NURSING HOMES

What You Need to Know
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 and 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.

BRIAN E. FROSH
Maryland Attorney General
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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 or institutions. But it’s a fact: One in every five Marylanders over age 60 spends time in a nursing home. 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, which is care for a chronic condition or disability that will require care for a long time, in some cases the rest of the person’s life. The average length of stay in a nursing home for a long-term care resident is 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 either provide instructions or general guidance about the care you want or do not want, and...
to appoint an agent to act on your behalf in health care matters. An advance directive does not require an agent to be appointed. For information about this process in Maryland, consult the information below and advance directive form provided by the Maryland Attorney General’s Office. It can be accessed on the Internet at www.oag.state.md.us/Healthpol/AdvanceDirectives.htm. You can also call the Maryland Attorney General’s Office at 410-576-7000 or 1-888-743-0023.

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 $80,000, 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. Likewise, “Medigap” 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 does not 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 do not 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.)

In planning for the future, you should consider whether long-term care insurance is an option for you. This is not the same thing as “Medigap” insurance you may have to supplement your Medicare benefits. See page 30 for more information on long-term care insurance.

5. Learn What’s 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 people and 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 provide all types or levels of care. It is 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.

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

**Nursing Homes:** These are homes that are licensed as “Comprehensive Care Facilities” to care for individuals who have medical conditions or disabilities and require rehabilitation, health-related services above the level of room and board, and/or skilled nursing services.

**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 going to the restroom. However, assisted living programs vary greatly in size and cost. Some may be so small that they’re located in the provider’s home. Like nursing homes, assisted living programs are also licensed, but they are less heavily regulated than nursing homes and your rights are different. Assisted living programs are licensed based on the levels of care they provide, i.e. 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.” You may obtain a copy at www.mdoa.state.md.us/documents/AL-Guide_002.pdf (you will need Adobe Acrobat to view this file).

**Home and Community Based Long-Term Care Services:** In the past, Medicaid only covered some 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” include services such as 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 for more detailed information on Medicaid Home and Community Based Long-Term Care Services).

**Subacute Care:** “Subacute care” is a goal-oriented treatment rendered immediately after, or instead of, acute hospitalization to treat active complex medical conditions or to administer technically complex treatments for a
limited time 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 short-term services covered under Medicare Part A. They are licensed by the State in the same way as nursing homes and therefore 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 chronic hospitals and rehabilitation hospitals. Sometimes, instead of an individual being discharged directly from an acute care hospital to a nursing home, a stay in a specialty hospital is necessary, after which the individual may be discharged to home or to a nursing home.

**Hospice Care:** This is supportive care for people in the final phase of a terminal illness and focuses on comfort and quality of life, rather than curative treatment. Hospices are licensed by the State. Some hospices only provide services in private homes and some have their own, in-patient 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** provide services to sick or disabled individuals in their own homes. Services consist of skilled nursing services and home health aide services. 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, some of which may be covered under Medicare Part B.

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 do not. Nursing homes may also establish “special care units” designated for particular kinds of needs. Nursing homes are not required to accept all applicants. But you are protected by federal and state civil rights laws, such as the right to be free from discrimination based on race.

If you will be entering a nursing home from a hospital, ask to speak to the hospital’s discharge planner or social worker, who can help you find a
CHAPTER 1

Many people start out by paying their own bills, and then apply for Medicaid when their money runs short.

bed in a nursing home. All hospitals that treat Medicare patients must provide this service.

Federal law requires that any person with a mental illness or developmental disabilities who applies to enter a nursing home must be evaluated first to see if he or she needs nursing home care or if that person could live in the community instead. If the evaluation shows that the person could live in the community, the law prohibits admission to a nursing home. This process is called Pre-Admission Screening and Resident Review (PASRR).

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 very important consideration is who will make decisions for you if you cannot make them yourself due to serious injury, illness or disability. You can prepare for this possibility by signing legal documents that appoint someone else to make decisions about your health care and your property. You can also direct exactly what you would want. Only a person who is mentally competent can write such a document, so it is important to think about this well in advance.

ADVANCE DIRECTIVES FOR HEALTH CARE

An advance directive for health care is oral or written directions about what care you would want if you could 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.

In a written 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 do not 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 do not have a written advance directive, doctors will look to a relative or friend, which might not be the same person you would pick, to make decisions if you cannot.

Whether you have an advance directive or not, it is very important that you speak to your loved ones now about what you would want if you are unable to communicate in the future. It is also very important to speak to your doctors.

There are many advance directive forms that you may use. The Maryland statutory forms can be found at www.oag.state.md.us/Healthpol/adirective.pdf. However, no particular form is required. You will benefit from reviewing the following information:


**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 in it, you appoint an agent to act for you in your 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 do not 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 is 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 (http://mlis.state.md.us/asp/web_statutes.asp?get&17-203).

Maryland has a surplus of nursing home beds, although some nursing homes may have waiting lists.
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 age 60 or over, you may be eligible for the Sixty Plus Program to help draft documents at a low cost.

**Sixty Plus Legal Program**

**Baltimore City:**
410-539-3112

**Baltimore County:**
410-337-9100

**Montgomery County:**
301-279-9100

**All other Maryland Counties:**
1-800-999-8904

Many of the agencies listed in Chapter 10 may also be able to assist you.
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’ll ever face. Chapter 9 describes alternatives to nursing home care.

**NURSING SERVICES**

Nursing care is what nursing homes are all about. Nurses and aides keep you clean and comfortable, monitor your medical condition, give you medications and look after your daily needs. In other words, they may help do for you what you cannot do for yourself.

In Maryland, nursing homes must have a registered nurse (RN) on duty during the day seven days a week and a licensed nurse on duty 24 hours a day. A registered nurse (RN) is a licensed nurse with at least two years of education at an accredited school of nursing. A licensed practical nurse (LPN) is a licensed nurse with at least one year of specialized training. 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 tests. GNAs...
provide routine bedside care and work under the direction of RNs and LPNs. They help residents bathe, get dressed, eat and move about. There are also aides who receive additional training to administer medications under the direction of licensed nurses. Nursing homes may also use certain feeding assistants in particular situations, although not all nursing homes use them.

If you decide to contract for “private duty” nursing or aide services to supplement the services provided by the nursing home, be aware that Nursing Referral Service Agencies are licensed by the State.

**MEDICATIONS**

Some nursing home residents with chronic ailments take many different drugs each day. Under Maryland law, a consulting pharmacist is required to work closely with the nursing home, doctor and nursing staff to make sure you receive the right medication at the right time (with food, at bedtime, etc.). 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 homes use the unit dose method of dispensing drugs. The pills are individually packaged and labeled for you, thus reducing errors.

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 provide 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 the timeliness, quality and related requirements. If it does not participate with your prescription drug plan, work with the nursing home to make appropriate arrangements. You have the right to select your own 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 (also find out what the 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 liv-
ing in a nursing home. If you do not 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 make arrangements for 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 equipment and services are available and actually used at a 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, private insurance or Medicaid. You can ask the nursing home about how you will know when
Every home should offer activities to keep residents active.

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 psychological, emotional and mental 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 nurs-
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 present and prospective residents and their families during business hours.

The family council may also work with the local ombudsman program (See Chapter 4 for details).

**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. A nursing home may have staff assist in the development of a family council for up to six months. After the six-month period, the family council must choose its own leaders and operate as an independent organization.

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 provide a private place for the group to meet. The nursing home must provide a designated staff person who is responsible for providing assistance 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 views and act upon the grievances and recommendations of the resident council concerning decisions that affect resident care and life in the home. The resident council may also work with the local ombudsman program (See Chapter 4 for details).

**RELIGIOUS SERVICES**

A good nursing home will help residents who choose to attend religious services. Ministers, priests, and rabbis often visit the home if asked. Many homes provide religious services on the premises, while others arrange transportation to and from local churches and synagogues.

**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 are a private pay resident, ask whether laundry service is included in your basic monthly fee.
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. If you have access to the Internet, use both the Nursing Home Compare site of the Centers for Medicare and Medicaid Services at www.medicare.gov/NHCompare and the Maryland Health Care Commission’s Nursing Home Guide at http://mhcc.maryland.gov/consumerinfo/nhguide to locate homes (See Chapter 4 for more information on these websites). If you do not have access to the Internet, call the local ombudsman program listed in Chapter 10 for a list of the nursing homes in a particular area.

