rehab. & Nursing Center	1521 E. Rusk St.	Jacksonville, TX 75766	903-586-3626
Jacksonville Health Care Center	305 Bonita St.	Jacksonville, TX 75766	903-586-3616
Senior Care of Jacksonville	810 Bellaire	Jacksonville, TX 75766	903-589-5300
Twin Oaks Health & Rehab	1123 N. Bolton	Jacksonville, TX 75766	903-586-9031

### CANTON, TX

Canton Healthcare Nursing & Rehab	1661 S. Buffalo St.	Canton, TX 75103	903-567-4135
Canton Oaks	1901 S. Trade Days Blvd.	Canton, TX 75103	903-567-3662

### VAN, TX

Van Healthcare	169 S. Oak St.	Van, TX 75790	903-963-8641
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### GRAND SALINE, TX

Anderson Nursing Care	520 Bradburn Rd.	Grand Saline, TX 75141	903-962-4234
Azalea Trails	416 Springcreek Rd.	Grand Saline, TX 75140	903-962-4226
Country Trails Nursing Center	1638 VZ CR 1803	Grand Saline, TX 75140	903-962-7595

### WILLS POINT, TX

Free State Crestwood Nursing Home & Assisted Living	1448 Houston St.	Wills Point, TX 75169	903-873-4300
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### ATHENS, TX

Athens Healthcare and Rehab. Center	305 S. Palestine St.	Athens, TX 75751	903-675-2046
Green Oaks Nursing Center	500 Valle Vista Dr.	Athens, TX 75751	903-677-3434
Park Highland Nursing & Rehab. Center	711 Lucas Dr.	Athens, TX 75751	903-675-8538
South Place	150 Gibson Rd.	Athens, TX 75751	903-292-4069

## Rehabilitation Hospitals

### TYLER, TX

CHRISTUS Trinity Mother Francis Rehab / HealthSouth	3131 Texas Hwy. 110	Tyler, TX 75701	903-561-1461
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### MINEOLA, TX

ETMC Rehabilitation Center	1220 N. Pacific St., Ste. 1	Mineola, TX 75773	903-569-0842
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## Sitter/Provider Services

### TYLER, TX

Caregivers Home Health  
Caring Companions At Home  
Comfort Keepers of Tyler, TX  
Divine Health Care Services, Inc.  
Exceptional Home Care  
Home Aid Care Givers  
Home Instead Senior Care  
Kindred at Home  
Outreach Helath Services  
Right at Home  
Unicare Home Health Services  
Visiting Angels

1901 Rickety Ln.  
116 E. Heritage Dr., Ste. 104  
120 S. Broadway Ave., Ste. 105  
2737 S. Broadway Ave.  
1420 WSW Loop 323  
1530 SSW Loop 323  
4500 S. Broadway Ave., Ste. 106  
1700 SSE Loop 323, Ste. 110  
3110 Golden Rd.  
420 E. 5th St.  
3300 S. Broadway Ave., Ste. 208  
419 W. Houston St.

Tyler, TX 75703  
Tyler, TX 75703  
Tyler, TX 75702  
Tyler, TX 75701  
Tyler, TX 75701  
Tyler, TX 75701  
Tyler, TX 75701  
Tyler, TX 75702  
Tyler, TX 75701  
Tyler, TX 75701  
Tyler, TX 75701  
Tyler, TX 75702

903-561-4455  
903-561-6483  
903-509-4424  
903-595-2400  
903-533-0290  
903-533-1300  
903-258-9061  
903-595-5266  
903-405-7772  
903-253-0778  
903-531-9949  
903-581-5122

### JACKSONVILLE, TX

Grace Visiting Nurses  
Home Instead Senior Care

111 Cash St.  
402 S. Ragsdale St.

Jacksonville, TX 75766  
Jacksonville, TX 75766

903-617-6835  
903-284-6102

### ATHENS, TX

Caring Companions at Home  
Genesis Extra Care

104 E. Corsicana St.  
1317 S. Palestine St.

Athens, TX 75751  
Athens, TX 75751

903-677-3007  
903-286-9081

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## Directory of National Services/Local Resources

