

Maryland Assisted Living Program

Uniform Disclosure Statement

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What is the Purpose of the Disclosure Statement?

The purpose of the Disclosure Statement is to empower consumers by describing an assisted living program's policies and services in a uniform manner. This format gives prospective residents and their families consistent categories of information from which they can compare programs and services.¹

It is important to note that the Disclosure Statement is not intended to take the place of visiting the program, talking with residents, or meeting one-on-one with staff. Nor is the statement a binding contract or substitute for the Resident Agreement. Rather, it serves as additional information for making an informed decision about the services provided in each program.

If you have any questions about any issue raised in the Disclosure Statement or in the Resident Agreement provided by an assisted living program, please seek clarification from that program's manager or administrator.

What is Assisted Living ?

Assisted living is a way to provide care to people who are having difficulty living independently. Assisted living providers furnish a place to live, meals, and assistance with daily activities such as dressing, bathing, eating, and managing medications. Assisted living programs also tend to have a less institutional look than nursing homes. However, these facilities are not as highly regulated by the State as nursing homes. There are a wide variety of assisted living programs in Maryland. They range from large, corporate managed facilities where hundreds of people live in their own apartment to small, private homes.

Assisted living programs may differ in many ways including, but not limited to: size, staff qualifications, services offered, location, fees, sponsorship, whether they are freestanding or part of a continuum of care, participation in the Medicaid Waiver, ability to age in place, and visiting hours. Therefore, consumers should try to have a general idea of what type of setting, services, and price range they may want before contacting an assisted living program, as well as having questions prepared to ask the program manager or administrator. Consumers may find the Maryland Department of Aging's publication entitled, "Assisted Living in Maryland: What You Need to Know," helpful when they are contemplating assisted living. The publication may be downloaded from the Department of Aging's Web site. (<http://www.mdoa.state.md.us/Housing/ALGuide.pdf>)

In addition, the Office of Health Care Quality (OHCQ) encourages consumers to verify the licensure status of any assisted living program that they are considering. A list of licensed assisted living programs is available online. (http://dhmh.md.gov/ohcq/licensee_directory/licensee_directory.htm)

Where can I find the Assisted Living Licensure Standards?

The Assisted Living Licensure Standards are found in the Code of Maryland Regulations (COMAR) 10.07.14, available at public libraries and which may be accessed online at <http://www.dsd.state.md.us/comar>, or a copy may be ordered for a small fee from the OHCQ. A copy of the most recent survey report of an assisted living program may be obtained from the program's manager or administrator.

¹ Assisted Living providers are not required to provide all of the services listed in the Disclosure Statement—regulatory requirements may be found in COMAR 10.07.14.

1) Assisted Living Program Contact Information:

| | | |
|------------------------------------|-----------------------------|---|
| Facility Name | | |
| License No. | No. of Licensed Beds | Level of Care at which Facility is Licensed |
| Address (Street, City, State, Zip) | | |
| Phone Number | Fax Number | |
| E-Mail Address (optional) | Operator/Management Company | |
| Manager | Contact Information | |
| Delegating Nurse | Contact Information | |
| Alternate Manager | Contact Information | |
| Completed By | Title | Date Completed |

2) What sources of payment are accepted?

Assisted living programs differ in what types of sources they may accept for payment, e.g. private insurance, Medicaid, private pay, SSI/SSDI, etc. What sources of payment are accepted at this program?

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3) What are levels of care?

The levels of care correspond with how much assistance residents need. The level of care designation, therefore, reflects the complexity of the services required to meet the needs of a resident. The State of Maryland recognizes three levels of care, and they are as follows: Level 1 is low level of care required, Level 2 is moderate level of care required, and Level 3 is high level of care required.

A resident's level of care is determined by the Resident Assessment Tool, which collects essential information about a resident's physical, functional, and psychosocial strengths and deficits. There are two components to the assessment tool - a Health Care Practitioners Physical Assessment, to be completed or verified by a health care practitioner and the Assisted Living Managers Assessment, to be completed by the Assisted Living Manager or designee. A resident's score on the assessment tool determines his/her level of care (Level 1 = a total score of 0-20; Level 2 = a total score of 21-40; and, Level 3 = a total score of 41 or higher).

