

ASSISTED LIVING IN MARYLAND

WHAT YOU NEED TO KNOW



A cooperative effort of:
The Legal Aid Bureau, Inc.
- Assisted Living Project
Maryland Attorney General's Office
Maryland Department of Aging
Maryland Department of Health
and Mental Hygiene
Maryland Department
of Human Resources
Maryland State Bar Association
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CHAPTER 1

AN INTRODUCTION TO ASSISTED LIVING

If any of the following scenarios seem familiar to you, assisted living may be an option to explore. Your arthritis prevents you from cooking, and some days it is so bad that you cannot even feed or bathe yourself. You cannot keep your medications straight even with the pill reminder system your daughter bought you. Or perhaps you cannot get around anymore on your own, even with a walker, and there is no family around to help you regularly. In short, it is getting harder to manage on your own, and you, your friends, or your family are beginning to worry.

Deciding whether assisted living is the best solution for you is not easy. To arrive at the best answer you should:

1. Read the rest of this booklet;
2. Explore options other than assisted living;
3. Think about your abilities, your needs, and your finances; and
4. Visit some assisted living facilities.

This booklet explains the role and function of assisted living providers, but does not take the place of applicable

laws and regulations. It also discusses other options available, legal protections for residents, and area resources where you can get more information. In addition, there are tips to assist you in the following areas: deciding if assisted living is for you, electing an assisted living provider, entering into a contract for care, and paying for care.

What Is Assisted Living?

Assisted living is a way to provide care to people who are having difficulty living independently, but do not need the daily nursing services provided in a nursing home. Assisted living providers furnish a place to live, meals, and assistance with daily activities, such as dressing, bathing, eating, and managing medications. People who live in assisted living facilities generally have less complicated medical problems than people in nursing homes. Assisted living facilities also tend to have a less institutional look than nursing homes. However, these facilities are not as highly regulated by the government as nursing homes.



In Maryland, an assisted living provider is defined as: A residential or facility-based provider that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination of these services to meet the needs of residents who are unable to perform, or who need assistance in performing, the activities of daily living or instrumental activities of daily living, in a way that promotes optimum dignity and independence for the residents.

Code of Maryland Regulations 10.07.14.02B(10).

If a person is mentally sharp, only takes medication for arthritis pain, and only needs assistance with dressing and bathing he or she would be classified as needing a low level of care. A person would need a high level of care if he or she is mentally confused by dementia, has a complicated list of powerful medicines that must be given at different times each day,

There is a wide variety of assisted living providers in Maryland. They range from large, corporate-managed facilities where hundreds of people live in their own apartments to small, private homes in which the owners provide services to two residents who may share a bedroom. What all of these providers have in common, however, is they all offer their residents some level of assistance with their daily activities, like dressing, bathing and eating.

Levels of Care

Assisted living facilities in Maryland are licensed to provide up to three levels of care.

The levels correspond with how much assistance residents need. Licensure at level one means the provider is authorized to take care of residents with low care needs. A level two license means the provider can also take care of residents with moderate care needs, and a level three license allows a provider to care for residents with high-level care needs (as well as residents with low or moderate needs).

WAYS IN WHICH ASSISTED LIVING PROVIDERS DIFFER:

- ❖ Facility size;
- ❖ Staff qualifications;
- ❖ Location;
- ❖ Fees, what is included in the monthly fee varies widely;
- ❖ Sponsorship: non-profit vs. for profit vs. religious affiliation;
- ❖ Free standing facility vs. a campus type setting;
- ❖ Experience and reputation of provider;
- ❖ Private room vs. semi-private room;
- ❖ Private bathroom vs. common bathroom;
- ❖ Provider participation in Medical Assistance;
- ❖ Ability to age in place: levels of care, potential for level of care waivers;
- ❖ Visiting hours; bedtimes; wake-up times; mealtimes.

and requires assistance with bathing, eating, walking, dressing, and toileting. Such a person could only be accepted by a provider with a level three license.

Most providers are licensed at level three, which means they can accept residents with low, moderate, or high care needs. If you have a progressive condition and do not want to have to move repeatedly, you should look for a provider with a level three license even if you only need a low level of care now.

Assessment and Service Plan

Before you move into an assisted living facility, the assisted living manager must assess the level of care you require and whether you qualify for admission under the provider's license. For example, if you need a moderate or high level of care and the provider is only licensed to provide a low level of care, the provider will not be able to admit you. There are two parts to an assessment: the Resident Assessment and the Functional Assessment.

Resident Assessment

A resident assessment is based on a physical examination made by a medical professional. It records a lot of basic medical information.