### ADULT PROTECTIVE SERVICES

**Smith County APS**  
302 E. Rieck Rd  
Tyler, TX 75703  
(P) 903-561-5359

### ALZHEIMER'S ALLIANCE

**Alzheimer's Alliance**  
211 Winchester Dr.  
Tyler, TX 75701  
(P) 903-509-8323

### AREA AGENCY ON AGING

**Area Agency on Aging**  
3800 Stone Road  
Kilgore, TX 75662  
(P) 903-218-6400

### MEDICAID

**Texas Medicaid**  
<https://www.yourtexasbenefits.com>  
(P) 877-541-7905

**Medicare.gov**  
Centers for Medicare & Medicaid  
Services  
7500 Security Blvd.,  
Baltimore, MD 21244-1850  
[www.medicare.gov](http://www.medicare.gov)  
(P) 800-MEDICARE

### MEDICARE

**Center for Medicare Advocacy**  
PO Box 350, Willimantic, CT 06226  
<http://www.medicareadvocacy.org/>  
(P) 860-456-7790  
(F) 860-456-2614

### VA SERVICES

**Smith County Veteran's Services**  
210 E. Ferguson  
Tyler, TX 75702  
(P) 903-590-2950

**Ross & Shoalmire**  
Certified VA Attorneys  
Helping with the Aid & Attendance  
Benefit  
(P) 1-800-780-6993

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**National Suicide Prevention  
Lifeline**  
(P) 1-800-273-8255



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### Brookdale Henderson

Assisted Living  
Alzheimer's & Dementia Care  
1000 Richardson Drive  
Henderson, Texas 75654  
(903) 655-1198  
Facility No. 0-30004

### Brookdale Texarkana

Assisted Living  
4204 Moores Lane  
Texarkana, Texas 75503  
(903) 838-3562  
Facility No. 000759

### Brookdale Tyler East

Assisted Living  
3505 University Boulevard  
Tyler, Texas 75701  
(903) 565-0800  
Facility No. 000800

### Brookdale Longview

Assisted Living  
2920 North Eastman Road  
Longview, Texas 75605  
(903) 757-6020  
Facility No. 000-382

### Brookdale Palestine

Assisted Living  
101 Trinity Court  
Palestine, Texas 75801  
(903) 729-1900  
Facility No. 000821

### Brookdale Tyler South

Alzheimer's & Dementia Care  
5403 Plantation Drive  
Tyler, Texas 75703  
(903) 534-4955  
Facility No. 0-10226

► For more information,  
contact the community nearest you.



# Where Meets Home

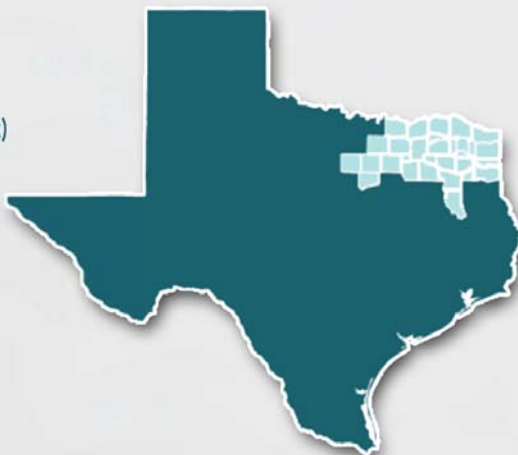


#### Insurances we accept:

- Medicare
- Medicare Advantage Plans
- Scott & White (Commercial and MA Plans)
- ACPN (America's Choice Provider Network)
- Multi Plan – PHCS Tricare UHC

#### Also, please contact us about:

- Aetna
- Humana
- Blue Cross Blue Shield
- Worker's Compensation



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