Some assisted living programs may have elected to develop more than three levels of care. If an assisted living program has more than three levels of care, please describe the levels of care and how they correlate to the three levels of care recognized by the State. In addition, include program charges for each level of care.

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| <p>Explanation: (You may attach materials as necessary)</p> |
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4) What is a Resident Agreement?

The resident agreement is a legal contract, obligating a consumer to provide payment in return for services to be provided by the assisted living program. An assisted living program will provide a consumer with a Resident Agreement to review and sign prior to move-in. Prospective residents should feel free to request a copy of a sample resident agreement at any time.

The resident agreement is required by regulation to include, at a minimum, the information provided in COMAR 10.07.14.12(D) and 10.07.14.13(A), such as: the level of care the program is licensed to provide, list of services provided by the program, an explanation of the program's complaint or grievance procedure; admission and discharge policies and procedures; obligations of the program and the resident or the resident's representative with regards to financial matters—handling resident finances, purchase or rent of essential or desired equipment; arranging or contract for services not covered by the resident agreement; rate structure and payment provisions; identification of persons responsible for payment; notice provisions for rate increases; billing, payment and credit policies; terms governing the refund of any prepaid fees or charges in the event of a resident's discharge or termination of the resident agreement.

5) What Services are Provided?

Consumers should expect assisted living programs to provide clear information regarding services and fees. Some programs may charge fees for services based on the resident's assessed level of care, while others may provide an "a la carte" menu of services. Consumers should understand what is included in the base monthly rate, what services require an additional charge, circumstances under which fees may increase, and the refund policy. Below is a chart to help consumers better compare assisted living programs. This chart is not all-inclusive and providers may offer more or fewer services than listed below.

| Offered | | Service | Included in Base Rate for Level of Care (yes/no) | May be Purchased Separately. If so, please indicate cost. |
|-----------------------------------|----|--|--|---|
| Yes | No | | | |
| Nursing and Clinical Care: | | | | |
| | | 24-Hour Awake Staff, Including Awake Overnight Staff | | |
| | | Nursing Review Every 45 Days (Required by COMAR) | | |
| | | On-site Licensed Nursing (_____ Hours/Week) | | |
| | | Physician Services | | |
| | | Bladder Incontinence Care | | |
| | | Bowel Incontinence Care | | |
| | | Catheter Care | | |
| | | Consultant pharmacist medication review | | |
| | | Diabetes Care | | |
| | | End of Life Care | | |
| | | Home Health | | |
| | | Hospice Care | | |
| | | Incontinence Products | | |
| | | Infections Control Materials (e.g., gloves, masks, etc.) | | |
| | | Nutritional Supplements | | |
| | | Service Plan and Frequency _____ (Required by COMAR at least every 6 months) | | |
| | | Temporary use of wheelchair/walker | | |
| Personal Care: | | | | |
| | | Arrange/Coordinate Medical Appointments | | |
| | | Assistance with bathing | | |
| | | Assistance with dressing | | |
| | | Assistance with handling money | | |
| | | Assistance with incontinence | | |
| | | Assistance with preparing meals | | |
| | | Assistance with shopping for food or personal items | | |
| | | Assistance with toileting | | |
| | | Companion Services | | |
| | | Housekeeping | | |
| | | Mobility/Transfer Assistance | | |
| | | Personal Care Items | | |
| Environment: | | | | |
| | | Activities program (_____ days per week), specify programs or attach calendar. | | |
| | | Alcohol Consumption | | |
| | | Barber/Beauty Shop | | |
| | | Cable TV | | |
| | | Fire Sprinklers (____ in all areas or ____ in some areas, specify: | | |
| | | Internet Access | | |
| | | Linens/Towels | | |

