





Due to laws within some states where 1ST CHOICE provides services, the agency must inform clients that family members, friends and business associates of staff working at 1ST CHOICE Advisory Services, Inc. may hold ownership in or work at senior housing and care communities or may hold ownership in or work within healthcare settings. Danielle Ionesi, RN and Housing & Care Advisor employed by 1<sup>st</sup> CHOICE, holds ownership in an adult family home located at 17106 NE 172<sup>nd</sup> Pl, Woodinville, WA 98072. This advisor will not make referrals to [EUREDDUHRPHI](#).

### **Infractions of senior housing and care providers**

If you are considering a senior housing or care provider which offers care services, the provider is licensed by a specific state agency and is required to make available inspection reports to the consumer. Because senior care providers are regulated, they are subject to inspections and follow-ups to complaints or self-reported issues. Consumers should inquire directly of the provider what, if any, infractions exist.

### **Clients are given access to the full spectrum of options and care**

Nearly all senior housing providers that a client would wish to consider are contracted with the agency. Approximately 20% of the licensed or existing providers do not meet the minimum expectations of the agency, and are therefore never given as options to clients. A small percentage of the total provider network of assisted living and adult family homes serving older adults has opted not to contract with the agency. Such providers tend to have lengthy waiting lists, or have been in existence for decades and rarely have availability. The agency may opt to make known such providers to clients without receiving a referral fee. The agency does not generally contract with providers who specialize in care to young adults with developmental disabilities or young adults with mental health concerns. 1ST CHOICE Advisory focuses on serving older adults in our community.

1st CHOICE makes referrals to in-home care providers as well as Medicare-certified in-home care. 1st CHOICE only makes referrals to in-home care providers when the client (the senior or the senior's family) is paying for the services with private funds or funds received through a long-term care policy. As with referrals to senior living care communities and homes, 1st CHOICE does not charge a referral fee for any care which is [EUDHWOD](#) being paid for with state or federal programs such as Medicare or Medicaid.

For some older adults, in-home care may be a short term solution. It is common for people to request help from 1st CHOICE to transition from in-home care to a residential care option such as assisted living, memory or adult care home.

1st CHOICE maintains relationships with one or more in-home care agencies in each region we serve. Much like making a move to a senior community, 1st CHOICE and its staff cannot speak to the quality of services provided by an individual in-home caregiver. It is the sole responsibility of the client to interview and contract for care services.

The agency makes referrals to both skilled nursing as well as Medicare-certified in-home care, yet neither the agency nor its employees receive compensation from such referrals.

The agency may make additional referrals to clients for legal assistance, financial guidance, health care or therapies, real estate, moving services or other community-based services. Neither the agency nor employees of the agency receive financial compensation for such referrals. Referrals to products or services require the due diligence of the consumer. The agency does not warrant or guarantee the quality or performance of any ancillary product or service. Further, the agency is held harmless for any loss, injury or harm which may occur as the result of accessing ancillary products or services.

### **Frequency of the agency's visits to providers**

Dates on which agency employees have visited specific providers are available by request to the agency. It is critical to note that frequency of visits from the agency should not be given value by the client to anticipate future performance of a provider. A visit by the agency is only a snapshot in time. The client must continue on-going review and communication with the provider and/or regulatory or advocacy organizations at their own discretion and in a manner which fosters quality communication and quality care.

All individuals living in senior living care communities or who are receiving care in their own home are considered to be at high risk for infection, virus, and disease. As many contagions cannot be accurately diagnosed in their early stages, neither senior living care providers nor 1ST CHOICE staff can guarantee against contracting an infection, virus or disease. Even in cases where a provider indicates their current or past experience with these types of health matters, we remind all older adults and their families that it is not at all feasible for providers to accurately and categorically state the actual existence or non-existence of infection, virus or disease within their current resident population. Furthermore, regardless of what a provider may state as being their intention regarding controls, it is outside the realm of possibility to project the possibility of a current or future existence of infection, virus or disease. 1ST CHOICE and its staff are held harmless from any injury or harm the spread of infection, virus or disease may cause. Infection, virus and disease can cause severe health problems and are known causes of possible death.

**1ST CHOICE employees are mandatory reporters**

State law requires all employees of the agency report suspected instances of abuse, neglect, abandonment or financial fraud to the appropriate authorities. Clients must be aware that the request of a client to not disclose such matters to authorities is against the law and strictly prohibited by the agency.