2. Review the publicly available information on the homes that interest you (See Chapter 4 to see how to find the publicly available information).

3. Talk with people you trust – your doctor, pastor or rabbi, 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 enclosed walking area so that you can walk outside? As you make a decision, it is 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 at a later time. Use a checklist like the sample one at the end of this chapter.

Walk around the home to see how it is maintained. Do the residents appear to be comfortable and cared for? Are they taking 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.

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. Sedatives and tranquilizers should not be used routinely 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 well-trained, well-trained, well-trained staff.

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

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 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/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. What’s more, it’s unhealthy for residents to breathe these odors for a long period.
their own 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 between nursing homes, and some do not 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 (e.g., buffet style, in the dining room or 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 there are dietary or religious restrictions.

During your tour, be sure to ask the administrator and admissions director a lot of 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 dedicated and well-supervised staff. All employees, regardless of their role, interact with the residents. Watching these interactions can tell you a great deal about the quality of a nursing home.

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 quality in greater detail.

Imagine yourself in a wheelchair. 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?

For most residents, the most important part of the nursing home is

Consumer Tip: Sometimes your sense of smell can tell you a great deal about a nursing home.
Staff Turnover and Retention

A nursing home where staff is constantly changing will probably not provide as good care as a nursing home with stable staffing. Staff turnover measures how many staff have stopped working there and retention measures how long current staff has 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 is often difficult to keep both at ideal levels. Compare the retention and turnover rates of the nursing homes that you are considering. Ask the nursing home administrator about the home’s retention and turnover rates, and what home is certified by Medicaid and Medicare, and if the home has any special services or programs.

As soon as possible after your visit, write down anything you saw or heard that was not already recorded on your checklist. Place those notes and your completed checklist in your notebook.

YOUNGER RESIDENTS

A small but significant number of nursing home residents are between 25 and 55 years old. Some are disabled from birth, while others have had strokes or accidents 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.

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

STAFF TURNOVER AND RETENTION

A nursing home where staff is constantly changing will probably not provide as good care as a nursing home with stable staffing. Staff turnover measures how many staff have stopped working there and retention measures how long current staff has 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 is often difficult to keep both at ideal levels. Compare the retention and turnover rates of the nursing homes that you are considering. Ask the nursing home administrator about the home’s retention and turnover rates, and what
they are doing to improve both.

Nursing homes are required to post a list of the staff on each shift who are caring for the residents in each section of the nursing home. Look to see how many staff 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 (nice lighting, placemats, small dining tables, etc.) 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 the future. For more information on culture change in nursing homes, see www.pioneernetwork.net.

**FOLLOW-UP VISITS**

After you’ve narrowed your choices, visit the home(s) at least once again 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.

**SPECIAL NEEDS**

If you have a specific illness, 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 for certain kinds of needs, such as a unit to take care of patients on ventilators. Be sure to mention any special needs you have, and ask if the home is equipped to meet them.
## Look at the Residents:

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<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Do they seem well-cared for?</td>
<td></td>
<td></td>
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<tr>
<td>Are residents appropriately dressed?</td>
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<tr>
<td>Are they involved in activities?</td>
<td></td>
<td></td>
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<tr>
<td>Are their clothes clean, shoes on and nails clipped?</td>
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<tr>
<td>Is their hair combed? Are they clean shaven?</td>
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<tr>
<td>Are residents up and around?</td>
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<tr>
<td>Are those in wheelchairs frequently moved from place to place instead of being parked?</td>
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<tr>
<td>Do they do more than just sit and stare at the walls or TV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are they talking amongst themselves?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are residents free from restraints?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Home-Like Environment

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the home bright and cheerful?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the home clean?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the temperature comfortable?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do the rooms have good ventilation, air conditioning and individual thermostats?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there counter space for personal items?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have residents decorated their own rooms?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are bathing and toilet areas private?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is fresh drinking water within easy reach of the bed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the water pitcher clean?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does each bed have a curtain or screen for privacy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there adequate closet space?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can possessions be kept reasonably secure?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does each resident have a sink and mirror or an adjoining bathroom?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does each room have a private phone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is cable television available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the home free of unwanted noise that can be disruptive to the residents, such as staff using an intercom system?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do residents choose their own sleeping schedule?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do residents choose their own bathing schedule?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do activities address the needs and preferences of residents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>LOOK AT THE STAFF:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do employees show respect to the residents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do employees only discuss residents’ medical problems privately?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do employees know residents by name?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are residents treated like adults?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are enough nurses and aides on duty?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the staff friendly to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the administrator receptive to your questions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are employees dressed neatly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do residents seem at ease with the staff?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the activity rooms filled with residents?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are staff members in sight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the turnover rate lower than the other nursing homes you are visiting?</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>THE RESIDENTS’ SAFETY:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are emergency exit doors well-marked, unobstructed and unlocked?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there wheelchair ramps?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there sufficient smoke detectors and sprinklers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are lobby and hallway floors clean?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are patient areas well-lit?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do halls have handrails?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are fire, evacuation and disaster plans posted?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do tubs have non-slip surfaces and grab bars?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does each resident's bed have a call button within easy reach?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the home have a smoke-free policy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you get a copy of this policy?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TOURING A NURSING HOME

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are hallways wide enough for two wheelchairs to pass?</td>
<td></td>
</tr>
<tr>
<td>Are hallways clear so residents can pass safely?</td>
<td></td>
</tr>
<tr>
<td>Are there press-down door handles rather than doorknobs?</td>
<td></td>
</tr>
<tr>
<td>Are there safe places to walk and sit outside?</td>
<td></td>
</tr>
<tr>
<td>Is the home free from unpleasant odors?</td>
<td></td>
</tr>
<tr>
<td>Is there a plan for notifying family members about the status of residents if there is an emergency – tornado, flooding, etc.?</td>
<td></td>
</tr>
</tbody>
</table>

### FOOD:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are the dining room and kitchen clean?</td>
<td></td>
</tr>
<tr>
<td>Are the dining room and kitchen reasonably odor-free and without the smell of heavy insecticides?</td>
<td></td>
</tr>
<tr>
<td>Do residents appear to like the food?</td>
<td></td>
</tr>
<tr>
<td>How does the home feed the residents who are unable to feed themselves?</td>
<td></td>
</tr>
<tr>
<td>How does the home provide special diets such as low cholesterol, low salt or vegetarian?</td>
<td></td>
</tr>
<tr>
<td>Are residents allowed to bring personal spices, condiments, utensils or other items to the table?</td>
<td></td>
</tr>
<tr>
<td>Are the tables easily accessible to wheelchairs?</td>
<td></td>
</tr>
<tr>
<td>Can residents eat in their rooms if they prefer?</td>
<td></td>
</tr>
<tr>
<td>Can snacks be brought into the home?</td>
<td></td>
</tr>
</tbody>
</table>

### SERVICES AND PROGRAMS:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the home participate in Medicare?</td>
<td></td>
</tr>
<tr>
<td>Does the home participate in Medicaid?</td>
<td></td>
</tr>
<tr>
<td>Does the home have arrangements with a nearby hospital to transfer residents in the event of an emergency?</td>
<td></td>
</tr>
<tr>
<td>Does the home have arrangements with a pharmacy to deliver medications for residents?</td>
<td></td>
</tr>
<tr>
<td>How can you continue to use your current Medicare Part D prescription drug plan?</td>
<td></td>
</tr>
<tr>
<td>Question</td>
<td>YES</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td>Is there an adequate physical therapy program?</td>
<td></td>
</tr>
<tr>
<td>Does the home have a resident council or family council?</td>
<td></td>
</tr>
<tr>
<td>Is it possible to attend religious services?</td>
<td></td>
</tr>
<tr>
<td>Is personal laundry done regularly?</td>
<td></td>
</tr>
<tr>
<td>Are special events or holiday parties held for the residents?</td>
<td></td>
</tr>
<tr>
<td>Is transportation available for residents who want to participate in social, religious or community activities outside the home?</td>
<td></td>
</tr>
<tr>
<td>Is this transportation wheelchair-accessible?</td>
<td></td>
</tr>
<tr>
<td>Does the home organize activities and field trips, which take into account residents’ interests?</td>
<td></td>
</tr>
<tr>
<td>Does the home have private areas for residents to meet with family, visitors, or doctors?</td>
<td></td>
</tr>
<tr>
<td>Are there any residential openings?</td>
<td></td>
</tr>
<tr>
<td>If not, how long is the waiting list?</td>
<td></td>
</tr>
<tr>
<td>What is your nursing home’s daily rate?</td>
<td></td>
</tr>
<tr>
<td>What services are covered by the daily rate?</td>
<td></td>
</tr>
<tr>
<td>What services are extra?</td>
<td></td>
</tr>
<tr>
<td>Other notes about this facility:</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER 4

JUDGING THE QUALITY OF A NURSING HOME

It is important to carefully research the quality of a nursing home before signing a contract. You can learn a lot by visiting a nursing home. 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 physical environment. Additionally, if a nursing 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 surveys over 200 nursing homes to monitor for compliance with these 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 the Office finds any health or safety violations, it will require the home to correct the problems within a certain timeframe. The Office 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.

