

**TEXAS**  
**NURSING HOME**  
**&**  
**ASSISTED LIVING**  
**GUIDE**

*Medicaid Planning & Division of Assets*

**Learn:**

- How to Find the Right Nursing Home
- How to Get Good Care
- How to Pay for it Without Going Broke

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## Introduction

The decision to move a family member or loved one into a nursing home is one of the most difficult decisions you can make. Perhaps the move is being made because the family member can no longer care for him or herself, or has a progressive illness like Alzheimer's, or has had a stroke or heart attack.

Regardless of the reason, those involved are almost always under great stress.

At times like these, it's important that you pause, take a deep breath and understand that there are things you can do. Good information is available and you can make the right choices for you and your loved one.

**The Texas Nursing Home & Assisted Living Guide** is designed to help provide you with information and answers to some of the questions you will encounter

These are questions which we, as Elder Law Attorneys and nursing home professionals, deal with on a daily basis. Our clients have found this guide to be a valuable resource, and we hope that you will find it useful too.

Best Wishes,

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## Selecting a Nursing Facility

When someone is faced with the overwhelming job of finding a nursing home for a loved one, the question often asked is, "Where do I begin?" Although this is a job that no one wants to do, it can be done with forethought and confidence that the best decision was made for everyone involved.

When nursing home placement is necessary, it is crucial that the family and/or potential resident decide what is most important to them in looking for a facility. It is important that the resident's needs and wants be included in this evaluation. Things such as location of the facility, if a special care unit is necessary, and the type of payer source should be considered when beginning this process.

The next step is to identify the facilities in your area which meet the criteria you have established. Beyond this guide, listings of facilities in Texas can be obtained from:

- Texas Department of Aging & Disability Services, [www.dads.state.tx.us](http://www.dads.state.tx.us), (512) 438-3011
- Texas Health & Human Services Commission, [www.hhsc.state.tx.us](http://www.hhsc.state.tx.us), (800) 252-8263
- Texas State Long-Term Care Resources, [www.tdi.state.tx.us/consumer/hicap/hicap/tx05.html](http://www.tdi.state.tx.us/consumer/hicap/hicap/tx05.html), (800) 252-3439

If placement is "down the road" and you have time, call the nursing facilities and ask them to send you their information packet including an activity calendar and a menu.

Get ready to tour the facilities you have chosen. Don't schedule your tours, just show up during regular business hours. You will be able to meet with the administrative staff, who should be able to answer all of your questions. Next, you will want to tour a second time in the evening or on the weekend just to see if there is a drastic difference in the atmosphere of the facility or the care being provided. It is important to tour at least two facilities so you can see the difference in the physical plant and the staff.

When you are touring, pay attention to your gut feeling. Ask yourself the following questions: Did I feel welcome? How long did I have to wait to meet with someone? Did the admission director find out my family member's wants and needs? Was the facility clean? Were there any strong odors? Was the staff friendly? Did they seem to genuinely care for the residents? Did the staff seem to get along with each other? Listen and observe. You can learn so much just by watching and paying attention.

When touring a facility, ask any questions that come to mind. There are no "dumb" questions. Here are a few examples of questions you will want to ask to make sure that the administration of the facility is giving proactive care instead of just reacting to crisis.

- How do you ensure that call lights are answered promptly regardless of your staffing?
- If someone is not able to move or turn him or herself, how do you ensure that they are turned so they do not develop bedsores?
- How do you make sure that someone is assisted with the activities of daily living like dressing, toileting and transferring?
- Can residents bring in their own supplies?
- Can residents use any pharmacy?
- How many direct care staff members do you have on each shift? Does this number exceed the minimum number required by state regulations or do you just meet the minimum standard?
- What payer sources do you accept?
- How long has the medical director been with your facility?
- How were your last state survey results? Can I have a copy of the report?
- How did you correct any deficiencies and what processes have you put in place to ensure these mistakes don't happen again?
- Has the state prohibited this facility from accepting new residents at any time during the last two years?
- What is your policy on family care planning conferences? Will you adjust your schedule to make sure that I can attend the meetings?
- Do you have references I can talk with?
- Can my loved one come in for a meal to see if he or she fits in and likes the facility?

Included is a form you can use when touring facilities. This will help you keep track of which facility you liked best and those you did not care for.

## Nursing Home Evaluation

As you visit nursing homes, use the following form for each place you visit. Don't expect every nursing home to score well on every question. The presence or absence of any of these items does not automatically mean a facility is good or bad. Each has its own strengths and weakness. Simply consider what is most important to you and your loved one.

Record your observations for each question by circling a number from one to five. If a question is unimportant to you or doesn't apply to your loved one, leave the evaluation area for that questions blank. Then total all the numbers you have circled.

Your ratings will help you compare nursing homes and choose the best one for your situation. But, don't rely simply on the numbers. Ask to speak to family members of other residents. Also, contact the local or state ombudsman for information about the nursing home and get a copy of the facility's state inspection report from the nursing home, the agency that licenses (or certifies) nursing homes or the ombudsman.

Use a different colored ink for each nursing home visited so that you can easily compare each home on this one evaluation form.

## Nursing Home Evaluation Form

Names of Nursing Homes Visited and dates:

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Rate each item on a scale of 1 to 5, 1 being poor and 5 being excellent.

### The Building and Surroundings

- What is your first impression of the facility?
 

1	2	3	4	5
---	---	---	---	---
- What is the condition of the facility's exterior: paint, gutters and trim?
 

1	2	3	4	5
---	---	---	---	---
- Are the grounds pleasant and well-kept?
 

1	2	3	4	5
---	---	---	---	---
- Do you like the view from residents' rooms and other windows?
 

1	2	3	4	5
---	---	---	---	---
- Do residents with Alzheimer's disease live in a separate unit?
 

1	2	3	4	5
---	---	---	---	---
- Does the nursing home provide a secure outdoor area?
 

1	2	3	4	5
---	---	---	---	---
- Is there a secure area where a resident with Alzheimer's disease can safely wander?
 

1	2	3	4	5
---	---	---	---	---
- Is there a well-ventilated room for smokers?
 

1	2	3	4	5
---	---	---	---	---
- What is your impression of the general cleanliness throughout the facility?
 

1	2	3	4	5
---	---	---	---	---
- Does the facility smell clean?
 

1	2	3	4	5
---	---	---	---	---
- Is there enough space in the residents' rooms and common areas for the number of residents?
 