| Offered | | Service | Included in Base Rate for Level of Care (yes/no) | May be Purchased Separately. If so, please indicate cost. |
|--------------------------------------|----|---|--|---|
| Yes | No | | | |
| Environment (Continued) | | | | |
| | | Chair Glide System | | |
| | | Dry Cleaning Services | | |
| | | Elevators | | |
| | | Emergency Call System | | |
| | | Emergency Generator | | |
| | | Fire Alarm System | | |
| | | Automatic Electronic Defibrillators (AEDs) | | |
| | | Handrails | | |
| | | Personal Laundry | | |
| | | Personal Phone | | |
| | | Pets Allowed, specify: | | |
| | | Ramps | | |
| | | Security Services, specify: | | |
| | | Smoking | | |
| | | Secured Areas | | |
| | | Sprinkler system | | |
| | | Transportation, specify | | |
| | | Visitation, specify hours and include the facilities policies and procedures | | |
| | | Volunteer Services, specify and include the facilities policies and procedures | | |
| | | Wander Guard or similar system, specify: | | |
| Dietary: | | | | |
| | | Meals (_____ per day & snacks) (COMAR requires a minimum of 3 meals per day) | | |
| | | Special Diets, specify: | | |
| | | Family or Congregate Meals | | |
| Pharmaceuticals/Medications: | | | | |
| | | Durable Medical Equipment, specify: | | |
| | | Medication Administration | | |
| | | Medication Injections | | |
| | | Pharmaceuticals | | |
| | | Self Administration of Medications Permitted | | |
| | | Use of Outside Pharmacy Permitted | | |
| | | Use of Mail Order Pharmacy Permitted | | |
| Specialized Care or Services: | | | | |
| | | Behavior Management: Verbal Aggression | | |
| | | Behavior Management: Physical Aggression | | |
| | | Dementia Care | | |
| | | Intravenous Therapy | | |
| | | Mental Health Supports and Services, specify: | | |
| | | Ostomy Care | | |
| | | Oxygen Administration | | |
| | | Special Care Units, if there are additional charges for this type of care, please specify cost difference as well as how those services differ from the services provided in the rest of the program. | | |
| | | Services for persons who are blind | | |
| | | Staff who can sign for the deaf | | |
| | | Bilingual Services | | |
| | | Tube Feeding | | |
| | | Wound Care | | |

Are the resident, resident's representative, or family members involved in the service planning process? Yes No

Explanation: (optional)

Is the service plan reviewed with the resident, resident's representative, or family members? Yes No

Explanation: (optional)

Who assists with or administers medications? (Check all which apply)

Delegating Nurse/Registered Nurse Licensed Practical Nurse Medication Technician Other (specify): _____

6) What are the criteria for discharge or transfer?

The following is a list of situations that may necessitate the termination of the resident agreement and the transfer or discharge of a resident from an assisted living program. Consumers are encouraged to inquire about an assisted living program's policies and procedures in the event that a resident must relocate. This list is not all-inclusive and criteria will differ depending upon the assisted living program's ability to provide certain types of care. All transfers and discharges must comply with Maryland regulatory requirements, including notice requirements, and terms of the Resident Agreement.*

| Criteria/Factor which may: | Cause (temporary) Transfer | Cause (permanent) Discharge | Require the use of external resources |
|---|----------------------------|-----------------------------|---------------------------------------|
| Medical condition requiring 24 hour nursing care | | | |
| Unacceptable physical, verbal, or sexual behavior | | | |
| Medication stabilization | | | |
| Danger to self or others | | | |
| Inability to toilet | | | |
| Non-ambulatory | | | |
| Inability to eat/tube feeding | | | |
| Must be hand fed | | | |
| Inability to walk/bedfast | | | |
| Others: | | | |
| Mental health issues, specify: | | | |
| Mobility changes | | | |
| Needs skilled nursing care | | | |
| Requires sitters | | | |
| Medication injections | | | |
| Behavior management for verbal or physical aggression | | | |
| Bladder Incontinence Care | | | |
| Bowel Incontinence Care | | | |
| Intravenous (IV) Therapy | | | |
| Level of Care Change | | | |
| Moderate or Advanced Dementia, specify: | | | |
| <i>Additional criteria or factors:</i> | | | |
| | | | |
| | | | |

*Under Maryland Regulations an assisted living program may not provide services to an individual who at the time of initial admission, as established by the initial assessment, requires: (1) More than intermittent nursing care; (2) Treatment of stage three or stage four skin ulcers; (3) Ventilator services; (4) Skilled monitoring, testing, and aggressive adjustment of medications and treatments where there is a presence of, or risk for, a fluctuating acute condition; (5) Monitoring of a chronic medical conditions that is not controllable through readily available medications and treatments; (6) Treatments for an active reportable communicable disease; or (7) Treatment for a disease or condition that requires more than contact isolation. Exceptions to the conditions listed above are provided for individuals who (a) are in a specialized program for HIV/AIDS which the Department has approved, or (b) are under the care of a licensed general hospice program.