The Office may also inspect a nursing home when it receives a complaint. The Office does not act as an advocate for a person who files a complaint. Rather, the Office reviews evidence gathered through the examination of nursing home records or interviews to determine whether the nursing home violated any statutes or regulations. The Office will impose penalties on a nursing home only if there is sufficient evidence that the nursing home has violated a statute or regulation. Although the Office’s imposition of penalties against a nursing home may indirectly benefit a resident by prompting a nursing home to correct problems noted in a complaint, the Office does not represent the resident. The Office is an enforcement agency acting on behalf of the State of Maryland to ensure compliance with its 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 in each county, the Office of Health Care Quality (410-764-2747) 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.

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. A sum-
JUDGING THE QUALITY OF A NURSING HOME

The Centers for Medicare and Medicaid Services (CMS) is the federal agency that regulates nursing homes. CMS’ Nursing Home Compare web site – www.medicare.gov/NHcompare -- contains information on all Medicare and Medicaid-certified nursing homes. The reports for each nursing home can be found on the Internet at www.medicare.gov/NHcompare.

Some findings or deficiencies are more serious than others. A home with multiple minor deficiencies may actually provide better care than one with fewer, but more serious, violations. The severity of the problem is very important. However, a home that has a large number of deficiencies may indicate inattention to details that impact the overall quality of care and quality of life. So, you should 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, the local Long-Term Care Ombudsman or a member of the resident or family council.

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

CMS’S NURSING HOME COMPARE & FIVE-STAR RATINGS SYSTEM

The Centers for Medicare and Medicaid Services (CMS) is the federal agency that regulates nursing homes. CMS’ Nursing Home Compare website – www.medicare.gov/NHCcompare -- contains information on all Medicare and Medicaid-certified nursing homes. The CMS’s Nursing Home Compare & Five-Star Ratings System is designed to help consumers make informed decisions about the quality of care in nursing homes.
fied nursing homes. Nursing Home Compare allows you to search for nursing homes by name, state, city or zip code and also allows you to do a side-by-side comparison of different homes. This web site 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 system has limitations. For one thing, the system grades on a curve. The curve is within each state so the site is of less benefit when comparing nursing homes in different states. Remember, it is critically important to visit the nursing homes you are considering. Do not just rely on the Internet.

**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. SFFs failing to improve may be excluded from participating in Medicare and/or Medicaid. The CMS SFF list can be accessed at:


If you’re considering one of these nursing homes, be sure to discuss this with the nursing home administrator, Long-Term Care Ombudsman or member of the resident or family council.

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

The Maryland Health Care Commission (MHCC) also produces a nursing home guide, which is only available on the Internet at www.mhcc.maryland.gov/consumerinfo/nhguide.

It contains comprehensive information on all nursing homes in Maryland. Much, but not all, of the information is similar to that on CMS’s Nursing Home Compare web site, so you may want to access both sites.

Information on the MHCC web site that is not on the CMS web site includes:

- the number of rooms by type, (e.g. private or semi-private);
- proximity of toilet facilities to rooms;
- specialized services such as...
dementia units, dialysis care or ventilator care.

Additionally, MHCC’s web site contains the results of annual satisfaction surveys. MHCC surveys family members of nursing home residents to measure their overall experience every year. This information is not available on the CMS Nursing Home Compare web site.

THE OMBUDSMAN PROGRAM

The Long-Term Care Ombudsman Program serves each county in Maryland and Baltimore City. An ombudsman is a resident advocate who provides residents and their families with information. Ombudsmen work to resolve grievances that a resident may have about quality of care and quality of life in their nursing home or 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.

Local ombudsmen visit nursing homes regularly and respond to complaints from residents and their families. They also educate staff and the public about residents’ rights. Ombudsmen also work with resident and family councils. The Ombudsman Program is not an enforcement agency, but can help you file a complaint. Discussions with the ombudsman are confidential, unless you give permission for your name to be used.

The 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 updated information and have taken into account all the various resources. Ombudsmen addresses and phone numbers are listed in Chapter 10.

Ombudsmen work to resolve grievances that a resident may have about quality of care and quality of life in their nursing home or assisting living facility.
People who pay for nursing home care with their own money are known as *private pay* residents. Most people do not have the funds to pay out of pocket for nursing home care for very long because it can cost up to $10,000 per month. Generally, health insurance (including Medicare) does not cover nursing home expenses, unless it is for a short stay. If you are a veteran, it is possible that some Veterans Administration benefits will pay for nursing home care or other long-term care.

Because health insurance typically does not cover long-term nursing home costs, it is advisable to look into long-term care insurance that will cover nursing home costs, as well as other long-term care costs, such as assisted living or home health aides.

Typically, if you are unable to pay your nursing home expenses and no insurance or government program is available, Medicaid will help cover your nursing home bills. This chapter discusses the various ways to cover
nursing home charges. Because the rules governing Medicaid are complicated, and because many people who stay in a nursing home for a long time have to turn to Medicaid, most of the chapter is devoted to highlighting some of the issues and questions people frequently ask about Medicaid.

Keep in mind that you may incur a number of personal expenses (such as clothing, salon services, telephone and television) and some medical expenses that are not covered by any insurance or government 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 will pay only for skilled or rehabilitative nursing care for a short time after hospitalization. It’s important to know Medicare’s requirements so that you and your doctor can discuss whether skilled nursing care and/or rehabilitation services are needed.

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.

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

If you are eligible for Medicare Part A, the nursing home will submit a Medicare claim for you. After 20 days, you are responsible for copayments. 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 copayment 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 will continue to cover your reasonable and necessary doctor bills for needed services while you are in a nursing home, even if it does not 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 Counseling Program in your county, or call Medicare Customer Service at 1-800-MEDICARE (633-4273).

WHEN WILL MEDICARE COVER SKILLED CARE?

Medicare will cover skilled care only if all the following are true:

1. You have Medicare Part A (Hospital Insurance) and have days left in your benefit period available to use.

2. You have an inpatient hospital stay of 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 home within a short period of time (generally 30 days) after leaving the hospital.

3. 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.

4. You require the skilled care on a daily basis and the services can be provided practically in a skilled nursing home on an inpatient basis. If only rehabilitation services are needed, “daily” may be considered Monday through Friday if therapy services are not available on weekends.

5. 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.

6. The skilled services must be reasonable and necessary for the diagnosis or treatment of your condition.

7. The nursing home is certified by Medicare.

PRIVATE LONG-TERM CARE INSURANCE

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

In order to be approved for sale in
Maryland, long-term care policies:

- must provide at least 24
  months of coverage for all
  levels of nursing home care;

- must cover Alzheimer’s dis-
  ease and related disorders;

- may exclude coverage for
  a pre-existing condition
  only if you received treat-
  ment or medical advice for
  the condition within six
  months prior to coverage;

- may not, when covering home
  health care, require that you
  would need care in a nurs-
  ing home if you were not re-
  ceiving home health care;

- may not limit care provided
  by registered nurses or li-
  censed practical nurses;

- may not increase premiums
  solely because you grow older;

- may cancel coverage only
  if you do not pay or if you
  significantly misrepresent
  your medical condition;

- may only cancel coverage
  after you and another per-
  son who you designate are
  informed in writing; and

- must allow you to cancel
  within 30 days of purchase
  and receive a full refund.

Remember, these are minimum
standards set by law. You may look
for a policy that provides broader cov-
eration.