1	2	3	4	5
---	---	---	---	---
- How noisy are the hallways and common areas?
 

1	2	3	4	5
---	---	---	---	---
- Is the dining area clean and pleasant?
 

1	2	3	4	5
---	---	---	---	---
- Is there room at and in between the tables for both residents and aides for those who need assistance with meals?
 

1	2	3	4	5
---	---	---	---	---

- Are common areas like lounges and activity rooms in use?  
1 2 3 4 5
- Are residents allowed to bring pieces of furniture and other personal items to decorate their rooms?  
1 2 3 4 5

### **The Staff, Policies and Practices**

- Does the administrator know the residents by name and speak to them in a pleasant, friendly way?  
1 2 3 4 5
- Does the staff communicate with the residents in a cheerful and respectful manner?  
1 2 3 4 5
- Do the staff and administrator seem to work well with each other in a spirit of cooperation?  
1 2 3 4 5
- Do residents get permanent assignment of staff?  
1 2 3 4 5
- Do nursing assistants participate in the resident's care planning process?  
1 2 3 4 5
- How good is the nursing home's record for employee retention?  
1 2 3 4 5
- Does a state ombudsman visit the nursing home on a regular basis?  
1 2 3 4 5
- How likely is an increase in private pay rates?  
1 2 3 4 5
- Are there any additional charges not included in the daily or monthly rate?  
1 2 3 4 5

### **Residents' Concerns**

- What method is used in selecting roommates?  
1 2 3 4 5
- What is a typical day like?  
1 2 3 4 5
- Can residents choose what time to go to bed and wake up?  
1 2 3 4 5
- Are meaningful activities available that are appropriate for residents?  
1 2 3 4 5
- If activities are in progress, what is level of resident participation?  
1 2 3 4 5
- Can residents continue to participate in interests, like gardening or contact with pets?  
1 2 3 4 5

- Does the nursing home provide transportation for community outings and activities?  
1 2 3 4 5
- Is a van or bus with wheel chair access available?  
1 2 3 4 5
- Do residents on Medicaid get mental health services or occupational, speech or physical therapies if needed?  
1 2 3 4 5
- What is your impression of the general cleanliness and grooming of the residents?  
1 2 3 4 5
- How are decisions about method and frequency of bathing made?  
1 2 3 4 5
- How do residents get their clothes laundered?  
1 2 3 4 5
- What happens when clothing or other items are missing?  
1 2 3 4 5
- Are meals appetizing and served promptly at mealtime?  
1 2 3 4 5
- Are snacks available between meals?  
1 2 3 4 5
- If residents call out for help or use a call light, do they get prompt, appropriate response?  
1 2 3 4 5
- Does each resident have the same nursing assistant(s) most of the time?  
1 2 3 4 5
- How does a resident with problems voice a complaint?  
1 2 3 4 5
- Do residents, who are able, participate in care plan meetings?  
1 2 3 4 5
- Does the nursing home have an effective resident council?  
1 2 3 4 5

### Family Considerations

- How convenient is the nursing home's location to family members who may want to visit the resident?  
1 2 3 4 5
- Are there areas other than the resident's room where family members can visit?  
1 2 3 4 5
- Does the facility have safe, well-lighted, convenient parking?  
1 2 3 4 5
- Are hotels/motels nearby for out-of-town family members?  
1 2 3 4 5



- Are area restaurants suitable for taking the resident out for a meal with a family member?
 

1	2	3	4	5
---	---	---	---	---
- How convenient will care planning conferences be for interested family members?
 

1	2	3	4	5
---	---	---	---	---
- Is an effective family council in place?
 

1	2	3	4	5
---	---	---	---	---
- Can family/staff meetings be scheduled to discuss and work out any problems that may arise?
 

1	2	3	4	5
---	---	---	---	---

Total Score: \_\_\_\_\_

Once a facility has been chosen, there are some definite steps you can take to make the process less traumatic for the resident. If you know the resident becomes very difficult to deal with in the late afternoon, plan the admission for midmorning. Complete the admission paperwork before your loved one actually moves into the facility. This will allow you to spend the first few hours with them getting them settled and making them feel more secure in their new living environment.

One practical thing that you may want to do is to mark every piece of clothing with a permanent laundry marker. When a facility is washing the clothes for 1:20 people, it is common for things to occasionally end up in the wrong room, however you can help ensure getting the item back if it is properly marked. If you are going to do your loved one's laundry, post a sign on the closet door to notify staff and provide a laundry bag where the dirty clothes can be placed.

Bring in familiar things for the resident so that there is a feeling of home. However, realize that space is limited especially in a semi-private room.

A very important thing for you to remember is that the staff of the facility is just meeting your loved one for the first time. They do not know his or her likes or dislikes, or those little nuances that make providing care go smoother. The best way you can help your loved one is to tell the staff, in writing, as much information as possible about your loved one: their likes and dislikes, typical daily schedule, pet peeves, etc.

It is important that you get to know the people who are caring for your loved one. Most importantly, stay involved. Let everyone know how much you care and how committed you are to your loved one's care. Also understand you will not help your loved one by becoming anxious or emotional. Assure them that although this is not an ideal situation, you will be there to assist them in making it as pleasurable as possible.

## How to Get Good Care in a Nursing Home

Once you find a nursing home placement for your loved one, you can begin the process of easing the transition from one level of care to another. The most important way you can help is to ensure that your loved one gets good care in the new environment.

If you have been providing some or all of your loved one's care, you'll notice a change in your role. Rather than functioning as a caregiver, you'll instead become a care advocate. You will still be caring for your loved one but in a new way.

Your key roles are to participate in planning for your loved one's care and in frequent communication with the nursing home staff.

## Care Planning

The care planning process begins with a baseline assessment. This assessment occurs soon after a resident moves into a nursing home, certainly within the first two weeks.

A team from the nursing home, which may include a doctor, nurse, social worker, dietitian and physical, occupational or recreational therapist, will use information from both the resident and the family about the resident's medical and emotional needs.

The team will ask family members about the resident's medical, psychological, spiritual and social needs. You can also contribute information about your loved one's preferences and usual routine. For example, you might tell the staff, "Dad likes to listen to the radio as he falls asleep. He's been doing this since I was a child."

During the assessment process, you can help by making your own list of your loved one's needs and giving the list to a member of the assessment team. For example, you may have noticed signs of depression along with the symptoms of Alzheimer's. The assessment team may not notice these signs, so your input will be invaluable.

