

Aging and Disability Services Administration

Summary of Home and Community Services & Eligibility

IN-HOME

COMMUNITY RESIDENTIAL

NURSING FACILITY

FUNDING SOURCES

SHORT-TERM FUNDING RESOURCES

ESTATE RECOVERY

ABBREVIATIONS

REGIONAL OFFICES (back page)

This brochure is written for ADSA staff and other professional staff who deal with the long-term care system. It provides a quick overview and description of the long-term care services available through ADSA, with a brief reference to several funding sources.



SERVICES

	Service Name	Services Provided	Eligibility (see pages 10-11)
All Settings	Information & Assistance/ Case Management:	An integrated system designed to link people to needed services and information, both public and private. May range from providing simple information to comprehensive case management. Case management assists certain functionally impaired adults who are not eligible for Medicaid programs to obtain and use necessary support services.	OAA, SCSA
	Adult Day Care:	Supervised daytime care; services include personal care, social services and activities, education, routine health monitoring, general therapeutic activities, nutritional meal and snacks, supervision and/or protection if required, transportation coordination, and first aid and emergency care.	Adults with medical or disabling conditions that do not require a registered nurse or licensed rehabilitative therapist be involved. COPES, SCSA, respite funds
In-Home Setting	Adult Day Health:	Supervised skilled nursing and rehabilitative therapy services PLUS supervised daytime program providing same services as Adult Day Care.	Adults with medical or disabling conditions who need rehabilitative and nursing services in order to function in a non-institutional setting. Medicaid coupons (CNNP, CN, QMB, GA-X)
	Adult Protective Service:	APS staff respond to all reports of abuse, neglect, self-neglect, exploitation, or abandonment of vulnerable adults. Staff screen and may investigate reports; coordinate with the legal system or other resources to protect the adult and/or develop a plan of intervention. Vulnerable adult or legal representatives must give written consent and may choose to end services at any time. Protective services may include: <ul style="list-style-type: none"> • Protection orders • Evaluations (such as competency evaluations) • Case management • Time-limited, in-home or residential services Legal guardianship (consent not required)	Elements of abuse, abandonment, exploitation, neglect, or self-neglect must exist. In addition, there is no other adult willing or able to responsibly assist the person. Investigation is conducted at no charge and without regard to income of alleged victim. Some protective services may be provided without cost. Eligibility for another service is not required.
	Disease Prevention/ Health Promotion:	A variety of services to prevent the onset of serious disease and promote healthy behaviors, including but not limited to health risk assessments, health education, home injury control, medication management, nutrition counseling.	OAA, SCSA (eligibility criteria for SCSA does not apply)
	Family Caregiver Support Program:	Services may include: <ul style="list-style-type: none"> • Information about available public and private LTC support services • Help gaining access to LTC family caregiver services • Individual counseling, support group formation and implementation; caregiver training • Respite care • Supplemental services (vary according to local programs) 	Recipient must be an unpaid caregiver who provides care to an adult who has a functional disability. Unpaid caregiver can also be 60 years and older and care for a child under age 19 who is a relative. Services are generally free. Exception is respite services, which has a sliding fee scale based on care recipient's monthly income.
	Medication Management:	Education on how to take prescription, over-the-counter, and herbal medications in a safe and proper manner. Referral to a physician or pharmacist for help with medications. Provides information about applying to drug companies that participate in prescription assistance programs.	People 60 years or older and/or family members or caregivers. OAA
Nursing Services:	Provides health-related consultation: <ul style="list-style-type: none"> • Review assessment and service plan • Nursing assessment • Instruction to care providers and clients • Coordinate care and health resources • Evaluate health-related care needs 	COPES MPC Other funds if available through local agreements	

Providers	Provider Training
AAAs - in home HCS - residential	N/A
Must meet state WAC for adult day services and be contracted with ADSA.	Participation: Depending on income
Must meet state WAC for adult day services and be contracted with Medical Assistance Administration (MAA).	DSHS pays contractor for administering the program.
When a vulnerable adult lives at home, APS takes the report, investigates the allegations, and may provide protective services. When the adult lives in a long-term care setting and alleged perpetrator is an owner, operator, employee or volunteer of the facility, CRU conducts the investigation.	Staff attend APS Academy.
Providers who are qualified, licensed, and/or certified, including mental health, respite, and transportation providers.	Only for level 2 Respite Care Services.
AAAs or their designated subcontractors.	
HCS RN, AAA RN, or subcontractor	