Before buying long-term care
insurance, study the policies very
carefully. The Maryland Insurance
Administration has useful consum-
er information that can be found at
www.mdinsurance.state.md.us/con-
sumer. In addition, your local Area
Agency on Aging can refer you to a
counselor or the Senior Health Insurance Counseling Program, who may be able to help. See page 66 for more information on your local area agency on aging.

Never be dishonest in filling out 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.

MARYLAND LONG-TERM CARE PARTNERSHIP PROGRAM

The Maryland Insurance Administration also administers the Maryland Long-Term Care Insurance Partnership Program, which is an alliance between Maryland and private insurance companies that issue long-term care insurance policies. In addition to the minimal 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. For more information, please review Maryland Insurance Administration’s website at www.mdinsurance.state.md.us.

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 www.mdinsurance.state.md.us.

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 pre-existing conditions?

4. Does the policy have a deductible - 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 those benefits cover enough days to assure you coverage for a three to four year 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 nursing home or a nursing home that has a contract with the Department of Veterans Affairs. However, space is limited. To qualify, you must be a veteran and have a service-connected disability rated at 70% or more, or be a veteran whose service-connected disability is clinically determined to require nursing home care. First, you will need to be enrolled in the VA Healthcare System. You can apply by completing VA Form 10-10EZ. The 10-10EZ may be obtained by visiting, calling or writing any VA health care facility or veterans’ benefits office. You can also call toll-free 1-877-222-VETS (8387), or go online at www.1010ez.med.va.gov.

You will receive written notice of your eligibility status within 30 to 60 days.

More information about the Department of Veterans Affairs nursing home eligibility benefit, and other benefits for veterans is available at 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 cannot afford to pay the full costs themselves. Each state administers its own Medicaid program with slightly different eligibility rules.

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 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. You should try

**Consumer Tip:** To find out about Medicaid, consult one of the experts mentioned on page 40. Plan ahead at least five years.
What should I do first?

You should not wait until all of your funds have run out before considering Medicaid. If you are in or entering a nursing home, it is best to talk to an expert long before you may need Medicaid.

Applying for Medicaid is a time-consuming process. If you wait until the last minute, Medicaid may not pay your bill after you run out of money. Several months before your money runs out, obtain an application and contact the resources listed in Chapter 10. 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. If you are in a hospital or nursing home, the social worker can help you apply.

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After I apply for Medicaid, what happens?

Your local DSS office determines whether you are eligible. Your local DSS is supposed to 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.

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 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.

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.
HOW TO PAY FOR NURSING HOME CARE

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 service. You must give your nursing home a copy of your Medicaid identification card or approval letter as soon as it is received.

WHAT WILL DSS ASK ME?

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.

This is a three-step process:

1. First, your local DSS will determine if you are eligible on the basis of your assets. This is called asset eligibility. If you have too many assets to qualify for Medicaid benefits, your application may be denied.
2. Second, if you are asset-eligible, then your local DSS will review your income.
3. Third, if you are asset-eligible and income-eligible, your local DSS will then determine if you are
medically eligible. Your doctor will 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.

**WHAT WILL I NEED TO PROVIDE?**

You will need to provide to DSS:

- Proof of your income and assets for up to five years. If you have a spouse, you will need proof of his or her income and assets, too.
- Proof of your disability if you are under the age of 65.
- Proof that you are a U.S. citizen.

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)
- Recent medical bills

You must disclose *all* of the information DSS asks you to provide. If you don’t supply all 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 checking 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
- Land contracts or mortgages held on real estate sold
**WHAT ABOUT OTHER ASSETS I OWN WITH SOMEONE ELSE, SUCH AS A PIECE OF REAL ESTATE?**

It is 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 relatives live 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 in the following circumstances:

- If your spouse lives in the home
- If a certain dependent lives in the home
- If a disabled relative lives in the home

There are complex rules about when the Medicaid program cannot

**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 ASSETS DO NOT COUNT?**

These are the most common assets not counted:

- 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
- Assets that you do not have the legal right to use or dispose of. If you have a spouse, the same is true of assets your spouse does not have the legal right to use or dispose of.
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 it is 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 age 21.
- Your children, aged 21 or older, living in your home who can prove they provided care that allowed you to stay at home for at least two years up until you entered the nursing home.
• Your sibling, if he or she is 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 gave away.

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

Any income that you receive each month. Examples include:

• Social Security benefits
• Pension benefits
• Veterans’ benefits
• Dividends and interest

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

When determining your total monthly income, DSS will deduct or ignore small amounts for you to 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.
CHAPTER 5

WHAT IF I THINK DSS’S ACTIONS ARE WRONG?

First, talk with your DSS case-worker or his or her 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
- 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).

If you cannot 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 Sixty Plus Program (See Chapter 1 for Sixty Plus Program contact information and Chapter 10 for a list of other legal services resources).

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 Division of Eligibility Services
- Staff members of legal services programs, such as the Legal Aid Bureau
- Lawyers who specialize in Medicaid law

Please see Chapter 10 for contact information for each group of experts. (Lawyers specializing in Medicaid law are not listed)
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 very 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.

**WHAT TO CHECK FOR**

**✅ 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.
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 is a Medicaid-certified provider. If so, then it must accept Medicaid payments when a resident’s own funds run out.

Can I be forced to pay privately?

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. However, a nursing home cannot force you to pay privately for a certain period of time before you apply for Medicaid.

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 for more information on filing complaints).

Can the home discharge me against my wishes?

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

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 is 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 respon-
sibility to use your resources to pay your debts. See, “What is 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 might 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 agreements frequently give the nursing home the right to pick the arbitrator who will decide the case. 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. Further, these agreements usually include limits on the resident’s attorney fees.

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

It depends. There are significant consequences to choosing arbitration and the decision should be given a lot of thought. It is 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.

You should not be required to sign an arbitration agreement at the time of admission to the nursing home or for your continued stay. You should ask the nursing home staff if such an agreement is included in the admission documents. Usually, the arbitra-
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 410-402-8201. 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.

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.

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).

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.

If you apply for Medicaid, you must use the resident’s money appropriately. In most cases, this means using their money to pay for the resident’s nursing home care. If you are a financial agent, you should not use the resident’s money for your personal benefit.

As financial agent, you must also seek available Medicaid benefits for the resident. If you apply for Medic-
If you do not fulfill the responsibilities described above, as a result of not cooperating with the Medicaid application process or failing to use the resident’s funds for the resident’s benefit, among others, you could jeopardize the resident’s Medicaid eligibility and ability to remain in the nursing home. A judge may order you to comply with your responsibilities. The Maryland Attorney General’s Office may also take action to recover money from you that was supposed to be paid for the resident’s stay at the nursing home, and could ask for a penalty against you of up to $10,000.

aid, you may only spend the resident’s money on the items allowed by Medicaid as described in Chapter 5. You must also gather the information the Medicaid program needs. If the resident is eligible for Medicaid, Medicaid will tell you how much of the resident’s income you must pay directly to the nursing home. As agent, you should begin paying this amount to the nursing home in the month that the resident applies for Medicaid. Do not wait until Medicaid benefits are granted to pay. When you apply, ask Medicaid to tell you how much should be paid to the nursing home each month while you wait for the eligibility decision.

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. Get a copy of the State’s model nursing home admission contract to see how it compares. Call the Office of Health Care Quality at 410-402-8000 or visit www.dhmh.state.md.us/ohcq to obtain a copy.

3. See a lawyer or get advice from any of the agencies 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 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.
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 ombudsman office (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 is 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 RIGHTS UNDER THE LAW

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 page 10 in 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 also have the right to meet privately in the nursing home with families of other residents (See Chapter 2 for more information about resident and family groups in the nursing home).

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.

Maryland law requires that a nursing home contract list the services included in the basic monthly fee and all items that cost extra.
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 directed care.” It is 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 is never too early to think about creating an advance directive so that your wishes for future health care treatment are very 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. 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 enables health care providers to immediately act on medical orders containing your wishes for care. This may be very important should you lose the ability to make decisions. This form goes where you go — to the hospital, rehabilitation center, assisted living, and back home.

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. 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 http://marylandmolst.org.

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, 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 does not 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. 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.

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

ABLE 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 won’t 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 in Chapter 10. You are free to move to another nursing home or any other place (See Chapter 9, Alternatives to Nursing Homes). 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 cannot 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 Medicaid.