The assessment team uses all the information they gather to develop an individualized formal care plan. The care plan defines specific care that the resident needs and

outlines strategies the staff will use to meet those needs. The assessment team meets during the first month of a new resident's placement at a care planning meeting. Family members, as well as the resident, may attend.

When you go to the care plan meeting, bring along a copy of the list of needs you gave the assessment team earlier. Together, you can discuss your loved one's needs and the care plan the team has developed. If some need has been overlooked, you can ensure that the assessment team addresses it during this meeting.

Federal law requires that nursing home care results in improvement, if improvement is possible. In cases where improvement is not possible, the care must maintain abilities or slow the loss of the function.

For example, if your mother has a little problem with language when she moves into the nursing home, the care plan should include activities that encourage her use of language unless or until the disease's progression changes this ability.

The care plan becomes part of the nursing home contract. It should detail the resident's medical, emotional and social needs and spell out what will be done to improve (when possible) or maintain the resident's health.

According to federal law, nursing homes must review the resident's care plan every three months and whenever the resident's condition changes. It must also reassess the resident annually. At these times additional care planning meetings are held to update the resident's care plan.

For example, if your father had bladder control when he entered the nursing home but has become incontinent, this significant change in his status means the nursing home staff must develop a new care plan that addresses his new need.

As a care advocate, you'll want to monitor your loved one's care to be sure the nursing home is providing the care outlined in the care plan. You may also attend all care planning meetings, whether regularly scheduled or when held because of a change in your loved one's health. This is the best way to ensure that your loved one gets personal and appropriate care in the nursing home.

## Medicaid Planning and Division of Assets

One of the things that concerns people most about nursing home care is how to pay for that care. There are basically four ways that you can pay the cost of a nursing home:

**1. Long-Term Care Insurance.** If you are fortunate enough to have this type of coverage, it may go a long way toward the cost of the nursing home. Unfortunately, long-term care insurance has only started to become popular in the last few years and most people facing a nursing home stay do not have this coverage.

**2. Private Pay.** This is the method many people are required to use at first. Quite simply, it means paying for the cost of a nursing home out of your own pocket. Unfortunately, with nursing home bills averaging between \$3,500 and \$4,000 per month in our area, few people can afford a long-term stay in a nursing home.

**3. Medicare.** This is the national health insurance program primarily for people 65 years of age and older, certain younger disabled people, and people with kidney failure. Medicare provides short term assistance with nursing home costs, but only if you meet the strict qualification rules.

**4. Medicaid.** This is a federal and state funded and state administered medical benefit program which can pay for the cost of the nursing home if certain asset and income tests are met.

Since the first two methods are self-explanatory, our discussion will concentrate on Medicare and Medicaid, about which there is a great deal of confusion.

### **What is Medicare?**

**Medicare** is the federally funded and state administered health insurance program primarily designed for older individuals (i.e. those over age 65). There are some limited long-term care benefits that can be available under Medicare.

In general, if you are enrolled in the traditional Medicare plan, and you've had a hospital stay of at least three days, and then you are admitted into a skilled nursing facility (often for rehabilitation or skilled nursing care) Medicare may pay for awhile. (If you are a Medicare Managed Care Plan beneficiary, a three day hospital stay may not be required to qualify.)

If you qualify, traditional Medicare may pay the full costs of the nursing home stay for the first 20 days and can continue to pay the cost of the nursing home stay for the next 80 days, but with a deductible that's nearly \$100 per day. Some Medicare supplement insurance policies will pay the cost of that deductible. For Medicare Managed Care plan enrollees, there is no deductible for days 21 through 100 as long as the strict qualifying rules continue to be met. So, in the best case scenario, the traditional Medicare or the Medicare Managed Care Plan may pay up to 100 days of coverage for each "spell of illness". In order to qualify for these 100 days of coverage, however, the nursing home resident must be receiving daily "skilled care" and generally must continue to "improve".

(Note: The Medicare and Managed Care beneficiary may again be eligible for the 100 days of skilled nursing coverage for the next spell of illness.)

While it's never possible to predict at the outset how long Medicare will cover the rehabilitation, from our experience, it usually falls far short of the 100 day maximum. Even if Medicare does cover the 100 day period, what then? What happens after the 100 days of coverage have been used?

At that point, in either case you are back to one of the other alternative--long-term care insurance, paying the bills with your own assets, or qualifying for Medicaid.

### **What is Medicaid?**

**Medicaid** is a benefit program which is primarily funded by the federal government and administered by each state. The rules can vary from state to state.

One primary benefit of Medicaid is that, unlike Medicare (which only pays for skilled nursing), the Medicaid program will pay for long-term care in a nursing home once you've qualified. Medicare does not pay for treatment for all diseases or conditions. For example, a long-term stay in a nursing home may be caused by Alzheimer's or Parkinson's disease and even though the patient receives medical care, the treatment will not be paid for by Medicare. These stays are called custodial nursing stays. Medicare does not pay for custodial nursing home stays. In that instance, you'll either have to pay privately (i.e. use long-term care insurance or your own funds) or you'll have to qualify for Medicaid.

### **Why Seek Advice for Medicaid?**

As life expectancies and long-term care costs continue to rise, the challenge quickly becomes how to pay for these services. Many people cannot afford to pay \$3,500 per month or more for the cost of a nursing home, and those who can pay for a while may find their life savings wiped out in a matter of months, rather than years.

Fortunately, the Medicaid Program is there to help. In fact, in our lifetime, Medicaid has become the long-term care insurance of the middle class. The eligibility to receive Medicaid benefits requires that you pass certain tests on the amount of income and assets that you have.

The reason for Medicaid planning is simple. First, you need to provide enough assets for the security of your loved ones. They too may have a similar crisis. Second, the rules are extremely complicated and confusing. The result is that without planning and advice, many people spend more than they should and their family security is jeopardized.

## **Exempt Assets and Countable Assets: What Must Be Spent?**

To qualify for Medicaid, applicants must pass some fairly strict tests on the amount of assets they can keep. To understand how Medicaid works, we first need to review what are known as exempt and non-exempt (or countable) assets. Exempt assets are those which Medicaid will not take into account (at least for the time being). In general, the following are the primary exempt assets:

- Home, no matter what its value. The home must be the principal place of residence. The nursing home resident may be required to show some "intent to return home" even if this never actually takes place.
- Personal belongings and household goods.
- One vehicle.
- Income-producing real estate.
- Burial spaces and certain related items for applicant and spouse.
- Irrevocable prepaid funeral contract.
- Value of life insurance if face value is \$1,500 or less. If it does exceed \$1,500 in total face value, the cash value in these policies is countable.

