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## Question of the Month

Q: What the heck is the “elective share” and why should I care?

A: Well for lots of people the elective share may not matter but in long term care and advanced estate planning, it matters a lot. The elective share is the portion of an estate that a spouse is entitled to, whether you disinherit them from a will or not. So if you are married at the time of death, your spouse is entitled to one-third of certain probate assets. Your spouse can choose to waive the elective share, meaning give up their right to it, but they don't have to. So when is this important? In what I do it becomes very important. Once someone is receiving government benefits, an inheritance can render them suddenly ineligible. I often re-write a will with a healthy spouse so that their spouse receiving Medical Assistance covering skilled nursing, doesn't get an unexpected inheritance if the healthy spouse dies first (this happens more often than you would think). But even if everything passes to other heirs, the government says that the spouse in skilled nursing could have taken an elective share and calculate a penalty based on the value of the elective share the living spouse didn't take. So it's important to make sure that as few assets as possible are eligible for an elective share to minimize that penalty. How do you do that? If possible, add beneficiary designations to everything to specific people (not the Estate). For bank accounts, add a TOD designation (transfer on death). Put assets in a trust. These are all possible options. If you have questions about this (and it can be complicated) call our office to discuss specific assets.



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*Protecting Families*

## Calendar

**July 22-23 - Annual Elder Law Conference and PAELA meeting—Aviv in education all day but available by email and can return phone calls periodically**

**July 24-August 3 - Aviv in Cuba. Available by email only.**

## What's New with Us

So much it's hard to even know where to begin! Well the ongoing updates (I get so many questions on these), the shoulder is about as mended as it is going to get. The rest is strengthening. I had my last physical therapy session a little while ago so I guess it's pretty good (it doesn't feel like it's in danger of jumping out of its socket anymore). I still haven't taken my exam to be a certified elder law attorney. They only offer it twice a year and it hasn't been offered yet. I have started studying though and am a little dismayed to find out how much I don't know!

In doggie updates, Ameena's new fun habit is to rip the sheets on my bed. She has now ripped all of them, so I'm going to have to get some new sheets. Sigh. We've also managed to lose her collar somewhere. However, losing her collar led to a very fortuitous discovery that the hose leading to my water heater had a leak and was spraying all over my basement. Don't ask how one led to the other. But it did.

In travel news, as you know, I'm off to Cuba this month! So super excited. Now I have verified that I will have internet access at the hotels so I will be available via email (yes guys, I always work! If only to make sure that emergencies aren't happening). The answering service will send me an email if you call or you can just skip the middleman and send me an email. In other travel news, I've just committed to some very exciting trips coming up in 2016. In February (for my birthday no less) I'll be running (really, running, walking) my first ever half-marathon, the Disney Princess Half Marathon in Walt Disney World. At the very end of 2016, December 30, I'll be heading off to complete a longtime bucket list trip of mine, a trip to Antarctica! Remember guys, this is end of next year, a year and a half away—don't panic (but yes, I have already verified that I will have access to satellite internet on the boat, even in Antarctica—yes, I really am always working)! After that trip I will have been to every continent on Earth. I've been waiting a long time to say that. In between those two trips, it's looking like a trip to Iceland with a group of friends might be on the agenda.

See, I told you there were a lot of updates. Look for pictures from Cuba next month!



## Professionals You Never Knew You Needed but Who Can Change Your Life-Part 2

Continuing in my occasional series (remember the health care advocate in May), I continue this month with....

### Geriatric Care Managers

Okay, so first and foremost, what is a geriatric care manager and what do they do? Well, they act as an advocate and guide for seniors and their families for a variety of issues affecting seniors including housing, safety, finances, care, and benefits. They are the hub of all those different areas you have to somehow figure out and manage (only no one ever does). They've got a wealth of information about resources and they help you make decisions and then coordinate those decisions.

So what's the difference between that and the May newsletter's health care advocate? Well, geriatric care managers tend to focus on seniors (hence the title) although some may take on clients of all ages. That's a question to ask if you are looking for one and it matters in your situation. What are the other differences? Well, it just may depend on that individual advocate and that individual geriatric care manager. Take a look at what you want them to help you with and ask questions about their background and particular expertise. Do they work with similar types of people with similar types of issues? If not, maybe that's not the best fit.

Still confused? You're not alone. Here are some specific examples of instances a geriatric care manager has provided services:

- 1 Determining if a senior's current living situation is safe and meeting their needs. If not, figuring out whether it can be made to meet their needs or if they need to relocate. If they must relocate, finding the best place for them and coordinating the move.
- 2 Checking in on a senior and monitoring their health and well-being when they have minimal family or that family lives at a distance (or even if the family is near and just want another pair of eyes), this can include in the home or in a facility. If in a facility, it includes checking in with staff to make sure they are doing their jobs (just like the family would if they lived a little closer).
- 3 Making referrals when a senior is eligible for benefits to the appropriate agency or an attorney, if needed, to obtain those benefits.
- 4 Overseeing or handling bill paying.
- 5 Communicating with the family to keep them informed on what is going on with the senior.
- 6 Going to doctor appointments and ensuring communication between the doctor, the senior, and the family.

Want to know more? Here's an excellent website with information as well as the ability to search for geriatric care managers by location: <http://www.aginglifecare.org/>.

As always, here are some terrific geriatric care managers in central Pennsylvania:

### Mary Beck

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