NOTICE OF INVOLUNTARY
DISCHARGE

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:

1. state the reason for the discharge or transfer;
2. inform you of your right to ask for a hearing and consult with an attorney of your choice, and;
3. 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 ombudsman (see Chapter 10), a legal services program or a private lawyer. You may request a hearing and, if you wish, mediation. 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. If you request a hearing, a nursing home cannot 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. 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
• a list of your medications
• information on how to obtain additional prescriptions for your medications
• 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 discharge.

Consumer Tip: Involuntary discharges must be in accordance with the plan of care developed by your nursing home and physician.
If you have concerns about your rights or care in a nursing home, go first to the nurse in charge of your unit. If the nurse is unable to address your concern satisfactorily, go up the chain of command. Some nursing homes have a hotline you can use to make confidential reports. Of course, if the problem is so urgent that your health or life is at risk, then immediately contact the director of nursing, administrator or the medical director. Keep their names and phone numbers handy. Under Maryland law, the home’s administrator is required to investigate your complaint within 30 days. If the nursing home doesn’t seem to take your complaint seriously, or if you are afraid to complain to the home, it’s best to contact the Office of Health Care Quality. You can call 410-402-8201; write to OHCQ, Spring Grove Hospital Center, Bland Bryant Building, 55 Wade Avenue, Catonsville, MD 21228; or file a complaint at www.dhmh.state.md.us/ohcq/.

You can also complain to the long-term care ombudsman for your county (see list in Chapter 10). An ombudsman works with the resident to resolve the problem. Your complaint will be kept confidential unless you give the ombudsman permission to use your name. Residents and their families can be extremely helpful to all residents of a nursing home by reporting specific incidents to state or county authorities. Your complaint helps assure better care for everyone.
PATIENT ABUSE

Abuse includes hitting and pushing, sexual assault and other actions causing physical pain or injury. Abuse also includes psychological abuse such as harassment. Neglect includes the refusal to provide adequate food, clothing, toileting, medical treatment, supervision or other necessary help.

Family members and friends may be the first to discover that a nursing home resident has been physically abused or neglected. In Maryland, physical abuse and neglect of nursing home residents is a crime. Anyone who suspects the abuse of a resident should immediately call the local police. They should also consider calling:

1. the Office of Health Care Quality at 410-402-8201;
2. the local ombudsman;
3. the Medicaid Fraud Control Unit of the Attorney General’s Office at 410-576-6521; and
4. the nursing home administrator.

If the nursing home staff suspects abuse of a resident, they must promptly notify the Office of Health Care Quality and the local police. The nursing home should take all necessary steps to investigate the matter and, if abuse is found, to prevent any further abuse from occurring. If abuse is found, the employee involved may be referred to the appropriate licensing board or police for appropriate action.

How can family and friends ensure quality care?

Family members and friends can contribute to the quality of care at a nursing home by visiting often. By visiting frequently, family members and friends can monitor the quality of care you receive. As a result, nurses and aides may actually pay more attention to you than to those residents whose families and friends visit the home less often. Regardless of the frequency of visits by family and friends, you should be proactive and voice your concerns to staff.

Consumer Tip:
Be sure all your belongings are on the inventory list in the nursing home’s files. Label your belongings, take photographs of them, and update the inventory list periodically. When your family visits, they should inspect your property to see if anything is missing. If so, report it to the nursing home.

If you, your family or friends have a complaint about a nursing home, call or write the long-term care ombudsman in your county or contact the Office of Health Care Quality, Spring Grove Hospital Center, Bland Bryant Building, 55 Wade Avenue, Catonsville, MD 21228, 410-402-8201. If you wish, you can remain anonymous.
You can often avoid a residency in a long-term stay nursing home if you have the proper services and support 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 available. Maryland also has regional Centers for Independent Living that provide counseling and assistance to access services and supports.
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 services can also help you learn how to direct the type of services and supports you need so that you can be independent (See Chapter 10 for contact information).

SERVICES AND SUPPORTS AVAILABLE OUTSIDE A NURSING HOME

Identifying what services and supports are available can be confusing because people use the same or similar name to refer to different services. The following are brief descriptions of services available from Medicare, Medicaid and from 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 supports you need and choose.

• **Day Programs/Drop-In Centers** include:
  - **Hospitals/Behavioral Health Centers** for individuals who need daytime service or support. These may be referred to as outpatient therapy, intensive outpatient, psychiatric day programs or partial hospitalization. These are voluntary, comprehensive, multi-disciplinary, 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 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

Be aware. Charges vary. Some services are free; some are covered by Medicaid, Medicare or other governmental programs; some are covered by insurance; and for some, you may have to pay privately. When you contact a local service provider, be sure to ask if you will have to pay for a service.
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.

- **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.

- **Home-Delivered Meal Services** deliver one or two meals every weekday (including holidays) to anyone who is homebound and cannot shop or cook. There may be a weekly cost of about $10 for delivered meals, but no one is turned away for lack of funds. You can usually apply by telephone via your Area Agency on Aging.

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

- **Telephone Reassurance** provides daily telephone contact for people who live alone and worry about their 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. We have listed some of those funding sources and the specific services and support they pay for. You can find people to talk to about each type of service and type of funding in Chapter 10.

### MEDICARE

Medicare Home Health Care may pay for medical or nursing care in your home. 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:

- 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 after a hospitalization is available online. Visit http://www.medicare.gov/NHCompare 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. That is changing. There are a number of “waiver” programs that provide long-term care services in the community as well as the Medical Assistance Personal Care Program.

*Below is a basic description of Medicaid programs that can pay for support and services in your home or community. For the most updated in-
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 am 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.

formation, please refer to the Department of Health and Mental Hygiene’s website at www.dhmh.state.md.us/mma/mmahome.html.

- Home and Community Based Medicaid Waivers
  - The Waiver for Older Adults (OAW) provides assistance to help older adults continue to live in their homes or in an assisted living facility. You may qualify for the OAW if you are a Maryland resident aged 50 or older who needs nursing home level of care, as determined by your local health department. There are financial eligibility requirements. Your monthly income and assets cannot exceed a specified amount.

If eligible, the OAW can provide you with personal care, respite care, assisted living facility services, family/consumer training, nutrition services, assistive devices, behavioral consultation, case management and adult medical day care. If you currently live in a nursing home, you may be entitled to an OAW spot. Call your local Area Agency on Aging for more information. If you currently live in the community, the State may not be able to accept applications due to high demand and limited funding.
To put your name on the registry so that you may apply when slots become available, call 1-866-417-3480. The current estimated wait time is approximately three to five years, although this may change.

- **The Living at Home Waiver (LAHW)** provides community services and support to enable people with disabilities to live in their own home. You may qualify for the LAHW if you are a Maryland resident between the ages of 18 and 64 who needs nursing home care, as determined by your local health department.

Once enrolled, you do not “age out” of the LAHW. Financial requirements are similar to the OAW. If eligible, the LAHW provides consumer directed attendant care; skilled nursing supervision; assistive technology; environmental assessments and accessibility adaptations; adult medical day care; consumer and family training; case management; fiscal intermediary services to help pay staff you choose; services to transition from a nursing home, including finding an independent, affordable and accessible apartment; home-delivered meals and nutritional services. Like the OAW, if you currently live in the community, the State may not be able to accept new applications due to high demand and limited funding. To put your name on the services registry so that you may apply when slots become available, please call 1-866-417-3480.

- **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 waiver programs.

- **Medicaid State Plan services (included for those who are also enrolled in any of the above waivers)***:
  - The Medicaid Home Health Benefit includes:
    - Skilled nursing;
    - Home health aides;
    - Durable medical equip-
NOTE:
One of the differences between Medicare’s and Medicaid’s home health care benefit is that Medicare rules require that you to 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 for Medicaid’s home health care benefit.

**OTHER STATE AND LOCAL PROGRAMS**

**Department of Disabilities**

The Attendant Care Program (ACP) provides financial reimbursement to individuals ages 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;
- Be 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, as well as transportation to your pharmacy, doctor or shopping center.

**Local Area Agencies on Aging**

- **Senior Care** assists frail elderly people with daily living activities at home, such as bathing, dressing, light housekeeping and preparing meals. Evaluation of a person’s needs and a “case manager” to help the person obtain services to meet those needs are also provided. 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 do not wish to live alone or cannot 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 Waiver for Older Adults (OAW). If you are considering an assisted living facility, see if it participates in the OAW in case you plan to be on the OAW 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 may obtain a copy at http://www.mdoa.state.md.us/documents/AL-Guide_002.pdf.