All other assets are generally non-exempt and are countable. Basically, all money and property, and any item that can be valued and turned into cash, is a countable asset unless it is one of those assets listed above as exempt. Non-exempt assets include:

- Cash, savings and checking accounts, Credit Union share and draft accounts.
- Certificates of Deposits.
- U.S. Savings Bonds.
- Individual Retirement Accounts (IRA), Keogh Plans (401(k) and 403B).
- Nursing home accounts.
- Prepaid funeral contracts that can be cancelled.
- Trusts (depending on the terms of the trust).
- Real Estate (other than the residence).
- More than one car.
- Boats or recreational vehicles.
- Stocks, bonds or mutual funds.
- Land contracts or mortgages held on real estate sold.

While the Medicaid rules themselves are complicated and tricky, it's safe to say that a single person will qualify for Medicaid as long as her/she has only exempt assets plus a small amount of cash and/or money in the bank up to \$2,000.

Does this mean that if you're single and need Medicaid assistance, you'll have to spend nearly all of your assets to qualify? No. Actually there are a number of strategies which can be used to protect your estate. For instance, consider the following case study:

## **Case Study No. 1: Medicaid Planning for Single People**

Sally Johnson feels worn out. Four years ago her father died and for the past three years she has been caring for her aging mother.

At first, it was little things; grocery shopping, trips to the doctor, help with her medication, things like that. But as her mom's health deteriorated, Sally's burden has increased. The last six months have been brutal. That's because Sally had to move her mom to a nursing home. Mom couldn't live at home anymore.

Sally thought her job would be easier once the nursing home staff took over but it hasn't turned out that way. As the oldest daughter, Sally still feels responsible, even though technically someone else is now responsible for her mom's care. Sally feels like she has to be here, so she visits her mom six days a week.

Sally is running herself ragged and Mom is running out of money. Mom has about \$50,000 left and at \$3,400 per month for the nursing home, Sally knows Mom's money won't last long. When the money runs out, who will be there to pay for Mom's nursing home? Sure, Sally has heard Medicaid will cover the nursing home but she's also heard Medicaid won't cover everything. What then?

Sally is quite distraught. "Is there anything else I can do?" Yes, there are steps she can take.

Perhaps given Sally's high degree of involvement, a personal care contract should be considered. Sally and her mom can enter into a formal agreement where Sally becomes Mom's care manager. Even though Mom is in the nursing home, if done properly, Mom can pay Sally for her care management services.

For example, if Sally spends approximately 1 1/2 hours per day caring for Mom, that's nine hours per week. Mom can agree to pay Sally \$10 per hour or \$90 per week for her services. In and of itself, that wouldn't be very exciting. But consider that Mom and Sally can enter into a Lifetime Care Contract and it gets interesting. Mom can agree to have Sally act as her care manager for as long as Mom lives. In other words, Mom can pay Sally \$4,680 per year and Mom can make this payment in a lump sum for Mom's life expectancy. So if Mom has a life expectancy of 11 years, she can pay Sally \$51,480 and she can pay that up front, in one lump sum.

This will allow Sally to provide Mom the care she needs and still allow Mom to qualify for Medicaid. Please understand that this is the "short version" and that this type of planning must be handled in a very specific manner but when done properly, it can be used to solve Sally's dilemma.

This is just one example of the type of planning that can be done. There are actually a number of strategies which could be helpful. With any Medicaid planning, it's especially important to seek the assistance of a knowledgeable Elder Law Attorney.

### **Division of Assets: Medicaid Planning for Married Couples**

Division of Assets is the name commonly used for the impoverishment provision of the Medicare Catastrophic Coverage Act of 1988. It applies only to married couples. The intent of the law was to change the eligibility requirements for Medicaid where one spouse needs nursing home care while the other spouse remains at home, in the community. The law, in effect recognizes that it makes little sense to impoverish both spouses when only one needs to qualify for Medicaid assistance for nursing home care.

As a result, division of assets was born. Basically, in a division of assets, the couple gathers all their countable assets together in a review. Exempt assets, discussed above, are not counted.

The countable assets are then divided in two. The at-home or "community spouse" is allowed to keep one-half of all countable assets to a maximum of approximately \$109,560. The other half of the countable assets must be "spent down" until less than \$2,000 remains. The amount of the countable assets which the at-home spouse gets to keep is called the Community Spouse Resource Allowance (CSRA). Each state also establishes a monthly income floor for the at-home spouse. This is called the Minimum Monthly Maintenance Needs Allowance. This permits the community spouse to keep a minimum monthly income of about \$2,739.

If the community spouse does not have at least \$2,739 in income, then he or she is allowed to take the income of the nursing home spouse in an amount large enough to reach the Minimum Monthly Maintenance Needs Allowance (up to at least \$2,739). The nursing home spouse's remaining income goes to the nursing home. This avoids the necessity (hopefully) for the at-home spouse to dip into savings each month, which would result in gradual impoverishment.

To illustrate, assume the at-home spouse receives \$800 per month in Social Security. Also assume that his/her needs are calculated to be the minimum of \$2,739. With her Social Security, she is \$1,939 short each month.

\$2,739	at-home spouse's monthly needs
- 800	at-home spouse's Social Security
\$1,939	shortfall

In this case, the community spouse will receive \$1,939 (the shortfall amount) per month from the nursing home spouse's Social Security or other income and the rest of the nursing spouse's income will then go to pay for the cost of his/her care.



This does not mean, however, that there are no planning alternatives which the couple can pursue. Consider the following case studies:

### **Case Study No. 2: Medicaid Planning for Married People**

Ralph and Alice were high school sweethearts who lived in Texas all of their adult lives. Two weeks ago, Ralph and Alice celebrated their 51st Anniversary. Yesterday Ralph, who has Alzheimer's, wandered away from home. The police found him hours later, sitting on a street curb and talking incoherently. They took him to the hospital. Now the family doctor has told Alice that she needs to place Ralph in a nursing home. Ralph and Alice grew up during the Depression. They always tried to save something each month. Their assets, totaling \$120,000 (not including their house) are as follows:

Savings Account	\$35,000
CDs	\$65,000
Money Market	\$17,000
Checking Account	\$ 3,000
Residence (no mortgage)	\$80,000

Ralph receives a Social Security check for \$800 each month and Alice's check is \$300. Her eyes fill with tears as she says, "At \$3,500 to the nursing home every month, our entire life savings will be gone in less than 3 years!" What's more, she's afraid that she won't be able to pay their monthly bills because a neighbor told her that the nursing home will be entitled to all of Ralph's Social Security check.