Who makes the resident discharge or transfer decision?

- Assisted Living Manager
- Delegating Nurse
- Registered Nurse
- Other (specify) _____

Do families have input into the discharge or transfer decision? Yes No

Is there an avenue to appeal the discharge or transfer decision? Yes No

Explanation:^(optional)

Does the assisted living program assist families in making discharge or transfer plans? Yes No

Explanation:^(optional)

7) What are the requirements for staff training?

COMAR requires that assisted living programs provide initial and annual training for staff in: (a) fire and life safety; (b) infection control, including standard precautions; (c) basic food safety; (d) basic first aid, (e) emergency disaster plans, (f) individual job requirements as appropriate by job responsibility, (g) CPR training, (h) cognitive impairment and mental illness training. Consumers are encouraged to talk to the assisted living program manager about sources of staff training and their qualifications.

COMAR requires that assisted living program managers and alternate managers meet certain qualifications, which include: (1) being 21 years old or older; (2) possessing a high school diploma or equivalency, or other appropriate education and experience; (3) being free from active reportable airborne communicable disease or any impairment which would hinder the performance of assisted responsibilities; (4) having no criminal convictions or other criminal history that indicates behavior that is potentially harmful to residents as documented through either a criminal history records check or criminal background check; (5) being of good moral character; (6) possessing a genuine interest in the population served; (7) having sufficient skills, training, and experience to serve residents in a manner that is consistent with the philosophy of assisted living; and, (8) having adequate knowledge in:

- | | |
|---|---|
| 1. The health and psychosocial needs of the population being served; | 6. Resident's rights; |
| 2. The resident assessment process; | 7. Fire and life safety; |
| 3. Use of service plans; | 8. Infection control, including standard precautions; |
| 4. Cuing, coaching, and monitoring residents who self-administer medications, with or without assistance; | 9. Basic food safety; |
| 5. Providing assistance with ambulation, personal hygiene, dressing, toileting, and feeding; | 10. Basic first aid; |
| | 11. Basic CPR; |
| | 12. Emergency disaster plans; and, |
| | 13. Individual job requirements for all staff. |

Some assisted living programs may elect to require training for staff, managers, and alternate managers beyond these requirements.

Additional training provided: _____

8) What is the assisted living program’s staffing pattern?

COMAR requires assisted living programs to develop a staffing plan that includes on-site staff sufficient in number and qualifications to meet the 24-hour scheduled and unscheduled needs of the residents. The delegating nurse, based on the needs of a resident, may issue a nursing order for on-site nursing.

| SHIFTS (Enter the hours of each of your facility's shifts) | NUMBER OF STAFF PER SHIFT PER DAY | | | | | | | |
|---|-----------------------------------|-----|-----|------------------|------------------|----------------------------------|---------------|-----------------|
| | RN | LPN | CNA | Medication Tech. | Activity Workers | Non-Licensed Assistive Personnel | Other Workers | Awake Overnight |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

If staff do not work on a per-day basis, indicate the onsite hours per month.

| RN | LPN | Physician | Social Worker | Pharmacist |
|----|-----|-----------|---------------|------------|
| | | | | |

Explanation:

9) How do I file a complaint?

Under Maryland regulations assisted living programs are required to have an internal complaint or grievance procedure. An explanation of the assisted living program’s internal complaint or grievance procedure must be included in the resident agreement. Consumers should review this information and make sure that they understand how the internal complaint or grievance procedure operates. Consumers should direct any questions about the internal procedure to the assisted living program’s manager or administrator.

Consumers may also report concerns or file a complaint regarding an assisted living program to the Office of Health Care Quality. Complaints may be registered over the phone or through the OHCQ Web site. Complaints may be anonymous. For more information regarding filing a complaint, please visit the Office of Health Care Quality’s Web site at www.dhmd.state.md.us/ohcq/complaint/complaint or call (410) 402-8217 or 1-877-4025-8221.

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