- **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) may 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)** CCRCs are retirement communities that 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 get a consumer information packet from the Maryland Department of Aging that provides much more information. The packet, which can be ordered at [http://aging.maryland.gov/housing.html#Retirement](http://aging.maryland.gov/housing.html#Retirement), will help you weigh the risks and benefits of entering a CCRC. A list of CCRCs in Maryland can be found at [http://www.aging.maryland.gov/ContinuingCareRetirement.html](http://www.aging.maryland.gov/ContinuingCareRetirement.html).

**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 timeframe. 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 Network of Maryland website at [www.hnmd.org](http://www.hnmd.org).

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 for contact information).
CHAPTER 10

WHERE TO GET HELP

STATEWIDE:

Questions about nursing homes:
Office of Health Care Quality
Spring Grove Center Bland-Bryant Building
55 Wade Avenue
Catonsville, MD 21228
410-402-8201
www.dhmh.state.md.us/ohcq

Questions about eligibility for Medical Assistance:
Department of Health and Mental Hygiene
Office of Eligibility Services
201 West Preston Street
Baltimore, MD 21201
410-767-1463
800-492-5231 (select option 2 and request extension 1463)
http://mmcp.dhmh.maryland.gov/SitePages/AboutOurPrograms.aspx

Questions about Medicare:
Centers for Medicare and Medicaid Services
Beneficiary and Advocate Services
7500 Security Boulevard
Baltimore, MD 21244
410-786-3000
877-267-2323
http://www.cms.gov/Medicare/Coordination-of-Benefits/BeneficiaryAdvocateServices/index.html
Medicare Service Center
800-633-4227
TTY: 877-486-2048
www.cms.gov/

Complaints and consumer assistance:
Office of the Attorney General
Consumer Protection Division
Health Education and Advocacy Unit
200 Saint Paul Place, 16th Floor
Baltimore, MD 21202
410-528-1840
877-261-8807
TTY: 410-576-6372
www.oag.state.md.us/Consumer/heau.htm

Complaints about suspected neglect or abuse of nursing home residents:
Police: 911
Office of Health Care Quality
Spring Grove Center Bland-Bryant Building
55 Wade Avenue
Catonsville, MD 21228
410-402-8201
www.dhmh.maryland.gov/ohcq/

Office of the Attorney General
Medicaid Fraud Control Unit
410-576-6521

Maryland Department of Aging
State Long-Term Care Ombudsman
301 West Preston Street
Baltimore, MD 21021
410-767-1108
800-243-3425 ext 71108
http://www.aging.maryland.gov/Ombudsman.html

Addresses, telephone numbers and web links were all accurate as of August 2012, but could change over time.
Statewide Legal Services Programs

Legal advice and representation concerning nursing home problems:

Legal Aid Bureau, Inc.
Long-Term Care Assistance Project
6811 Kenilworth Ave., Suite 500
Riverdale, MD 20737
800-367-7563
http://www.mdlab.org/LAB docs/LTCAP brochure.pdf

Maryland Senior Legal Helpline
410-951-7750
800-896-4213 ext. 7750

Legal advice, advocacy and services for persons with disabilities

Maryland Disability Law Center
1500 Union Avenue, Suite 2000
Baltimore, MD 21211
410-727-6352, ext. 0
800-233-7201
TTY: 410-235-5387
www.mdlclaw.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 1 pm
1 North Charles Street, Suite 222
Baltimore, MD 21201
410-547-6537
800-510-0050
www.mvlslaw.org

Low cost wills, powers of attorney, etc. for senior citizens:

60+ Legal Program - See page 8 for contact information

REGIONAL CENTERS FOR INDEPENDENT LIVING

Eastern Shore: Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot and Wicomico counties

Eastern Shore Center for Independent Living, Inc. (ESCIL)
Shirley Tarbox, Executive Director
9 Sunburst Center
Cambridge, MD 21613
410-221-7701
800-705-7944
esciled@escil.org
http://www.escil.org/

Central Maryland: Carroll and Frederick counties

The Freedom Center, Inc.
Jamey George, Executive Director
14 W. Patrick St., Suite 10
Frederick, MD 21701
301-846-7811
jameygeorge@thefreedomcenter-md.org
www.thefreedomcenter-md.org

D.C. Metro: Montgomery and Prince George’s counties

Independence Now, Inc.
Sarah Sorenson
12301 Old Columbia Pike, Suite 101
Silver Spring, MD 20904

Addresses, telephone numbers and web links were all accurate as of August 2012, but could change over time.
WHERE TO GET HELP

301-277-2839
info@innow.org
http://www.innow.org/

Baltimore Metro: Baltimore City and Baltimore and Harford counties

Independent Marylanders Achieving Growth Through Empowerment
(The Image Center)
Mike Bullis, Executive Director
300 Joppa Road, Suite 302
Towson, MD 21286
410-982-6311
info@imagemd.org
http://www.imagemd.org

Annapolis Metro: Anne Arundel and Howard counties

Accessible Resources for Independence
James Martin
810 Nursery Road, Suite 1
Linthicum, MD 21090
410-636-2274
arinow@arinow.org
http://www.arinow.org/

Western Maryland: Allegany, Garrett and Washington counties

Resources for Independence, Inc. (formerly Potomac Highlands)
Lori Magruder, Executive Director
30 North Mechanic Street, Unit B
Cumberland, MD 21502
301-784-1774
800-371-1986
lmagruder@rficil.org
www.rficil.org

Southern Maryland: Calvert, Charles and St. Mary’s counties

Southern Maryland Center for Independent Living, Inc.
Sandra Dent, Executive Director
38588 Brett Way, Suite 2
Mechanicsville, Maryland 20659
301-884-4498
http://www.smcil.org/
info@smcil.org

VARIOUS SERVICES BY COUNTY:

ALLEGANY COUNTY

Area Agency on Aging:

 Allegany County Human Resources Development Commission
125 Virginia Avenue
Cumberland, MD 21502
301-777-5970
www.alleganyhrdc.org/index.html

Long-Term Care Ombudsman Program
(same address)
301-783-1709
www.alleganyhrdc.org/ombuds.html

Department of Social Services
1 Frederick Street
Cumberland, MD 21502
301-784-7000
www.dhr.state.md.us/county/allegany
Legal Services Programs

Legal Aid Bureau, Inc.
Western Maryland Office
110 Greene Street
Cumberland, MD 21502
301-777-7474
866-389-5243
www.mdlab.org

Allegany Law Foundation, Inc.
110 Greene Street
Cumberland MD 21502
301-722-3390
http://alleganylaw.com

ANNE ARUNDEL COUNTY

Area Agency on Aging:

Department of Aging and Disabilities
2666 Riva Road, Suite 400
Annapolis, MD 21401
410-222-4464
http://www.aacounty.org/Aging/index.cfm

Long-Term Care Ombudsman Program
(same address and telephone)
www.aacounty.org/Aging/Ombudsman/index.cfm

Department of Social Services
80 West Street
Annapolis, MD 21401
410-269-4500
www.dhr.state.md.us/county/ann

Legal Services Programs

Legal Aid Bureau, Inc.
229 Hanover Street
Annapolis, MD 21404

 Addresses, telephone numbers and web links were all accurate as of August 2012, but could change over time.