There is good news for Alice. It is possible she will get to keep everything--all of their assets and all of the income and still have the state Medicaid program pay Ralph's nursing home costs. The process may take a little while but the end result will be worth it.

To apply for Medicaid, she will have to apply to the Texas Health and Human Services Commission (THHSC). If she does things strictly according to the way THHSC tells her, she will only be able to keep about one-half of her assets. Additionally, she will be entitled to a minimum monthly income to pay her expenses, but the results can actually be much better than that.

Texas' law allows her to seek an increase in her income allowance. Based on a six percent rate of interest, their entire savings, plus their Social Security, will not generate enough income to bring her up to the current allowable minimum monthly income of \$2,739. However, she must proceed properly, and if so, Alice may be entitled to keep their entire savings and Medicaid will pay for Ralph's nursing home.

The challenge is that this may not be accomplished at the case worker level. It may require a hearing. She will have to get advice from someone who knows how to

navigate the system. But with proper advice, she'll be able to avoid the spend-down and keep everything she and Ralph have worked so hard for.

This is possible because the law does not intend to impoverish one spouse because the other needs care in a nursing home. This is certainly an example where knowledge of the rules and how to apply them, can be used to resolve Alice's dilemma.

Of course, proper Medicaid planning differs according to the relevant facts and circumstance of each situation as well as the current state law.

### **Case study No 3: Financial Gifts to Children**

After her 73 year old husband, Harold, suffers a paralyzing stroke, Mildred and her daughter, Joan, seek the advice of an Elder Law Attorney. Dark circles have formed under Mildred's eyes. Her hair is disheveled. Joan holds her hand.

The doctor says Harold needs long-term care in a nursing home. Mildred says, "I have some money in savings but not enough. I don't want to lose my house and all our hard-earned money. I don't know what to do."

Joan has heard about Medicaid benefits for nursing homes but doesn't want her mother left destitute in order for Harold to qualify for them. Joan wants to ensure that her father's medical needs are met but she also wants to preserve Mildred's assets.

"Can't Mom just give her money to me as a gift?" she asks. "Can't she give away \$12,000 year? I could keep the money for her so she doesn't lose it when Dad applies for Medicaid."

Joan has confused federal Gift Tax Law with the issue of transfers and Medicaid eligibility. A "gift" to a child in this case is actually a transfer and Medicaid has very specific rules about transfers.

At the time Harold applies for Medicaid, the state will "look back" five years to see if any gifts have been made. The state won't let you just give away your money or your property to qualify for Medicaid. Any gifts or transfer for less than fair market value which are uncovered in the look back period will cause a delay in Harold's eligibility for Medicaid.

For example, each \$12,000 gift made during the five years prior to a Medicaid application creates a 98 day period of ineligibility.

So what can Harold and Mildred do? They can institute a plan, save a good portion of their estate and still qualify for Medicaid. The plan may involve transfers of money for value received, such as a care contract and it may involve gifts. However, as we state

above, the gifts must not violate the federal law or the Medicaid rules. Generally, if done properly, you can often save as much as one-half of your assets or more this way.

But remember, when it's given away, it's given away. Studies have shown that "windfall" money received by gift, prize or lawsuit settlement is often gone within three years. In other words, even when the children promise that money will be available when needed, their own "emergencies" may make them spend the money. You must consult a knowledgeable advisor on how to set up a plan that complies with the law and achieves your goals.

### **"Will I lose my home?"**

Many people who apply for Medicaid to pay for nursing home care ask this question. For many, the home constitutes much or most of their life savings. Often, it's the only asset that a person has to pass on to their children.

Under Medicaid, the home is an exempt asset. This means its value is not taken into account when calculating eligibility for Medicaid benefits. But under a change made in 1993, (Omnibus Budget Reconciliation Act of 1993) states are required to set up an Estate Recovery Unit to seek recovery of all Medicaid payments from the estates of those who receive coverage. Because the home is the single largest asset which a couple can keep, while still qualifying for Medicaid, it is also the main target of estate recovery in most states.

Here's how the process works. While the community spouse is living in the home, it remains an exempt asset. But after the death of both the community spouse and the nursing home spouse, the Estate Recovery laws allow the state to demand repayment of benefits paid to the nursing home spouse. Under OBRA-93, the states have broad authority to seek payment for Medicaid services rendered from virtually any property owned by the Medicaid recipient.

Fortunately, there are ways to protect your property in Texas. The solutions can range from retitling assets to selling or even gifting them. Since Medicaid rules are constantly changing, you will need to seek help from an experienced Elder Law Attorney to help you in your planning.

## **In Conclusion**

As you can see, there are a number of strategies that you can use to qualify for Medicaid and still preserve some or all of the estate you've spent a lifetime building. These strategies are legal, moral and ethical. Please be advised, however, that Medicaid planning requires a great deal of knowledge on the ins and outs of the system. Work with an experienced advisor who know the rules and can advise you accordingly.

In the previous pages, we've talked about how to find the right nursing home, how to get good care there and how to pay for it without going broke. But where do you actually start looking? Where should you begin your search?

To assist you, we've compiled a list of the nursing homes and assisted living facilities in Collin, Cooke, Denton, Fannin and Grayson Counties, arranged according to each county.

The listings contain the name, address, phone number and website (if available) of the facility. We have also included information on whether the nursing home accepts Medicare (typically for rehabilitation purposes) and Medicaid. Finally, we have noted whether the facility has a specialized Alzheimer's unit.

Once you've determined which facilities you want to tour, then you can use the evaluation tool to help you compare them.

#### **Abbreviations** **Nursing Homes**

**ICF**-Intermediate Care Facility-Provides board, personal care, basic health and nursing services under the daily supervision of a licensed nurse and the directions of a licensed physician.

**NFMH**-Nursing Facility for Mental Health.

**SNF**-Skilled Nursing Facility-Provides board, skilled nursing care treatment services performed by or under the supervision of a registered professional nurse. Individuals require 24/7 care and other nursing functions requiring specialized judgment and skill.

**NF**-Nursing Facility-Operates 24/7 caring for 6 or more individuals who need skilled nursing care to compensate for activities of daily living limitations.