Abbreviations

AAA	Area Agency on Aging
ADL	Activity of daily living (bathing, dressing, eating, locomotion, personal hygiene, toilet use, transfer, walking, medication assistance)
ADSA	Aging and Disability Services Administration, DSHS
AFH	Adult Family Home
AL	Assisted Living
APS	Adult Protective Service, DSHS
ARC	Adult Residential Care
BH	Boarding Home
CA	Comprehensive Assessment
CARE	Comprehensive Assessment Reporting Evaluation
COPEs	Community Options Program Entry System (ADSA Medicaid waiver program)
CM	Case Management
CMS	Centers for Medicare and Medicaid Services
CN	Categorically Needy - Medicaid program that provides the broadest scope of medical coverage.
CNC	Community Nurse Consultant
DDD	Division of Developmental Disabilities, ADSA
CPI	Clothing and Personal Incidentals allowance
DSHS	Department of Social and Health Services
EARC	Enhanced Adult Residential Care
FPL	Federal Poverty Level
HCS	Home and Community Services Division, ADSA
IADL	Instrumental Activities of Daily Living [(meal preparation, ordinary housework, shopping, transportation, wood supply (as only source of heat)]
IP	Individual Provider
LTC	Long-term Care
MAA	Medical Assistance Administration, DSHS
MN	Medically Needy - Medicaid program for people with income above CN limits. It provides different medical coverage than CN and greater financial participation by client.
MNIL	Medically Needy Income Level
MNRW	Medically Needy Residential Waiver (effective March 2003)
MPC	Medicaid Personal Care
NF	Nursing Facility (nursing home)
OAA	Older Americans Act
PNA	Personal Needs Allowance retained by clients who must participate in their cost of care.
RN	Registered Nurse
SCSA	Senior Citizens Services Act
SIL	Special Income Level (300% of SSI payment level)
SMI	State Median Income
SSI	Supplemental Security Income (the federal grant program for aged, blind and disabled clients which is administered by the Social Security Administration (SSA))

SERVICES

Service Name	Services Provided	Eligibility (see pages 10-11)
Nutrition Services:	Nutritious meals, risk assessments, and education are provided to help meet the nutritional and social needs of older persons in either a congregate setting or through home-delivery.	OAA, SCSA
Personal Care Waiver Services:	<ul style="list-style-type: none"> • Assistance with personal care tasks (as determined through assessment) • Medical procedures delivered under self-directed care • Assistance with IADLs (person must be receiving personal care tasks also) • Case Management 	COPES or MPC
Other Waiver Services:	Environmental modification* Transportation (see below) Personal emergency response system* Home health aide service* Adult day care (see above) Client training Home-delivered meals* (see Nutrition Services, above) Specialized medical equipment/supplies Skilled nursing care *available only to in-home clients	COPES
Private Duty Nursing:	In-home, skilled nursing care to Medicaid clients 18 years of age and over who would otherwise be served in a nursing facility or hospital.	Client must have complex medical needs that cannot be met with other services. Client must be technology-dependent: ventilator; tracheostomy tube care/suctioning; intravenous/parenteral administration of medications; intravenous administration of nutritional substances – and require 4 to 16 continuous hours skilled nursing care that can be safely provided outside a hospital or nursing facility. Private insurance is first payer.
Senior Employment:	Provides part-time employment in community service settings, with the goal of transitioning people to unsubsidized employment	OAA; low income and age 55 and older
Senior Farmers Market Nutrition Program:	Low-income seniors are provided with Farmers Market checks to purchase locally grown produce at farmers markets, or produce is delivered to them with home-delivered meals or at senior centers.	USDA, local funds; 60 or over and income under 185% of Federal Poverty Level
Transportation:	Transportation services are designed to transport older persons to and from social services, health care services, meal programs, senior centers, shopping and recreational activities so such services will be accessible to eligible individuals who have no other means of transportation. This is accomplished through a variety of programs: <ul style="list-style-type: none"> • Medicaid Brokered Transportation (healthcare only) • Local ADA Public Transportation • Medicaid waiver service • Local Volunteer Programs • Limited programs administered by some AAAs 	MAA brokerage, MPC, COPES, OAA, SCSA, local transit funds

In-Home Setting

Providers

Provider Training

Contracted through the AAAs

Food service handler permits

Individual Provider (IP)
Client recruits, hires, and supervises IP, who must complete and meet the standards of a background check and sign an agreement with DSHS or AAA. DSHS will not pay for services provided by a spouse.

