



[Aging Safely Inc.](#)

www.AgingSafely.com

Phone: (425) 402-9118

Fax: (206) 428-4977

24227 Crystal Lake Pl.

Woodinville, WA 98077-9515

Dotti@AgingSafely.com

Professional Consulting Service Disclosure Form

Washington's [Chapter 18.330 RCW](#) (*Elder and Vulnerable Adult Referral Agency Act*) requires that **Referral Agencies¹** disclose certain information to **Clients²** prior to any **Referral³**. This document provides information that is required to be disclosed. The RCW also requires that the Client or their **DPOA⁴** acknowledge receipt of this disclosure statement, and that agencies maintain records, including this document, for six years⁵. These records are considered "**health care information.**"⁶ As such, the client must have access upon request to the agency's records, covered by the laws, concerning the client. (RCW [18.330.040 - 5g](#))⁷

- 1) Aging Safely Inc. was incorporated by the State of Washington on 12/15/04 --- UBI Number: [602-454-134](#). Dorothy "Dotti" Snow, RN is the founder, *President* and majority shareholder. Neither Aging Safely nor its owners or personnel have any financial interest in any Adult Family Home (**AFH**) or other similar housing or care facilities, except where they may own shares of a publicly traded stock as part of a retirement account, mutual fund, ETF, or similar security. (RCW [18.330.050 - 2k](#))
- 2) The client is not required to use the services of Aging Safely and may, without cause, stop using us or switch to another agency without penalty or cancellation fee to the client or AFH provider. (RCW [18.330.050 - 2h](#)) *
- 3) Aging Safely may not require or request clients to sign waivers of potential liability for losses of personal property or injury of any rights of the client established in state or federal law. (RCW [18.330.050 - 2e](#)) Aging Safely will require the client or their DPOA (Durable Power of Attorney) sign a [Release of Information Form](#) to obtain or release any medical information. (RCW [18.330.050 - 2f](#)) *

¹ "**Elder and vulnerable adult referral agency**" or "**agency**" means a business or person who receives a fee from or on behalf of a vulnerable adult seeking a referral to care services or supportive housing, or who receives a fee from a care services provider or supportive housing provider because of any referral provided to or on behalf of a vulnerable adult. (RCW [18.330.110 - 3](#))

² "**Client**" means an elder person or a vulnerable adult, or his or her representative if any, seeking a referral or assistance with entering into an arrangement for supportive housing or care services in Washington State through an elder and vulnerable adult referral agency.

³ "**Referral**" occurs when the agency provides the names of facilities to the client, or the agency provides the client's contact information to one or more facilities. **Disclosure must be made prior to referral.** (RCW [18.330.070-1](#))

⁴ "**DPOA**" The person listed as the Durable Power of Attorney for the client.

⁵ Aging Safely Inc. stores all records in electronic format for six years. Aging Safely Inc. maintains these records in electronic formats, usually as PDF, JPEG, Microsoft Word (doc or docx), Mozilla Archive Format file (maff), QuickBooks and other common industry standard formats.

⁶ See [RCW 70.02.010\(7\)](#).

⁷ (Green RCW) tags are from **RCW 18.330** Items marked with red "***" must be disclosed prior to referral.

Aging Safely tours each facility: prior to placing the first “Professional Consulting Service”⁸ client, when placing additional clients, when conducting follow-up visits of clients residing in the AFH, when photographing the home for our web site and at other times as needed. (RCW 18.330.050 - 2g.