Functional Assessment

The assisted living manager must conduct a functional assessment. A functional assessment measures and records various kinds of information, such as your ability to take care of your daily needs and how much help you need from others. It also records current symptoms you have that would have to be monitored by an assisted living provider. In addition to your physical needs, the functional assessment also looks at things like your ability and desire to participate in group activities.

Service Plan

The manager must also develop a plan for your care based on the overall assessment. This plan is called the "service plan." A service plan must state what services you are to be provided, when they are to be provided, and who will provide them. You are entitled to participate in the development of your service plan. Moreover, a service plan must be updated every six months or more frequently, if there are changes in your needs. Your service plan is very important because it specifies precisely what services you will get, when you will get them, and how. Each assisted living manager must



make sure that every resident is monitored *daily* to see that a resident’s care is provided in accordance with the service plan.

Activities of Daily Living and Other Required Services

Activities of Daily Living

A large part of what assisted living providers do is provide assistance with "activities of daily living," which include:

- ❖ Eating;
- ❖ Grooming, bathing, oral hygiene, shaving, and combing hair;
- ❖ Walking or getting around, with or without assistive devices;
- ❖ Toileting; and
- ❖ Dressing in clean, weather-appropriate clothing.

Often this type of assistance is called “personal care” or “personal care service.”

Other services that assisted living providers in Maryland are required to deliver include:

Meals

Meals must be served in a common dining area three times a day seven days a week. Snacks also must be offered at intervals each day. While every assisted living provider must try to accommodate special diets, a provider does not have to provide a special diet that is beyond its capabilities.



Laundry and Housekeeping

Housekeeping and laundry services are required services that must be offered by every provider. Typically a certain amount of these services are covered by the basic monthly fee. What that amount is varies greatly from provider to provider.

Facilitating Access to Healthcare and Social Services

While a few assisted living providers may employ part time nurses, most providers do not supply the kind of medical care offered by licensed health care professionals. However, every assisted living manager is “responsible for facilitating access to appropriate health care and social services,” such as physicians, nurses, social workers, dentists, hospice care, etc. “Facilitating access” is a flexible phrase so different providers implement this requirement in widely different ways. Some providers only provide help with scheduling appointments, and you will have to arrange for your own transportation. Others will arrange appointments and provide transportation, while some providers go so far as to arrange for services to be delivered at the facility. You will want to ask providers how they facilitate access to health care and social services.

Social and Spiritual Activities

The manager of each provider must provide or arrange opportunities for activities that will promote the physical and mental health of *each* resident. This includes facilitating access to spiritual and religious activities. Typically providers satisfy this requirement by conducting activities in the facility and by arranging transportation to activities outside the facility. Card games, bingo, and sing-alongs are the kind of activities you will find in many facilities. Typical activities outside a facility may include trips to the mall, grocery store, and local worship services. Transportation charges may apply, and when they do, they can vary widely.

Medication Management

During the initial assessment process the assisted living manager must determine if: (1) you can handle your own medications, (2) you need assistance with your medications or reminders to take them, or (3) need someone to administer your medications for you. If you need assistance with your medications or need someone to administer them for you, the provider must have specially trained staff to supply that help to you.



CHAPTER 2

CHOOSING AN ASSISTED LIVING PROGRAM

Choosing a high quality assisted living provider that meets your needs and your lifestyle can be quite a challenge. Assisted living providers in Maryland range in size from small, family-style homes with two people sharing a bedroom, to large apartment complexes housing several hundred residents. The services they offer can be just as varied.

Getting Started

To find out what facilities exist in the area you are interested in, ask your friends and other acquaintances, check with your local agency on aging, and look at newspapers, retirement living guides and other publications. The resources listed in Chapter 9 will help. If possible, try to choose a facility that is near your family or friends.

Once you have a general idea of what setting, services, and price range you prefer, call several facilities in the location you are considering. Ask the manager or administrator the following preliminary questions to help you narrow your search:

- ❖ What is the size of your facility?
- ❖ What level of care are you licensed to provide?

- ❖ What types of living units are available?
- ❖ If none, do you have a waiting list?
- ❖ What is your monthly fee?
- ❖ Do you require a deposit?
- ❖ What services do you provide?
- ❖ What services are included in the monthly fees?
- ❖ What services are extra?

Request a brochure, a price list, and a *copy of the Resident Agreement (contract)* so that you can review those items before you visit. **Do not rely on what the brochure says.** Read the contract closely, paying special attention to costs, services provided, and discharge policies. Chapter 4 contains detailed information on what to look for in a Resident Agreement.