#### **Assisted Living Facilities**

**ALF**-Assisted Living Facility-Provides care for 6 or more individuals who by choice or due to functional impairments may need personal care and may need supervised nursing care to compensate for activities of daily living limitations. Skilled services are generally provided on an intermittent or limited term basis.

**BCH**-Boarding Care Home-Operates 24/7 caring for no more than 10 individuals who due to functional impairment, need supervision of activities of daily living but who are ambulatory and essentially capable of managing their own care and affairs.

**IMR**-Intermediate Care Facility for the Mentally Retarded-Operates 24/7 caring for 6 or more individuals who due to functional impairment need services to compensate for activities of daily living limitation.

**RCHF**-Residential Health Care Facility.

**RCF-I**-Residential Health Care Facility I-provides shelter, board and protective oversight; may include keeping and distributing medications and providing care for short-term illness or recuperation.

**RCF-II**-Residential Health Care Facility II-Provides additional services, including supervision of diets and personal care.

## Nursing Homes

	Medicare	Medicaid
<b>Collin County</b> August Healthcare Celina 601 Ohio Circle Celina, TX 75009 (972) 383-3125	No	Yes
Baybrooke Village Care and Rehab Center 8300 Eldorado Parkway McKinney, TX 75070 (972) 548-9339	Yes	Yes
The Collinwood 3100 S. Rigsbee Road Plano, TX 75074 (972) 423-6217	Yes	Yes
Heritage Manor Healthcare Center 1621 Coit Road Plano, TX 75075 (972) 596-7930	Yes	Yes
Hillcrest Nursing & Rehab 300 E. Brown Street Wylie, TX 75098 (972) 442-3553	Yes	Yes
Homestead of McKinney 1801 Pearson Avenue McKinney, TX 75069 (972) 562-8880	Yes	Yes
Hinton Home, Inc. 205 Beech Street Farmersville, TX 75442 (972) 784-6191	Yes	Yes

<p>The Legacy at Willow Bend  6101 Ohio Drive  Plano, TX 75024  (972) 468-6208  www.thelegacywb.org</p>	<p>Yes</p>	<p>Yes</p>
<p>Life Care Center of Plano  3800 West Park Blvd.  Plano, TX 75075  (972) 612-1700</p>	<p>Yes</p>	<p>Yes</p>
<p>Mariner Health of McKinney  Nursing &amp; Rehab Center  1720 N. McDonald  McKinney, TX 75069  (972) 562-7969</p>	<p>Yes</p>	<p>Yes</p>
<p>McKinney Healthcare Center  2030 West University Dr.  McKinney, TX 75070  (972) 542-2695  www.nexion.com</p>	<p>Yes</p>	<p>Yes</p>
<p>North Park Health &amp; Rehab  1720 North McDonald  McKinney, TX 75071  (972) 562-7969</p>	<p>Yes</p>	<p>Yes</p>
<p>The Park in Plano  3208 Thunderbird Lane  Plano, TX 75075  (972) 422-2214</p>	<p>Yes</p>	<p>Yes</p>
<p>Settlers Ridge Care Center  1280 Settlers Ridge Road  Celina, TX 75009  (972) 382-8600</p>	<p>Yes</p>	<p>Yes</p>
<p>Victoria Gardens of Allen  310 S. Jupiter  Allen, TX 75002  (972) 727-5850</p>	<p>Yes</p>	<p>Yes</p>

Victoria Gardens of Frisco            Yes            Yes  
10700 Rolater Drive  
Frisco, TX 75035  
(972) 712-8652

**Cooke County**

Gainesville Health & Rehab            Yes            Yes  
1900 O'Neal Street  
Gainesville, TX 76240  
(940) 665-2826

Pecan Tree Nursing & Rehab            Yes            Yes  
Center  
1900 E. California Street  
Gainesville, TX 76240  
(940) 668-6263

Renaissance Care Center            Yes            Yes  
1400 Black Hill Drive  
Gainesville, TX 76240  
(940) 665-5221

River Valley Health & Rehab            Yes            Yes  
Center  
1907 Refinery Road  
Gainesville, TX 76240  
(940) 665-0386

Saint Richards Villa            Yes            Yes  
15336 West US Hwy 82  
Muenster, TX 76252  
(940) 759-2219

**Denton County**

Brookhaven            Yes            Yes  
1855 Cheyenne  
Carrollton, TX 75010  
(972) 394-7141

Cottonwood Nursing & Rehab            Yes            Yes  
2224 N. Carroll Blvd.  
Denton, TX 76201  
(940) 387-6656

Countryside Nursing & Rehab 1700 N. Washington Pilot Point, TX 76258 (940) 686-5556	Yes	Yes
Cross Timbers Rehab & Healthcare Center 3315 Cross Timbers Road Flower Mound, TX 75028 (972) 724-0996	Yes	Yes
Denton Good Samaritan Village 2500 Hinkle Drive Denton, TX 76201 (940) 383-2651	Yes	Yes
Denton Rehabilitation & Nursing 2229 N. Carroll Blvd. Denton, TX 76201 (940) 387-8508	Yes	Yes
Lake Forest/Good Samaritan Village 3901 Montecito Denton, TX 76210 (940) 891-0856	No	No
Lake Village Nursing & Rehab 169 Lake Park Road Lewisville, TX 75057 (972) 436-7571	Yes	Yes
Longmeadow Care Center 120 Meadowview Drive Justin, TX 76247 (940) 648-2731	Yes	Yes
Pilot Point Care Center 208 N. Prairie Pilot Point, TX 76258 (940) 686-5507	Yes	Yes



Senior Healthcare & Rehab      Yes      Yes  
2244 Brinker Road  
Denton, TX 76208  
(940) 320-6300

The Vintage      Yes      Yes  
205 N. Bonnie Brae  
Denton, TX 76201  
(940) 383-2361

Vista Ridge Nursing & Rehab      Yes      Yes  
700 E. Vista Ridge Mall Drive  
Lewisville, TX 75067  
(972) 906-9789

**Fannin County**

Bonham Nursing & Rehab      Yes      Yes  
709 W. 5th Street  
Bonham, TX 75418  
(903) 583-8551

Clyde W. Cospers Texas State  
Veterans Home      Yes      Yes  
1300 Seven Oaks Road  
Bonham, TX 75418  
(903) 640-8387

Fairview Nursing & Rehab      Yes      Yes  
1500 N. Kennedy  
Bonham, TX 75418  
(903) 583-2148