**1ST CHOICE involves the older adult(s) as a standard business practice**

To the maximum extent possible, the agency involves the older adult in the process of searching for housing or care options. If the client is not the older adult, but rather their responsible party, and they feel that the older adult may suffer unnecessary stress due to involvement in the search or feel the older adult may not be able to comprehend the situation, the client is encouraged to communicate their concerns with the agency immediately. The agency endeavors to treat each older adult with the respect and dignity they deserve while remaining committed to the rights of older adults to be involved in these important decisions.

**If you choose to end your relationship with 1ST CHOICE**

If at any time a client wishes to end a relationship with the agency and stop receiving help from the agency, the client may do one of the following (please include the name of the senior, the name of the responsible party and a contact phone number):

- Send an email to: [info@choiceadvisory.com](mailto:info@choiceadvisory.com)
- Call 1ST CHOICE (toll-free) at: 800-361-0138, 7 days a week between 8:30am and 8:30pm
- Send a fax (toll-free) to: 800-206-6910

You may end your relationship without cause, and certainly (as there is no charge for our referral service), you may do so without penalty or recourse.

**To file a complaint against 1ST CHOICE:**

The owners of 1ST CHOICE are highly involved in the operation of the agency. If you receive service differently than what is explained in this document, or if you wish to share any aspect of the service you received, you are encouraged to call the owners of the agency: Les Ostermeier or Clint Slater. Les or Clint can be reached at 800-361-0138, or email at [les@choiceadvisory.com](mailto:les@choiceadvisory.com) and [clint@choiceadvisory.com](mailto:clint@choiceadvisory.com). They are interested in hearing your concerns as well as your ideas for broadening and improving our services. If you feel 1ST CHOICE Advisory has not complied with state laws protecting older or vulnerable adults, you may contact the Attorney General's office in the state where you received services.

Attorney General's Office in the state of Washington:

- Phone: 360-753-6200 Monday - Friday, 10 am to 3 pm
- 800-551-4636 For In-State callers only
- 800-833-6384 For the hearing impaired callers
- 206-464-6684 For Out-of-State callers
- Mail: Office of the Attorney General, 1125 Washington Street SE, PO Box 40100, Olympia, WA 98504

Attorney General's Office in the state of Oregon:

- Phone: 503-378-4400 (General number)
- 503-229-5576 From within Portland
- 877-877-9392 toll-free from elsewhere in Oregon
- Mail: Oregon State Dept of Justice, Office of the Attorney General, 1162 Court St NE, Salem, OR 97301-4096

Attorney General's Office in the state of Idaho:

- Phone: 208-334-2400
- Mail: PO Box 83720, Boise, ID 83720-0010

**Additional licensing and regulation of senior housing and care referral agencies**

State governments in both Washington and Oregon have established specific laws regarding the operation and/or processes followed by senior housing and care referral agents. In Washington the law is RCW 18.330 and in Oregon House Bill 2661 was passed into law in 2017. Because the names and codes associated with these laws may change, consumers can search for the laws on the internet, or contact 1<sup>st</sup> CHOICE by email. 1<sup>st</sup> CHOICE can also print and send the law to you via US mail upon request.

Oregon law requires 1<sup>st</sup> CHOICE to be registered with the state and the following additional wording is required by the state of Oregon:

The names of the assisted living and care providers referred to you are required to be contracted with 1<sup>st</sup> CHOICE. The contracts 1<sup>st</sup> CHOICE holds are into perpetuity, yet a provider may elect to cancel their agreement at any time. Consumers accessing the help of 1<sup>st</sup> CHOICE are under no obligation to select a provider presented to them by 1<sup>st</sup> CHOICE and consumers may elect to stop working with 1<sup>st</sup> CHOICE by notifying us.

The state of Washington also maintains web-sites where any infractions found during a state visit/ assessment of a provider's home may appear:

<https://fortress.wa.gov/dshs/adsaapps/Lookup/BHAdvLookup.aspx>  
<https://fortress.wa.gov/dshs/adsaapps/lookup/AFHAdvLookup.aspx>

The state of Oregon maintains a database of providers and infractions:

<https://ltclicensing.oregon.gov>

# **General Information for Oregon Consumers**

## **Long-Term Care Referral Agent Disclosure and Advisory Form**

### **Agent Business Information**

Agent's Business: 1<sup>st</sup> CHOICE Advisory Services, Inc. Telephone: 800-361-0138  
Address: 5703 NE 133<sup>rd</sup> St, Vancouver, WA 98686 Email: bestcare@choiceadvisory.com

This advisory provides a list of disclosures which Long-Term Care Referral Agents must provide to clients and offers additional information for consumers seeking assistance finding long-term care options.