Also, request a copy of the assisted living provider's Disclosure Statement. This disclosure statement must include information about other facilities operated by the same organization, the organization's religious or charitable affiliations, the name of the manager, and a description of special programs offered. There is no cost for this document.

Before you make any decisions, *visit* as many facilities as you can. Take a tour, talk to residents and to staff, and ask a lot of questions. Have a friend or family member go with you to be another set of eyes and ears. You can compare notes later. If you need help selecting a facility, you may want to hire a geriatric care manager. Geriatric care managers are professionals who specialize in assessing a person's needs and arranging housing and services to meet those needs. See Chapter 9 for the telephone number of the National Association of Professional Geriatric Care Managers, which can refer you to a local care manager.

Visiting Facilities

Once you have decided which facilities to visit, call to make an appointment. *Try to visit each facility more than once*, to get a better sense of what life is like for residents. Plan your first visit for a weekday, during late morning or at midday if possible, and another on a weekend or in the evening. *Make the second visit unannounced.* Be concerned if the provider will not allow you to make an unscheduled visit. You may even want to ask about spending the night to get a sense of how the facility is run during off-peak hours.

Visits can be exhausting. After a while the different providers and their facilities

may start to blend in your memory. The checklist on pages 14 - 19 will help you organize your visit, ask the right questions, and record your observations. The checklist is lengthy so you must review it before you go and highlight or mark the questions that are the most important to you. Make as many copies of the checklist as you like. You should

WHEN YOU VISIT

- ❖ Ask the manager to show you around the building and grounds.
- ❖ Consider the overall atmosphere of the facility.
- ❖ Talk to members of the staff: are they friendly and helpful?
- ❖ Chat with residents, their friends, and families.
- ❖ Observe how the staff interacts with residents.
- ❖ Eat a meal. (There may be a charge for the meal.)

DOCUMENTS TO GET AND READ

If you do not already have them by the time you visit, **be sure to get a copy of the:**

- ❖ Resident Agreement (contract),
- ❖ List of services offered,
- ❖ Notice of resident's rights,
- ❖ List of costs,
- ❖ Disclosure statement, and
- ❖ Any other documents that residents must sign at admission.

Carefully review these documents and read Chapter 4 before signing any papers!

use one copy for each facility you visit. Use a notebook for additional information and questions. The answers to the checklist questions can be used to compare facilities once you have visited them. If you are not able to get all the questions answered during one visit, visit again or call on the telephone to get the answers.

Judging Quality

You will learn a great deal by visiting a facility, asking questions, reviewing the Resident Agreement, and reviewing other written materials. But you will also want to consider the quality of the services and care provided. You can go to see or request copies of inspection results and plans of correction from the Office of Health Care Quality. (There may be a charge for copies and it may take as long as 30 days to get them.) See Chapter 9 for the address. You will want to find out:

- ❖ How recently was the provider inspected?
- ❖ Were any violations found?
- ❖ What were the violations?
- ❖ Have the problems been corrected?

Remember to focus on the seriousness of any violations, not just the number of them.

Your local Long-Term Care Ombudsman Program may also have information about a particular service provider, including

whether the provider has received complaints, and how those complaints were resolved. See Chapter 9 for the number for your local Long Term Care Ombudsman.

You can also ask an assisted living provider you are considering for a copy of its most recent inspection report. The law requires providers to make copies available.

Certain factors contribute to quality care. They include:

- ❖ Consistent and responsive ownership;
- ❖ Stable, well-trained staff;
- ❖ The number of residents per staff member;
- ❖ Interaction with the community;
- ❖ A provider philosophy that emphasizes residents' dignity and individual needs;
- ❖ A mission to eliminate restraints, or to use them only when no individualized care plan works.
- ❖ Teamwork between management and staff; and
- ❖ Respect and advocacy for residents' rights.

Keep these factors in mind during your visits and while reviewing any inspection reports.



Checklist for Selecting an Assisted Living Facility¹

The complete checklist that follows is organized into eleven sections:

1. Costs & Contracts
2. Personal Care
3. Health Care
4. Transportation
5. Activities & Socializing
6. Meals
7. Housekeeping & Laundry
8. Safety/Choice
9. Facility Initiated Discharge
10. Licensure
11. Special Care/Dementia Units.

1. Costs and Resident Agreement (Contract)

The Resident Agreement is a legal contract, obligating you to potentially pay very large sums of money for care. Ideally, you will have gotten a copy of the Resident Agreement and reviewed it before you visit. Chapter 4 explains what to look for in a Resident Agreement.

If you have not gotten a copy before you visit, make sure you get a copy and during the visit ask any of the following questions that are important to you. Later review the Resident Agreement carefully with Chapter 4 in hand before you agree to sign.