Agency Provider
AAA contracts with licensed home care or home health agency.

- Agency providers must complete orientation before working with clients
- IP must complete orientation (provided by DSHS or AAA) no later than 14 calendar days after starting work with first DSHS client
- Basic training (Revised Fundamentals of Caregiving, Modified Fundamentals Self-Study Course) within 120 days
- Continuing education (CE) of 10 hours/ calendar year
- Parents who are IP for adult child only are exempt from orientation and CE requirement

Contracted through AAAs

Licensed home health agencies that contract with ADSA

Privately contracted licensed RN or LPN (with RN supervision), only when client lives in a remote area or an agency refuses to serve the client.

Contracted through AAAs

Contracted through AAAs

Varies

Estate Recovery

By law, the state must recover (be paid back) payments DSHS made for certain long-term care benefits and medical services from the recipient's estate (assets remaining at the time of death) This is called Estate Recovery.

Washington State will recover funds:

- For the following long-term care services received from age 55: nursing home services, COPES, Medicaid personal care services, adult day health, and private duty nursing.
- For state-funded long-term care services received at any age including: chore services, adult family home, adult residential care, and bed hold payments made to residential facilities.

The state will also recover costs of other medical services received during the time the recipient received long-term care services.

Collection only applies to assets the recipient owned or had an interest in at the time of death. It does not apply to property solely owned by a spouse or child.

The state will not begin recovery efforts until after the death of the recipient or during the life of a surviving spouse, or while a surviving child is under age 21 or blind or disabled. Hardship provisions to protect dependent heirs may apply.

Various exemptions have existed over the years. DSHS will apply whatever estate recovery law existed on the date that benefits were received.

DSHS may file a lien or make a claim against any property that is included in the deceased recipient's estate. Before filing a lien against real property, DSHS will give notice and an opportunity for a hearing to the estate's personal representative or any other established titled of the property.



SERVICES

	Service Name	Services Provided	Eligibility
In-Home Settings	Respite Care Services:	Companionship/supervision (level 1), personal care (level 2), and nursing services (level 3) provided in in-home and out-of-home settings on a planned or emergency basis.	Primary caregiver of client (adult with functional disability including dementia) does not receive financial compensation for providing care and client is at risk of placement in a facility if respite and other services are not available. Financial participation is required and is based on client's monthly income. Sliding fee scale.
	Self-Directed Care:	Individual Provider (IP) performs defined routine health care tasks	COPES MPC Chore
	Volunteer Chore:	Help with household tasks and personal care. Help with tasks not allowed under state-paid services, such as moving assistance and yard care. Number of service hours determined by agency provider, based on volunteer availability and client's needs.	At risk of placement in a long-term care facility. Client must be low-income. Eligible for state-paid services or cannot afford to purchase services privately.
In-Home & Residential Settings	Nurse Delegation:	Nursing assistant performs defined, routine health care tasks, most frequently administration of medications and glucose testing	In home - COPES AFH or BH - COPES, MPC state-funded
	PACE:	Multidisciplinary team provides all-inclusive acute and long-term care services; PACE services are tailored to meet the unique needs of each client. Some PACE services include: <ul style="list-style-type: none"> • Prescription drug coverage • Inpatient hospital and nursing home care • Emergency care • Housing in adult family home, boarding home, or other residential setting • Personal care and chore services • Home health • Transportation • Primary medical care and specialist services • Adult day health • Vision, dental, and hearing benefits • Physical, occupational, and speech therapies • Mental health services • Durable medical equipment 	COPES eligible, age 55 and over. Medicaid state plan service



Providers

Provider Training

AAA contracts with licensed home care and home health agencies, as well as nursing facilities, adult family homes, adult day service, hospitals, and other residential facilities.

For level 2

- Basic training (Fundamentals of Caregiving or Modified Fundamentals)
- Continuing education (10 hours per calendar year).

Client trains and supervises the IP

ADSA contracts with one AAA in Whatcom, Skagit, San Juan, and Island Counties. In rest of state, Volunteer Chore Service Offices are run by Catholic Community Services.

