

# NURSING HOMES



WHAT YOU NEED TO KNOW

JANUARY 2023





## INTRODUCTION

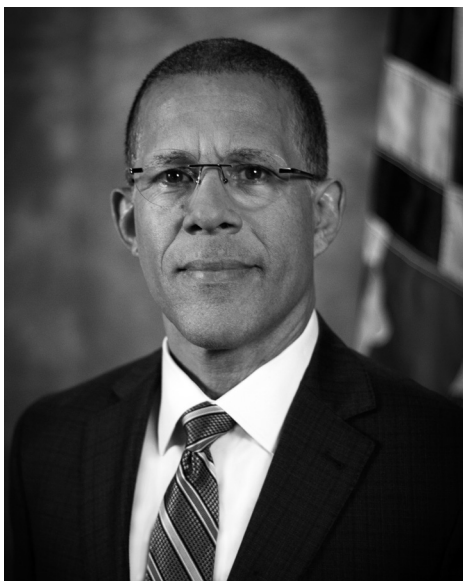
Today, we live longer than our grandparents did, and our lives and health care systems are more complex. We have good reason to wonder how we will get the care we need if disability or illness strikes, and how we will pay for it. You can make better decisions by knowing ahead of time what your choices are, by learning what to expect and by carefully planning your finances. Far too often, decisions about our health care, especially about long-term and rehabilitative care, are made during a crisis. Regardless of the timing, you can and should evaluate various nursing homes and other long-term care providers to make the best decision. You don't have to be a professional or an expert. You just need reliable information.

This book is meant for anyone thinking about the possibility of needing nursing home care or long-term care in his or her own home. It should also prove helpful for friends and family members of individuals who may need long-term care.

Nursing homes are not your only option for rehabilitation and long-term services or support. Chapter 9 discusses in-home alternatives to nursing home care.

Chapter 10 lists agencies and organizations that can help you make the right choice and get needed care.

When you finish this book, discuss it with your family. Talk about the financial implications of choosing a nursing home. Share with them your hopes – and worries – about the prospect of long-term care. But most importantly, let them know your wishes. You are the best person to decide your future. This book can help you take the first step toward peace of mind.



**ANTHONY G. BROWN**  
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### *A Note About Hyperlinks*

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You will also see some Internet links in this guide that begin with “rebrand.ly” followed by a short description of the page to which they refer. We have utilized a link “shortening” service in an effort to keep long Internet addresses to reasonable length for those who need to type them.

Although we have made every effort to ensure accuracy, the Office of the Attorney General is not responsible for any materials stored on hyperlinked sites that are not under the direct control of the Office.

# CHAPTER 1

## AN OVERVIEW: PLANNING FOR YOUR FUTURE

### FIVE BASIC GUIDELINES TO CONSIDER

#### 1. Consider your future realistically.

When you plan your retirement, you probably look forward to spending more time with family and friends, taking it easy, or perhaps traveling. Nobody wants to think about illness, injuries, or nursing homes, but needing medical care outside the home is a reality for many Maryland residents. Many people go to a nursing home for rehabilitation or recuperation after an injury or hospitalization. Their stays may be relatively short—less than a month. Others go for long-term care

for a chronic condition or disability that requires months or years of medical care, and in some cases, for the rest of an individual's life. Nationwide, about 25% of nursing home residents who require long-term care stay in a nursing home for at least three years.

#### 2. Prevent a crisis.

Most people are forced to learn about nursing homes when they become ill. Time is short, money is needed quickly, and family members may be upset. To prevent a crisis, find out ahead of time how nursing homes work. Learn about the laws that protect nursing home residents and their families. With this information, you can make better decisions.

#### 3. Talk to your family.

If you become seriously ill or have an accident or stroke, who will take care of you? You may be surprised to learn how much care—or how little—your family and friends would be able to provide for you at home. Let them know your feelings, and what your wishes are. You should prepare an advance directive, which gives you the opportunity to provide instructions or general guidance about the care you want or don't want. Although an ad-





vance directive doesn't require it, you may wish to appoint an agent to act on your behalf in health care matters. For more information about advance directives in Maryland, see Chapter 7. An advance directive form provided by the Office of the Attorney General can be accessed online by clicking on the Advanced Directives / Living Wills link at [www.marylandattorneygeneral.gov](http://www.marylandattorneygeneral.gov). You can also call the Office of the Attorney General at 410-576-7000 or 1-888-743-0023 to ask for a copy to be mailed to you.

**4. Think about how you will pay.**

Nursing homes and community-based long-term care can be expensive. At an average yearly cost of about \$110,000 (\$119,000 for a private room), nursing home care is one of the biggest expenses you may ever face. Health insurance seldom covers the cost of the nursing home. Most people think that Medicare will pay the bills if they enter a nursing home. This is not true; Medicare rarely covers the cost of nursing homes (in Maryland, less than 20% of nursing home residents have Medicare as their primary payer). Likewise, "Medigap" insurance policies and private health insurance rarely cover nursing homes. While Medicare has a benefit that covers the cost of certain services in Medicare skilled nursing homes, this is a limited benefit. If you need longer-term nursing home care or care that Medicare doesn't cover, how will you manage to pay the bills?

Many people start out by paying their own bills and then apply for Medicaid

when their money runs short. Medicaid is a government program to help people who don't have enough money to pay their medical bills. (Medicaid is also commonly referred to as Medical Assistance. In this booklet, we use the term Medicaid.)

For comprehensive descriptions of Medicare and Medicaid, and the difference between the two federal programs, see Chapter 5.

In planning for your future, consider whether long-term care insurance is an option for you. Long-term care insurance is not the same thing as Medigap insurance, which you may have to supplement your Medicare benefits.

See Chapter 5 for other possible ways to pay for long-term care, such as veterans' benefits.

**5. Find out what resources are available.**

Every Maryland county has resources to help provide you with information on selecting a nursing home or to help you remain in the community. If you need guidance, contact any of the agencies listed in this booklet.

**FREQUENTLY ASKED QUESTIONS**

**1. What types of long-term care are available?**

Different types of medical and nursing services are available to meet your needs. However, not all nursing homes

*Nursing homes are expensive, but health insurance seldom covers the cost. Many people start out by paying their own bills, and then apply for Medicaid when their money runs short.*

provide all types or levels of care. It's important that you discuss with your medical professional the type of care that you need. You may also ask your local health department about its evaluation service that helps you identify all your medical and personal needs. For more information about the types of long-term care available, a helpful guide is available from the Maryland Health Care Commission at [rebrand.ly/MHCCNursingHomes](http://rebrand.ly/MHCCNursingHomes).

You may hear the following terms used to describe different types of care, whether provided in a nursing home or not.

**Nursing Homes:** These homes are licensed to care for individuals who have medical conditions or disabilities that require medical services and nursing services supervised by a registered nurse.

**Assisted Living:** Assisted living programs provide housing and supportive services, supervision, personalized assistance, health-related services, or a combination of these services. They meet the needs of residents who need help with activities like bathing, dressing, eating, and using the restroom. Assisted living programs vary greatly in size and cost. Some may be so small that they are located in the provider's home. Like nursing homes, assisted living programs are also licensed, but they are regulated less than nursing homes and your rights are different. Assisted living programs are licensed based on the level of care they provide: Level

1 (Low: resident needs occasional assistance and supervision); Level 2 (Moderate: resident needs monitoring and limited assistance); and Level 3 (High: resident needs comprehensive support for many deficits).

For more information, please refer to the University of Maryland booklet on assisted living, entitled "Assisted Living: What You Need to Know," available at [rebrand.ly/AssistedLivingMD](http://rebrand.ly/AssistedLivingMD).

**Home and Community-Based Long-Term Care Services:** In the past, Medicaid only covered long-term care services if the services were delivered in a nursing home. Under a Medicaid Waiver Program, you can now also receive long-term care in a community setting. These "Home and Community-Based Services" may include assisted living, in-home personal care aides, and respite care. The Medicaid Waiver Programs are for individuals who would qualify for nursing home care under Medicaid, but want to remain in the community (see Chapter 9).

**Subacute Care:** Subacute care is goal-oriented treatment rendered immediately after, or instead of, acute hospitalization. This type of care is used to treat active complex medical conditions or to administer technically complex treatments until a condition is stabilized or a treatment course is completed. Subacute Care Units, sometimes called Transitional Care Units, are typically established in hospitals for individuals who need

*Like nursing homes, assisted living programs are also licensed; however, they are subject to less regulation than nursing homes.*



short-term services covered under Medicare Part A. They are licensed by the State in the same way as nursing homes, and therefore are subject to all the laws and regulations that apply to other nursing homes.

**Specialty Hospitals:** These hospitals are licensed to provide services to individuals with certain conditions that do not require acute care, but are appropriately provided in a hospital setting. These include facilities or units for those with long-term hospital needs or chronic diseases that need treatment in a post-acute setting. Occasionally, an individual may be discharged directly from an acute care hospital to a specialty hospital, after which the individual may be then discharged to home or to a nursing home.

**Palliative Care:** Palliative care is specialized medical care focused on providing the patient with relief from the symptoms, pain, and stress of a serious illness or condition, with the goal of improving the quality of life for the patient, their family, and other caregivers. Palliative care may be provided along with curative treatments. If you are being seen at a hospital for a serious illness or condition, you may want to ask about the availability of palliative care services in the hospital or at other health care programs, facilities, clinics, or physicians' offices.

**Hospice Care:** Hospice is supportive care that focuses on comfort and quality of life, rather than curative treatment, for people in the final phase of a terminal illness. Hospices are licensed

by the State. Some hospices only provide services in private homes and some have their own inpatient hospice facilities. Medicare reimburses various kinds of hospice services, some of which may be provided in a nursing home. These include home hospice services, but also inpatient hospice services under certain circumstances.

**Home Health Agencies:** These agencies provide services, such as skilled nursing and home health assistance, to sick or disabled individuals in their own homes. This is not the same as nursing home care. Medicare has Part A and Part B coverage for qualified persons who need home health services.

**Residential Service Agencies** provide a more limited range of services than home health agencies.

## 2. Is a bed available for me?

Some nursing homes have a waiting list. Nursing homes evaluate whether they have the capability to provide services to a particular resident. Not all nursing homes offer the same services. For example, some nursing homes provide services to residents needing a ventilator and some don't. Nursing homes may also establish "special care units" designated for particular kinds of needs. Nursing homes are not required to accept all applicants. However, you are protected by federal and state civil rights laws, which protect against illegal discrimination.

If you will be entering a nursing home from a hospital, ask to speak to the

*Some nursing homes in Maryland may have waiting lists.*

hospital's discharge planner or social worker who can help you find a bed in a nursing home. All hospitals that treat Medicare patients must provide this service.

Federal law requires that any person with a serious mental illness or developmental disability who applies to enter a nursing home must be evaluated first to see if they are able to stay in their home or if they require nursing home care. If the evaluation shows that the person could live at home with community-based services, the law prohibits admission to a nursing home. This process is called Preadmission Screening and Resident Review (PASRR).

### **3. What if I'm turned away?**

If you believe that you have been wrongly turned away by a nursing home, contact the Legal Services Program nearest you, the Long-Term Care Ombudsman (an advocate for residents) in your county, the Office of Health Care Quality, the Office of the Attorney General, or the Maryland Department of Aging (see Chapter 10).

### **4. Where can I get general information or advice?**

Call the Long-Term Care Ombudsman, Maryland Access Point (formerly referred to as Senior Information and Assistance Offices), or Maryland Legal Aid, which provides free legal advice to financially-eligible seniors and individuals with long-term care issues (see Chapter 10). You can also

visit Eldercare Locator at [www.eldercare.gov](http://www.eldercare.gov) for general information.

### **5. What if I can no longer make decisions for myself?**

Anticipating your need for a nursing home is only one part of planning for your future. Another important consideration is who will make decisions for you if you can't make them yourself due to serious injury, illness, or disability. You can prepare for this possibility by signing legal documents that stipulate the level of medical care you wish to receive and/or appoint someone else to make decisions about your health care and your property. Only a competent person can write such a document, so it's important to think about this well in advance.

## **ADVANCE DIRECTIVES FOR HEALTH CARE**

An advance directive for health care states what care you would want and/or who you would want to make health care decisions for you if you can no longer communicate effectively with your doctors. A living will and a durable power of attorney for health care are both forms of advance directives. A written advance directive may be prepared in either a paper or electronic format.

In an advance directive, you may appoint someone to make health care decisions for you. This person is called your agent. You may also express your wishes about what care you do or don't





want. For example, if you would not want to be kept alive on artificial life support if there is no possibility of recovery, you may state that in your advance directive and direct your agent to carry out this wish.

If you don't have an advance directive, and you are unable to make your own medical decisions, doctors will look to a relative or friend, which might not be the person you would pick, to make decisions.

Whether you have an advance directive or not, it's important that you speak to your loved ones and your doctors now about what you would

want if you are unable to communicate in the future.

No particular advance directive form is required; there are many from which you can choose. The Maryland statutory form can be found by clicking on the Advanced Directives / Living Wills link at [www.marylandattorneygeneral.gov](http://www.marylandattorneygeneral.gov).

You may also prepare an advance directive electronically. There are electronic advance directive services that are officially recognized by the Maryland Health Care Commission. More information on electronic advance directives can be found on the Com-

mission's website at [rebrand.ly/MHC-CElectronicAD](https://rebrand.ly/MHC-CElectronicAD)

You may also benefit from reviewing these publications on the Maryland Attorney General's website.

- Making Medical Decisions for Someone Else: A Maryland Handbook ([rebrand.ly/OAGProxyHandbook](https://rebrand.ly/OAGProxyHandbook))
- Advance Directive Information Sheet ([rebrand.ly/OAGHPInfo](https://rebrand.ly/OAGHPInfo))
- Maryland's Planning for Incapacity Guide, jointly published by Maryland Legal Aid, Maryland Department of Aging, and the AARP Foundation

## FINANCIAL POWER OF ATTORNEY

Another important document is a power of attorney for financial matters. This is similar to an advance directive for health care, except that a power of attorney document requires you to appoint an agent to act for you in business and financial matters. If you have money or property in your name, it may be important that you have a power of attorney for finances. If you don't have one, and you lose the ability to handle your finances, it may be necessary for someone to go to court for guardianship of your property. Preparing a power of attorney now can avoid complicated legal problems in the future. The person you appoint as your power of attorney is your agent. It's very important that you appoint someone you can trust, because a financial power of attorney can be easily misused. If you are

still able to make your own decisions, your agent cannot override you.

Maryland statutory power of attorney forms are available on the General Assembly's website.

- Personal Financial Power of Attorney: [rebrand.ly/MDStatute17202](https://rebrand.ly/MDStatute17202)
- Limited Power of Attorney: [rebrand.ly/MDStatute17203](https://rebrand.ly/MDStatute17203)

### Where to Get Help with an Advance Directive or Power of Attorney

You should talk to an attorney about preparing these documents for you and about estate planning in general. If you are aged 60 or over and meet the financial eligibility requirements (i.e., earn a low to moderate income), you may be eligible for the 60+ 2.0 Legal Program to help draft documents at a low cost. The 60+ 2.0 Legal Program is a pilot program administered by the non-profit organization Civil Justice, Inc. Contact that organization at 410-706-0174 or visit [www.civiljusticenetwork.org](http://www.civiljusticenetwork.org) for more information.

If you can't afford to pay a lawyer for a will, a living will, a power of attorney for financial purposes, an advance health care directive, or deed changes, you may be able to obtain low-cost legal services from the 60+ 2.0 Legal Program. See Chapter 10 for a list of other legal services resources.



## CHAPTER 2

# NURSING HOME SERVICES

To get the high quality care you need and deserve, it's important to understand what a nursing home can offer and whether it's the best place for you to receive care. Despite a resident's medical status, their dignity and individuality are to be preserved to the greatest extent possible, and nursing home employees should always treat residents with courtesy and respect. Nursing home care is one of the biggest expenses you may ever face. (For alternatives to nursing home care, see Chapter 9.)

### NURSING SERVICES

Nursing care is what nursing homes are all about. Nurses and their assistants, who are often called aides, keep you clean and comfortable, monitor your medical condition, give you medications, and look after your daily needs.

In Maryland, nursing homes must have a registered nurse (RN) on duty twenty-four hours a day, seven days a week. Additional registered nurses, licensed practical nurses (LPN), and support personnel must be available to meet the needs of all residents. RNs and LPNs supervise nursing services and provide intermediate and skilled care to residents.

Geriatric nursing assistants (GNAs) have completed a training course and

passed certain tests related to geriatric care. GNAs provide routine bedside care and work under the direction of RNs and LPNs. They help residents bathe, get dressed, eat, and move about. Some GNAs who receive additional training may administer medications under the direction of licensed nurses. These GNAs are frequently referred to as "medicine aides." Some nursing homes utilize feeding assistants in addition to other aides.



***Consumer Tip:***  
***Ask the nursing home to tell you the ratio of nursing staff to residents.***

If you decide to contract for “private duty” nursing or aide services to supplement the services provided by the nursing home, you may seek these services through a Nursing Referral Service Agency. Be aware that these agencies are licensed by the State through the Office of Health Care Quality. More information is available online at [rebrand.ly/MHCCNRSA](http://rebrand.ly/MHCCNRSA).

## MEDICATIONS

Some nursing home residents with chronic ailments take many different medications each day. Under Maryland law, a consulting pharmacist is required to work closely with the nursing home, doctors, and nursing staff to make sure you receive the right medication at the right time (for example, with food or at bedtime). A pharmacist is required to review every month all medications given to each resident. Unless your doctor has said that you are capable of taking your own medications, a trained aide will be responsible for administering them to you. Often, to avoid confusion, many nursing homes use the unit dose method of dispensing drugs. The unit dose method individually packages and labels pills for you, thus reducing errors.

You may wish to ask your doctor if you can use generic drugs, as they are less expensive than brand-name drugs. The cost of medication is usually not included in the basic fee for a nursing home. Many nursing homes contract with one pharmacy to pro-

vide the medicine needed by their residents, and that pharmacy should participate with any Medicare Part D prescription drug plan you select.