- ❖ Is the print large enough for you to read? (If not ask for a copy that is.)
- ❖ What services are provided for the basic (usually monthly) fee?

- ❖ What is the current amount of the basic (usually monthly) fee?
- ❖ What services are available for an additional charge?
- ❖ What is the amount of each additional charge?
- ❖ Is there a refund policy in cases of transfers, discharges, changes in ownership, or an assisted living facility closing?
- ❖ When will any refunds be paid?
- ❖ What behaviors, conditions, or other circumstances can result in termination of services?
- ❖ What type of living unit will I have?
- ❖ What are the rights of residents?
- ❖ What is the provider's grievance procedure; and what alternatives are there if I am not satisfied with the results of the procedure?
- ❖ What, if any, initial payments are required?
- ❖ If any are required, how much are they and what are they for?
- ❖ What happens if my funds run out?
- ❖ What is the provider's policy on relocating residents in the facility?
- ❖ If I am away from the facility for a period of time, (e.g., visiting family, in a hospital, or temporarily in a nursing home) what fees stop?
- ❖ Is there a charge to hold a bed during an absence?
- ❖ If there is a charge, when does it begin?
- ❖ How long will you hold a bed for me?
- ❖ When, how often, and why can the fees be changed?
- ❖ When fees are changed, who is informed, and how?



- ❖ How much advance warning is provided of fee changes?²
- ❖ Does the provider participate in the Medicaid waiver program?



2. *Personal Care*

Take into consideration that you may need more care in the future than you need now. If you do not want to move again, ask questions about care that you do not need now, but may in the future. In any event, you will want to ask the questions below.

Meeting Individual Needs

- ❖ How often will my level of care be reassessed?
- ❖ How many residents are you licensed to serve?
- ❖ What level of care are you licensed to provide?
- ❖ How will the provider meet my current care needs (e.g., incontinence, insulin shots, etc.)?
- ❖ What happens if my needs change - I need more help, become incontinent, become confused?
- ❖ How does the provider tailor schedules for preferences of residents (like bathing and waking times)?
- ❖ How does the provider help residents maintain their abilities to toilet, dress, and eat?
- ❖ Is there a schedule for staff to check on each resident's whereabouts and well being?
- ❖ What resources does the provider have to address difficult behavior?
- ❖ Are bedrooms, hallways, doorways, bathrooms, and common areas fully

accessible to people with walkers or wheelchairs?

- ❖ If rooms are shared, what does the provider do if there are problems between roommates?

Written Service Plan

- ❖ What professionals/staff will be involved in the development of my written service plan?
- ❖ How often is the plan revised?
- ❖ How will my family and I be involved?
- ❖ What involvement does a confused resident have?
- ❖ What happens if I do not agree with the service plan?

Staffing

- ❖ How many staff are there for each shift?
- ❖ What are their responsibilities?
- ❖ What is the training/certification of the people who care for residents?
- ❖ What other duties do direct care staff have?
- ❖ Which direct care staff on each shift is fluent in my native language?
- ❖ Is there special training for staff about dementia and Alzheimer's disease?
- ❖ How is staff trained to deal with aggressive individuals?
- ❖ How is staff trained to deal with wanderers?
- ❖ What if I do not like the staff person assigned to me?
- ❖ What is the staff turnover rate?

3. *Health Care*

While most assisted living providers are not designed to provide medical care, a

provider must make sure residents have *access* to health care either on or off site. It is important to evaluate the provider's capacity to manage or coordinate health care needs because you may need more help in the future.

Provision and Monitoring of Health Care

- ❖ What kinds of health monitoring checks are available (e.g. weight change, glucose levels, etc.)?
- ❖ If a nurse is not on staff, are there regularly scheduled visits by a nurse or other health provider?
- ❖ If so, what medical services do they provide?
- ❖ How will the provider facilitate my access to health care and social services?
- ❖ Will the provider schedule routine medical appointments for me?
- ❖ Will the provider schedule transportation to and from medical appointments?
- ❖ What health services are available on site: e.g. nursing care, lab work, physical therapy, wound care, hospice, social work, podiatrist, etc.?
- ❖ What health services does the provider furnish, and what does it arrange for outside agencies to provide?
- ❖ Under what circumstances and when will the provider call my family?
- ❖ Under what circumstances and when will the provider call my doctor?



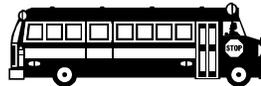
Medication Management

- ❖ What safeguards are in place to ensure that I get the appropriate medications on time and in the correct dosage?
- ❖ Who is responsible for having prescriptions filled?
- ❖ Must I use the provider's pharmacy, even if it costs more than my pharmacy?
- ❖ Who gives out medications?
- ❖ If not a nurse, how are staff trained and supervised about medications?
- ❖ If I am able, will I be allowed to take care of my medications on my own?