Registered Nurse (RN) trains and supervises nursing assistant

- RN - Nurse Delegation Orientation for Registered Nurses
- Nursing Assistant: Nurse Delegation for Nursing Assistants
- Nursing Assistant-Registered: Nursing Assistants and Basic Training (Revised Fundamentals of Caregiving)

Contract as a permanent PACE provider with DSHS and CMS. As of September 2003, only PACE provider in Washington State is Providence ElderPlace in Seattle.

It is the policy of the Department of Social and Health Services that no person is subjected to discrimination in this agency or its contractors because of race, color, national origin, sex, age, religion, creed, marital status, disabled or Vietnam Era Veteran status, or the presence of any physical, mental, or sensory handicap.

Suspected abuse or neglect

A mandatory reporter is a professional - facility staff, state employee or numerous professional licensed occupations - required by state law to report suspected abuse or neglect.

Anyone with concerns about:

- Care in a nursing facility, adult family home, boarding home, or intermediate care facility for the mentally retarded, or
- Nurse delegation

can call the toll-free **Complaint Resolution Hotline** 1-800-562-6078 or (TDD) 1-800-737-7931. The hotline operates 24 hours a day, 7 days a week. Calls are returned Monday through Friday from 8 am to 4:30 pm. Callers should be prepared to provide the name of the facility (NH, AFH, or BH), the resident's name, the name(s) of staff involved, the allegation, and any other relevant information.

To report suspected abuse or neglect of a vulnerable adult living in the community, contact the regional **Adult Protective Services** intake number (see back cover) or call toll-free 1-866-EndHarm (1-866-363-4276).

Another resource for anyone with concerns, inquiries, or complaints about resident care is the **State Long-Term Care Ombudsman Office**, 1-800-562-6028.



Other AAA services:

Alzheimer's support; foot care, chore, health maintenance, bath assistance, health screening, and minor home repair.



These services are not available in all areas of the state.

Please contact your Area Agency on Aging to see what services are available in your area.

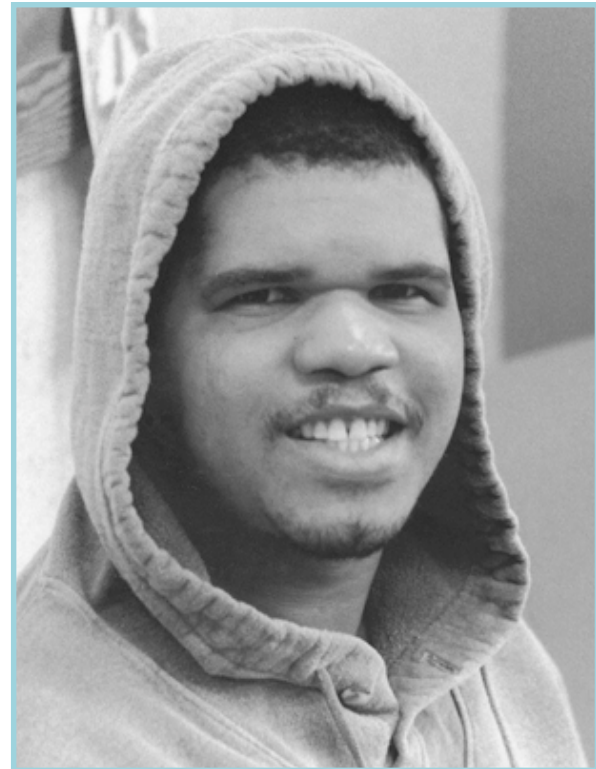
SERVICES

	Service Name	Services Provided	Eligibility
Residential Settings	Adult Family Homes:	<ul style="list-style-type: none"> • Assistance with personal care tasks (as determined through CARE or CA): • Negotiated services plan • MAY provide nursing services by licensed health provider • Nurse Delegation • 24-hour supervision • Case management • IADLs • AFH may be designated for specialty care, mental health, dementia, or developmental disability 	COPES, MPC, MN waiver
	Licensed Boarding Homes:	<ul style="list-style-type: none"> • Assistance with personal care tasks (as determined through CARE or CA): • IADLs • Negotiated service agreement • Nurse Delegation • Case management • BHs may offer care for residents with dementia or residents with mental health needs. • BHs may offer Specialized Dementia Care program 	COPES, MPC, MN waiver
Nursing Facility	Nursing Facility:	<ul style="list-style-type: none"> • Registered nurse or licensed practical nurse 24 hours per day • Therapeutic services directed toward rehabilitation and discharge • Help with personal care tasks (ADLs) • IADLs 	Requires services provided by or under supervision of licensed nurse. Requires more than supervision, protection, and assistance with personal care.