The nursing home must have a contract with the pharmacy to ensure timeliness, quality, and other related requirements. If it doesn't participate with your prescription drug plan, work with the nursing home to make appropriate arrangements. You have the right to select your own Medicare Part D prescription drug plan. Ask about the arrangements that are made for medications or other items not covered by Part D or any other payment plan, and find out what the nursing home's pharmacy will charge you. You have the right to select your own pharmacy, but only if the pharmacy enters into an agreement with the nursing home to abide by the home's policies.

If you are a Medicaid recipient, and not eligible for Medicare Part D, Medicaid will pay for the prescription drugs the nursing home gives you.

## PHYSICIAN SERVICES

You must be under the care of a doctor within the first 30 days of living in a nursing home. If you don't already have a doctor, you may select one from a list of those who routinely practice at the nursing home. The nursing home will have policies and procedures for doctors. If you keep your own family doctor, the doctor must agree to comply with the policies and procedures in the nursing home.

A doctor, nurse practitioner, or physician assistant must visit you at least every 30 days to evaluate your condition and review your medications. Additionally, the doctor, nurse practitioner, or physician assistant should visit you as frequently as your medical condition requires it. The doctor must visit at least every 120 days.

Each nursing home has a medical director who must be a physician. You can discuss issues about physician services with the medical director. Under Maryland law, a nursing home must have a doctor available to the nursing home staff. The home is also required to arrange emergency transfers to a hospital.

If you have Medicare Part B coverage, services provided by your doctor, nurse practitioner, or physician assistant in the nursing home will continue to be covered under Medicare Part B, whether your basic care is paid for by Medicare Part A, Medicaid, or yourself.

## THErapy SERVICES

Residents who have difficulty moving around because of illness or injury may benefit from physical therapy. A *physical therapist* or physical therapy assistant uses exercise, massage, and special equipment such as ultrasound, electrical stimulation, whirlpool baths, and parallel bars to help residents improve their strength and agility. They also teach you to use wheelchairs, braces, and artificial limbs. You should ask what equip-

ment and services are available and used at any nursing home you are considering.

Residents who have difficulty with fine motor skills and performing activities of daily living may benefit from occupational therapy. An *occupational therapist* or occupational therapy assistant helps people with illness or injury become as independent as possible in their everyday activities. This is accomplished through directed activities, exercises, and instruction in adaptive equipment.

A *speech and language therapist* helps residents speak clearly. This is especially important for people who are hard of hearing, have neuromuscular disorders, or have had a stroke.

Therapeutic services may be covered by Medicare, Medicaid, or private insurance. You can ask the nursing home about how you will know when therapy services are not covered, how much this will cost you, and your right to appeal from denials of benefits under Medicare.

Your doctor, nurse practitioner, or physician assistant can order physical therapy, speech therapy, and occupational therapy for you.

## SOCIAL SERVICES

Many people find it difficult to leave their family and friends and move to an unfamiliar place. A nursing home social worker helps residents identify and maintain psychosocial, emotional,

***A pharmacist is required to review every month all medications given to each resident.***





*Every home should offer activities to keep residents active.*

and mental health needs, and to generally improve the quality of residents' lives in nursing homes by promoting independence. All nursing homes provide social services to both residents and their families. If a nursing home has 120 or more beds, it must employ a full-time social worker.

## ACTIVITIES

Every nursing home should offer an ongoing program of activities designed to meet the interests and promote the well-being of each resident. Ideally, activities should be stimulating and interesting, and should vary from week to week. A good nursing home will have a daily variety of activities to suit each resident's preferences. Typical activities might include bingo, arts and crafts, trivia, ice cream socials, music programs, holiday and birthday parties, window gardening, storytelling, dances, and shopping excursions. The more social activities, the better.

## RESIDENT COUNCILS

Residents often find it easier to address problems as a group. Nursing home residents have the right to organize and participate in independent resident groups in the nursing home. If a resident council exists, the nursing home must provide a private place for the group to meet. The nursing home must provide a designated staff person who is responsible for assisting the resident council and responding to written requests that result from the group meetings.

Staff and visitors may only attend these meetings by invitation from the group. Nursing home administrators and/or staff must listen to the council's views and act upon their grievances and recommendations concerning decisions that affect resident care and life in the home. The resident council may also work with the local Long-Term Care Ombudsman Program (see Chapter 4).

## FAMILY COUNCILS

The families of residents also have the right to meet in the nursing home with other family members. A family council has the same rights as a resident council: to be afforded a private meeting space, to have staff or other visitors attend only upon request, and to have a designated staff member provide assistance. The family council may also work with the local Long-Term Care Ombudsman Program.

The nursing home must listen to the views and act upon the grievances and recommendations of the family council concerning decisions affecting resident care and life in the home. The administrator of the nursing home must respond to all written correspondence from the family council within 14 calendar days. All correspondence between the family council and the administrator of the nursing home is to be immediately placed in two family council logs. One log will retain all communications as written and will be maintained in a confidential manner. In the other log—the public log—information identifying any resident will be removed. The public log must be available to current and prospective residents and their families during business hours.

## RELIGIOUS SERVICES

A good nursing home will help residents who choose to attend religious services. Ministerial staff will often visit the home upon request. Many homes provide religious services on the premises, while others arrange transportation to and from local places of worship.

## LAUNDRY SERVICES

Every nursing home provides laundry service. If you are on Medicaid, the institution must do your personal laundry at no extra charge. If you intend to be a private pay resident, ask whether laundry service is included in the basic monthly fee.

*A good nursing home will help residents who choose to attend religious services.*

## CHAPTER 3

# TOURING A NURSING HOME

Choosing the right nursing home is not easy. There are many factors to consider. Gather as much information as you can to help make the right choice.

### HOW TO GET STARTED

1. Locate nursing homes near family members and friends. The ability to have frequent visitors is more important to a nursing home resident than just about anything else. To locate homes, use both the Nursing Home Compare website of the Centers for Medicare and Medicaid

Services at [rebrand.ly/CMSHome-Compare](https://www.rebrand.ly/CMSHomeCompare) and the Maryland Health Care Commission's Nursing Home Guide at [rebrand.ly/MHC-CHomeGuide](https://www.rebrand.ly/MHC-CHomeGuide). If you don't have access to the Internet, call your local Long-Term Care Ombudsman listed in Chapter 10 to request a list of nursing homes.

2. Review the publicly available information on the homes that interest you (see Chapter 4).
3. Talk with people you trust—your doctor, religious advisor, family, and friends—to get their opinion on what nursing homes to visit.
4. Tour the homes you are considering.

### VISITING THE NURSING HOME

Visit the nursing home before you make a decision. If you are in the hospital or otherwise unable to visit yourself, ask a family member or friend to tour the home. It takes only an hour or two to inspect the home and interview the people who work there.

Think about what things are important to you. Discuss them with your family first, and then with the staff during your visits. For example, do you want a bed by the window? Would you like a home that has an area where you can walk outside safely? As you make





a decision, it's good to think about the quality of care and the quality of life provided in a nursing home.

The best time for a first visit is on a weekday, during the late morning or midday. You may also want to visit about noon on a Saturday or Sunday, when you may be able to speak to other visitors and learn about the home from another perspective. Keep detailed notes of your visit and write down any questions you may want to ask staff later. Bring a checklist of questions with you (a sample checklist is available at the end of this chapter). The Maryland Health Care Commission has two lists: one for people who are about to be discharged from a hospital and don't have much time to make a decision ([rebrand.ly/MHC-CImmediate](http://rebrand.ly/MHC-CImmediate)) and a second checklist for people with more time to shop around ([rebrand.ly/MHCCStandard](http://rebrand.ly/MHCCStandard)). Once you arrive for your tour, explore the home to see how it's maintained. Do the residents appear to be comfortable and cared for? Are they tak-

ing part in and enjoying recreational activities and social events? Talk with them if possible, but remember that some residents may suffer from dementia or Alzheimer's disease. If you use a wheelchair or may require one in the future, could you pass through the doorways? Use the drinking fountains? Reach the light switches? Open and close the doors? Get from one floor to another?

Ask about the home's fall prevention program. Physical restraints such as cuffs, belts, and vests are not acceptable except in very rare cases. Ask about how the home deals with residents who wander, yell uncontrollably, or are agitated. The first step should always be verbal coaching and cuing. Generally, sedatives and tranquilizers should not be used to control these behaviors. They should be used only when medically necessary with a doctor's written order.

Observe whether the staff is conscientious and pleasant to the residents.

***Residents are happier in nursing homes that have trained, dedicated, and well-supervised staff.***

## CHEMICALS AND ODORS

Nursing homes should be pleasant places for residents and staff. While there might be occasional odors from residents who lack bladder control or for other reasons, a good nursing home will respond in a timely manner to change clothes and linens so there are minimal odors. Also, strong chemical cleaners and deodorants should not be used to mask such smells. Heavy urine or chemical deodorant smells are a clear sign that conscientious care is not being provided. Moreover, it's unhealthy for residents to breathe these chemicals and odors for a long time.

Residents are happier in nursing homes that have well-trained, dedicated, and well-supervised staff. All employees, regardless of their role, should interact with the residents. Watching these interactions can tell you a great deal about the quality of a nursing home.

For most residents, the most important part of a nursing home is their room. Observe how much individuality is promoted at the nursing home. It means a great deal to have your favorite pictures on the wall, your own bedspread, your personal belongings on the shelves, and a TV or radio. Be sure to ask the administrator if theft is a problem, and what is done to prevent it.

Ask about whether the nursing home permits smoking. Policies vary widely among nursing homes, and most don't allow smoking at all.

The most common complaint of nursing home residents is the food. Naturally, your health and morale are affected by what you eat. Mealtime is also an opportunity to socialize. Be sure to ask how meals are served (for example, buffet style, in the dining room, or in the resident's room), what kind of snacks are available, and what assistance is provided to those who need help eating. Ask to see a meal being prepared and served. Look at a posted menu for the month. Purchase a meal to taste. Choices must be offered at each meal if you don't want the prepared menu item or if you have dietary or religious restrictions.

During your tour, be sure to ask the administrator and admissions director many questions. Don't worry about taking up their time. After all, meeting with you is part of their job. Verify any information you were told over the phone. Ask them again about the types of care offered, whether the home is certified by Medicaid and Medicare, and if the home has any special services or programs.

You should also review the most recent government survey and complaint investigation reports, which should be posted or readily available in each home. The reports will usually contain a response from the home. Chapter 4 discusses how to use these reports and judge the quality of the nursing home.

Ask the administrator to give you contact information for a member of both the resident and family councils (if they exist), who will be able to provide you with a consumer's perspective on the nursing home. Ask the council members about any concerns and whether they would recommend this nursing home.

As soon as possible after your visit, write down anything you saw or heard that wasn't already recorded on your checklist. Place those notes and your completed checklist in a notebook for reference.

## STAFF TURNOVER AND RETENTION

A nursing home where staff is continually changing will probably not provide as good care as a nursing home

## YOUNGER RESIDENTS

A small number of nursing home residents are between 25 and 55 years old. Some are disabled from birth, while others have had strokes or injuries at an early age. Often, younger residents have no one their own age with whom to interact. Traditional programs may do little to meet the emotional needs of young adults, who may struggle in an environment designed for elders.

If you are a younger resident, try to find a home geared to young adults or one with more residents in your age bracket. Ask how many young residents reside at the home and ask if you can speak with one of them. Ask the nursing home if it has special programs for young adults.

with stable staffing. Staff *turnover* measures how many staff members have stopped working there and *retention* measures how long current staff members have been working there. These rates can be important indicators of nursing home quality. Keep in mind that most nursing homes have high turnover and low retention rates, and that it's often difficult to keep both at ideal levels. Compare the retention and turnover rates of the nursing homes that you're considering. Ask the nursing home administrator about the home's retention and turnover rates.

Nursing homes are required to post a list of the staff members on each shift who are caring for the residents in each section of the nursing home. During your visit, look to see how many staff members are caring for the residents.

## CULTURE CHANGE

“Culture change” refers to nursing home actions that focus on the routines and preferences of the individual, rather than the typical routines of an institution. For example, a nursing home that has a dining room with certain homey characteristics—like nice lighting, placemats, and small dining tables—is using culture change to make it more comfortable. Culture change means that the home schedules meals, bathing, and sleep based on the schedules of the individual residents, rather than on what is easiest for the staff to provide. Culture change emphasizes that each resident is an individual who has distinct preferences that should be honored whenever possible.

Ask what culture change action, if any, the nursing home is using or is planning. For more information on culture change in nursing homes, visit [www.pioneernetwork.net](http://www.pioneernetwork.net).

***Consumer Tip:***  
***Ask what the staff turnover rate is. A home that is chronically short-staffed cannot deliver good care. New staff often cannot recognize a change in a resident's condition.***





If you haven't already done so, this would be a good time to ask for a copy of the home's admission contract and other documents in its admission package.

For additional information about selecting a nursing home, refer to the Maryland Health Care Commission's Consumer Guide to Long-Term Care ([rebrand.ly/MHC-CLongTerm](https://rebrand.ly/MHC-CLongTerm)).

## FOLLOW-UP VISITS

After you have narrowed your choices, visit the home(s) at least one more time to ask follow-up questions that may have arisen since your first visit. See if your initial opinion still holds.

The best time for a second visit is on the weekend or in the early evening, when fewer staff are on duty. Use your follow-up visits to walk leisurely through the home. Take time to talk with the residents. Finally, consider this: Would you feel comfortable living there or visiting? If your answer is "yes," then the nursing home would likely be a good choice for you.

## SPECIAL NEEDS

If you have a specific illness or injury, you will want to know what kinds of care the nursing home provides for people with your condition. Some nursing homes specialize in caring for residents with specific disabilities. Some have special care units, such as for patients on ventilators. Be sure to mention any special needs you have, and ask if the home is equipped to meet them.



## NURSING HOME TOUR CHECKLIST

You can write directly in this booklet or photocopy this checklist and take it with you to complete during your tour.

Date: \_\_\_\_\_

Name of Facility \_\_\_\_\_

Day of Week and Time of Your Visit: \_\_\_\_\_

Name of Staff Person Hosting You: \_\_\_\_\_

### RESIDENTS' WELL-BEING

YES NO

- YES  NO Do the residents seem cared for well?
- YES  NO Are residents dressed appropriately for the environment and temperature?
- YES  NO Are the residents' clothes clean, shoes on, and nails clipped?
- YES  NO Is residents' hair combed? Are beards and moustaches well-groomed?
- YES  NO Are residents up and moving around?
- YES  NO Are residents in wheelchairs frequently moved from place to place, not just parked in one place?
- YES  NO Do residents do more than just sit and stare at the walls or television?
- YES  NO Are residents talking amongst themselves?
- YES  NO Are residents free from restraints?

In what types of activities are the residents engaged? \_\_\_\_\_

What are the protocols for discussing residents' medical matters? Is this done privately? \_\_\_\_\_

How regularly is personal laundry done? \_\_\_\_\_

## HOME-LIKE ENVIRONMENT

YES NO

- Is the home bright and cheerful?
- Is the home clean?
- Is the temperature comfortable?
- Do the rooms have good ventilation, air conditioning, and individual thermostats?
- Is there counter space for personal items?
- Have residents decorated their own rooms?
- Are bathing and toilet areas private?
- Is fresh drinking water within easy reach of the bed?
- Is the water pitcher clean?
- Does each bed have a curtain or screen for privacy?
- Is there adequate closet space?
- Can possessions be kept reasonably secure?
- Does each resident have a sink and mirror or an adjoining bathroom?
- Does each room have a private phone?
- Is cable television available?
- Is the home free of unwanted noise that can be disruptive to the residents, such as staff using an intercom system?
- Do residents choose their own sleeping schedule?
- Do residents choose their own bathing schedule?

How do activities address the needs and preferences of residents? \_\_\_\_\_

\_\_\_\_\_





**STAFF**

YES NO

- Are employees respectful toward the residents?
- Do employees know residents by their names?
- Are residents treated like adults?
- Is the staff friendly to you?
- Is the administrator receptive to your questions?
- Are employees dressed neatly?
- Do residents seem at ease with the staff?
- Are residents using the activity rooms?
- Are staff members in sight?

What are the turnover and retention rates at this home? \_\_\_\_\_

How many nurses and aides are on duty at the time of your visit? \_\_\_\_\_

**RESIDENTS' SAFETY**

YES NO

- Are emergency exit doors well-marked, unobstructed, and unlocked?
- Are there wheelchair ramps?
- Are there sufficient smoke/carbon monoxide alarms and sprinklers?
- Are lobby and hallway floors clean?
- Are patient areas well-lit?
- Do halls have handrails?
- Are fire, evacuation, and disaster plans posted?
- Do tubs have non-slip surfaces and grab bars?
- Does each resident's bed have a call button within easy reach?
- Are hallways wide enough for two wheelchairs to pass?
- Are hallways clear so residents can pass safely?
- Are there press-down door handles rather than doorknobs?
- Are there safe places to walk and sit outside?
- Is the home free from unpleasant odors?
- Is there a plan for notifying family members about the status of residents if there is an emergency (power outage, tornado, or flooding, for example)?

What is the home's smoking policy? Feel free to ask for a copy. \_\_\_\_\_

---

**FOOD AND DINING**

YES NO

- Are the dining rooms and kitchen clean?
- Are the dining room and kitchen reasonably odor-free and without the smell of heavy chemicals?
- Does the home provide special diets such as low-cholesterol, low-salt, or vegetarian?
- Do the meal options appeal to you?
- Are residents allowed to bring personal spices, condiments, utensils, or other items to the table?
- Are the tables easily accessible to wheelchairs?
- Can residents eat in their rooms if they prefer?
- Can snacks be brought into the home?

How does the home feed the residents who are unable to feed themselves? \_\_\_\_\_

\_\_\_\_\_

**SERVICES AND PROGRAMS**

YES NO

- Does the home participate in Medicare?
- Does the home participate in Medicaid?
- Does the home have arrangements with a pharmacy to deliver medications for residents?
- Can residents use their Medicare Part D prescription drug plan?
- Is there an adequate physical therapy program?
- Does the home have a resident council and/or family council?
- Is it possible to attend religious services?
- Does the home have private areas for residents to meet with family, visitors, or doctors?
- What transportation is available for residents who want to participate in social, religious, or community activities outside the home?
- Is this transportation wheelchair-accessible?
- Do the activities offered appeal to you?