### **Mandated Disclosures**

Oregon law requires a Long-Term Care Referral Agent to make the following disclosures to a client:

- 1) **Description of the referral.** The types of facilities being referred to the client, may include the following:

<input checked="" type="checkbox"/> Adult Foster Home	<input checked="" type="checkbox"/> Medicaid Contracted
<input checked="" type="checkbox"/> Assisted Living Facility	<input checked="" type="checkbox"/> Independent Living
<input checked="" type="checkbox"/> Residential Care Facility	<input checked="" type="checkbox"/> Memory Care
<input checked="" type="checkbox"/> Intermediate Care Facility	<input checked="" type="checkbox"/> Other: <u>Skilled Nursing, In-home care, Home Health Care</u>
- 2) **Limitations on referrals.** The client will be referred only to facilities with which the Referral Agent has a business-to-business contract:  Yes  No
- 3) **Referral fees.** Any fees paid to the Referral Agent for services will be paid by the admitting home/facility:  Yes  No
- 4) This Referral Agent's right to a referral fee expires if the client does not move in to a referred facility within a specified period from the time of the referral:  Yes  No
- a. If Yes, what is the range of the expiration periods specified in this Referral Agent's business-to-business facility agreements?
  - i. It is at the discretion of the senior living provider.
- 5) **Privacy Policy.** This Referral Agent's privacy policy is included in this document.
- 6) **Facility Complaint History.** The Department of Human Services (DHS) website listing complaints concerning facilities/care communities is found at: <https://ltlicensing.oregon.gov>

### **Additional Information**

The following additional information beyond the mandatory disclosures is provided to assist the consumer in understanding Oregon laws regarding referrals.

#### **A Referral Agent Must:**

- ❖ Discontinue providing services to a client who notified the Referral Agent in writing that the client no longer wishes to use the services of the Referral Agent. If the Referral Agent has received compensation from the facility for a referral that has been made, the client may notify the Referral Agent in writing that he/she wish to use the services of another Referral Agent in the future for referral to another facility in a subsequent move. The client's written notice shall identify the name of the facility and the move-in date of the original referral made by the Referral Agent.
- ❖ Provide the required disclosures to the client in writing in a conspicuous and clear manner. The disclosure may be made orally first if the agent makes an audio recording with the consent of the client and thereafter provides the client a written disclosure.

#### **A Referral Agent May Not:**

- ❖ Provide a referral to a long-term care facility/home for compensation unless registered with DHS.
- ❖ Refer a client to a facility in which the Referral Agent or an immediate family member has an ownership interest.
- ❖ Contact a client or authorized representative who has requested in writing that the Referral Agent stop contacting them.
- ❖ Share a client's placement information with or sell a client's placement information to a facility or marketing affiliate without obtaining affirmative consent from the client or his/her authorized representative for each instance of sharing or selling such information.

**Authorization granted to 1ST CHOICE and permission to release information**

I give the staff and representatives of 1ST CHOICE Advisory Services, Inc. permission to access information regarding the older adult(s) named below. I also give permission to the providers working with 1ST CHOICE (physicians, clinicians, ARNPs, licensed assessors, senior housing and care providers and/or paraprofessionals as well as regulatory or vulnerable adult advocacy organizations) to access this information as it relates to the client's interest in arranging for in-home care or relocating to a senior housing or care community.

Pursuant to the requirements of the Health Insurance Portability and Accountability Act (HIPAA), the purpose of this disclosure, at this time, is for both non-medical and for medical purposes. Further, there is the potential for the protected health information to be re-disclosed by the recipient and thus, no longer is protected under this Privacy Rule. I understand that this consent may be revoked in writing at any time with the exception and to the extent that disclosure of information may have already occurred prior to the receipt of revocation.

I understand that senior living providers, clinicians, hospitals, social workers, nurse assessors and representatives at 1<sup>st</sup> CHOICE will be utilizing email, telephone, fax and in-person meetings to discuss specific housing and care needs and that personal health care information will be shared between entities and individuals.

**Authorization to Share Placement Information**

I have read, understand, and consent to this agreement and I authorize this Referral Agent to share my information with the facilities to which I will be referred or this Referral Agent's marketing affiliates.

\_\_\_\_\_  
Receiving Individual – (electronic) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Receiving Individual – Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name(s) of older adult(s) – please print

\_\_\_\_\_  
Name(s) of older adult(s) – please print