A Long-Term Care Ombudsman:

- advocates for residents of nursing homes, boarding homes, and adult family homes
- provides information to residents and families about the LTC system, and works to effect systems changes at the local, state and national level.

**State Long-Term Care
 Ombudsman Office**
 (800) 562-6028
www.ltcop.org/index.html



Providers

Provider Training

DSHS licenses and contracts with AFH.

- Orientation before employees have routine interaction with residents.
- Basic training (Revised Fundamentals of Caregiving, Modified Fundamentals Self-Study Course, or other DSHS-approved curriculum)
- Continuing education (10 hours/calendar year)
- Nurse Delegation Training to be able to perform delegated nursing tasks
- Specialty training to be able to admit residents with dementia, developmental disabilities, or mental illness.

DSHS licenses and contracts with BH. BH that contract for Adult Residential Care offer the basic BH services; may or may not offer limited nursing services.

BHs that contract for Enhanced Adult Residential Care offer a semi-private room and limited nursing services. BHs that contract for Assisted Living provide a private unit with private bathroom; refrigerator and stove in room; nursing services

- Orientation before employees have routine interaction with residents.
- Basic training (Revised Fundamentals of Caregiving, Modified Fundamentals Self-Study Course, or other DSHS-approved curriculum)
- Continuing education (10 hours/calendar year)
- Nurse Delegation Training to be able to perform delegated nursing tasks
- Specialty training to be able to admit residents with dementia, developmental disabilities, or mental illness.

Licensed and certified nursing facility or NF certified hospital wing. Medicaid contract with DSHS.



Visit ADSA's Internet site at **www.adsa.dshs.wa.gov** for English and translated versions of brochures, selection of nursing facilities, boarding homes and adult family homes, information for caregivers, and much more.



ADSA staff can visit the ADSA Intranet at **<http://adsaweb>**.

For other DSHS services, see No Wrong Door site at **www.dshs.wa.gov/basicneeds/**.

For benefits eligibility, go to **www.benefitscheckup.org**.

For services in other states, go to **www.eldercare.gov**.

FUNDING SOURCES

Funding Source	Functional Eligibility	Financial Eligibility
Older Americans Act (OAA):	Age 60 and older	Not means tested, but priority populations are those who are low-income, have the greatest economic and social need, are minority, or live in rural areas
Senior Services Citizens Act (state funds):	Sixty-five or older; or sixty or older, and unemployed, or working twenty hours a week or less; and an impairment, which without services would prevent person from remaining at home;	Income at or below forty percent of the state median income (SMI) for a family of four adjusted for family size; and nonexempt resources under \$10,000 for a single person or \$15,000 for two. With income over 40% of SMI, may be eligible for services on a sliding fee basis.
Title 19 Nursing facility services for categorically needy (CN) and medically needy (mn):	See WAC 388.71.0700	<p>Categorically Needy (CN) Categorically related to SSI: must be aged (65 or older), blind, or disabled (SSA's criteria for disability)</p> <p>OR Receiving GAX cash assistance,</p> <p>AND Income less than or equal to the special income level (SIL),</p> <p>Medically Needy (MN) Clients who have income above the SIL, but below the private facility rate can qualify.</p> <p>Resources for MN and CN At or below \$2,000 for single client, \$4,000 if married and both spouses applying, or \$40,000 if married and only one spouse is applying and living in the community (community spouse)</p>
Title 19 Medicaid Personal Care:	For CA, see WAC 388.71.0440 For CARE, see WAC 388.72A.0060	<p>Financial Eligibility for MPC</p> <p>Certified as Title XIX Categorically Needy eligible for a medical program that does not use institutional financial rules (nursing facility or COPES)</p> <p>Example: eligible person receives or would be eligible for CN medical as SSI recipient, SSI-related CN medical, TANF, or GA-X</p>
Title 19 Medically Needy Residential (Limited number of slots available)	Requires level of care provided in a nursing facility. For CA, see WAC 388.71.0442; for CARE, see WAC 388.72A.0055	<p>Categorically related to SSI: must be 65 or older, blind, or disabled (SSA's criteria for disabled), AND</p> <p>Does not meet financial eligibility for MPC or COPES; AND</p> <p>Lives in AFH with DSHS contract or BH with contract for assisted living or EARC; AND</p> <p>Resources at or below \$2,000 for single client, \$3,000 if married and only one applying, \$4,000 if both applying; AND</p> <p>Income less than facility's DSHS rate.</p>
Title 19 COPES waiver:	For CA, see WAC 388.71.0435 For CARE, see WAC 388.72A.0055	<p>Categorically related to SSI: must be aged (65 or older), blind, or disabled (SSA's criteria for disabled), AND</p> <p>Income less than or equal to the SIL AND</p> <p>Resources at or below \$2,000 for single client, \$4,000 if married and both spouses applying, or \$40,000 if married and only one spouse is applying and is living in the community (community spouse)</p>