What activities and field trips has the home organized that take into account residents' interests? \_\_\_\_\_

\_\_\_\_\_

What special events or holiday parties are held for the residents? \_\_\_\_\_

\_\_\_\_\_

What hospital does the home have arrangements with to transfer residents to in the event of an emergency? \_\_\_\_\_

\_\_\_\_\_

ADMISSION

Are there any residential openings? \_\_\_\_\_

If not, how long is the waiting list? \_\_\_\_\_

What is the nursing home's daily rate? \_\_\_\_\_

What services are covered by the daily rate? \_\_\_\_\_

\_\_\_\_\_

What services are extra? \_\_\_\_\_

\_\_\_\_\_

What are the costs of these extra services? \_\_\_\_\_

May I have a copy of your admission contract and other documents in your admission package?

Other notes about this facility: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Consumer Tip: During your tour, use a copy of this checklist. Place the completed copy of your checklist in a notebook along with your notes of conversations with nursing home personnel and any available brochures or other materials about the nursing home.***

## CHAPTER 4

# JUDGING THE QUALITY OF A NURSING HOME

It's important to carefully research the quality of a nursing home before signing a contract. You can learn a lot by visiting a nursing home, as discussed in Chapter 3. You can obtain additional information about the quality of a home's care from other sources. Much of this information comes from nursing home inspections conducted by government agencies.

### INSPECTIONS BY THE STATE

All nursing homes in Maryland must have a State license to operate and must meet standards for resident safety, personnel, and the physical environment. Additionally, if a home wants Medicare or Medicaid to help pay for some resident expenses, it must meet certain federal requirements.





Maryland's Office of Health Care Quality (OHCQ) surveys over 200 nursing homes to monitor compliance with state and federal standards. Inspection teams survey each nursing home in Maryland at least once every 15 months. These teams include registered nurses, dietitians, fire safety inspectors, and sanitation experts. The inspection teams look at many things, including infection control, resident care, housekeeping, fire protection, physical safety, maintenance, staffing patterns, and staff training. The inspections are unannounced and can be conducted at any time, 24 hours a day, seven days a week.

If OHCQ finds any health or safety violations, it will require the home to correct the problems within a certain time. OHCQ can also prevent the home from accepting new residents, stop Medicare payments to the home, impose financial penalties, or revoke the home's license to operate.

OHCQ may also inspect a nursing home when it receives a complaint. Unlike the Long-Term Care Ombudsman's Program, OHCQ does not act as an advocate for a person who files a complaint. Rather, it reviews evidence gathered through the examination of nursing home records or interviews to determine whether the nursing home violated any statutes or regulations. OHCQ will impose penalties on a nursing home only if there is sufficient evidence that the home has violated a statute or regulation.

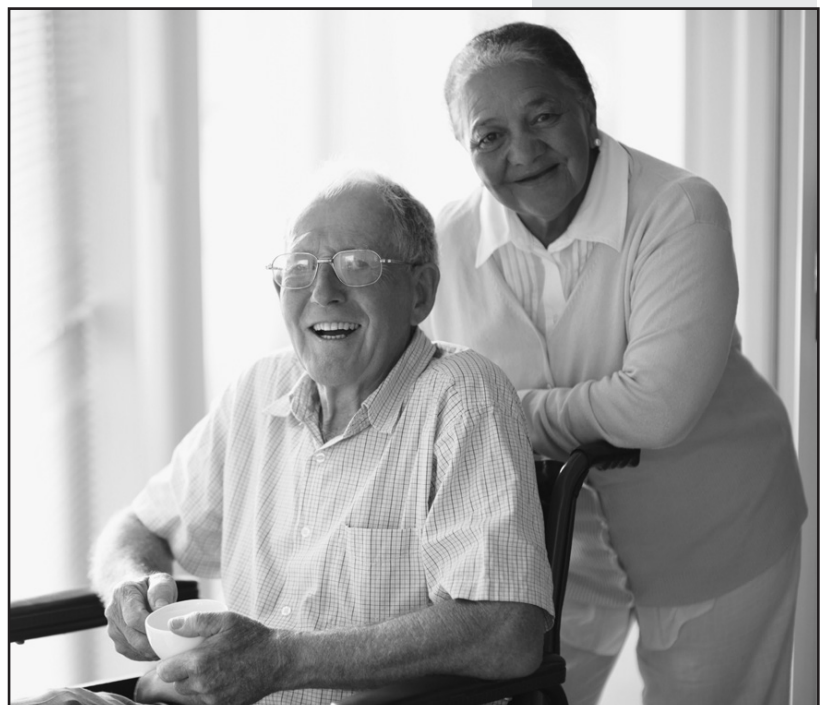
Although OHCQ's imposition of penalties against a nursing home may in-

directly benefit a resident by prompting a nursing home to correct problems noted in a complaint, OHCQ does not represent the resident. OHCQ is an enforcement agency acting on behalf of both Maryland and the federal government to ensure compliance with statutes and regulations.

## SURVEY OR INSPECTION RESULTS

If you want the survey reports for a particular nursing home, you can obtain a copy from the Long-Term Care Ombudsman's Office, the OHCQ, and some libraries. In addition, nursing homes must make the reports readily available to the public. Frequently, they are located in a binder in the lobby area; you should not have to ask for a copy to review. The nursing home may also provide a copy of its responses to survey reports, which might include explanations for why it disagreed with certain findings.

*Nursing homes must make inspection reports readily available to the public.*



Look at the reports for the past two or three years to see if there are patterns of problems that have not been corrected or to see if the home has adequately addressed the problems identified. Visit [rebrand.ly/CMSHomeCompare](https://rebrand.ly/CMSHomeCompare) for an online summary of the reports for each nursing home.



Some findings or deficiencies are more serious than others are. A home with multiple minor deficiencies may actually provide better care than one with fewer, but more serious, violations. A home that has a large number of deficiencies may indicate inattention to details that affect the overall quality of care and quality of life. However, the severity of the problem is also important. Pay attention to both the *quantity* and *severity* of problems. When touring a nursing home, see if you notice any of the problems noted on the survey or inspection report.

The reports provide a detailed history of a nursing home's problems and management's efforts to address them. It takes patience and determination to fully understand these materials. Feel free to discuss the survey reports with the nursing home administrator, your local Long-Term Care Ombudsman, or a member of the nursing home's resident or family council.

The Maryland Health Care Commission (MHCC) and the Centers for Medicare and Medicaid Services (CMS) help people sort through the wide array of public data that is available on nursing homes online, including inspection results. These resources are discussed in more detail below.

## CENTERS FOR MEDICARE AND MEDICAID SERVICES NURSING HOME COMPARE & FIVE-STAR RATINGS SYSTEM

CMS is the federal agency that regulates nursing homes. Its Nursing Home Compare database includes information on all Medicare and Medicaid-certified nursing homes and is available online ([rebrand.ly/CMSHomeCompare](https://rebrand.ly/CMSHomeCompare)). Nursing Home Compare allows you to search for nursing homes by name, state, city, or zip code, and allows you to do a side-by-side comparison of different homes. This website provides the most recent information CMS has about who owns the facility, inspections, staffing, quality measures, complaints, and regulatory compliance.

Nursing Home Compare also rates each nursing home from one to five stars (five stars being the best). Please keep in mind that the five-star rating system is only one source for your research because the information used to determine ratings tells only part of the story. CMS recognizes that the

***Consumer Tip:***  
***When touring a nursing home, see if you notice any of the problems noted on surveys or inspection reports.***

system has limitations. For one thing, the system grades on a curve. The curve is within each state, so the website is of less benefit when comparing nursing homes in different states. Remember, it's essential that you visit the nursing homes you're considering. Don't just rely on information you find online.

### **SPECIAL FOCUS FACILITY INITIATIVE**

CMS also maintains a Special Focus Facility (SFF) list, which identifies nursing homes that have serious or widespread deficiencies. These homes will receive more frequent survey visits and must demonstrate that the home has made significant improvement before it can graduate from the SFF list. Nursing homes on the SFF list that fail to improve may be excluded from participating in Medicare and/or Medicaid. The SFF list can be accessed at [rebrand.ly/SFFProgramList](http://rebrand.ly/SFFProgramList).

If you are considering one of the nursing homes on the SFF list, be sure to discuss it with the nursing home administrator, a member of the nursing home's resident or family council, or a Long-Term Care Ombudsman.

### **MARYLAND HEALTH CARE COMMISSION NURSING HOME GUIDE**

The MHCC also produces a Consumer Guide to Long-Term Care, which is only available online at [rebrand.ly/MHCCLongTerm](http://rebrand.ly/MHCCLongTerm). The guide in-

cludes comprehensive information on all nursing homes in Maryland. Much, but not all, of the information is similar to CMS's Nursing Home Compare, so you may want to visit both sites.

Information on the MHCC website that isn't on the CMS website includes number of rooms by type (private or semi-private, for example), proximity of toilet facilities to rooms, and specialized services such as dementia units, dialysis care, or ventilator care. Additionally, MHCC's website publishes the results of annual satisfaction surveys. MHCC surveys nursing home residents and their family members to measure their overall experiences. This information is not available on CMS's website.

### **THE LONG-TERM CARE OMBUDSMAN PROGRAM**

The Long-Term Care Ombudsman Program operates statewide and has offices in each county and Baltimore City (see Chapter 10). An ombudsman provides residents and their families with information. Ombudsmen also advocates for residents and work to resolve grievances that a resident may have about quality of care and quality of life in their nursing home and assisting living facility. Ombudsmen, whose services are free, have legal authority to visit all licensed nursing homes or assisted living facilities. The ombudsman is not an employee of any nursing home and has authority under federal and state law to promote the rights of residents.

Ombudsmen visit nursing homes regularly and respond to complaints, educate staff and the public about residents' rights, and work with resident and family councils. The Long-Term Care Ombudsman Program is not an enforcement agency, like the Office of Health Care Quality is, but can help you file a complaint. A resident's discussions with an ombudsman are confidential, unless the resident gives permission for their name to be used.

The Long-Term Care Ombudsman Program is especially interested in problems affecting the health, safety, welfare, and legal rights of nursing home residents. As a result, the local ombudsman has a good working knowledge of the living conditions at most nursing homes. While ombudsmen cannot recommend one nursing home over another, they can make sure that you have the most up-to-date information and have taken into account all the various resources.

*Ombudsmen work to resolve grievances that a resident may have about quality of care and quality of life in their nursing home or assisted living facility.*





## CHAPTER 5

# HOW TO PAY FOR NURSING HOME CARE



People who pay for nursing home care with their own money are known as private pay residents. However, most people don't have the funds to pay out-of-pocket for nursing home care for very long because of its high cost. Actual costs vary based on the facility, location, and the type of care you need. In Maryland, costs can range from \$4,000 (assisted living) to nearly \$10,000 (nursing home care) per month.

Generally, health insurance (including Medicare) does not cover nursing

home expenses, unless it's for a short stay. But, depending upon your needs and personal resources, there are other options available to help pay for nursing home care, including Medicaid, Long-Term Care Insurance, and Veterans Administration benefits.

Other financial management options include annuities, obtaining a reverse mortgage, selling assets, and utilizing accelerated death benefits from a life insurance policy. You should consult with your financial advisor to

***Consumer Tip:***  
***The cost of medical care in a nursing home is deductible as a medical expense on your federal and state income tax returns. This deduction may ease the burden for some “private pay” patients.***

determine if any of the options make sense for you. Since many people who stay in a nursing home for a long time ultimately have to rely on Medicaid, and the rules governing Medicaid are complicated, most of this chapter is devoted to highlighting some of the issues and questions people frequently ask about Medicaid.

When making your financial plans, you should keep in mind that you may incur a number of personal expenses while in a nursing home (clothing, salon services, telephone, and television, for example) as well as certain medical expenses that are not covered by any insurance or government benefits program, including Medicaid. These expenses will vary depending on your wants and needs.

## MEDICARE

Medicare is the federal program that helps pay your doctor and hospital bills if you are over age 65 or have certain disabilities. Almost everyone who receives Social Security benefits is covered by Medicare.

Medicare coverage for nursing homes is limited. Generally, Medicare Part A will pay only for *skilled or rehabilitative nursing care* that is provided in an approved facility, and only for a short time after hospitalization. Medicare does not, however, cover the cost of *custodial care*, such as help with daily activities of living (getting in and out of bed, eating, bathing, dressing, and using the bathroom, for example). Nor does Medicare cover health-related

care that most people can do themselves such as administering eye drops or taking care of colostomy or bladder catheters. It's important to know Medicare's coverage requirements so that you and your doctor can discuss whether skilled nursing care and/or rehabilitation services are needed. For definitions and details, visit [www.cms.gov/Medicare/Medicare.html](http://www.cms.gov/Medicare/Medicare.html).

Medicare Part A can help pay for *up to* 100 days of skilled or rehabilitative nursing care at a time if you continue to meet Medicare's requirements. Medicare Part A pays for all covered services for the first 20 days of your approved stay in a nursing home. You will be required to pay a high copayment for the remaining 80 days of a covered stay. Some Medicare supplemental policies may offer limited coverage for skilled nursing care in a nursing home and, depending on the terms of the policy, may cover some of the costs you are responsible for from days 21 to 100.

Once Medicare determines you no longer need skilled nursing care or rehabilitation services, Medicare stops paying for these services.

If you are eligible for Medicare Part A, the nursing home will submit a Medicare claim for you. If the nursing home concludes that Medicare will not pay for a service, it must give you a written notice. You may ask Medicare to review the nursing home's decision. Until Medicare determines the care is not covered, the nursing home cannot collect more than your co-



payment from you. If Medicare later determines that it does *not* cover the service, you will be responsible for the full cost of care.

Of course, if you have Medicare coverage for doctor's services, Medicare Part B will continue to cover your reasonable and necessary doctor bills for needed services while you are in a nursing home, even if it doesn't pay the nursing home bill. To learn more about Medicare coverage of nursing home expenses or how to appeal a Medicare denial of payment, call the Senior Health Insurance Program (SHIP) counselor in your county, or call Medicare customer service at 1-800-MEDICARE (1-800-633-4273). Visit [rebrand.ly/AgingSHIP](https://rebrand.ly/AgingSHIP) to locate a county SHIP office. You

may also want to contact the Medicare Rights Center, [www.medicarerights.org](https://www.medicarerights.org), for more information or additional resources.

### WHEN WILL MEDICARE COVER SKILLED CARE?

Medicare will cover skilled care in a nursing home only if all the following are true.

- You have Medicare Part A (hospital insurance) and have days left in your benefit period available to use.
- You were formally admitted as an inpatient to a hospital for three consecutive days or more, starting with the day the hospital admits you as an inpatient but not including the day you leave the hospital. You must enter the skilled nursing



***Consumer Tip:***  
***Before you enter a nursing home, find out whether it participates with Medicare, Veterans Affairs, or Medicaid programs.***

home within a short period of time (generally 30 days) after leaving the hospital.

- Your doctor has ordered services that require the skills of professional personnel such as registered nurses, licensed practical nurses, physical therapists, occupational therapists, speech-language pathologists, or audiologists, and the services are provided by or under the supervision of such personnel.
- You require the skilled care on a daily basis and the services can only be provided in a skilled nursing home on an inpatient basis. If only rehabilitation services are needed, “daily care” may be considered Monday through Friday if therapy services are not available on weekends.
- You need these skilled services for a medical condition that was treated during a qualifying three-day hospital stay, or for a separate medical condition that started while you were getting skilled care for the first medical condition. For example, if you are in a skilled nursing home because you broke your hip, and then have a stroke, Medicare may cover rehabilitation services for the stroke, even if you no longer need rehabilitation for your hip.
- The skilled services must be reasonable and necessary for the diagnosis or treatment of your condition.
- You enter a Medicare-certified nursing home.

It was a common belief at one time that Medicare would only pay for

skilled care if the resident was improving. That is not true. When a beneficiary needs skilled nursing or therapy services under Medicare’s skilled nursing facility, home health, and outpatient therapy benefits in order to maintain their current condition or to prevent or slow further deterioration, the Medicare program covers such services (provided all other coverage criteria are met). Coverage cannot be denied because the care is not expected to improve or maintain the patient’s clinical condition.

## PRIVATE LONG-TERM CARE INSURANCE

Some insurance companies offer “long-term care” insurance to help pay for the cost of nursing home care. This is not the same as Medigap supplemental insurance, which may help with your Medicare copayments and deductibles. Long-term care insurance policies may also cover assisted living and home care support. Depending on your age when you apply and the benefits provided, these policies may be expensive, with premiums ranging from several hundred to several thousand dollars a year. The insurers are regulated by the Maryland Insurance Administration.

Long-term care policies advertised, sold, or delivered in Maryland:

- Must provide at least 24 months of coverage for all levels of nursing home care;
- Must cover Alzheimer’s and related diseases, as well as other senile



- dementia disorders;
- May exclude coverage for a pre-existing condition only if you received treatment or medical advice for the condition within six months prior to coverage;
- May exclude coverage of mental or nervous conditions or diseases other than Alzheimer's disease;
- May exclude coverage of alcohol or drug addiction;
- May not, when covering home health care, require that you would need care in a nursing home if you were not receiving home health care;
- (Those that provide benefits for home health care services) may not limit eligible services provided by registered nurses or licensed practical nurses;
- May not increase premiums solely because you grow older;
- Must offer an inflation protection option;
- May cancel coverage only if you don't pay or if you significantly misrepresent your medical condition;
- May only cancel coverage after you and another person whom you designate are informed in writing; and
- Must allow you to cancel within 30 days of purchase and receive a full refund.

These are only some of the minimum standards set by law. Before enrolling in a policy, your carrier or insurance producer should provide an outline of coverage and buyer's guide that gives an overview of the specific benefits of the policy. You should review this

document carefully to make sure your coverage will be adequate. If it isn't, you may look for a policy that provides broader coverage.