- 4) Aging Safely’s web site (www.AgingSafely.com and all of its subdomains) and any “pro-bono” Medicaid referrals that Aging Safely may assist with do not require the complete record keeping and disclosure required by RCW 18.330 because for these activities Aging Safely isn’t acting as an “Elder and vulnerable adult referral agency” because no fee is being collected from or on behalf of a vulnerable adult. (RCW 18.330.010 - 3) While we aren’t required to provide a Disclosure Form for these activities – [we do](#). There are links to it in many places on our web site, www.AgingSafely.com.
- 5) Aging Safely Inc. acts as a representative of the client seeking care services or residence in housing during our “Professional Consulting Service” services. Although Aging Safely works with both the client and the care services or housing provider “AFH” in the same transaction. **Aging Safely’s primary responsibility in this transaction is to help the client locate an AFH that should meet the client’s needs and put the client/client’s representative in direct contact with the AFH provider.** It is responsibility of the client/client’s representative and the AFH provider to negotiate and agree on the services provided by the AFH (as documented in the DSHS required care plan) and the fee paid by the client for these services. (RCW 18.330.050 - 2d+f) *
- 6) Aging Safely has no written contract with any facility for placement services.
- 7) **Aging Safely’s Fee** for Consulting Service” is 75% of the first 30 days (one month) of what is paid to the Adult Family Home provider for the care of the client. Before placement, Aging Safely and the provider may negotiate a lesser fee but never a higher fee. There is no fee paid to Aging Safely by the client. (RCW 18.330.050 - 2c) Aging Safely’s Fee is normally due in installments 30, 60, and 90 days after invoicing with the following exceptions: (i.e. **Refund, Late fee and L&I policies**) (RCW 18.330.050 - 2i) *
 - a) For **Hospice patients**:
 - (1) There is no charge if the patient doesn’t live 30 days after the placement.
 - (2) 33% of the Aging Safely’s Fee is due when the client has been at the AFH for 30 days.
 - (3) When the client dies between 30 and 60 days then the fee is the 33%.
 - (4) When the client dies between 60 and 90 days then the fee is the 66%.
 - (5) At 90 days the full fee is due.
 - b) For **non-hospice clients** who leave the AFH within the first 30 days: **Aging Safely’s Fee is waived**, unless the reason that the client leaves the AFH is for a “quality of care reasons.”
 - c) For **State or Federal L&I clients**, and on a case-by-case basis, the payment may be delayed or spread out over multiple months. These agencies are known to not pay the provider promptly.
 - d) If payment to Aging Safely is “*seriously late*” then the fee changes from 75% to 80%. **Note:** This extra charge is to discourage the very few AFHs who want to believe that nothing should be paid promptly.
- 8) You may file a **consumer protection act** (RCW [19.86](#)) complaint with the Attorney General's office by going to <http://www.atg.wa.gov/fileacomplaint.aspx>, calling 206-464-6684 or by mail to 800 5th Ave. Suite 2000, Seattle, WA. 98104-3188. There is also a pointer to this on Aging Safely’s “[Link and Docs](#)” page (RCW 18.330.050 – 2j) *

⁸ See www.AgingSafely.com for the description of “Professional Consulting Service” and “Web-based AFH Marketing Services”

- 9) Aging Safely's web site www.AgingSafely.com, and those within its subdomains are only providing **internet-based advertising** for Adult Family Homes. As a website we don't gather or retain any healthcare data! See the website's [Privacy Statement](#) and [Terms of Use](#) for details. Our Internet Provider's Address is: Managed.com, 1408 Fort Crook Rd. S., Bellevue, NE 68005, and www.AgingSafely.com's Internet Protocol (IPV4) address is as of 7/2/2019 10:52:06 AM (RCW 18.330.050 - 1b)
- 10) [Aging Safely](#) is required to inform the client / DPOA of several specific pieces of information specific to each AFH that we refer to. Our web site has a **Details Page** (the blue rectangular *Details* button) for each AFH. We print a copy of the Detail Page for the homes that we are referring / showing to a client. The following items we are required to disclose are displayed:
- The Name and Address of the facility, its DSHS License Number, Specialty Licenses, Languages Spoken, and a summary of the services provided by the facility. (18.330.070) *
Aging Safely only deals with Adult Family Homes and a few small (12 residents or less) Boarding Homes that act more like AFHs than assisted living facilities. Adult Family Homes normally provide: laundry, help with personal care, medication management services; a homey atmosphere for seniors with skilled caregivers; professional (Nursing Delegation) and DSHS oversight; activities programs that take into consideration the resident's needs, interests and capabilities; they can accommodate reasonable food preferences and special diets. Specialty licenses dictate what sort of behavioral problems or symptoms they can deal with. Normally they cannot and will not deal with residents that are at risk for harming themselves or others or are so disruptive to have a significant negative impact on the other residents. (RCW 18.330.070-2) *
 - Washington's [Chapter 18.330 RCW](#) requires that we update our data on each AFH at least annually. (18.330.070 - 2b) On our **Detail Page**, at the bottom, we typically display four dates: the date for the latest update of any individual piece of data, the update of vacancy date, the last time we toured the facility (RCW 18.330.050 - 2g) *, and the date of the latest update of data we get from DSHS. We update the DSHS data at least once per month.
(<https://fortress.wa.gov/dshs/adsaapps/Lookup/AFHAdvLookup.aspx>)
 - A pointer to any **Enforcement Letters** from DSHS so that both the client and Aging Safely can read them. If a blue "i" disc ⓘ is visible then the facility has received an Enforcement Letter after 4/15/2010.
(RCW 18.330.070 - 3) * Clicking on the blue disk or the "Latest Enforcement Notices" link will take you to the DSHS page that Details these Enforcement Letters. **You will need to read these letters and make your own decision as to their importance.**

I acknowledge that the above information has been disclosed to me:

For Client: _____ (RCW 18.330.050 - 1a+b)

←←←

Signed: _____ Date: _____

←←←

Print Name of Signer: _____

←←←

(RCW 18.330.050 – 2+2b)

Faxed Back to ASI --- Date: _____ Time: _____ From Phone #: _____

(RCW 18.330.050 - 1c)

Client refused to sign Witnessed by: _____

(RCW 18.330.050 - 1d)

Signed via Email --- Print and save copy of Reply to *Disclosure Email* and include a scan in electronic records.