Funding Sources for Long-Term Care

Client Contribution

Payment Process

<p>No set contribution; OAA participants must be given opportunity to contribute to cost of service</p>	<p>AAA pays provider</p>
<p>Sliding fee basis</p>	<p>N/A</p>
<p>Client contributes all available income after deductions and allocations. Client retains \$41.62 PNA if in a nursing facility.</p>	<p>Client pays participation to provider; DSHS pays provider the remainder.</p>
<p>Client does not pay any participation for in-home care</p> <p>In a residential setting, SSI recipients retain \$38.84 as PNA; all others retain \$58.84 as PNA.</p> <p>Participation is determined by HCS social worker</p> <p>Client contributes toward room and board.</p>	<p>Provider bills for authorization and provided hours to SSPS. SSPS sends check to provider. In-home agency provider-DSHS pays AAA, AAA pays agency, agency pays provider</p> <p>In-home individual provider-DSHS pays contracted individual provider.</p> <p>Providers are responsible for collecting client contributions to their care (participation).</p>
<p>Client contributes all available income after deductions. Client retains \$58.84 PNA.</p> <p>Client contributes toward room and board.</p>	<p>Client pays participation to provider. DSHS pays provider the remainder.</p>
<p>Client contributes all available income after deductions and allocations, above</p> <ul style="list-style-type: none"> •100% of federal poverty level for a single client living at home or for each spouse in a married couple if both eligible •MNIL for a married client living with a community spouse •Clients in residential setting retain \$58.84 for the PNA and contribute all remaining available income for the cost of Room and Board and personal care services. 	<p>Social Worker or case manager authorizes hours or payment. The provider bills for authorized and provided hours to SSPS. SSPS sends check to provider.</p> <p>In-home agency provider-DSHS pays AAA, AAA pays agency, agency pays provider</p> <p>In-home individual provider-DSHS pays contracted individual provider.</p> <p>Providers are responsible for collecting client contributions to their care.</p>

Short-Term Funding Resources

Residential Services to Adults (formerly known as Residential Care Discharge Allowance)

What is it? Funds to assist someone to move from a residential setting to a less restrictive environment. It can be used to retain housing while the person is in a hospital or nursing facility, or to purchase independent living services, environmental modifications, security deposits, moving expenses, etc.

Who can benefit from it? HCS & AAA clients who are moving from Adult Family Homes or Boarding Homes, and HCS, AAA, & DD clients who are moving from a nursing facility.

How do I access the funds? HCS and AAA social workers/case managers responsible for transitioning clients to less restrictive settings can authorize up to \$800 on an SSPS 14-154, as a one time payment. See SSPS manual Service Codes 4600. Check with your supervisor for amounts in excess of \$800.

Assistive Technology (AT) Fund

What? Funds that can buy assistive, adaptive or durable medical equipment, evaluations, training, or minor home modifications. Limited funds available each fiscal year.

Who? Clients living at home or in an AFH or boarding home. Use this fund after all other resources are exhausted.

How? Call 360/725-2552. Headquarters issues payment via an A-19.

Client Intervention Services

What? Funds that can purchase time limited evaluations/ consultations by professionals, such as:

- Psychological
- OT/PT
- Nutrition
- Independent living
- RN or rehabilitation

Who? Clients living in residential facilities or at home, and who may gain improved health, functioning, or independence through such intervention. Intervention must be in response to client-centered issues, not provider or business issues.

How? Only contracted providers may provide these services. Find a list of contracted providers at the ADSA Intranet homepage: Click Home and Community Services, then click Intervention Services Contractors.

Check with your supervisor for the process to access these funds.