BALTIMORE CITY

Area Agency on Aging:

CARE Services
Baltimore City Health Department
1001 E. Fayette Street
Baltimore, MD 21202
410-396-4932
www.baltimorehealth.org/care.html

Long-Term Care Ombudsman Program
(same address)
410-396-3144

Baltimore City Department of Social Services
Talmadge Branch Building
1910 N. Broadway Street
Baltimore, Maryland 21213
443-378-4600
800-332-6347
www.dhr.state.md.us/county/baltimorecity

Legal Services Programs

Legal Aid Bureau, Inc.
500 E. Lexington St.
Baltimore, MD 21202
410-951-7777
800-999-8904
www.mdlab.org
WHERE TO GET HELP

CALVERT COUNTY

Area Agency on Aging:
Office on Aging
450 West Dares Beach Road
Prince Frederick, MD 20678
410-535-4606
301-855-1170
http://www.co.cal.md.us/residents/health/aging/

Long-Term Care Ombudsman Program
(same address and telephone)

Department of Social Services
200 Duke Street
Prince Frederick, MD 20678
443-550-6900
https://www.dhr.state.md.us/county/calvert

Legal Services Programs

Legal Aid Bureau, Inc.
Southern Maryland Office
15364 Prince Frederick Road
P.O. Box 249 (mailing address)
Hughesville, MD 20637
410-535-3278
301-843-5850
301-932-6661
877-310-1810
www.mdlab.org

BAR ASSOCIATION OF BALTIMORE CITY LEGAL SERVICES TO THE ELDERLY PROGRAM
111 N Calvert Street, Room 631
Baltimore, MD 21202
410-396-1322

BALTIMORE COUNTY

Area Agency on Aging:

Department of Aging
611 Central Avenue
Towson, MD 21204
410-887-2594
www.baltimorecountymd.gov/Agencies/aging/index.html

Long-Term Care Ombudsman Program
(same address)
410-887-4200
http://www.baltimorecountymd.gov/Agencies/aging/ombudsman/index.html

Department of Social Services
6401 York Road
Baltimore, MD 21212
410-853-3000
http://www.baltimorecountymd.gov/Agencies/socialservices/

Legal Services Programs

Legal Aid Bureau, Inc.
29 West Susquehanna Avenue, Suite 305
Towson, MD 21204
410-296-6705
410-427-1800
877-878-5920
www.mdlab.org

Bar Association of Baltimore City Legal Services to the Elderly Program
111 N Calvert Street, Room 631
Baltimore, MD 21202
410-396-1322

BALTIMORE COUNTY

Area Agency on Aging:

Department of Aging
611 Central Avenue
Towson, MD 21204
410-887-2594
www.baltimorecountymd.gov/Agencies/aging/index.html

Long-Term Care Ombudsman Program
(same address)
410-887-4200
http://www.baltimorecountymd.gov/Agencies/aging/ombudsman/index.html

Department of Social Services
6401 York Road
Baltimore, MD 21212
410-853-3000
http://www.baltimorecountymd.gov/Agencies/socialservices/

Legal Services Programs

Legal Aid Bureau, Inc.
29 West Susquehanna Avenue, Suite 305
Towson, MD 21204
410-296-6705
410-427-1800
877-878-5920
www.mdlab.org

CALVERT COUNTY

Area Agency on Aging:
Office on Aging
450 West Dares Beach Road
Prince Frederick, MD 20678
410-535-4606
301-855-1170
http://www.co.cal.md.us/residents/health/aging/

Long-Term Care Ombudsman Program
(same address and telephone)

Department of Social Services
200 Duke Street
Prince Frederick, MD 20678
443-550-6900
https://www.dhr.state.md.us/county/calvert

Legal Services Programs

Legal Aid Bureau, Inc.
Southern Maryland Office
15364 Prince Frederick Road
P.O. Box 249 (mailing address)
Hughesville, MD 20637
410-535-3278
301-843-5850
301-932-6661
877-310-1810
www.mdlab.org

Bar Association of Baltimore City Legal Services to the Elderly Program
111 N Calvert Street, Room 631
Baltimore, MD 21202
410-396-1322

BALTIMORE COUNTY

Area Agency on Aging:

Department of Aging
611 Central Avenue
Towson, MD 21204
410-887-2594
www.baltimorecountymd.gov/Agencies/aging/index.html

Long-Term Care Ombudsman Program
(same address)
410-887-4200
http://www.baltimorecountymd.gov/Agencies/aging/ombudsman/index.html

Department of Social Services
6401 York Road
Baltimore, MD 21212
410-853-3000
http://www.baltimorecountymd.gov/Agencies/socialservices/

Legal Services Programs

Legal Aid Bureau, Inc.
29 West Susquehanna Avenue, Suite 305
Towson, MD 21204
410-296-6705
410-427-1800
877-878-5920
www.mdlab.org

CALVERT COUNTY

Area Agency on Aging:
Office on Aging
450 West Dares Beach Road
Prince Frederick, MD 20678
410-535-4606
301-855-1170
http://www.co.cal.md.us/residents/health/aging/

Long-Term Care Ombudsman Program
(same address and telephone)

Department of Social Services
200 Duke Street
Prince Frederick, MD 20678
443-550-6900
https://www.dhr.state.md.us/county/calvert

Legal Services Programs

Legal Aid Bureau, Inc.
Southern Maryland Office
15364 Prince Frederick Road
P.O. Box 249 (mailing address)
Hughesville, MD 20637
410-535-3278
301-843-5850
301-932-6661
877-310-1810
www.mdlab.org
CAROLINE COUNTY

Area Agency on Aging:

Upper Shore Aging, Inc.
100 Schauber Road
Chestertown, MD 21620
410-778-6000
800-721-6651
http://www.uppershoreaging.org/

Legal Services Program

Legal Aid Bureau, Inc.
Upper Eastern Shore
Tred Avon Square, Suite 3
210 Marlboro Road
Easton, MD 21601
410-763-9676
800-477-2543
www.mdla.org

CECIL COUNTY

Area Agency on Aging:

Senior Services and Community Transit of
Cecil County
200 Chesapeake Boulevard
Suite 2550
Elkton, MD 21921
410-996-5295
http://www.ccgov.org/dept_aging/

Long-Term Care Ombudsman Program
(same address and telephone)
http://www.ccgov.org/dept_aging/Programs_Services.cfm

CARROLL COUNTY

Area Agency on Aging:

Bureau of Aging and Disabilities
125 Stoner Avenue
Westminster, MD 21157
410-386-3800
http://ccgovernment.carr.org/ccg/aging/

Long-Term Care Ombudsman Program

Addresses, telephone numbers and web links were all accurate
as of August 2012, but could change over time.
WHERE TO GET HELP

**Cecil County**

Legal Services Program
Legal Aid Bureau, Inc.
Northeastern Maryland
103 S. Hickory Avenue
Bel Air, MD 21014
410-836-8202
800-444-9529
www.mdlab.org

**Charles County**

Area Agency on Aging:
Department of Community Services
Aging & Senior Programs Division
8190 Port Tobacco Road
Port Tobacco, MD 20677
301-934-9305
http://www.charlescountymd.gov/cs/aging/aging-and-senior-programs

Long-Term Care Ombudsman Program
(same address)
301-934-0109
http://www.charlescountymd.gov/cs/aging/resident-advocacy

Department of Social Services
200 Kent Avenue
LaPlata, MD 20646
301-392-6400
https://www.dhr.state.md.us/county/charles

Legal Services Program
Legal Aid Bureau, Inc.
Southern Maryland Office
15364 Prince Frederick Road

**Dorchester County**

Area Agency on Aging:
MAC, Inc.
909 Progress Circle, Suite 100
Salisbury, MD 21804
410-742-0505
http://macinc.org/

Long-Term Care Ombudsman Program
(same address)
410-742-0505 Ext.104

Department of Social Services
627 Race Street
Cambridge, MD 21613
410-901-4100
http://www.dorchesterdss.org/

Legal Services Program
Legal Aid Bureau, Inc.
Lower Eastern Shore
111 High Street
Salisbury, MD 21801
410-546-5511
800-444-4099
www.mdlab.org

P.O. Box 249 (mailing address)
Hughesville, MD 20637
410-535-3278
301-843-5850
301-932-6661
877-310-1810
www.mdlab.org
FREDERICK COUNTY

Area Agency on Aging:

Department of Aging
1440 Taney Avenue
Frederick, MD 21702
301-600-1605

Long-Term Care Ombudsman Program
(same address)
301-600-2877

Department of Social Services
12578 Garrett Highway
Oakland, MD 21550
301-533-3000
TTY: 301-334-5426
https://www.dhr.state.md.us/county/garrett

Legal Services Program

Legal Aid Bureau, Inc.
Western Maryland Office
110 Greene St.
Cumberland MD 21502
301-777-7474
866-389-5243
www.mdlab.org

HARFORD COUNTY

Area Agency on Aging:

Department of Community Services
Office on Aging
145 North Hickory Avenue
Bel Air, MD 21014
410-638-3025
http://www.harfordcountymd.gov/services/aging/

Long-Term Care Ombudsman Program
(same address and telephone)
WHERE TO GET HELP

Department of Social Services
2 South Bond Street, Suite 300
Bel Air, MD 21014
410-836-4700
https://www.dhr.state.md.us/county/harford