Don't be dishonest when filling out an application form or a medical questionnaire. In fact, you may want to ask your doctor to review your answers for accuracy. Some companies, especially those that offer immediate coverage within 24 to 48 hours, may not verify your history until you make a claim for nursing home benefits. If they find at that time that you answered your original questionnaire inaccurately, they may refuse coverage and cancel your policy. In such a case, you will have paid premiums for a number of years only to have your claim refused because of an inaccurate medical questionnaire.

Before buying long-term care insurance, study the policies very carefully. The Maryland Insurance Administration has useful consumer information that can be found at [rebrand.ly/MIA-Consumer](http://rebrand.ly/MIA-Consumer). In addition, your local Area Agency on Aging (see Chapter 10) can refer you to a counselor or to your local SHIP office.

## MARYLAND LONG-TERM CARE PARTNERSHIP PROGRAM

The Maryland Insurance Administration also administers the Maryland Long-Term Care Insurance Partnership Program, an alliance between Maryland and private insurance companies that issue long-term

care insurance policies. In addition to the minimum State requirements for long-term care insurance, a Partnership Program policy must meet certain extra federal and State requirements, and be certified as a “long-term care partnership policy” by the Commissioner of the Maryland Insurance Administration.

Partnership policies provide an additional level of protection when compared to a regular long-term care insurance policy. In particular, such policies permit individuals to protect additional assets from spend-down requirements under Maryland’s Medicaid program. Carriers are required to provide a notice with the policy that explains the benefits and the special rights of a Partnership Policy. The schedule page must also state clearly that it’s a Long-Term Care Partnership Policy. For more information, please visit the Maryland Insurance Administration’s website at [insurance.maryland.gov](http://insurance.maryland.gov).

## INSURANCE RIDERS

Another form of insurance for long-term care is available in Maryland. Life insurance companies can now offer riders, or supplemental policies, to life insurance. These provisions may cover long-term nursing home care instead of, or in addition to, death benefits. Specific details can be obtained from the Maryland Insurance Administration by calling 410-468-2000 or 1-800-492-6116, or visiting [insurance.maryland.gov](http://insurance.maryland.gov).

## PRIVATE LONG-TERM CARE INSURANCE CHECKLIST

1. Does the policy cover alternatives to nursing home care, such as home health, day care, and custodial care?
2. Does the policy renew automatically every year?
3. How long is the waiting period for preexisting conditions?
4. Does the policy have a deductible or a number of days before coverage begins?
5. Does the policy’s daily benefits rate compare favorably with the costs of care in your area?
6. Do the policy benefits cover enough days to assure you coverage for your nursing home stay?
7. Is there a provision to allow the benefits to go up with inflation?

## DEPARTMENT OF VETERANS AFFAIRS

A veteran may qualify for care in a Veterans Affairs (VA) nursing home or a nursing home that has a contract with the Department of Veterans Affairs, known as a Community Living Center (CLC). However, space is limited. Your eligibility is based on clinical need and setting availability. The VA will provide Community Living Center care if you meet certain eligibility criteria involving your service connected status, level of disability, and income. You must first be enrolled in the VA health system, and be medically and psychiatrically stable. A copay may be charged for CLC

care based on your VA service-connected disability status and financial information. Contact your VA social worker/case manager to complete the Application for Extended Care Benefits (VA Form 10-10EC) to learn the amount of your copay.

Your eligibility for long-term care services, provided in any long-term care setting, will be determined based on your need for ongoing treatment, personal care, and assistance, as well as the availability of the service in your location. Other factors, such as financial eligibility, your service-connected (VA disability) status, insurance coverage, and/or ability to pay may also apply. You can find more information by calling toll-free 1-877-222-VETS (1-877-222-8387), or visiting [rebrand.ly/VAPayLTCare](http://rebrand.ly/VAPayLTCare). More information about the Department of Veterans Affairs is available at [www.va.gov](http://www.va.gov).

## MEDICAID

Medicaid (also known as Medical Assistance) is a joint federal and state program that pays nursing home costs for people who can't afford to pay the full costs themselves. Each state administers its own Medicaid program with slightly different eligibility rules. In Maryland, Medicaid's long-term care nursing home program is available only if you are unable to care for yourself at home. You must also meet financial eligibility limits regarding income and assets, which differ depending on your marital status. Be aware that some nursing homes limit

the number of Medicaid residents they will accept.

Because the rules about qualifying for Medicaid's long-term care nursing home care program are complicated and change from time to time, this section is only a summary of some of the issues that you should keep in mind before applying. Before making any decision, you should contact one of the Medicaid experts listed on page 42 to get more information.

## MEDICAID, MEDICARE, OR MEDICAL ASSISTANCE – IS THERE A DIFFERENCE?

Many people get confused by the words *Medicaid* and *Medicare*. They sound alike. They look alike. Both are government benefit programs, but they are different.

Medicaid's long-term care benefit pays your nursing home bills if you do not have enough money to do so. Medicaid is also known as Medical Assistance.

Medicare helps pay your doctor and hospital bills if you are over age 65 or have certain disabilities. Medicare has limited nursing home benefits.

## WHAT SHOULD I DO FIRST?

You will need to apply for Medicaid if you are not already enrolled. To qualify for Medicaid nursing home benefits, you must:

***Consumer Tip:***  
***To find out about Medicaid, consult one of the experts mentioned on page 42. Try to plan at least five years in advance.***

- Be a resident of Maryland;
- Be a U.S. citizen or non-citizen who meets immigration status requirements (see [rebrand.ly/MDH-MedicaidStatus](http://rebrand.ly/MDH-MedicaidStatus));
- Provide a Social Security Number (SSN) (if you have one and are applying for coverage for yourself); and
- Meet the income and asset limits that apply to your demographic group.

To qualify for nursing home care benefits, you will also have to meet the medical eligibility standards.

You should not wait until all of your funds have run out before considering Medicaid. Because applying for Medicaid is a time-consuming process, if you are in or entering a nursing home,

it's best to talk to an expert long before you may need Medicaid. If you wait until the last minute, Medicaid may not promptly pay your bill after you run out of money, causing significant financial problems for you.

Several months before your money runs out, obtain an application and contact one of the Medicaid experts listed on page 42 to get more information. If you are already a nursing home resident, you should begin this process at least three months before your funds run out. You will also need to work through your local Department of Social Services (DSS) office, which processes all applications for Medicaid (see Chapter 10). If you are in a hospital or nursing home, the social worker can help you apply.

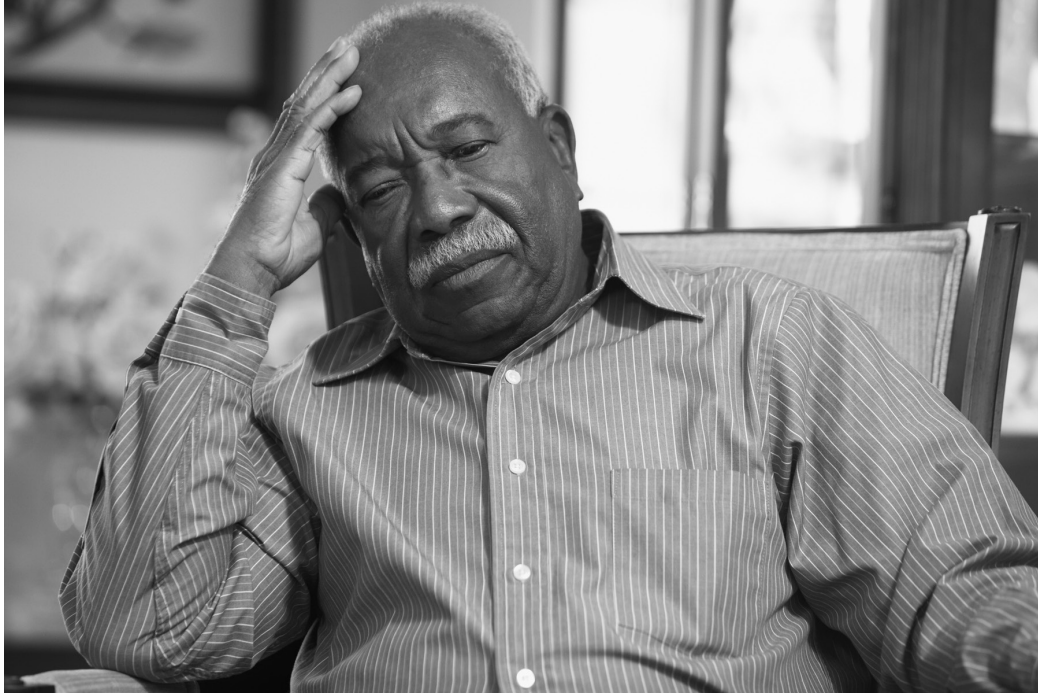
## WHAT HAPPENS AFTER I APPLY FOR MEDICAID?

Your local DSS office determines whether you are eligible. Your local DSS should send you a letter with its decision within 30 days, or within 60 days if you have a disability. While you await this decision, you must continue to pay the nursing home. Speak to the nursing home's business office about how much you need to pay.

If the local DSS determines that you are eligible, you will receive a Medicaid identification card. You should also receive a notice from your caseworker advising you of the amount you are required to pay toward the cost of your care while in the nursing home. This is called the patient-pay







amount. Your nursing home will bill Medicaid for the portion of the bill you are not expected to pay.

If you have applied for Medicaid, you must inform your nursing home that you have done so *before receiving medical services*. You must give your nursing home a copy of your Medicaid identification card or approval letter as soon as you receive it.

## WHAT WILL DSS ASK ME?

Determining your Medicaid eligibility is a three-step process:

1. Your local DSS will determine if you are eligible based on your assets. This is called asset eligibility. If you have too many assets to qualify for Medicaid benefits, your application will be denied.
2. If you are asset-eligible, then your local DSS will review your income.
3. If you are asset-eligible and income-eligible, your local DSS will

then determine if you are medically eligible. Your doctor may have to provide Medicaid with a written statement certifying your medical need for nursing home care. However, the ultimate determination of your medical eligibility will be made by Medicaid.

To determine if you are eligible for Medicaid, your local DSS will ask you about your:

- Income and assets;
- Age;
- Medical expenses;
- Marital status; and
- Medical insurance.

If you have a spouse, your local DSS will also ask about:

- Your spouse's assets;
- Your spouse's income; and
- Income of other dependents at home.

## WHAT WILL I NEED TO PROVIDE?

You will need to provide to DSS:

- Proof of your income and assets for the last five years (if you have a spouse, you will need proof of their income and assets, too);
- Proof of your disability if you are under the age of 65; and
- Proof that you are a U.S. citizen, or a non-citizen who meets immigration status requirements.

Some of the documents the local DSS will need include:

- Bank statements, including joint accounts;
- Pension payment information;
- Social Security benefit information;
- Real estate value (other than your home); and
- Recent medical bills.

You must disclose all of the information DSS asks you to provide. If you don't provide all of the information, your application may be denied. Medicaid may require up to five years of past records. If you receive Medicaid benefits after you deliberately failed to disclose all your assets or the information DSS requested, you may be criminally charged with Medicaid fraud. In addition, your Medicaid payments may be terminated and you may have to repay the benefits you received in the past.

## WHAT ASSETS COUNT?

The most common assets counted are:

- Cash, savings accounts, and check-

ing accounts;

- Credit union share and draft accounts;
- Certificates of deposit;
- U.S. Savings Bonds;
- Individual Retirement Accounts (IRA) and Keogh plans;
- Nursing home trust funds;
- Trusts, depending on the terms of the trusts;
- Annuities;
- Real estate (other than your home);
- A second, third, or fourth (and any additional) automobile;
- Boats or recreational vehicles;
- Stocks, bonds, and mutual funds; and
- Land contracts or mortgages held on real estate sold.

## WHAT ASSETS DO NOT COUNT?

The most common assets not counted are:

- Personal belongings and household goods;
- One automobile;
- Burial spaces and certain related items for you and your immediate family;
- Up to \$1,500 designated as a burial fund for you or your spouse, if you have one;
- Prepaid funeral contract;
- Value of life insurance if total face value of all policies is \$1,500 or less per owner, or term insurance of any amount; and
- Assets that you don't have the legal right to use or dispose of. If you have a spouse, the same is true of assets your spouse doesn't have the

legal right to use or dispose of.

### **WHAT IF I HAVE A JOINT ACCOUNT WITH SOMEONE OTHER THAN MY SPOUSE?**

The entire amount will be counted as yours unless you prove some of the money belongs to another person. This rule applies to cash assets.

What about other assets I own with someone else, such as real estate?

It's assumed that each person owns an equal share of other assets. You will need to show proof if the ownership is different.

### **WILL MY HOME COUNT AS AN ASSET?**

Your home will not count as an asset if your spouse, certain dependent, or disabled relative lives in the home.

Your home will also not count if you say that you intend to return to it, and your equity in the home is less than \$500,000. While your home does not count as an asset, in this case Medicaid may place a lien on it. A lien gives the legal right to seek reimbursement out of the value of the house of the total amount Medicaid spent on nursing home care. Medicaid will not place a lien on your home if:

- Your spouse lives in the home;
- A certain dependent lives in the home; or
- A disabled relative lives in the home.

There are complex rules about when the Medicaid program can't attempt to collect on its lien. You should consult with one of the experts listed on page 42 to make sure you understand all of the Medicaid rules concerning your home.

If your home is not exempt and DSS counts it as an available asset, you are unlikely to be eligible for Medicaid.

### **HOW DO MY ASSETS AFFECT MY ELIGIBILITY?**

DSS will determine your "countable" assets. If you have a spouse, your collective assets, regardless of ownership, are combined. The result is called the couple's combined countable assets.

DSS will assume that you and your spouse share equally in the combined countable assets. In determining if you are asset-eligible, DSS will ignore certain amounts from your combined countable assets. The amount ignored is based on a complicated formula. You may want to consult with an attorney who specializes in elder law to maximize the amount your spouse is allowed to keep.

The countable asset limit is \$2,500. You are asset-eligible if your portion of the countable assets is \$2,500 or less. If you exceed this limit by even \$1 on the first day of a calendar month, you will not be eligible for Medicaid for the entire month.

## WHAT HAPPENS IF MY ASSETS ARE OVER THE LIMIT?

You may want to use your excess assets to pay medical expenses, living costs, and other bills, or for other comfort items that are not covered by insurance. If you give this money away, you could face a penalty period from Medicaid if you reapply. DSS may ask you to verify how you used your assets if you reapply.

## CAN I GIVE MY ASSETS OR INCOME AWAY?

If you want or need to become eligible for Medicaid in the near future, you generally cannot give away assets or income. This applies to you and your spouse. DSS will look at transfers that occurred up to five years before you apply for Medicaid. For example, selling a car to your child for less than its worth would be counted against you.

There is no penalty if you transfer assets to your spouse, or if you or your spouse transfer assets to your blind child or child with disabilities, regardless of your child's age or marital status.

You or your spouse may also transfer your home, without penalty, to:

- Your children under aged 21;
- Your children aged 21 or older living in your home, if they can prove they provided care that allowed you to stay at home for at least two years up until you entered the nursing home; or
- Your sibling, if they are part-owner of the home and lived in it for at least one year before you entered the nursing home.

If you give away or transfer your assets or income in an impermissible way, you will be subject to a penalty that delays the date you are eligible for Medicaid. If a transfer triggers a





penalty, Medicaid will not pay for one month of nursing home care for every \$6,800 you transferred.

The transfer of assets is a highly technical area of law. You should get expert advice before giving anything away or changing the titleholder on any of your property, as this may be considered an improper transfer.

### IS THERE A LIMIT ON INCOME?

Yes. You may get help when your income is not enough to pay your medical expenses. Usually, you pay part of your medical expenses and Medicaid pays the rest.

### WHAT INCOME DOES DSS COUNT?

DSS counts any income that you receive each month, including:

- Social Security benefits;
- Pension benefits;
- Veterans' benefits; and
- Dividends and interest.

### HOW MUCH OF MY INCOME CAN I KEEP?

When determining your total monthly income, DSS will deduct or ignore small amounts you use for certain personal and medical expenses, expenses for your spouse to remain at home, and expenses for you to maintain your home if you live alone and intend to return to your home.



## IF I HAVE A SPOUSE, IS THERE A LIMIT ON MY SPOUSE'S INCOME?

No. But if your spouse gives you money regularly, DSS will count that money as part of your income.

## DO I HAVE TO REPAY MEDICAID?

You may have to repay Medicaid if in the future you obtain the financial means to do so. For example, if you inherit a large sum of money, you may have to repay Medicaid.

## WHAT IF I THINK DSS'S ACTIONS ARE WRONG?

First, talk with your DSS caseworker or their manager. If you still believe the action was wrong, get the decision in writing. You may ask for a hearing to appeal the decision. You can appeal decisions about:

- Your financial or medical eligibility;
- The amount of the allowance from your income set aside for your spouse; and
- The amount of your assets set aside for your spouse.

You must file a written hearing request within 90 days of notice of a DSS action. If you are already on Medicaid and you appeal within 10 days, you may ask that your benefits continue until a decision is reached. You or other people on your behalf may submit the request for a hearing. Send the hearing request to the Medicaid program or your local DSS office.

An administrative hearing will be scheduled for you to tell your side of the story, present any records that support your view, and make legal arguments. If you are unable to attend the hearing, a lawyer, friend, or relative can attend for you. If you lose, you can appeal to a higher level.

## WHERE CAN I GET LEGAL HELP?

Some lawyers in Maryland specialize in elder law, including Medicaid eligibility and nursing home law. Legal aid lawyers may be able to help you at no cost or refer you to a private attorney who may take the case for free (pro bono).

## WHO ARE THE MEDICAID EXPERTS?

The following professionals are familiar with Medicaid rules and are able to assist you with Medicaid-related questions or problems.

- Staff members of the local Department of Social Services
- Staff members of the State Office of Eligibility Services at the Department of Health
- Staff members of legal services programs, such as Maryland Legal Aid
- Lawyers who specialize in Medicaid law

See Chapter 10 for contact information for each group of experts. The Elder Law and Disability Rights Section of the Maryland State Bar Association ([www.msba.org](http://www.msba.org)) can provide you with more information on lawyers who specialize in elder law, including Medicaid.