4. Transportation

Questions to ask about transportation include the following:

- ❖ Is any transportation provided?
- ❖ If so, how often (daily, weekly, evenings, weekends)?
- ❖ To where is transportation provided (grocery stores, shopping malls, medical appointments)?
- ❖ Will the provider call and arrange for transportation it does not provide?
- ❖ Is transportation available if I want to go to an event by myself or with a friend?
- ❖ Are there fees for using the provider's transportation or transportation arranged by the provider?
- ❖ Is transportation wheelchair accessible?



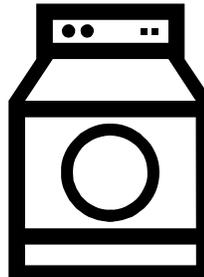


5. *Activities and Socializing*

When looking at the activities a facility offers, think about your preferences. Some people enjoy scheduled activities, such as

current events discussions, crafts, bingo, card games, etc. Others have never been “activities people” and will not care to participate. They would rather read a book. You may want to go on trips and outings. Look at a monthly activity schedule to see if the activities appeal to you. Inquire about the following:

- ❖ How often are activities in the community scheduled?
- ❖ Will staff attend with me?
- ❖ Are there protected or enclosed walking areas for residents?
- ❖ How are resident’s religious or spiritual needs met?
- ❖ Who develops and supervises recreational activities?
- ❖ How do residents have input into the activities offered?
- ❖ What is the provider’s policy on pets?
- ❖ What is the policy on visitors?



6. *Meals*

Meals are important to residents of assisted living because they are usually dependent on the food provided by the provider. So sample a meal on your visit to see how it tastes. Questions to ask include the following:

- ❖ What times are meals served?
- ❖ What happens if I am late, miss a meal, or refuse a meal?
- ❖ How will any special dietary needs I have be met?
- ❖ When can I have a tray delivered to my room?
- ❖ Is there an additional charge for tray service?
- ❖ If I do not like a meal, what are the alternatives?
- ❖ When are snacks available?
- ❖ May I see the printed menu for the past month?
- ❖ How do you make sure each resident is taking in adequate nutrition?

7. *Housekeeping and Laundry*

- ❖ How often will my room be cleaned?
- ❖ How often will my linens be changed?
- ❖ Will the provider do my personal laundry?
- ❖ Are washing machines available for me to use at the facility?
- ❖ If so, is there any cost to use them?
- ❖ What extra charges, if any, are there for additional housekeeping or laundry services?

8. *Safety and Choice*

Assisted living providers should emphasize independence and choice. They also have rules and procedures designed to protect residents from harm. It is important to match your ability with the extent of choices and opportunities offered by a provider, as well as the limitations it will impose upon you.

Questions to ask include:

Safety

- ❖ What safety measures are in place to protect resident's personal property from being stolen?
- ❖ What safety measures are in place to protect residents from wandering away?
- ❖ Are exit doors alarmed?
- ❖ Are there call bells in each room and bathroom?
- ❖ Are the floor coverings made of nonskid material?
- ❖ Is there a fire emergency plan?
- ❖ What are the safety arrangements for people in wheelchairs to escape in case of fire?
- ❖ How often are there fire drills?
- ❖ How do residents with limited mobility participate in fire drills?
- ❖ Are emergency plans publicly displayed?

Emergencies

- ❖ What kind of emergencies are staff expected to handle and how are they trained for them?
- ❖ Who decides whether to call 911?
- ❖ May I have a copy of any written policies about how that decision is made?
- ❖ Will my family be notified immediately if 911 is called?



Choice

- ❖ How much of my own furniture and personal possessions may I bring?

- ❖ What if I want an exception to a policy, e.g. signing in and out, smoking, or eating foods that are not on a prescribed diet?
- ❖ What is the provider's policy on smoking?
- ❖ Will the provider require that I participate in any particular activity or program?



9. Facility Initiated Discharges

Answers to these questions will help you clarify a provider's ability to care for people with health and behavior conditions that can be difficult to manage. It will also help you determine if you have recourse if you are asked to leave.

- ❖ What are the possible reasons for discharge?
- ❖ Is there an internal appeal process?
- ❖ What is it?
- ❖ How many days notice is given and to whom?³
- ❖ How does the facility assist you if it proceeds with discharge?
- ❖ Is there a refund if there is a discharge?