Legal Services Program
Legal Aid Bureau, Inc.
Northeastern Maryland
103 South Hickory Avenue
Bel Air, MD 21014
410-836-8202
800-444-9529
www.mdlab.org

HOWARD COUNTY

Area Agency on Aging:
Office on Aging
6751 Columbia Gateway Drive, Suite 200
Columbia, MD 21046
410-313-6410

Long-Term Care Ombudsman Program
(same address)
410-313-6423

Department of Social Services
7121 Columbia Gateway Drive
Columbia, MD 21046
410-872-8700
https://www.dhr.state.md.us/county/howard

Legal Services Program
Legal Aid Bureau, Inc.
District Court
3451 Court House Drive

Ellicott City, MD 21043
410-480-1057
www.mdlab.org

Lawyer Referral Service
Howard County Bar Association
410-313-2035
http://www.howardcountybar.org/lawyer_referral.php

KENT COUNTY

Area Agency on Aging:
Upper Shore Aging, Inc.
100 Schauber Road
Chestertown, MD 21620
410-778-6000
800-721-6651
http://www.uppershoreaging.org/

Long-Term Care Ombudsman Program
(same address and telephone)

Department of Social Services
350 High Street, PO Box 670
Chestertown, MD 21620
410-810-7600
https://www.dhr.state.md.us/county/kent

Legal Services Program
Legal Aid Bureau, Inc.
Upper Eastern Shore
Tred Avon Square, Suite 3
210 Marlboro Road
Easton, MD 21601
410-763-9676
800-477-2543
www.mdlab.org
MONTGOMERY COUNTY

Area Agency on Aging:

Division of Aging and Disability Services
401 Hungerford Drive, Fourth Floor
Rockville, MD 20850
240-777-3000

Long-Term Care Ombudsman Program
(same address)
240-777-3369

Department of Social Services
401 Hungerford Drive, Fifth Floor
Rockville, MD 20850
240-777-4513
TTY: 240-777-1245
https://www.dhr.state.md.us/county/mont

Legal Services Programs

Legal Aid Bureau, Inc.
51 Monroe St., Suite 1200
Rockville, MD 20850
301-560-2101
888-215-5316
www.mdlab.org

Legal Aid Clinic
TESS Community Service Center
8513 Piney Branch Road
Silver Spring, MD 20901
301-565-7675
http://www6.montgomerycountymd.gov/hhstmpl.asp?url=/content/hhs/offices/tess.asp

PRINCE GEORGE’S COUNTY

Area Agency on Aging:

Department of Family Services
Aging Services Division
6420 Allentown Road
Camp Springs, MD 20748
301-265-8450
http://www.co.pg.md.us/government/agency-index/familyservices/aging.asp

Long-Term Care Ombudsman Program
(same address)
http://www.princegeorgescountymd.gov/Government/AgencyIndex/FamilyServices/Aging/longterm.asp?nivel=foldmenu(1)

Department of Social Services
805 Brightseat Road
Landover, MD 20785
301-909-7000
http://www.princegeorgescountymd.gov/government/agency-index/social_services/index.asp

Legal Services Programs

Legal Aid Bureau, Inc.
6811 Kenilworth Avenue, Suite 500
Riverdale, MD 20737
301-560-2100
888-215-5316
www.mdlab.org

Community Legal Services of Prince George’s County
P.O. Box 374
Riverdale, MD 20738
301-864-8353
http://www.clspsgc.org/
WHERE TO GET HELP

QUEEN ANNE’S COUNTY

Area Agency on Aging:

Department of Community Services
Area Agency on Aging
104 Powell Street
Centreville, MD 21617
410-758-2357
http://www.qac.org/default.aspx?pageid=61&template=3&toplevel=34

Long-Term Care Ombudsman Program
(same address and telephone)

Department of Social Services
125 Comet Drive
Centreville, MD 21617
410-758-8000
TTY: 410-758-5164
https://www.dhr.state.md.us/county/queen

Legal Services Program

Legal Aid Bureau, Inc.
Upper Eastern Shore
Tred Avon Square, Suite 3
210 Marlboro Road
Easton, MD 21601
410-763-9676
800-477-2543
www.mdlab.org

ST. MARY’S COUNTY

Area Agency on Aging:

Department of Aging
Garvey Senior Activity Center
41780 Baldridge Street
P.O. Box 653
Leonardtown, MD 20650
301-475-4200, Ext. 1050
http://www.co.saint-marys.md.us/aging/index.asp

Long-Term Care Ombudsman Program
(same address)
301-475-4200, Ext. 1055
http://www.co.saint-marys.md.us/aging/Sr-rights.asp

Department of Social Services
Joseph D. Carter Building
23110 Leonard Hall Drive
Leonardtown, MD 20650
240-895-7000
https://www.dhr.state.md.us/county/stmary/

Legal Services Program

Legal Aid Bureau, Inc.
Southern Maryland Office
15364 Prince Frederick Road
P.O. Box 249 (mailing address)
Hughesville, MD 20637
410-535-3278
301-843-5850
301-932-6661
877-310-1810
www.mdlab.org
SOESSERT COUNTY

Area Agency on Aging:

MAC, Inc.
909 Progress Circle, Suite 100
Salisbury, MD 21804
410-742-0505
http://macinc.org/

Long-Term Care Ombudsman Program
(same address)
410-742-0505 Ext.104

Department of Social Services
30397 Mount Vernon Road
Princess Anne, MD 21853
410-677-4200
https://www.dhr.state.md.us/county/somerset

Legal Services Program

Legal Aid Bureau, Inc.
Lower Eastern Shore
111 High Street
Salisbury, MD 21801
410-546-5511
800-444-4099
www.mdlab.org

WASHINGTON COUNTY

Area Agency on Aging:

Commission on Aging, Inc.
140 West Franklin Street, 4th Floor
Hagerstown, MD 21740
301-790-0275
http://www.ccacoaging.org/

TALBOT COUNTY

Area Agency on Aging:

Upper Shore Aging, Inc.
100 Schaubler Road
Chestertown, MD 21620
410-778-6000
800-721-6651

http://www. uppershoreaging.org/

Long-Term Care Ombudsman Program
(same address and telephone)

Department of Social Services
301 Bay Street
Easton, MD 21601
410-770-4848
https://www.dhr.state.md.us/county/talbot

Legal Services Program

Legal Aid Bureau, Inc.
Upper Eastern Shore
Tred Avon Square, Suite 3
210 Marlboro Road
Easton, MD 21601
410-763-9676
800-477-2543
www.mdlab.org

Addresses, telephone numbers and web links were all accurate as of August 2012, but could change over time.
WHERE TO GET HELP

Hagerstown, MD 21740
240-420-2100
https://www.dhr.state.md.us/county/washing

Legal Services Program

Legal Aid Bureau, Inc.
Midwestern Maryland Office
22 South Market Street, Suite 11
Frederick, MD 21701
301-694-7414
800-679-8813
www.mdlab.org

WICOMICO COUNTY

Area Agency on Aging:

MAC, Inc.
909 Progress Circle, Suite 100
Salisbury, MD 21804
410-742-0505
http://macinc.org/

Long-Term Care Ombudsman Program
(same address)
410-742-0505 Ext.104
http://www.macinc.org/long-term-care-advo-
cacy.html

Department of Social Services
201 Baptist Street, Suite 27
Salisbury, MD 21801
410-713-3900
https://www.dhr.state.md.us/county/wico

Legal Services Program

Legal Aid Bureau, Inc.
Lower Eastern Shore
111 High Street

Salisbury, MD 21801
410-546-5511
800-444-4099
www.mdlab.org

WORCESTER COUNTY

Area Agency on Aging:

MAC, Inc.
909 Progress Circle, Suite 100
Salisbury, MD 21804
410-742-0505
http://macinc.org/

Long-Term Care Ombudsman Program
(same address)
410-742-0505 Ext.104
http://www.macinc.org/long-term-care-advo-
cacy.html

Department of Social Services
299 Commerce Street
Snow Hill, MD 21863
410-677-6800
https://www.dhr.state.md.us/county/wor-

Legal Services Program

Legal Aid Bureau, Inc.
Lower Eastern Shore
111 High Street
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IN MEMORIAM OF HARBOUR PARTESOTTI
Who worked passionately and tirelessly to protect the rights of nursing home residents.
A COOPERATIVE EFFORT OF:

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