## CHAPTER 6

# BEFORE YOU SIGN A CONTRACT...READ THIS

When you go to live in a nursing home, you and the home's administrators must sign a nursing home admission contract. This document is legally binding. You should read the contract carefully before you sign. The contract states your rights and obligations as a resident of the nursing home, including how much money you must pay each day or month to live there. This chapter includes items you should check before you sign any nursing home admission contract.

### HOW MUCH WILL I PAY?

Maryland law requires that a nursing home contract list the services included, the basic monthly fee, and all items that cost extra. For Medicaid residents, this monthly fee will include almost all services a resident needs. For residents who do not receive Medicaid benefits, there are extra charges for many services, such as laundry or barber services. The nursing home must disclose those charges to you. The nursing home may increase its charges, but only after it gives you at least 45 days written notice.



***Maryland law requires that a nursing home contract list the services included in the basic monthly fee and all items that cost extra.***

## **CAN I BE FORCED TO PAY PRIVATELY?**

A nursing home cannot force you to pay privately for a certain period of time before you apply for Medicaid. However, if you are not eligible for Medicaid or any other program that will pay the nursing home's bill, you will need to pay privately.

## **WHAT IF I RUN OUT OF MONEY?**

The contract must state the nursing home's policy if a private pay resident's personal funds run out during the resident's stay at the nursing home. The nursing home must also say whether it's a Medicaid-certified provider. If so, then it must accept Medicaid payments when a resident's own funds run out.

## **HOW CAN I FILE A COMPLAINT AS A RESIDENT IN THE HOME?**

The contract must state the procedure to follow when filing a complaint against the nursing home (see Chapter 8).

## **CAN THE HOME DISCHARGE ME AGAINST MY WISHES?**

Yes, within limits. The contract must describe the home's transfer or discharge policies, and how a transfer or discharge decision can be appealed (see Chapter 7).

## **IF SOMEONE ELSE SIGNS THE CONTRACT, WHAT DOES THIS OBLIGATE THEM TO DO?**

You should sign the contract unless you are incapable, or authorize someone to sign it on your behalf.

It's illegal for a nursing home to require someone else to pay your nursing home bill unless that person voluntarily agrees to do so. If another individual signs the contract, that person may be agreeing to accept some responsibility depending on the terms of the contract. This responsibility could include payment obligations, so your family or friends should not sign a nursing home contract without fully understanding the legal and financial implications of doing so.

If a financial agent is managing your funds, the nursing home may require that person to agree to use your resources to pay for nursing home services.

If you have a financial agent, that person must pay the nursing home using your resources. The agent does not accept personal responsibility for your debts, but does accept responsibility to use your resources to pay your debts. See "What is a financial agent?" and "What are the responsibilities of a financial agent?" below.

## **WHO IS LIABLE FOR INJURIES, ACCIDENTS, AND THEFT?**

No matter what the nursing home admissions contract says, the home



is generally liable for any injuries that its employees cause you through misconduct or negligence. In addition, the nursing home is liable if your property is damaged or stolen because of the home's negligence.

A nursing home contract that attempts to deny these responsibilities may indicate a nursing home that will be difficult for you and your family to deal with over the years. You may want to consider another nursing home.

## WHAT IS ARBITRATION?

Arbitration is one way to handle a dispute and is an alternative to going to court. Most nursing home arbitration agreements require that any future disputes between you and the nursing home, other than those specifically left out of the agreement, will be handled by a private judge called an arbitrator, rather than by a jury or a courtroom judge.

There are important differences between using arbitration and going to court. Arbitration is generally final, and your right to challenge it in court is limited, even if the arbitrator made an error. Arbitration generally limits the amount of information that can be obtained, whereas court processes allow wider access to information. Arbitration agreements often include requirements that the nursing home resident waive the right to pursue punitive damages, which are additional damages that courts sometimes reward for serious misconduct. Fur-

ther, these agreements usually include limits on the resident's attorney fees.

## SHOULD I SIGN AN ARBITRATION AGREEMENT WITH A NURSING HOME?

There are significant consequences to choosing arbitration and the decision should be given careful thought. It's best to wait and make a decision after a dispute has arisen, when you have time to talk to a lawyer to understand the pros and cons of both arbitration and court processes. For a resident, generally, there are no advantages to signing an arbitration agreement at the time of admission because there are no pending disputes with the nursing home.

**A nursing home cannot require you to sign an arbitration agreement as a condition of admission or as a requirement to continue to receive care at the facility.** If a nursing home asks you to enter into an agreement for binding arbitration, the facility must explain the agreement to you in a form and manner that you understand, including in a language that you understand. You should ask the nursing home staff if such an agreement is included in the admission documents. Usually, the arbitration agreement will be a separate document from the admission contract, but it's often included in the admissions package. An admission package may have many forms that need to be signed, and sometimes residents sign an arbitration agreement without realizing it.

*No matter what the nursing home admissions contract says, the home is liable for any injuries that its employees cause residents through misconduct or negligence.*

## A VALID CONTRACT

If your contract does not meet all the legal requirements, let the nursing home know. If the home does not correct the contract, call the Office of Health Care Quality at 1-877-402-8219. A valid nursing home contract provides legal protection to you and your family. You may want to seek legal advice before you sign the contract.

You may decline to sign an arbitration agreement by crossing out the proposed arbitration clause. If the nursing home says you must agree to arbitration to be admitted or to continue your stay at the nursing home, you should contact the Office of Health-care Quality (see Chapter 10) and may want to contact a lawyer or consider a different nursing home.

## WHAT IF THE NURSING HOME ASKS FOR PERMISSION TO USE MY NAME AND PHOTO?

You have a right to privacy in the nursing home. No one can use your name or photograph without your permission. You can delete any provision in the contract that allows the home to use your name or picture whenever it wants to.

## CAN I BRING MY PERSONAL BELONGINGS?

If there are some possessions that you will always want to have with you, find out before you sign the contract

whether the nursing home will allow you to place them in your room (see Chapter 7).

## WHAT IS A FINANCIAL AGENT?

A financial agent is someone who manages your money for you. An agent may be an attorney, friend, family member, or someone else you trust to manage your finances. If you are able and willing to manage your own financial affairs while you are in a nursing home, you may not need an agent. But if you appoint someone else as your agent, that person will have some important responsibilities.

## WHAT ARE THE RESPONSIBILITIES OF A FINANCIAL AGENT?

If you hire a financial agent to manage your money for you while you are a resident of a nursing home, that agent must use your money appropriately. In most cases, this means using your money to pay for your nursing home care. Financial agents should not use your money for their personal benefit.

Your financial agent must also seek available Medicaid benefits for you. When applying for Medicaid, your agent can only spend your money on the items allowed by Medicaid as described in Chapter 5. Your agent must also gather the information the Medicaid program needs. If you are eligible for Medicaid, Medicaid will tell your agent how much of your income must be paid directly to the nursing

home. Your agent must then begin paying this amount to the nursing home in the month that they apply for Medicaid on your behalf, and not wait until Medicaid benefits are granted to start payments. When your agent applies for Medicaid on your behalf, they should ask Medicaid to tell them how much should be paid to the nursing home each month while awaiting a decision on your eligibility.

If your financial agent doesn't fulfill the responsibilities described above—for example, not cooperating with the Medicaid application process or failing to use your funds for your benefit—it could jeopardize your Medicaid eligibility and abil-

ity to remain in the nursing home. A judge may order your agent to comply with their responsibilities.

The Maryland Office of the Attorney General may also take action to recover money from your financial agent if money that was supposed to pay for your nursing home stay was used for another purpose. The Attorney General may also ask that a penalty up to \$10,000 be imposed against your agent if your money is misappropriated.

### BEFORE YOU SIGN A CONTRACT, YOU SHOULD:

1. Obtain a copy of the contract and review it ahead of time in the privacy of your own home. If the home will not give you an advance copy, ask to speak with the administrator or consider another nursing home.
2. Obtain a copy of Maryland's model nursing home admission contract to see how it compares. Call the Office of Health Care Quality at 1-877-402-8219 or visit [health.maryland.gov/ohcq](http://health.maryland.gov/ohcq) to obtain a copy.
3. See a lawyer or get advice from any of the Legal Services Programs listed in this booklet.
4. Ask the nursing home about any part of the contract you find confusing or unfair. If you make changes in the contract, be sure that both you and the nursing home administrator sign your initials in the margin next to the change. (If the nursing home is uncooperative, you may want to take an advocate with you to negotiate the changes.)
5. Make sure there are no blank spaces that should be filled in and that the contract is completed and correct at the time of signature. You should get an exact copy (or photocopy) of the original contract after it has been filled in and signed by both you and the nursing home official. Make sure you have all exhibits and addenda mentioned in the contract.

# CHAPTER 7

## YOUR RIGHTS UNDER THE LAW

As a nursing home resident, you have many rights and protections under federal and state law. The goal of these laws is to help nursing home residents fulfill their highest quality of life. These rights are in addition to federal and state constitutional rights you maintain, such as your right to vote. The more you know about your rights, the more secure you and your family will feel. This chapter highlights some of your most important rights. The complete list of the special rights of nursing home residents should be given to you by the nursing home with your admission contract. You can also obtain the list from your local Long-Term Care Ombudsman Program (see Chapter 10).





## FEES

You should receive a monthly statement of your account from the nursing home. Your nursing home must also mail an itemized bill at any time upon request. Late fees on unpaid charges may not be assessed until 45 days after the nursing home issues an itemized statement of the charges, or 30 days after the end of the period covered by the statement, whichever comes later.

## MANAGING YOUR MONEY

You have the right to manage your own money or have someone else do it for you. If you allow the nursing home to hold money for you, it's responsible for safely depositing it.

## YOUR BELONGINGS

You have the right to keep and use your own clothing and other personal belongings. The nursing home is responsible for security of items entrusted to the home and, upon request, must give you a locked storage space for your valuable belongings.

## YOUR WELL-BEING

You have the right to be treated with consideration and respect, to be free from mental and physical abuse and restraints, and to participate in the planning of your own medical treatment. As a general principle, you may refuse medication or treatment. You have the right to choose your doctor (see Chapter 2).

## RIGHT TO PRIVACY

You have the right to private telephone conversations and to see visitors privately. Staff should knock before entering your room. You have the right to send and receive mail without it being opened by others. Subject to federal and state law, your medical records are confidential.

## RIGHT TO ORGANIZE

You have the right to organize and participate in resident groups in the nursing home, and your family members have the right to meet privately in the nursing home with families of other residents (see Chapter 2).

## RESIDENT ASSESSMENT AND COMPREHENSIVE CARE PLANNING

Federal law requires nursing homes to provide care and services that enable you to reach and maintain your highest possible level of physical and mental well-being. The nursing home must assess your needs within 14 days of admission.

The assessment is used to develop, review, and revise your plan of care. This plan of care must describe your medical, nursing, and social needs and how those needs will be met. It should include goals, approaches, timeframes, and who is responsible for each approach. Your treatment team must review and update your assessment and care plan every three months, or as medically required. You

and your family should be at care plan meetings. You have the right to have anyone else you choose attend. If you have an intellectual disability or are mentally impaired, you may qualify for specialized services that should be included in your care plan.

Participation in care planning can prevent misunderstandings and problems about care. A resident or family member can request a care plan meeting as a way to address any problems a resident may experience.

### ACCOMMODATIONS TO YOUR NEEDS AND PREFERENCES

Staff should ask you and your family about your likes and dislikes, and should be aware of your routines and activities. The nursing home must make a reasonable effort to provide individualized care consistent with your lifetime pattern. This is often

called “resident-directed care” or “person-centered care.” It’s important that you or your family tell nursing home administrators about your needs, wants, and preferences when you are admitted and during the care plan meetings so that individualized care can be provided. For example, a resident who has enjoyed a morning nap before moving to a nursing home should be able to continue that pattern. A resident who likes to listen to music rather than watch television should have that opportunity.

### YOUR FUTURE HEALTH CARE TREATMENT

It’s never too early to think about creating an advance directive so that your wishes for future health care treatment are clear. An advance directive provides instructions about what care you would want if you are no longer able to communicate effectively with your doctors. A living will and a durable power of attorney for health care are both forms of advance directives. If you create an advance directive, a health care provider is legally required to follow your instructions. In some special circumstances, such as religious beliefs, a health care provider may decline to carry out your instructions. In such an event, however, the health care provider must assist in transferring you to the care of a provider who will fulfill your advance directives.

Upon admission, a nursing home may ask you to participate in the preparation of a Maryland Medical Orders for Life-Sustaining Treatment (MOLST) form.

*You have the right to keep and use your own clothing and other personal belongings.*



A MOLST form makes your treatment wishes known to health care professionals regarding CPR, artificial ventilation, artificial nutrition and hydration, and other life-sustaining treatments. It also makes clear to family, close friends, and caregivers what medical treatments you want or do not want.

The MOLST form is not the same as a living will or an advance directive. A MOLST form contains medical orders related to your current medical condition that health care providers may act upon immediately to carry out your wishes. This form goes where you go—to the hospital, rehabilitation center, assisted living, and back home. In contrast, a living will or advance directive is a statement of your general preferences regarding how you want to be treated in hypothetical situations.

For further information on the MOLST form, visit [marylandmolst.org](http://marylandmolst.org). This may be vital should you lose the ability to make decisions.

## QUALITY OF CARE

The nursing home must ensure that your condition does not worsen unless the nursing home can demonstrate it was unavoidable. Your condition includes your ability to bathe, use the toilet, dress, groom, eat, walk, or otherwise move around the nursing home. If you develop a problem, the nursing home must provide services to correct it and try to ensure that it doesn't happen again.

## RIGHT TO INFORMATION

You have the right to examine your medical records. They should be provided to you within 24 hours of your request. You have the right to examine the most recent state survey of the nursing home (see Chapter 4). You have the right to be fully informed in advance about your care and treatment and any changes in that care and treatment.

## ROOM CHANGE

A nursing home must notify you, your legal representative, or family member of any planned change in your room or roommate. Unless you agree in writing to the relocation, the nursing home must notify you at least 30 days in advance of the proposed room change.

## RESTRAINTS

You have the right to be free from physical and chemical restraints unless they are ordered by your doctor for your health or safety. Restraints can be used only as a last resort to treat your problem, and must be documented in your medical records. Restraints should never be used for discipline or convenience of the staff.

Physical restraints are devices to prevent you from moving freely or having access to your body. Examples include ties, belts, bed rails, and chairs that restrict your movements. Your plan of care should include a schedule for gradually removing restraints.

***You have the right to be free from physical and chemical restraints unless they are ordered by your doctor for your health or safety.***

Chemical restraints are drugs used to control behavior that are not otherwise required to treat medical symptoms. Examples include antidepressants, tranquilizers, or sedatives used to treat agitation, wandering, or physically aggressive behavior. Any chemical restraints should be gradually withdrawn at least every six months unless your doctor says this is not a good idea. An independent pharmacist should also review your drug intake at least once a year.

## BED HOLD

If you are on Medicaid and you go to the hospital, the nursing home must allow you to return to the first available appropriate nursing home bed. If you wish to hold your bed in the specific room in which you lived in the nursing home, you may be required to pay to hold the bed. The nursing home is required to tell you in writing of its bed hold policy both at the time of admission and at the time you are transferred to the hospital. Medicaid, Medicare, and most private insurers will not pay for a bed hold. If you are a private pay resident or your insurance will not pay for the bed hold, the nursing home may refuse to hold the bed unless you continue to pay for it.

Medicaid will pay for any leave-of-absence if you are visiting with friends or relatives or you are taking part in a state-approved therapeutic or rehabilitative program, as long as your absences do not total more than 18 days in a year. Being sent to the hospital is not a leave-of-absence.

## MOVING OUT

Living in a nursing home is voluntary. You don't have to stay there if you don't want to; but if you consider leaving against medical advice, you should consult the resources listed in Chapter 10. You are free to move to another nursing home or any other place (see Chapter 9). However, the nursing home admissions contract that you signed may require you to notify the home in advance. If you fail to do this and just move out, you still may have to pay for a number of days after your move. The nursing home must assist you in planning any move.

## CAN A NURSING HOME DISCHARGE OR MOVE ME AGAINST MY WISHES?

A nursing home can discharge or transfer you against your wishes for only five reasons:

- The transfer or discharge is necessary for your welfare and your needs can't be met in the nursing home;
- Your health has improved sufficiently so that you no longer need the services provided by the nursing home;
- You are endangering the health or safety of another individual in the nursing home;
- Your nursing home bills are not being paid; or
- The nursing home closes down.

Annoying other residents or staff is not grounds for discharge without evidence of harm to others. You may also not be discharged for converting from private pay or Medicare to Med-

***Consumer Tip:***  
***Involuntary discharges must be in accordance with the plan of care developed by your nursing home and physician.***



icaid. If you are or may be eligible for Medicaid, the nursing home must assist you in applying to the program.

Except in emergencies or if you have been a resident for less than 30 days, the nursing home must give you and your family 30 days written notice of its intention to discharge or transfer you. The notice must:

- State the reason for the discharge or transfer;
- Inform you of your right to ask for a hearing and consult with an attorney of your choice; and
- List the agencies that can provide you with legal assistance and other help in contesting the discharge or transfer.

You may appeal this discharge or transfer within 30 days of receiving the notice. If you want to appeal, you should immediately contact your local Long-Term Care Ombudsman Program, a legal services program, or a private lawyer.

You may request a hearing and, if you wish, mediation services. The hearing or mediation proceeding is held before an independent administrative law judge of the Office of Administrative Hearings. At the hearing, the judge will decide whether the nursing home has proven its stated reason for your discharge. Unless an emergency exists, if you request a hearing a nursing home can't discharge you until the judge makes a final decision affirming the nursing home's right to discharge you.

Before you are involuntarily discharged, the nursing home and your physician must thoroughly evaluate your medical condition and develop a plan for your future care. The discharge or transfer must be in accordance with this plan of care, which the nursing home should discuss with you or your family. The discharge or transfer must be to a safe and secure place where you will receive the care that you need.

At the time of your discharge or transfer, the nursing home must give you, a family member, or your lawyer:

- A copy of your medical evaluation and plan of care;
- Information on how to obtain additional prescriptions for your medications; and
- To the extent permitted by law, at least a three-day supply of your medications.