10. Licensure

- ❖ When was the provider last inspected by State licensing authorities?
- ❖ What, if any, violations have been cited by the authorities in the past two years?
- ❖ Did the provider submit a plan of correction?
- ❖ May I have a copy of the inspection results and any plans of correction?

11. *Special Care or Dementia Units*

This section is directed to family members or other interested persons, because it would be unusual for the person who needs a special care unit to be asking these questions.

- ❖ Is there a separate area specifically for people with dementia?
- ❖ How do services in the special care unit differ from services in the rest of the facility?
- ❖ What is the difference in staff training?
- ❖ What is the staff-to-resident ratio?
- ❖ Is there a special outdoor area for residents with dementia to use?
- ❖ What techniques do you use to ensure that the resident is getting proper nutrition?
- ❖ Do you offer decaffeinated drinks throughout the day?
- ❖ Does the calendar of activities look appropriate for the resident?
- ❖ What is the provider's policy on restraints, both chemical and physical?



- ❖ How much space is there to walk around on the unit?
- ❖ Are the room's private or semiprivate?
- ❖ When rooms are shared, what does the provider do if there are problems between roommates?
- ❖ What is the cost difference between special care and regular units?

¹ Copyright © 2001 Consumer Consortium on Assisted Living. The Consumer Consortium on Assisted Living (CCAL) originally developed this questionnaire with assistance from the Arlington Area Agency on Aging and the Northern Virginia Long Term Care Ombudsman Provider. Other professionals and potential consumers reviewed it as well. It has been significantly modified for use in Maryland.

² By Maryland law at least 45 days notice is required.

³ By Maryland law, at least 30 days notice of a discharge is required except in emergencies.

CHAPTER 3

WHAT WILL IT COST AND HOW TO PAY FOR ASSISTED LIVING

What Will It Cost

While assisted living is usually more affordable than a nursing home, assisted living can be very expensive. The cost of assisted living varies greatly, ranging from under \$1,000 to over \$5,000 per month. The average cost for a month is about \$2,000. The variation is based on many factors, including:

- ❖ The kind of and number of services offered;
- ❖ The size, design, and amenities of the facility;
- ❖ Whether your room is private or is shared; and
- ❖ The geographic location.

Most assisted living facilities charge a daily rate and bill you monthly. Providing care is labor intensive, and rates usually go up each year due to increases in operating costs and labor.

While most assisted living facilities charge a monthly fee, some may also require an additional fee before or shortly after you move in. These initial fees may be called “entrance

fee,” “community fee,” “deposit,” “activity fee,” or any other of a number of names. Depending on the contract, you may recover all, part, or none of an initial or monthly fee when you leave.

Most facilities base their fee on how much care you need. The facility evaluates you at the time of admission, and conducts re-evaluations regularly while you continue to live there. The more care that you need, the higher the fee. A facility may have several “levels of care” for which it charges. These “levels” are not always identical to the three levels of care the State uses to license and regulate assisted living facilities. When they are not identical, confusion can result so make sure to ask enough questions to make sure you understand.

Read the Resident Agreement or contract carefully to learn if you will receive a refund of any initial fees or monthly fees you have paid should you decide to leave the facility. Any refund policy must be described in the Resident Agreement. It should state, if, how, and when you can obtain a refund should you decide to leave the facility. Consider having an attorney look at it.



In addition to the basic monthly fee for each “level of care,” an assisted living facility may charge you for what it considers to be additional or extra services that are not included in the monthly charge. No standard exists for what is an “extra” service, and each facility sets its own policy. Such “extras” may include:

- ❖ Nursing service;
- ❖ Incontinence care;
- ❖ Extra assistance with daily tasks not covered by the basic fee;
- ❖ Medication administration;
- ❖ Special diets, snacks, and room service meals;
- ❖ Maid service;
- ❖ Laundry;
- ❖ Cable television;
- ❖ Private telephone line and utility services;
- ❖ Personal services like barber or beauty parlor services; and
- ❖ Transportation.

The cost of assisted living care may very well exhaust your savings. Assisted living facilities are not obligated to continue to keep you if you cannot pay for services. Nonpayment will be a ground for discharging you. It is important for you to consider what would happen if your money ran out while you lived in assisted living, and to have a plan for that possibility.



How To Pay For Assisted Living

Except in the few situations mentioned below, very few government programs pay for assisted living. Almost all assisted living services are paid for by residents (or their families) out of their personal funds. Long term care insurance generally will pay for assisted living, but the insurance must be purchased in advance and paid for from personal funds.

Health Insurance, Medicare, and Medicaid

Many people think Medicare or private health insurance help pay for assisted living and other long-term care services. ***This is wrong.*** Medicare and private health insurance usually will *not* pay for the costs of assisted living.