Honey Grove Nursing Center      Yes      Yes  
(Alzheimer's unit)  
1303 E. Main Street  
Honey Grove, TX 75446  
(903) 378-2293

Leonard Manor      No      Yes  
902 E. Hackberry  
Leonard, TX 75452  
(903) 587-2282

Mullican Care Center (Alzheimer's unit) 105 N. Main Street Savoy, TX 75479 (903) 965-0200	No	No
Seven Oaks Nursing & Rehab 901 Seven Oaks Road Bonham, TX 75418 (903) 583-2191	Yes	Yes
<b>Grayson County</b> Denison Nursing & Rehab 601 E. Highway 69 Denison, TX 75020 (903) 465-2438	Yes	Yes
Hilltop Haven 308 East College Road Gunter, TX 75058 (903) 433-2415	Yes	Yes
Homestead Nursing & Rehab of Collinsville 501 N. Main Street Collinsville, TX 76233 (903) 429-6426	Yes	Yes
The Homestead of Denison 1101 Reba McEntire Lane Denison, TX 75020 (903) 463-4663	Yes	Yes
The Homestead of Sherman 1000 Sara Swammy Drive Sherman, TX 75090 (903) 891-1730	Yes	Yes
Meadowbrook Care Center 100 Windsor Drive Van Alstyne, TX 75495 (903) 482-6455	Yes	Yes

Post Oak Care & Rehab 1518 S. Sam Rayburn Frwy. Sherman, TX 75090 (903) 893-5553	Yes	Yes
Sherman Healthcare Center 817 W. Center Sherman, TX 75090 (903) 893-6348	Yes	Yes
Texoma Healthcare Center 1000 Highway 82 E. Sherman, TX 75090 (903) 893-9636	Yes	Yes
Texoma Medical Center- Restorative Care 1000 Memorial Drive Denison, TX 75020 (903) 416-4007	Yes	Yes
Texoma Specialty Care Center 1300 Memorial Drive Denison, TX 75020 (903) 465-7442	Yes	Yes
Whitesboro Health & Rehab 1204 Sherman Drive Whitesboro, TX 76273 (903) 564-7900	Yes	Yes

## Assisted Living

### Collin County

Activcare at Gleneagles  
5521 Village Creek Drive  
Plano, TX 75093  
(972) 447-0038

Agape Care Home  
19 Graham Lane  
Allen, TX 75002  
(972) 727-0688

Altrissa  
3317 Melanie Lane  
Plano, TX 75023  
(972) 943-1483

Autumn Leaves of McKinney  
175 Plateau Drive  
McKinney, TX 75069  
(972) 542-0606  
[www.autumnleavesliving.com](http://www.autumnleavesliving.com)

Avalon Alzheimer's Care Homes  
5013 Sparrows Point  
Plano, TX 75023  
(972) 867-3056

AND

1801 Meadow Ranch Road  
McKinney, TX 75071  
(972) 867-3056  
[www.avalon-care.com](http://www.avalon-care.com)

Bell Oaks Residential Care  
735 May Trail  
McKinney, TX 75069  
(214) 544-3530

Brinlee Creek Ranch West Campus  
10057 County Road 472  
Anna, TX 75409  
(972) 838-2602  
[www.paterehb.com](http://www.paterehb.com)

Collin Creek Assisted Living Center  
6400 Cheyenne Trail  
Plano, TX 75023  
(972) 769-1109

Collins Oaks  
4045 West 15th Street  
Plano, TX 75093  
(972) 519-0480

Colonial Retirement Lodge Inn of McKinney  
2301 N. Brook Drive  
McKinney, TX 75069  
(972) 542-6006

Colonial Retirement Lodge Inn of Plano  
5217 Village Creek Drive  
Plano, TX 75093  
(972) 735-0306

Collin Creek Assisted Living Center  
6400 Cheyenne Trail  
Plano, TX 75023  
(972) 769-1109

Creekside Alzheimer's Special Care Center  
2000 W. Spring Creek  
Plano, TX 75023  
(972) 312-9993

Edenbrook of Plano  
Dementia Care Unit  
3000 Midway Road  
Plano, TX 75093  
(972) 473-7400  
[www.sunriseseniorliving.com](http://www.sunriseseniorliving.com)

The Garden View Home  
6500 Genesco Circle  
Plano, TX 75023  
(972) 208-2859  
[www.thegardensresidentialcarehomes.com](http://www.thegardensresidentialcarehomes.com)

Groom Senior Care Homes, Inc. Alzheimer's Care  
1213 Greenway Drive  
Allen, TX 75013  
(214) 850-1260  
[www.groomseniorcare.com](http://www.groomseniorcare.com)

Kingsley Place at Stonebridge Ranch  
1650 South Stonebridge  
McKinney, TX 75070  
(972) 529-1420

The Legacy at Willow Bend  
6101 Ohio Drive  
Plano, TX 75024  
(972) 468-6208  
[www.thelegacywb.org](http://www.thelegacywb.org)

The Mulberry House  
2620 St. Michelle  
McKinney, TX 75070  
(972) 562-6315

Prestonwood Court  
7001 W. Plano Parkway  
Plano, TX 75093  
(972) 306-2200  
[www.prestonwoodcourt.com](http://www.prestonwoodcourt.com)

Provident Living Center of McKinney  
Certified Alzheimer's Facility  
1601 W. Eldorado Parkway  
McKinney, TX 75069  
(972) 569-8660

Redbud House Assisted Living Center  
101 W. Wilson Creek Park  
McKinney, TX 75069  
(972) 562-9698

Silverado Senior Living  
Alzheimer's Assisted Living  
5521 Village Creek Drive  
Plano, TX 75093  
(972) 447-0038  
[www.silveradosenior.com](http://www.silveradosenior.com)

Spring Creek Gardens Assisted Living &  
Memory Care  
6410 Old Orchard drive  
Plano, TX 75023  
(972) 208-9865

Sunrise of Plano  
4800 W. Parker Road  
Plano, TX 75093  
(972) 985-9181  
[www.sunriseseniorliving.com](http://www.sunriseseniorliving.com)