The nursing home must also give you a written statement indicating the date, time, method, and destination of your discharge.

## CHAPTER 8

# HOW TO COMPLAIN WHEN QUALITY CARE IS LACKING

If you have concerns about your rights or the care you or a loved one are receiving in a nursing home, help is available. The appropriate person or agency to contact for assistance depends on the severity of the problem experienced.

### INADEQUATE CARE

#### Internal Complaints

If your problem is a one-time occurrence, feel free to speak directly to the staff person responsible. If you are experiencing recurring problems with your care, however, notify your charge nurse as soon as possible. If the issue remains unresolved or if the charge nurse is dismissive or personally involved in the problem, you can take further steps, such as the following:

- Speak directly with the facility's director of nursing, assistant director of nursing, or the medical director.
- File a complaint with the nursing home administrator.
- Request the facility's grievance policy, which must be provided upon request. Ask who the grievance official is and obtain the official's contact information.
- Ask if your facility has a hotline number so you can make confidential reports, if needed.

If you file a complaint, do so in writing and keep a copy if possible. This will make a record of any complaint



and help ensure the accuracy of the information you or a responsible party provides.

### **Office of Health Care Quality**

If you believe the facility is not taking your complaint seriously or if you're afraid to report your complaint to someone at the facility, contact the Maryland Department of Health's Office of Health Care Quality (OHCQ), the licensing agency for Maryland nursing homes, assisted living facilities, and group homes. To file a complaint with OHCQ, you can call 1-877-402-8219, complete an online complaint report form at [rebrand.ly/MDHOHQCComplaints](http://rebrand.ly/MDHOHQCComplaints), or mail a paper complaint report form to the following address:

Maryland Department of Health  
Office of Health Care Quality  
7120 Samuel Morse Drive, 2nd Floor  
Columbia, MD 21046

### **Maryland Long-Term Care Ombudsman Program**

In addition to contacting OHCQ, you may also contact your local Long-Term Care Ombudsman. Ombudsmen are excellent advocates who work diligently for residents in long-term care facilities, such as nursing homes, group homes, and assisted living facilities. Any complaint made to an ombudsman will be kept confidential unless you give the ombudsman permission to disclose your name. All counties and Baltimore City maintain a Long-Term Care Ombudsman Program office (see Chapter 10).

## **PATIENT ABUSE AND NEGLECT**

Unfortunately, nursing home residents occasionally experience abuse or neglect.

Abuse is any cruel or inhumane treatment or malicious act that results in physical pain or injury, and includes hitting, pushing, sexual assault, excessive rough handling, and unnecessary physical restraint. Physical signs of abuse may include unexplained bruises or other injuries, bone or skull fractures, unexplained falls, or multiple injuries in various stages of healing. Abuse may also cause psychological harm, which could manifest itself as fear, anxiety, agitation, anger, depression, an unwillingness to communicate or respond, or subservience or anxiousness to please.

Neglect is the refusal to provide necessary assistance and resources for the physical needs of a nursing home resident, and includes the failure to provide adequate food, clothing, toileting, medical treatment, shelter, or supervision. Signs of neglect may include dehydration, malnutrition, untreated bedsores, lack of proper medical treatment or medication, inadequate hygiene, overgrown hair and nails, and unclean clothing or bed linens.

In Maryland, abuse or neglect of a nursing home resident is a crime. If you suspect the abuse or neglect of a nursing home resident, you should immediately call the local police. You also should consider contacting Adult

***Consumer Tip:***  
***Be sure all your belongings are on an inventory list in the nursing home's files. Label your belongings, take photographs of them, and update the inventory list periodically. Report missing items to the nursing home staff.***

Protective Services at 1-800-332-6347, OHCQ, the local Long-Term Care Ombudsman, and/or the Medicaid Fraud Control Unit (MFCU) of the Office of the Attorney General. You can contact MFCU at 410-576-6521 or 1-888-743-0023. You may also file a complaint with MFCU by sending an e-mail to [Medicaidfraud@oag.state.md.us](mailto:Medicaidfraud@oag.state.md.us).

## FINANCIAL EXPLOITATION

Nursing home residents can also, unfortunately, be victims of financial exploitation.

The Office of the Attorney General can pursue asset recovery on behalf of financially exploited senior citizens (aged 68 or older) and vulnerable adults (a person who lacks the physical or mental capacity to provide for their daily needs) by bringing a civil action for damages on their behalf against persons who financially exploited them by way of deception, intimidation, or undue influence.

The Attorney General can investigate and prosecute any person who financially exploits seniors or vulnerable adults, including persons who are close to and trusted by the victim (such as caregivers in nursing homes and financial agents). If you observe what you believe is financial exploitation of a senior citizen or vulnerable adult, or seek more information about financial exploitation, please contact the Attorney General's Health Education and Advocacy Unit, within

the Consumer Protection Division, at 410-528-1840 or [heau@oag.state.md.us](mailto:heau@oag.state.md.us).

## HOW CAN FAMILY AND FRIENDS HELP ENSURE QUALITY CARE?

Family members and friends can help ensure quality care at a nursing home in a number of ways. These include:

- Frequent visits;
- Being proactive and voicing concerns to nursing home staff and administrators;
- Paying attention to and reporting anything that seems out of order or unusual during visits;
- Being involved in care planning and activities that address a resident's special needs, health goals, and preferences; and
- Participating in family council meetings and encouraging residents to participate in resident council meetings.

Family members and friends can also help ensure quality care at nursing homes by reporting inadequate care, abuse, neglect, or financial exploitation as detailed above.



## CHAPTER 9

# ALTERNATIVES TO A NURSING HOME

You can often avoid a residency in a long-term stay nursing home if you have the proper services and support to live safely at home or elsewhere in your community. A short-term nursing home stay may be necessary to arrange the services and support you need at home. If your goal is to return home, tell the nursing home of your intentions. Ask the nursing home for help to arrange the necessary services and support.

You can find out how to obtain services and support in your home from several organizations. Each county has an Area Agency on Aging that is familiar with services and support that are available. Maryland also has regional Centers for Independent Living (CIL) that provide counseling and assistance. These agencies work with you to find out what you, and the people who support you, want and need for you to be independent in your home. These agencies can also help you learn how to direct the type of services and support you need so that you can be independent. See Chapter 10 for contact information.



## SERVICES AND SUPPORT AVAILABLE OUTSIDE A NURSING HOME

Identifying what services and support are available can be confusing because the same or similar name can refer to different services. The following are brief descriptions of services available from Medicare, Medicaid, and other state and local programs. You may need one or more of the following.

### **Aide Services at Home** include:

- **Personal care aides** provide assistance with things like bathing, grooming, and moving between a wheelchair and bed. Personal care can also include assistance with chores and meal preparation and transportation to places like the pharmacy and doctor.
- **Attendant care providers** are expected to perform personal care tasks plus other less-essential tasks, such as accompanying you on visits to friends and family.
- **Professional aide services** are necessary if your condition requires your personal care services to be rendered under the direction of a licensed nurse. This can include things like surface wound care and dressing changes. Professional aides include certified nurse aides (CNAs) and geriatric nurse aides (GNAs).

**Case Managers/Service Coordinators** help arrange the services and support you need and choose.

### **Day Programs/Drop-In Centers** include:

- **Hospitals/Behavioral Health-Centers** for individuals who need daytime services or support. These may be referred to as outpatient therapy, intensive outpatient, psychiatric day programs, or partial hospitalization. These are voluntary, comprehensive, multidisciplinary, coordinated treatment programs for patients having both short- and long-term treatment needs for mental health issues. They are generally available five days a week. Check your area hospitals for options.
- **Medical Adult Day Care Centers** help older adults and people with disabilities (and their caregivers) by providing a safe place for them during the day, up to seven days a week, with supervised activities. In most counties, these centers are able to meet the special needs of people with Alzheimer's and other cognitive and neurological disabilities.
- **Peer-to-Peer** programs provide support to people with health service needs. For more information, contact On Our Own, Maryland Inc., 1521 S. Edgewood Street, Suite C, Baltimore, MD 21227, 410-646-0262, [www.onourown-md.org](http://www.onourown-md.org).

**Home-Delivered Meal Services** deliver one or two meals every weekday (including holidays) to anyone who is homebound and can't shop or cook. There may be a weekly cost of about \$10 for delivered meals, but no senior is turned away for lack of funds. You

*Be aware: Charges vary. Some services are free, some are covered by governmental programs, some are covered by insurance, and for some you may have to pay privately. Always ask the provider if you will have to pay for a service.*

can usually apply by telephone via your Area Agency on Aging.

**Licensed Nurses** provide skilled nursing care, such as administering intravenous medications or teaching you or others how to administer your medications.

**Congregate Nutrition Programs** provide free hot lunches to senior citizens Monday through Friday at hundreds of locations in Maryland. While the meals are free, donations are requested. Social activities are also provided.

**Medical Equipment and Supplies** include things like walkers, wheelchairs, and wound care dressings.

**Prescription Drug Deliveries** can be arranged with many pharmacies. When you contact a pharmacy, ask if you will have to pay for home delivery and whether you have to keep your credit card information on file with the pharmacy to pay for copayments.

**Push-Button Alert** is a device worn around the neck or on the wrist that provides contact with specific people whom you choose to notify if you are having a medical problem.

**Respite Care** workers can temporarily relieve family caregivers by staying with a relative for a short period. Some programs provide funding for caregivers of functionally disabled adults to receive respite care.

## CONSUMER DIRECTION MODEL

Some services and programs use the consumer direction model, which allows consumers to assess their own needs for personal care, determine how and by whom those needs should be met, and monitor their services. Simply put, consumer direction gives you the power to hire, train, and discharge the service provider of your choice. If this is important to you, ask potential service providers how they support consumer direction. Many programs that offer consumer direction also help consumers learn how to assess, direct, and monitor their own service needs.

**Telephone Reassurance** provides daily telephone contact for people who live alone and worry about their personal safety or health.

**Therapy Services** can include:

- Physical therapy to improve mobility and balance;
- Occupational therapy to improve daily living skills; and
- Speech language pathology to improve speech and swallowing abilities.

## PAYING FOR SERVICES AND SUPPORT

Various services and support may be paid for by an array of federal, state, and local governments and private funding. Throughout this booklet you will find information on some of those funding sources and the specific services and support for which they pay. Chapter 10 lists several resources with which you can discuss these services.

***NOTE: One of the differences between Medicare's and Medicaid's home health care benefit is that Medicare rules require that you be "homebound" and unable to leave your home routinely without extreme effort. Medicaid rules support community integration and activities so a person does not need to be "homebound" to qualify***

## MEDICARE

Medicare Home Health Care may pay for medical or nursing care in your home. Generally, it is only available after a hospitalization. It may be appropriate for people recovering from surgery, heart attacks, accidents, and cancer, as well as for people who are frail, have mental disabilities, need kidney dialysis, or are terminally ill. Home health care services range from short-term, 24-hour nursing care to weekly physical therapy.

The Medicare Home Health Benefit may pay for several services such as:

- Skilled nursing services;
- Professional aide services;
- Durable medical equipment;
- Medical supplies; and
- Therapies, like physical, occupational, and speech/language.

More information about what Medicare will cover in your own home is available online. Visit [rebrand.ly/CMSHomeCompare](http://rebrand.ly/CMSHomeCompare) and click "Alternatives to Nursing Homes."



## MEDICAID

In the past, Medicaid was generally structured to pay for long-term care provided in an institution like a nursing home. It was not designed to pay for long-term care provided in the community. This is changing. There are a number of programs that provide long-term care services in the community as well as the Community Personal Assistance Services Program.

Below is a basic description of Medicaid programs that can pay for support and services in your home or community. For the most up-to-date information, please refer to the Maryland Department of Health's website at [mmcp.health.maryland.gov](http://mmcp.health.maryland.gov).

### ***Home and Community-Based Programs***

**The Community First Choice (CFC)** program was established under the Affordable Care Act and provides assistance with activities of daily living to Medicaid recipients who have



## WHO WILL BE PROVIDING MY HOME HEALTH SERVICES?

Some people have complained that agencies send different aides and nurses from one day to the next. As a result, you may not know who will appear on your doorstep. Before you agree to have an agency provide home health care services, inquire about staff consistency by asking:

- What is the company's policy for making staff changes if I'm not satisfied with the services?
- What is the policy for back-up personnel on holidays or if assigned staff are unavailable?

If staffing becomes a problem, including if no one shows up at all, you should promptly discuss the problem with the agency. You may need to change agencies or file a complaint with the Office of Health Care Quality.

a chronic illness, medical condition, or disability. Services are provided in the eligible individual's home or community residence. The program serves Maryland residents who need support with activities of daily living, such as bathing, grooming, dressing, and getting around. Available services include the following:

- Personal assistance services;
- Supports planning;
- Nurse monitoring;
- Personal emergency response systems;
- Technology;
- Assistive technology;
- Environmental assessments;
- Accessibility adaptations;
- Consumer training;
- Transition services;
- Home-delivered meals.

CFC participants are also eligible to receive other Medicaid services, which may include the following:

- Physician and hospital care;
- Pharmacy;

- Home health care;
- Laboratory services;
- Mental health services;
- Disposable medical supplies;
- Durable medical equipment.

Individuals seeking to participate in the CFC program must be living in the community and meet the level required to qualify for services in an institution, such as a nursing home. They must meet specific financial eligibility requirements to qualify for Medicaid. Individuals who qualify for federal Supplemental Security Income are automatically eligible for Medicaid.

**The Community Personal Assistance Services (CPAS)** program provides personal assistance services, support planning, and nurse monitoring for individuals who need help with activities of daily living in their homes and who meet the program's medical level of care. To qualify for the CPAS program, individuals must

need a level of care lower than that required for living in an institution such as a nursing home, must live in the community, and meet the same financial criteria as for the CFC program. CPAS participants also may receive other Medicaid services that are listed above for the CFC program.

**The Home and Community-Based Options Waiver (HCBO)** program provides community services and support to enable older adults and people with physical disabilities to live in their own homes. To qualify, individuals must be 18 years or older and meet the level required to qualify for services in an institution, such as a nursing home. Participants in the HCBO program may receive all the services provided under the CFC program and additional services, including assisted living, medical day care, family training, case management, senior center plus, dietitian and nutritionist services, and behavioral consultation. The program has financial eligibility requirements. A participant's monthly income and assets cannot exceed a specified amount, although the individual does not need to qualify for community Medicaid. Please note that the HCBO is a popular program, and there are a limited number of spots. New applicants to the program may be placed on a long waiting list.

**The Medical Adult Day Care Waiver (MADCW)** helps older adults and people with disabilities, and their caregivers, by providing a safe place for them during the day. In most

counties, these centers are able to meet the special needs of people with Alzheimer's and other cognitive and neurological disabilities. People of any age who need nursing home care may be eligible for MADCW. Financial requirements are similar to the aforementioned programs.

For more information on community Medicaid programs, call Maryland Access Point at 1-844-627-5465 or go to [www.marylandaccesspoint.info](http://www.marylandaccesspoint.info).

## OTHER STATE AND LOCAL PROGRAMS

### *Department of Disabilities*

**The Attendant Care Program (ACP)** provides financial reimbursement to individuals aged 18 to 64 with long-term or severe physical disabilities who require attendant services, such as in-home assistance with personal care, household chores, and transportation. This program uses a consumer direction model. Participants must meet one of the following criteria:

- Be a nursing home resident who would be able to reside in the community if attendant care is provided;
- Be at risk of nursing home placement if not receiving attendant care services in the community;
- Be employed or actively seeking employment; or
- Be enrolled in an institution of post-secondary or higher education.

### ***Local Department of Social Services***

**In-Home Aide Services** include personal care, assistance with chores and meal preparation, and transportation to pharmacies, doctors' offices, or shopping centers.

### **Local Area Agencies on Aging**

**Senior Care** assists people 65 or older who may be at risk of nursing home placement with daily living activities at home, such as bathing, dressing, light housekeeping, and preparing meals. Also provided are an evaluation of an individual's needs and a case manager to help the individual obtain services to meet those needs. This program uses a consumer direction model. There are certain income and asset limits.

**Respite Care, Telephone Reassurance, Home-Delivered Meals, and Congregate Meals** are usually provided by your local Area Agency on Aging for little, if any, cost.

### **PRIVATE INSURANCE**

If you have private health insurance, ask the insurance agent if your policy covers home health care and for how long. Even if a home health agency advertises that it will accept insurance, this does not mean that *your* insurance company will necessarily cover that particular agency or the particular service you need.

Virtually all health maintenance organizations (HMOs), including Medicare Advantage companies and most Medigap insurance policies, cover some home health care services. But keep in mind that if you need help only with activities of daily living, like bathing, dressing, cooking, cleaning, and other personal care services that are not related to health care needs, most insurance policies will not cover these services.

## **HOUSING OPTIONS**

### ***Shared Living Environments***

If you don't wish to live alone or can't afford to, the following options may interest you.

**Assisted Living** programs provide housing and supportive services, supervision, personalized assistance, and health-related services for people who are unable to perform activities of daily living by themselves. Medicaid does not pay for this service unless you are in the Home and Community-Based Options Waiver (HCBO) program (for details, see page 62). If you are considering an assisted living facility, see if it participates in the HCBO in case you plan to be on the HCBO at some point. For more information, please refer to the University of Maryland School of Law publication entitled "Assisted Living: What You Need to Know." You can access this document at [rebrand.ly/AssistedLivingMD](http://rebrand.ly/AssistedLivingMD).

***Consumer Tip:***  
***Home health agencies, group homes, assisted living facilities, hospice care agencies and facilities, and adult medical day care are licensed and monitored.***

***Consumer Tip:***  
***To find out more on alternatives to nursing homes, contact the Senior Information and Assistance Office within your local Area Agency on Aging or your local Center for Independent Living (see Chapter 10).***

**Group Houses** provide semi-independent, semi-private living in a house shared by several people who split the cost of rent, utilities, and meals.

**Shared Housing** is offered by homeowners who are willing to share their residence. There is no official program for this option; however, many Centers for Independent Living (CIL) have a list of people who want to share housing to help older adults and people with disabilities remain independent.