If you have limited resources, Medicaid may provide financial assistance *under certain limited circumstances.*

Ordinarily, Medicaid is available for long-term care only if you reside in a nursing home. However, Maryland has a new Medicaid program that can pay for assisted living services if you meet its strict eligibility requirements. The new program is called the Medicaid Home and Community Based Waiver Services for Older Adults (“Medicaid Waiver Program”). It serves a limited number of people. If all the openings are filled, Medicaid will not be able to pay for your assisted living services.

To qualify for the Medicaid Waiver Program, you must be at least 50 years old and meet both the medical and financial eligibility standards. To satisfy the medical standard, you must require enough care to qualify to live in a nursing home (even though you plan to live in assisted living).

The financial eligibility standards are an income test and asset test. You must have limited income and assets to be eligible. The financial eligibility rules are complex, but basically, your assets have to be less than \$2,500 or \$2,000, depending on eligibility category, and your monthly income cannot exceed three times the SSI amount for a single person. This number is adjusted annually for inflation and is \$1,635 in 2002. Medicaid will not count as assets, your or your spouses's, cars or pre-arranged funerals. Also, under certain circumstances, your spouse can keep up to half of your joint assets.

The eligibility standards are too complex to be summarized in this booklet so for more information on eligibility for the Medicaid Waiver Program call the Legal Aid Bureau's Assisted Living Project or your local agency on aging. You can also get an application from your local agency on aging. See Chapter 9 for the agency on aging closest to you and the contact information for the Legal Aid Bureau. You can also get information from the Legal Aid Bureau's website at www.mdlab.org.



Senior Assisted Living Group Home Subsidy Program

The Maryland Department of Aging has a limited subsidy program that you may be eligible for if you are elderly and live in an assisted living facility that participates in the subsidy program. Only facilities that have between four and sixteen beds participate in this program. There are often waiting lists for the program.

To be eligible you have to have limited assets and income. While the numbers change from year to year, in order to be eligible at the time this booklet was printed in 2002 your monthly income would have to be less than \$1,945 and your assets less than \$11,000. To apply, or for more information, contact your local agency on aging. See Chapter 9 for the agency on aging closest to you.

Long-Term Care Insurance

Long-term care insurance can pay for assisted living. The cost of long-term care insurance varies greatly, depending on the options you select and your medical condition. If you already need assisted living services, you probably will not be able to purchase a policy. If you are over age 85, even if you are in good health, you may also have a hard time finding a policy.

The older a person is when a policy is purchased, the more expensive the policy will be. However, even if it is too late for one spouse to purchase coverage, it may not be too late for the other spouse to buy a policy.

Annual premiums can range from a few hundred dollars for a healthy 40-year old to thousands of dollars for a 70-year old. Most policies offer premiums that are "level," that is, the rates do not change as you age. However, an insurance company typically can raise rates for a group of policyholders if it can show the rates are too low.

Long-term care insurance policies are offered in many different options. It is very important for you to understand what a particular policy covers, as well as the rules affecting when the policy goes into effect.

What services are covered

Make sure the insurance policy includes assisted living care. It is a good idea to buy a policy that covers all types of long-term care: home care, day care, assisted living, and nursing home services. Long-term care insurance may not necessarily include assisted living services, although most policies written in the last few years will. Older policies may be limited to nursing home care or at-home care. The "assisted living" concept was not common until recently so many older policies do not mention it or cover it.

Tax Deductions

Long-term care insurance premiums may be deducted from your federal income taxes. The deduction is based on the age of the person insured. The deduction covers only a small part of the actual insurance policy cost, ranging from about \$220 for persons age 40 or less to about \$2,700 for persons over age 70, but it should not be overlooked.

Maryland offers a one-time state income tax credit of up to \$500 for your purchase of long-term care insurance. A credit is different from a deduction in that the full amount is taken directly out of the amount of taxes owed to the State.

For More Information

For more information about long-term care insurance, contact the United Seniors Health Cooperative, 409 3rd Street SW, Suite 200, Washington, D.C. 20024, telephone (202) 479-6678; the Maryland Insurance Administration at (410) 468-2000 or 1-800-492-6116; or your local Senior Health Insurance Assistance Program. See Chapter 9 for information on your local Senior Health Insurance Assistance Program.

Reverse Mortgages

Reverse mortgages enable you to convert the equity in your home to cash. The cash can be spent to pay for assisted living. However, in most cases, to qualify for a reverse mortgage, there must be one borrower living in the



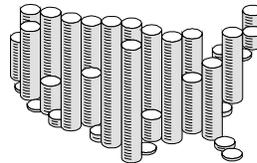
home. So, if you are single, a reverse mortgage probably will not help with assisted living expenses.