Supported Transitions Grant (expires 10/04)

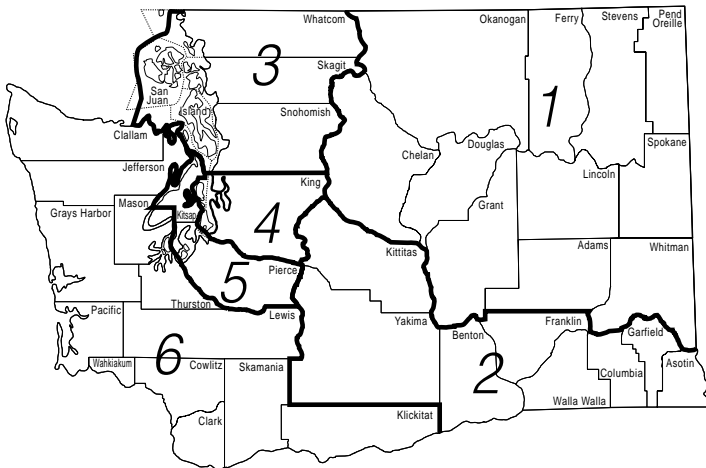
What? Can be used for certain independent living services, home modifications, adaptive and durable medical equipment expenses that exceed the \$800 limit of Residential Services.

Who? All Medicaid eligible people who want to move from a nursing facility to a less restrictive environment.

How? Call 360/725-2552.

ADSA Regional Offices

		Division of Developmental Disabilities Office	Home and Community Services Office	Residential Care Services Office	APS Reports
Region 1	Spokane, Grant, Okanogan, Adams, Chelan, Douglas, Lincoln, Ferry, Stevens, Whitman, and Pend Oreille Counties	1 (800) 462-0624	1 (800) 459-0421	(509) 458-3608	1(800)459-0421
Region 2	Yakima, Kittitas, Benton, Franklin, Walla Walla, Columbia, Garfield, and Asotin Counties	1 (800) 822-7840	1 (800) 822-2097	(509) 225-2800	1(877)389-3013
Region 3	Snohomish, Skagit, Island, San Juan, and Whatcom Counties	1 (800) 788-2053	1 (866) 608-0836	(360) 651-6851	1(800)487-0416
Region 4	King County	1 (800) 314-3296	1 (800) 346-9257	(206) 341-7799	1(866)221-4909
Region 5	Pierce and Kitsap Counties	1 (800) 248-0949	1 (800) 442-5129	(253) 983-3849	1(800)442-5129
Region 6	Thurston, Mason, Lewis, Clallam, Jefferson, Grays Harbor, Pacific, Wahkiakum, Cowlitz, Skamania, Klickitat, and Clark Counties	1 (800) 339-8227	1 (800) 462-4957	(360) 725-2521	1(877)734-6277



Aging and Disability Services Administration

PO Box 45600
 Olympia, WA 98504-5600
 1-800-422-3263 or (TDD)1-800-737-7931



Area Agencies on Aging in Washington State

Olympia Area Agency on Aging	(360) 379-5064	Clallam, Grays Harbor, Jefferson, Pacific Counties
Northwest Regional Council	(360) 676-6749	Island, San Juan, Skagit, Whatcom Counties
Snohomish County Long Term Care & Aging Division	(425) 388-7200	Snohomish County
Aging & Disability Services - Seattle/King County	(206) 684-0660	King County
Pierce County Aging & Long Term Care	(253) 798-7236	Pierce County
Lewis/Mason/Thurston Area Agency on Aging	(360) 664-2168	Lewis, Mason, Thurston Counties
Southwest Washington Area Agency on Aging	(360) 694-6577	Clark, Cowlitz, Klickitat, Skamania, Wahkiakum Counties
Aging & Adult Care of Central Washington	1 (800) 572-4459	Adams, Chelan, Douglas, Grant, Lincoln, Okanogan Counties
Southeast Washington Area Agency on Aging	(509) 965-0105	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Yakima, Walla Walla Counties
Yakama Nation Area Agency on Aging	(509) 865-5121	Yakama Reservation
Aging & Long Term Care of Eastern Washington	(509) 458-2509	Ferry, Pend Oreille, Spokane, Stevens, Whitman Counties
Colville Indian Area Agency on Aging	(509) 634-2237	Colville Reservation
Kitsap County Division of Aging & Long Term Care	(360) 337-7068	Kitsap County