**Continuing Care Retirement Communities (CCRCs)** generally offer

more than one kind of housing and various levels of care. In the same community, there may be individual homes or apartments for residents who still live on their own, an assisted living facility for people who need some help with daily care, and a nursing home for those who require more care. Residents move from one level to another based on their needs, but usually stay within the CCRC.

If you are considering a CCRC, you should obtain information from the Maryland Department of Aging that will help you weigh the risks and





benefits of entering a CCRC. More information and a list of CCRCs in Maryland can be found at [rebrand.ly/AgingCCRC](http://rebrand.ly/AgingCCRC).

## HOSPICE CARE

Hospice care is often the best option for people who have a terminal illness. Hospice care involves a team approach—doctors, nurses, social workers, pastoral counselors, therapists, home health aides, and volunteers provide physical, emotional, and spiritual support to terminally ill patients and their families.

Hospice care may be covered by Medicare and Medicaid. There are different levels of hospice care, which can be provided in a variety of settings, such as your own home, hospice facilities, hospitals, and nursing homes.

Most hospice programs require you and your family to acknowledge in writing that you are dying, although not everyone who receives hospice care passes away within the projected time frame. If you are expected to die within the next six months, having these services early is better for managing pain and other end-of-life impacts. Your family's involvement may be required in order for you to receive hospice services.

For more information on hospice care, please visit [www.hospicenet.org](http://www.hospicenet.org). For Maryland-specific information, including where you can receive

hospice care, please visit the Hospice and Palliative Care Network of Maryland website at [www.hnmd.org](http://www.hnmd.org).

Home health agencies, group homes, assisted living facilities, hospice care agencies and facilities, and adult medical day care facilities are licensed and monitored by the Office of Health Care Quality.

### **Office of Health Care Quality**

7120 Samuel Morse Drive,  
2nd Floor  
Columbia, MD 21046  
410-402-8201  
1-877-402-8219

[www.health.maryland.gov/ohcq](http://www.health.maryland.gov/ohcq)



## WHERE TO GET HELP

### STATEWIDE:

#### General Information About Senior Health and Support Services

Maryland Access Point  
[www.marylandaccesspoint.info](http://www.marylandaccesspoint.info)  
 1-844-627-5465 (Toll-free)  
 TTY: 7-1-1

#### Questions About Nursing Homes

Maryland Department of Health  
 Office of Health Care Quality  
 7120 Samuel Morse Dr., 2nd Floor  
 Columbia, MD 21046  
 410-402-8201  
 1-877-402-8219 (Toll-free)  
[www.health.maryland.gov/ohcq](http://www.health.maryland.gov/ohcq)

#### Questions About Eligibility for Medical Assistance (Medicaid)

Maryland Department of Health  
 Office of Eligibility Services  
 201 West Preston St.  
 Baltimore, MD 21201  
 410-767-1463  
 1-877-463-3464 (Toll-free) (select language option, then option 1, and then option 5)  
[www.mmcp.health.maryland.gov/Pages/ApplyforMedicaid.aspx](http://www.mmcp.health.maryland.gov/Pages/ApplyforMedicaid.aspx)

#### Questions About Medicare

Medicare Service Center  
 1-800-633-4227 (Toll-free)  
 TTY: 1-877-486-2048  
[www.medicare.gov](http://www.medicare.gov)

Medicare Rights Center [www.medicarerights.org](http://www.medicarerights.org)

Centers for Medicare and Medicaid Services  
 7500 Security Blvd.  
 Baltimore, MD 21244  
 410-786-3000  
 1-877-267-2323 (Toll-free)  
 TTY: 1-866-226-1819 (Toll-free)  
[www.cms.gov/Medicare/Medicare.html](http://www.cms.gov/Medicare/Medicare.html)

#### Complaints and Consumer Assistance

Office of the Attorney General  
 Consumer Protection Division  
 Health Education and Advocacy Unit  
 200 Saint Paul Pl., 16th Floor  
 Baltimore, MD 21202  
 410-528-1840  
 1-877-261-8807 (Toll-free)  
 TTY: 1-800-735-2258 (from anywhere) or 7-1-1 (in Maryland)  
[www.marylandcares.org](http://www.marylandcares.org)

#### Complaints About Suspected Neglect or Abuse of Nursing Home Residents

Police: 9-1-1

Maryland Department of Health  
 Office of Health Care Quality  
 7120 Samuel Morse Dr., 2nd Floor  
 Columbia, MD 21046  
 410-402-8201  
 1-877-402-8219 (Toll-free)  
[www.health.maryland.gov/ohcq](http://www.health.maryland.gov/ohcq)



Maryland Department of Human Services  
Adult Protective Services  
1-800-91-PREVENT (1-800-917-7383)  
Office of the Attorney General  
Medicaid Fraud Control Unit  
410-576-6521  
1-888-743-0023 (Toll-free)  
[www.marylandattorneygeneral.gov/Pages/MFCU/default.aspx](http://www.marylandattorneygeneral.gov/Pages/MFCU/default.aspx)

Maryland Department of Aging  
State Long-Term Care Ombudsman Program  
301 West Preston St.  
Baltimore, MD 21201  
410-767-1100  
1-800-243-3425, ext. 71108 (Toll-free)  
[www.aging.maryland.gov/Pages/Ombudsman.aspx](http://www.aging.maryland.gov/Pages/Ombudsman.aspx)

### **Legal Services Programs**

#### **Legal advice and representation concerning nursing home problems**

Maryland Legal Aid  
Long-Term Care Assistance Project and Maryland Senior Legal Helpline  
410-951-7750  
1-866-635-2948 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

#### **Legal advice, advocacy, and services for persons with disabilities**

Disability Rights Maryland  
1500 Union Ave., Suite 2000  
Baltimore, MD 21211  
410-727-6352, ext. 0  
1-800-233-7201 (Toll-free)  
TTY: 410-235-5387  
[www.disabilityrightsmd.org](http://www.disabilityrightsmd.org)

#### **Free assistance on writing wills, powers of attorney, and health care directives for financially eligible individuals**

Maryland Volunteer Lawyers Services  
Client Intake  
Monday through Thursday: 9 am to 12 pm  
201 North Charles St., Suite 1400  
Baltimore, MD 21201  
410-547-6537  
1-800-510-0050 (Toll-free)  
[www.mvlslaw.org](http://www.mvlslaw.org)

#### **Low-cost wills, powers of attorney, etc. for senior citizens**

60+ 2.0 Legal Program  
Civil Justice, Inc.  
520 W. Fayette St., Suite 410  
Baltimore, MD 21201  
410-706-0174  
[www.civiljusticenetwork.org](http://www.civiljusticenetwork.org)  
[cj@civiljusticenetwork.org](mailto:cj@civiljusticenetwork.org)

### **REGIONAL CENTERS FOR INDEPENDENT LIVING**

#### **Eastern Shore: Caroline, Cecil, Dorchester, Kent, Queen Anne's, Somerset, Talbot, Wicomico, and Worcester Counties**

Bay Area Center for Independent Living, Inc.  
909 Progress Cir., Suite 300  
Salisbury, MD 21804  
443-260-0822  
1-877-511-0744 (Toll-free)  
[www.bayareacil.org](http://www.bayareacil.org)

#### **Central Maryland: Carroll and Frederick Counties**

The Freedom Center, Inc.  
550 Highland St., Suite 510

Frederick, MD 21701

301-846-7811

1-844-513-3027 (Toll-free)

[advocate@thefreedomcenter-md.org](mailto:advocate@thefreedomcenter-md.org)

[www.thefreedomcenter-md.org](http://www.thefreedomcenter-md.org)

### **D.C. Metro: Montgomery and Prince George's Counties**

Independence Now, Inc.

12301 Old Columbia Pike, Suite 101

Silver Spring, MD 20904

301-277-2839

TTY: 1-800-735-2258 (from anywhere) or 7-1-1  
(in Maryland)

[info@innow.org](mailto:info@innow.org)

[www.innow.org](http://www.innow.org)

### **Baltimore Metro: Baltimore City and Baltimore and Harford Counties**

Independent Marylanders Achieving Growth  
Through Empowerment

(The Image Center)

300 Joppa Rd., Suite 302

Towson, MD 21286

410-982-6311

[info@imagemd.org](mailto:info@imagemd.org)

[www.imagemd.org](http://www.imagemd.org)

### **Annapolis Metro: Anne Arundel and Howard Counties**

Accessible Resources for Independence

1406B Crain Hwy. South, Suite 206

Glen Burnie, MD 21061

410-636-2274

TTY: 1-800-735-2258 (from anywhere) or 7-1-1  
(in Maryland)

[arinow@arinow.org](mailto:arinow@arinow.org)

[www.arinow.org](http://www.arinow.org)

### **Western Maryland: Allegany, Garrett, and Washington Counties**

Resources for Independence, Inc.

735 East Oldtown Rd.

Cumberland, MD 21502

301-784-1774

1-800-371-1986 (Toll-free)

[www.rficil.org](http://www.rficil.org)

### **Southern Maryland: Calvert, Charles, and St. Mary's Counties**

Southern Maryland Center for Independent  
Living, Inc.

38588 Brett Way, Suite 1

Mechanicsville, Maryland 20659

301-884-4498

[info@smcil.org](mailto:info@smcil.org)

[www.smcil.org](http://www.smcil.org)

## **OTHER SERVICES BY COUNTY\***

\*Area Agencies on Aging are local agencies that assist and support older adults, family caregivers, and adults with disabilities. Long-Term Care Ombudsmen are advocates for residents of nursing homes, board and care homes, and assisted living facilities.

## **ALLEGANY COUNTY**

### **Area Agency on Aging**

Allegany County Human Resources Development  
Commission

125 Virginia Ave.

Cumberland, MD 21502

301-777-5970

[www.alleganyhrdc.org](http://www.alleganyhrdc.org)

Long-Term Care Ombudsman Program

301-783-1771

[www.alleganyhrdc.org/ombudsman-program](http://www.alleganyhrdc.org/ombudsman-program)



Department of Social Services

1 Frederick St.  
Cumberland, MD 21502  
301-784-7000

[www.dhs.maryland.gov/local-offices/allegany-county](http://www.dhs.maryland.gov/local-offices/allegany-county)

### Legal Services Programs

Maryland Legal Aid

Western Maryland Office  
110 Greene St.

Cumberland, MD 21502  
301-777-7474  
1-866-389-5243 (Toll-free)

[www.mdlab.org](http://www.mdlab.org)

Allegany Law Foundation, Inc.

110 Greene St.  
Cumberland MD 21502  
301-722-3390

[www.alleganylaw.com](http://www.alleganylaw.com)

## ANNE ARUNDEL COUNTY

### Area Agency on Aging

Department of Aging and Disabilities  
2666 Riva Rd., Suite 400  
Annapolis, MD 21401  
410-222-4257

TTY: 1-800-735-2258 (from anywhere) or 7-1-1  
(in Maryland)

[www.aacounty.org/departments/aging-and-disabilities](http://www.aacounty.org/departments/aging-and-disabilities)

Long-Term Care Ombudsman Program

410-222-4464  
[www.aacounty.org/services-and-programs/ombudsman](http://www.aacounty.org/services-and-programs/ombudsman)

Department of Social Services

80 West St.  
Annapolis, MD 21401  
410-269-4500

[aaacounty.dhs@maryland.gov](mailto:aaacounty.dhs@maryland.gov)  
[www.dhs.maryland.gov/local-offices/anne-arundel-county](http://www.dhs.maryland.gov/local-offices/anne-arundel-county)

### Legal Services Programs

Maryland Legal Aid

229 Hanover St.  
Annapolis, MD 21404  
410-972-2700  
1-800-666-8330 (Toll-free)

[www.mdlab.org](http://www.mdlab.org)

Lawyer Referral and Information Service

(referrals for fee and no-fee services)

Anne Arundel Bar Association

P.O. Box 161

Annapolis, MD 21404

410-222-6859

[www.aabar.org/lris](http://www.aabar.org/lris)

## BALTIMORE CITY

### Area Agency on Aging

Office of Aging and CARE Services

Baltimore City Health Department

417 E Fayette St., 6th Floor

Baltimore, MD 21202

410-396-2273

[www.health.baltimorecity.gov/programs/seniors](http://www.health.baltimorecity.gov/programs/seniors)

Long-Term Care Ombudsman Program

410-396-3144

[www.health.baltimorecity.gov/seniors/long-term-care-ombudsman](http://www.health.baltimorecity.gov/seniors/long-term-care-ombudsman)

Department of Social Services

Talmdage Branch Building

1910 N. Broadway St.

Baltimore, MD 21213

443-378-4600

[www.dhs.maryland.gov/local-offices/baltimore-city](http://www.dhs.maryland.gov/local-offices/baltimore-city)

**Legal Services Programs**

Maryland Legal Aid  
500 E. Lexington St.  
Baltimore, MD 21202  
410-951-7777  
1-800-999-8904 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

Bar Association of Baltimore City  
Senior Legal Services Program  
111 N Calvert St., Room 631  
Baltimore, MD 21202  
410-396-1322  
[www.baltimoreseniorlegalservices.org](http://www.baltimoreseniorlegalservices.org)

**BALTIMORE COUNTY****Area Agency on Aging**

Department of Aging  
611 Central Ave.  
Towson, MD 21204  
410-887-2594  
[www.baltimorecountymd.gov/Agencies/aging](http://www.baltimorecountymd.gov/Agencies/aging)

Long-Term Care Ombudsman Program  
410-887-4200  
[www.baltimorecountymd.gov/Agencies/aging/ombudsman](http://www.baltimorecountymd.gov/Agencies/aging/ombudsman)

Department of Social Services  
6401 York Rd.  
Baltimore, MD 21212  
410-853-3000  
To report abuse/neglect: 410-887-TIME (8463) or 410-583-9398  
[www.dhs.maryland.gov/local-offices/baltimore-county](http://www.dhs.maryland.gov/local-offices/baltimore-county)

**Legal Services Programs**

Maryland Legal Aid  
29 W. Susquehanna Ave., Suite 305  
410-427-1800  
1-877-878-5920 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

**CALVERT COUNTY****Area Agency on Aging**

Office on Aging  
450 West Dares Beach Rd.  
Prince Frederick, MD 20678  
410-535-4606  
301-855-1170  
[ooa@co.cal.md.us](mailto:ooa@co.cal.md.us)  
[www.co.cal.md.us/residents/health/aging](http://www.co.cal.md.us/residents/health/aging)

Long-Term Care Ombudsman Program  
410-535-4606  
301-855-1170  
<http://www.co.cal.md.us/index.aspx?NID=1981>

Department of Social Services  
200 Duke St.  
Prince Frederick, MD 20678  
443-550-6900  
[calvert.dss@maryland.gov](mailto:calvert.dss@maryland.gov)  
[www.dhs.maryland.gov/local-offices/calvert-county](http://www.dhs.maryland.gov/local-offices/calvert-county)

**Legal Services Programs**

Maryland Legal Aid  
Southern Maryland Office  
15045 Burnt Store Rd.  
Hughesville, MD 20637  
301-932-6661  
1-877-310-1810 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

## CAROLINE COUNTY

### **Area Agency on Aging and Long-Term Care Ombudsman Program**

Upper Shore Aging, Inc.  
100 Schaubert Rd.  
Chestertown, MD 21620  
410-778-6000  
1-800-721-6651 (Toll-free)  
[www.uppershoreaging.org](http://www.uppershoreaging.org)

Department of Social Services  
207 South Third St.  
Denton, MD 21629  
410-819-4500  
[caroline.dss@maryland.gov](mailto:caroline.dss@maryland.gov)  
[www.dhs.maryland.gov/local-offices/caroline-county](http://www.dhs.maryland.gov/local-offices/caroline-county)

### **Legal Services Program**

Maryland Legal Aid  
Upper Eastern Shore Office  
106 N. Washington St., Suite 101  
Easton, MD 21601  
410-763-9676  
1-800-477-2543 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

## CARROLL COUNTY

### **Area Agency on Aging**

Bureau of Aging and Disabilities  
125 Stoner Ave.  
Westminster, MD 21157  
410-386-3800  
TTY: 1-800-735-2258 (from anywhere) or 7-1-1 (in Maryland)  
[ccboa@carrollcountymd.gov](mailto:ccboa@carrollcountymd.gov)  
[www.ccgovernment.carr.org/ccg/aging](http://www.ccgovernment.carr.org/ccg/aging)

### **Long-Term Care Ombudsman Program**

410-386-3800  
TTY: 1-800-735-2258 (from anywhere) or 7-1-1 (in Maryland)  
[www.ccgovernment.carr.org/ccg/aging/lcop.asp](http://www.ccgovernment.carr.org/ccg/aging/lcop.asp)

### **Department of Social Services**

1232 Tech Ct.  
Westminster, MD 21157  
410-386-3300  
[dcarrolldept\\_dhr@maryland.gov](mailto:dcarrolldept_dhr@maryland.gov)  
[www.dhs.maryland.gov/local-offices/carroll-county](http://www.dhs.maryland.gov/local-offices/carroll-county)

### **Legal Services Programs**

Maryland Legal Aid  
Midwestern Maryland Office  
22 South Market St., Suite 11  
Frederick, MD 21701  
301-694-7414  
1-800-679-8813 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

## CECIL COUNTY

### **Area Agency on Aging**

Aging and Disability Services Division  
200 Chesapeake Blvd.  
Suite 2550  
Elkton, MD 21921  
410-996-5295  
[www.ccgov.org/government/community-services/aging-and-disability-services](http://www.ccgov.org/government/community-services/aging-and-disability-services)

### **Long-Term Care Ombudsman Program**

410-996-5295

### **Department of Social Services**

170 East Main St.  
Elkton, MD 21921  
410-996-0100  
[www.dhs.maryland.gov/local-offices/cecil-county](http://www.dhs.maryland.gov/local-offices/cecil-county)

**Legal Services Program**

Maryland Legal Aid  
 Northeastern Maryland Office  
 103 S. Hickory Ave.  
 Bel Air, MD 21014  
 410-836-8202  
 1-800-444-9529 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