The Waterford at Plano  
3401 Premier Drive  
Plano, TX 75023  
(972) 423-7400

Villa Asuncion  
830 E. Princeton Blvd.  
Princeton, TX 75407  
(972) 734-8823

**Cooke County**  
River Valley Health & Rehab Center  
1907 Refinery Road  
Gainesville, TX 76240  
(940) 665-0386

Wheeler House  
2310 E. Broadway  
Gainesville, TX 76240  
(940) 668-8977

**Denton County**  
Agape Care Home, Inc.  
2117 W. Rosemead Parkway  
Carrollton, TX 75007  
(972) 492-3012

Arbor House  
2215 Rockbrook Drive  
Lewisville, TX 75067  
(972) 459-0600

Atria Carrollton  
1825 Arbor Creek Drive  
Carrollton, TX 75010  
(972) 862-8700  
[www.atriaseniorliving.com](http://www.atriaseniorliving.com)

Atria Assisted Living-Flower Mound  
6051 Morris Road  
Flower Mound, TX 75028  
(972) 539-9444

Autumn Leaves of Carrollton  
Alzheimer's Assisted Living  
1800 King Arthur Blvd.  
Carrollton, TX 75010  
(972) 492-7700  
[www.autumnleavesliving.com](http://www.autumnleavesliving.com)

Autumn Leaves of Flower Mound  
3201 Karnes Road  
Flower Mound, TX 75022  
(972) 355-5432  
[www.autumnleavesliving.com](http://www.autumnleavesliving.com)

Autumn Oaks of Corinth  
2440 Corinth Parkway  
Corinth, TX 76208  
(940) 321-9933

Avalon Memory Care  
6601 Raintree Place  
Flower Mound, TX 75022  
(972) 867-3056  
[www.avalon-care.com](http://www.avalon-care.com)

Carriage House  
1357 Bernard Street  
Denton, TX 76201  
(940) 484-1066

Corinthians Assisted Living & Memory Care  
1029 W. Seminole Trail  
Carrollton, TX 75007  
(972) 395-3553  
[www.corinthiansalf.com](http://www.corinthiansalf.com)

Denton Good Samaritan Village  
2500 Hinkle  
Denton, TX 75201  
(940) 383-2651



Golden Meadows Care  
3200 Donna Road  
Denton, TX 76207  
(940) 387-6850  
[www.goldenmeadowsdenton.com](http://www.goldenmeadowsdenton.com)

Hearthstone at Vista Ridge  
400 Highland Drive  
Lewisville, TX 75067  
(972) 315-1532  
[www.hearthstoneassisted.com](http://www.hearthstoneassisted.com)

The Sanger House  
804 N. 3rd Street  
Sanger, TX 76266  
(940) 458-4425

Sterling House Denton  
2525 N. Hinkle Drive  
Denton, TX 76201  
(940) 566-7054

Sterling House Lewisville  
965 N. Garden Ridge  
Lewisville, TX 75077  
(972) 420-9600

Sterling House on Parkway  
2525 Lillian Miller Parkway  
Denton, TX 76210  
(940) 320-1926

The Vintage  
205 N. Bonnie Brae  
Denton, TX 76201  
(940) 384-1500

**Fannin County**  
Hofmann Mraz Care Home  
1405 N. Cedar Street  
Bonham, TX 75418  
(903) 583-8380

The Woodmoore  
1200 W. Russell Avenue  
Bonham, TX 75418  
(903) 640-1200

**Grayson County**  
Crawford Street Place  
4318 Crawford Street  
Denison, TX 75020  
(903) 463-0400  
[www.crawfordstreetplace.com](http://www.crawfordstreetplace.com)

Home to You, Inc.  
243 Independence Springs Road  
Sherman, TX 75090  
(903) 893-7093

Just Like Home  
6313 Old Sherman Road  
Whitesboro, TX 76273  
(903) 564-7466

Katy House  
3001 Crawford Street  
Denison, TX 75020  
(903) 463-1323

Pecan Point Assisted Living & Memory Care  
1011 E. Pecan Grove Road  
Sherman, TX 75090  
(903) 892-9100  
[www.signatureseniorliving.com](http://www.signatureseniorliving.com)

Preston House  
620 Blanton Drive  
Sherman, TX 75091  
(903) 892-6937

Renaissance at Sherman  
3701 Loy Lake Road  
Sherman, TX 75090  
(903) 868-2200

Stonebrook Assisted Living & Memory Care  
1616 Lifesearch Highway  
Denison, TX 75020  
(903) 465-5051  
www.signatureseniorliving.com

Wesley Village  
2800 Loy Lake Road  
Denison, TX 75020  
(903) 465-6463

The Willows at Sherman Assisted Living and  
Memory Care  
3410 Post Oak Crossing  
Sherman, TX 75092  
(903) 891-3737  
www.willowsalf.com

### **Legal Disclaimer**

This information has been provided for informational purposes only. It does not constitute legal advice. The receipt of this information does not establish attorney-client privilege. Proper legal advice can only be given upon consideration of all the relevant facts and laws. Therefore you should not act upon any of the information contained herein without seeking appropriate counsel.

### **Client Testimonials**

"All I can say is thank you so much: our initial trust and confidence in you and your staff turned out to be more than justified. I would be pleased if you would use me as a reference." **Ms. P. Rost**

"I have felt confident referring clients to you and am pleased with your unsurpassed professionalism. The knowledge you possess in the area of Elder Law has without question, made you my only choice when seeking counsel in this area of the law." **K. Roesler, Attorney at Law**

"We have great peace of mind, as well as our children, knowing that help is readily available in the future." **Mrs. S. Bratton**

"Richard, you don't know how much help you've been. Your help and knowledge has been great." **Mr. B. Lantrip**

"Had it not been for you, I would probably have lost everything we had saved. Thank you so much." **Ms. G. Barrett**

"We are so fortunate to have Mr. Barron as our attorney. I have already referred one friend to him and his advice has helped a relative of mine who lives on the east coast."  
**Ms. L. Matthews**

### Other Publications

1. Life Care Planning
2. The Consumer's Guide to Medicaid Planning & Division of Assets
3. The Consumer's Guide to Veteran's Benefits for Veterans or Their Widows
4. The Consumer's Guide to Hospice Care
5. Alzheimer's, The Long Journey

These are all available from our law office. If you would like a copy, please call, write or visit our website.

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[www.TexasElderLawAttorney.com](http://www.TexasElderLawAttorney.com)  
[www.TexasVeteransBenefits.com](http://www.TexasVeteransBenefits.com)  
[www.LifeCareHelp.com](http://www.LifeCareHelp.com)

We also publish an e-mail monthly newsletter. If you would like us to include you on our mailing list, please let us know and provide us with your e-mail address or go online to register at [www.TexasElderLawAttorney.com](http://www.TexasElderLawAttorney.com).