**CHARLES COUNTY****Area Agency on Aging**

Department of Community Services  
 Aging and Senior Programs Division  
 8190 Port Tobacco Rd.  
 Port Tobacco, MD 20677  
 301-934-9305  
 301-870-3388  
[www.charlescountymd.gov/cs/aging/aging-and-senior-programs](http://www.charlescountymd.gov/cs/aging/aging-and-senior-programs)

**Long-Term Care Ombudsman Program**

301-934-0109  
[www.charlescountymd.gov/cs/aging/resident-advocacy](http://www.charlescountymd.gov/cs/aging/resident-advocacy)

**Department of Social Services**

200 Kent Ave.  
 LaPlata, MD 20646  
 301-392-6400  
[charles.codss@maryland.gov](mailto:charles.codss@maryland.gov)  
[www.dhs.maryland.gov/local-offices/charles-county](http://www.dhs.maryland.gov/local-offices/charles-county)

**Legal Services Programs**

Maryland Legal Aid  
 Southern Maryland Office  
 15045 Burnt Store Rd.  
 Hughesville, MD 20637  
 301-932-6661  
 1-877-310-1810 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

**DORCHESTER COUNTY****Area Agency on Aging**

Maintaining Active Citizens, Inc.  
 909 Progress Cir., Suite 100  
 Salisbury, MD 21804  
 410-742-0505  
[www.macinc.org](http://www.macinc.org)

**Long-Term Care Ombudsman Program**

410-742-0505, ext.104  
[cls@macinc.org](mailto:cls@macinc.org)  
[www.macinc.org/resources-support/elder-abuse-information](http://www.macinc.org/resources-support/elder-abuse-information)

**Department of Social Services**

627 Race St.  
 Cambridge, MD 21613  
 410-901-4100  
[www.dhs.maryland.gov/local-offices/dorchester-county](http://www.dhs.maryland.gov/local-offices/dorchester-county)

**Legal Services Program**

Maryland Legal Aid  
 Lower Eastern Shore Office  
 111 High St.  
 Salisbury, MD 21801  
 410-546-5511  
 1-800-444-4099 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

**FREDERICK COUNTY****Area Agency on Aging**

Senior Services Division  
 1440 Taney Ave.  
 Frederick, MD 21702  
 301-600-1605  
[SeniorServices@frederickcountymd.gov](mailto:SeniorServices@frederickcountymd.gov)  
[www.frederickcountymd.gov/54/Senior-Services-Formerly-Dept-of-Aging](http://www.frederickcountymd.gov/54/Senior-Services-Formerly-Dept-of-Aging)



Long-Term Care Ombudsman Program  
301-600-2877  
[www.frederickcountymd.gov/311/Long-Term-Care-Ombudsman](http://www.frederickcountymd.gov/311/Long-Term-Care-Ombudsman)

Department of Social Services  
1888 North Market St.  
Frederick, MD 21701  
301-600-4555  
[FCDSS.info@maryland.gov](mailto:FCDSS.info@maryland.gov)  
[www.dhs.maryland.gov/local-offices/frederick-county](http://www.dhs.maryland.gov/local-offices/frederick-county)

### Legal Services Programs

Maryland Legal Aid  
Midwestern Maryland Office  
22 South Market St., Suite 11  
Frederick, MD 21701  
301-694-7414  
1-800-679-8813 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

## GARRETT COUNTY

**Area Agency on Aging**  
Community Action Committee  
104 East Center St.  
Oakland, MD 21550  
301-334-9431  
[www.garrettcac.org/index.php/aging-and-nutrition-services](http://www.garrettcac.org/index.php/aging-and-nutrition-services)

Long-Term Care Ombudsman Program  
301-334-9431, ext. 6140  
[www.garrettcac.org/index.php/aging-and-nutrition-services/long-term-care-services/ombudsman](http://www.garrettcac.org/index.php/aging-and-nutrition-services/long-term-care-services/ombudsman)

Department of Social Services  
12578 Garrett Hwy.  
Oakland, MD 21550  
301-533-3000  
TTY: 301-334-5426  
[www.dhs.maryland.gov/local-offices/garrett-county](http://www.dhs.maryland.gov/local-offices/garrett-county)

### Legal Services Programs

Maryland Legal Aid  
Western Maryland Office  
110 Greene St.  
Cumberland, MD 21502  
301-777-7474  
1-866-389-5243 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

## HARFORD COUNTY

**Area Agency on Aging**  
Department of Community Services  
Office on Aging  
145 N. Hickory Ave.  
Bel Air, MD 21014  
410-638-3025  
[hcaging@harfordcountymd.gov](mailto:hcaging@harfordcountymd.gov)  
[www.harfordcountymd.gov/651/Office-on-Aging](http://www.harfordcountymd.gov/651/Office-on-Aging)

Long-Term Care Ombudsman Program  
410-638-3025  
[www.harfordcountymd.gov/Document-Center/View/6485/Longterm-Ombudsman-Brochure?bidId=](http://www.harfordcountymd.gov/Document-Center/View/6485/Longterm-Ombudsman-Brochure?bidId=)

Department of Social Services  
2 South Bond St., Suite 300  
Bel Air, MD 21014  
410-836-4700  
[www.dhs.maryland.gov/local-offices/harford-county](http://www.dhs.maryland.gov/local-offices/harford-county)

### Legal Services Programs

Maryland Legal Aid  
Northeastern Maryland Office  
103 South Hickory Ave.  
Bel Air, MD 21014  
410-836-8202  
1-800-444-9529 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

## HOWARD COUNTY

### Area Agency on Aging

Office on Aging and Independence  
9830 Patuxent Woods Dr.  
Columbia, MD 21046  
410-313-6410

[aging@howardcountymd.gov](mailto:aging@howardcountymd.gov)  
[www.howardcountymd.gov/Departments/Community-Resources-and-Services/Office-on-Aging-and-Independence](http://www.howardcountymd.gov/Departments/Community-Resources-and-Services/Office-on-Aging-and-Independence)

Long-Term Care Ombudsman Program  
410-313-6423

Department of Social Services  
9780 Patuxent Woods Dr.  
Columbia, MD 21046  
410-872-8700

[howco.dss@maryland.gov](mailto:howco.dss@maryland.gov)  
[www.dhs.maryland.gov/local-offices/howard-county](http://www.dhs.maryland.gov/local-offices/howard-county)

### Legal Services Programs

Maryland Legal Aid  
District Court  
3451 Court House Dr.  
Ellicott City, MD 21043  
410-480-1057  
[www.mdlab.org](http://www.mdlab.org)

Lawyer Referral Service  
Howard County Bar Association  
410-313-3853  
[www.howardcountybar.org](http://www.howardcountybar.org)

## KENT COUNTY

### Area Agency on Aging and Long-Term Care Ombudsman Program

Upper Shore Aging, Inc.  
100 Schaubert Rd.  
Chestertown, MD 21620

410-778-6000  
1-800-721-6651 (Toll-free)  
[www.uppershoreaging.org](http://www.uppershoreaging.org)

Department of Social Services  
350 High St.  
PO Box 670  
Chestertown, MD 21620  
410-810-7600  
[Kent.dss@maryland.gov](mailto:Kent.dss@maryland.gov)  
[www.dhs.maryland.gov/local-offices/kent-county](http://www.dhs.maryland.gov/local-offices/kent-county)

### Legal Services Program

Maryland Legal Aid  
Upper Eastern Shore Office  
106 N. Washington St., Suite 101  
Easton, MD 21601  
410-763-9676  
1-800-477-2543 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

## MONTGOMERY COUNTY

### Area Agency on Aging

Department of Health and Human Services  
Senior Services  
401 Hungerford Dr., 4th Floor  
Rockville, MD 20850  
240-777-3000  
[www.montgomerycountymd.gov/HHS-Program/Program.aspx?id=ADS/ADSADSResourceUnit-p179.html](http://www.montgomerycountymd.gov/HHS-Program/Program.aspx?id=ADS/ADSADSResourceUnit-p179.html)

Long-Term Care Ombudsman Program  
3950 Ferrara Dr., 2nd Floor  
Silver Spring, MD 20906  
240-777-3369  
[HHSLTCOmbudsman@montgomerycountymd.gov](mailto:HHSLTCOmbudsman@montgomerycountymd.gov)  
[www.montgomerycountymd.gov/HHS-Program/ADS/OMBUDSMAN/OmbudIndex.html](http://www.montgomerycountymd.gov/HHS-Program/ADS/OMBUDSMAN/OmbudIndex.html)

Department of Social Services  
401 Hungerford Dr., 5th Floor  
Rockville, MD 20850  
240-777-4513  
TTY: 240-777-1245  
[www.dhs.maryland.gov/local-offices/montgomery-county](http://www.dhs.maryland.gov/local-offices/montgomery-county)

### Legal Services Programs

Maryland Legal Aid  
Montgomery County Office  
600 Jefferson Plaza, Suite 430  
Rockville, MD 20850  
240-314-0373  
1-855-880-9487 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

TESS Community Service Center  
Legal Aid Clinic  
8513 Piney Branch Rd.  
Silver Spring, MD 20901  
240-773-8260  
TTY: 1-800-735-2258 (from anywhere) or 7-1-1  
(in Maryland)  
[www.montgomerycountymd.gov/HHS-Program/OCA/OCATESS-p351.html](http://www.montgomerycountymd.gov/HHS-Program/OCA/OCATESS-p351.html)

## PRINCE GEORGE'S COUNTY

**Area Agency on Aging**  
Department of Family Services  
Aging and Disabilities Services Division  
6420 Allentown Rd.  
Camp Springs, MD 20748  
301-265-8450  
[www.princegeorgescountymd.gov/1644/Older-Adult-Services](http://www.princegeorgescountymd.gov/1644/Older-Adult-Services)

Long-Term Care Ombudsman Program  
301-265-8450  
[www.princegeorgescountymd.gov/1722/Long-Term-Care](http://www.princegeorgescountymd.gov/1722/Long-Term-Care)

Department of Social Services  
805 Brightseat Rd.  
Landover, MD 20785  
301-909-7000  
1-800-332-6347 (Toll-free)  
[pgcdss@dhr.state.md.us](mailto:pgcdss@dhr.state.md.us)  
[www.dhs.maryland.gov/local-offices/prince-georges-county](http://www.dhs.maryland.gov/local-offices/prince-georges-county)

### Legal Services Programs

Maryland Legal Aid  
Metropolitan Maryland Office  
8401 Corporate Dr., Suite 200  
Landover, MD 20785  
301-560-2101  
1-888-215-5316 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

Community Legal Services of Prince George's  
County  
P.O. Box 374  
Riverdale, MD 20737  
240-391-6370  
TTY: 1-800-735-2258 (from anywhere) or 7-1-1  
(in Maryland)  
[info@clspgc.org](mailto:info@clspgc.org)  
[www.clspgc.org](http://www.clspgc.org)

## QUEEN ANNE'S COUNTY

**Area Agency on Aging**  
Department of Community Services  
Area Agency on Aging  
104 Powell St.  
Centreville, MD 21617  
410-758-0848  
410-778-9399  
[www.qac.org/155/Area-Agency-on-Aging-Senior-Centers](http://www.qac.org/155/Area-Agency-on-Aging-Senior-Centers)

**Long-Term Care Ombudsman Program**

410-758-0848

410-778-9399

[www.qac.org/171/Long-Term-Care-Ombudsman](http://www.qac.org/171/Long-Term-Care-Ombudsman)**Department of Social Services**

125 Comet Dr.

Centreville, MD 21617

410-758-8000

TTY: 410-758-5164

[qac.user@maryland.gov](mailto:qac.user@maryland.gov)[www.dhs.maryland.gov/local-offices/queen-annes-county](http://www.dhs.maryland.gov/local-offices/queen-annes-county)**Legal Services Programs****Maryland Legal Aid**

Upper Eastern Shore Office

106 N. Washington St., Suite 101

Easton, MD 21601

410-763-9676

1-800-477-2543 (Toll-free)

[www.mdlab.org](http://www.mdlab.org)**ST. MARY'S COUNTY****Area Agency on Aging**

Aging and Human Services

Garvey Senior Activity Center

41780 Baldrige St.

P.O. Box 653

Leonardtown, MD 20650

301-475-4200, Ext. 71050

[www.stmarysmd.com/aging](http://www.stmarysmd.com/aging)**Long-Term Care Ombudsman Program**

301-475-4200, Ext. 71055

[www.stmarysmd.com/aging/senior-advocacy.asp](http://www.stmarysmd.com/aging/senior-advocacy.asp)[www.stmarysmd.com/docs/OmbudsmanBrochurerev102313.pdf](http://www.stmarysmd.com/docs/OmbudsmanBrochurerev102313.pdf)**Department of Social Services**

Joseph D. Carter Building

23110 Leonard Hall Dr.

Leonardtown, MD 20650

240-895-7000

[www.dhs.maryland.gov/local-offices/st-marys-county](http://www.dhs.maryland.gov/local-offices/st-marys-county)**Legal Services Programs****Maryland Legal Aid**

Southern Maryland Office

15045 Burnt Store Rd.

Hughesville, MD 20637

301-932-6661

1-877-310-1810 (Toll-free)

[www.mdlab.org](http://www.mdlab.org)**SOMERSET COUNTY****Area Agency on Aging**

Maintaining Active Citizens, Inc.

909 Progress Cir., Suite 100

Salisbury, MD 21804

410-742-0505

[www.macinc.org](http://www.macinc.org)**Long-Term Care Ombudsman Program**

410-742-0505, ext.104

[cls@macinc.org](mailto:cls@macinc.org)[www.macinc.org/resources-support/elder-abuse-information](http://www.macinc.org/resources-support/elder-abuse-information)**Department of Social Services**

30397 Mt. Vernon Rd.

Princess Anne, MD 21853

410-677-4200

[somerset.dss@maryland.gov](mailto:somerset.dss@maryland.gov)[www.dhs.maryland.gov/local-offices/somerset-county](http://www.dhs.maryland.gov/local-offices/somerset-county)



**Legal Services Programs**

Maryland Legal Aid  
Lower Eastern Shore Office  
111 High St.  
Salisbury, MD 21801  
410-546-5511  
1-800-444-4099 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

**TALBOT COUNTY**

**Area Agency on Aging and Long-Term Care  
Ombudsman Program**

Upper Shore Aging, Inc.  
100 Schaubert Rd.  
Chestertown, MD 21620  
410-778-6000  
1-800-721-6651 (Toll-free)  
[www.uppershoreaging.org](http://www.uppershoreaging.org)

Department of Social Services  
301 Bay St.  
Easton, MD 21601  
410-770-4848  
[talbot.customer@maryland.gov](mailto:talbot.customer@maryland.gov)  
[www.dhs.maryland.gov/local-offices/talbot-county](http://www.dhs.maryland.gov/local-offices/talbot-county)

**Legal Services Programs**

Maryland Legal Aid  
Upper Eastern Shore Office  
106 N. Washington St., Suite 101  
Easton, MD 21601  
410-763-9676  
1-800-477-2543 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

**WASHINGTON COUNTY**

**Area Agency on Aging**

Commission on Aging, Inc.  
535 East Franklin St.  
Hagerstown, MD 21740  
301-790-0275  
TTY: 1-800-735-2258 (from anywhere) or 7-1-1  
(in Maryland)  
[info@wccoaging.org](mailto:info@wccoaging.org)  
[www.wccoaging.org](http://www.wccoaging.org)

**Long-Term Care Ombudsman Program**

301-790-0275  
TTY: 1-800-735-2258 (from anywhere) or 7-1-1  
(in Maryland)  
[www.wccoaging.org/programs-services/ombudsman-legal](http://www.wccoaging.org/programs-services/ombudsman-legal)

**Department of Social Services**

122 North Potomac St.  
Hagerstown, MD 21740  
240-420-2100  
[www.dhs.maryland.gov/local-offices/washington-county](http://www.dhs.maryland.gov/local-offices/washington-county)

**Legal Services Programs**

Maryland Legal Aid  
Midwestern Maryland Office  
22 South Market St., Suite 11  
Frederick, MD 21701  
301-694-7414  
1-800-679-8813 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

## WICOMICO COUNTY

### Area Agency on Aging

Maintaining Active Citizens, Inc.  
909 Progress Cir., Suite 100  
Salisbury, MD 21804  
410-742-0505  
[www.macinc.org](http://www.macinc.org)

### Long-Term Care Ombudsman Program

410-742-0505, ext.104  
[cls@macinc.org](mailto:cls@macinc.org)  
[www.macinc.org/resources-support/elder-abuse-information](http://www.macinc.org/resources-support/elder-abuse-information)

### Department of Social Services

201 Baptist St., Suite 27  
Salisbury, MD 21801  
410-713-3900  
[wicodss.county@maryland.gov](mailto:wicodss.county@maryland.gov)  
[www.dhs.maryland.gov/local-offices/wicomico-county](http://www.dhs.maryland.gov/local-offices/wicomico-county)

### Legal Services Programs

Maryland Legal Aid  
Lower Eastern Shore Office  
111 High St.  
Salisbury, MD 21801  
410-546-5511  
1-800-444-4099 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

## WORCESTER COUNTY

### Area Agency on Aging

Maintaining Active Citizens, Inc.  
909 Progress Cir., Suite 100  
Salisbury, MD 21804  
410-742-0505  
[www.macinc.org](http://www.macinc.org)

### Long-Term Care Ombudsman Program

410-742-0505, ext.104  
[cls@macinc.org](mailto:cls@macinc.org)  
[www.macinc.org/resources-support/elder-abuse-information](http://www.macinc.org/resources-support/elder-abuse-information)

### Department of Social Services

299 Commerce St.  
Snow Hill, MD 21863  
410-677-6800  
[www.dhs.maryland.gov/local-offices/worcester-county](http://www.dhs.maryland.gov/local-offices/worcester-county)

### Legal Services Programs

Maryland Legal Aid  
Lower Eastern Shore Office  
111 High St.  
Salisbury MD 21801  
410-546-5511  
1-800-444-4099 (Toll-free)  
[www.mdlab.org](http://www.mdlab.org)

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**IN MEMORIAM OF  
HARBOUR PARTESOTTI**

Who worked passionately and tirelessly to  
protect the rights of nursing home residents.







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