A reverse mortgage is based on your age, the value of your home, and interest rates. Reverse mortgages are available to you if you are at least 62 years of age. The value of the home will be less after you take out a reverse mortgage. This means that your heirs will receive less money than they would if there was no reverse mortgage on your home.

Banks, mortgage firms, and financial service companies offer reverse mortgages. You should do a lot of research to make sure you find a reputable reverse mortgage lender. There have been unscrupulous people using the reverse mortgage idea to scam seniors. You should also shop around to compare options. For more information, contact the National Center for Home Equity Conversions at (651) 222-6775 or visit their website at www.reverse.org. Reverse mortgages can have substantial financial ramifications so you should contact a financial planner, accountant, or attorney before entering into one.

Tax Deductions and Credits

If you are paying out of your own pocket, some or all of the cost for assisted living may be tax deductible as a medical expense. To get the deduction,



a resident must be “chronically ill” and receive care prescribed by a doctor or another health care provider. See IRS Publication 502 for more information.

To be considered “chronically ill” your doctor or other licensed health care practitioner must determine that you are unable to perform at least two activities of daily living for at least 90 days without substantial assistance from another or that you have a severe cognitive impairment (such as Alzheimer's disease) and need substantial supervision to be protected from threats to your health and safety.

You can only deduct medical expenses that are more than 7.5% of your adjusted gross income. Thus, you can only have a deduction for assisted living costs if your total medical expenses, including your assisted living costs, exceed 7.5 % of your adjusted gross income.

Consult your tax advisor for more information about the tax deductibility of assisted living services.

CHAPTER 4

BEFORE YOU SIGN A CONTRACT . . . READ THIS

Before you move into an assisted living facility, you and the provider must sign a contract, called an assisted living Resident Agreement.

It is very important that you read the Resident Agreement carefully and understand it *before* you sign. The contract—*not the facility's salespeople or brochures*—will determine what services you will receive, and at what cost. In most cases, an assisted living provider is only legally required to supply what is stated in the Resident Agreement. What the sales brochure or sales person said seldom counts.

Read the Resident Agreement carefully. Is the print large enough for you to read? If not ask for a copy that is. If you can, before you sign the Agreement, have it reviewed by a lawyer who is familiar with assisted living. You may obtain help finding such a lawyer by calling the local bar association for your county or city or by viewing the roster of the Maryland State Bar Association's Elder Law Section on the internet at www.msba.org/sec_comm/elder/roster.htm. The Legal Aid office will review the contract at no cost if you are eligible.

Chapter 2 contains an extensive list of questions designed to help you choose

an assisted living provider. You should use that same list as you review the Resident Agreement.

Start by reading the Agreement straight through once. Then go back and reread it with the checklist questions in hand. The only section of the checklist questions in Chapter 2 that will not be helpful are those in Part 10, "Licensure." If the answer to a question in Chapter 2 is important to you and you want the provider to be bound by its answer, then the answer needs to be somewhere in the Resident Agreement. If it is not, you will need to add language to the Agreement to make your understanding with the provider clear. If you add or delete language to or from a preprinted Resident Agreement be sure that both you and the facility representative write your initials and the date in the margin next to each change.

Responsible Party

A provider may ask you to have a family member or friend sign the Resident Agreement as an "agent," "responsible party," or other similar name. Your family member or friend should not sign the Agreement



without understanding completely what that means. What the word or phrase means should be clear from the language of the Agreement. If a representative of the provider has to tell you what the word or phrase means, either (1) do not sign the Agreement or (2) strike out the word or phrase before signing. The Agreement should make completely clear whether the person signing as “agent,” “responsible party,” “representative,” etc. is required:

1. To pay for *your* care using *only your* funds; or
2. To pay for *your* care using *his or her own funds*.

Needless to say, there is a big difference! People’s lives have been seriously affected by a few slippery words in this area, so be very careful!

Many sons and daughters have been surprised to learn that an assisted living provider maintains that the Resident Agreement obligates them to pay for their parent’s assisted living care out of ***their own personal funds***. *Make sure the Agreement is completely clear about the financial obligations of anyone signing the Agreement as an “agent,” “personal representative,” or other similar phrase.*

The Rest of This Chapter

The rest of this chapter sets forth a number of questions to ask yourself as you review the Agreement. Many of the questions in this Chapter deal with the same issues as the Checklist Questions in Chapter 2. You should read this Chapter anyway because doing so will emphasize the issues that a Resident Agreement should cover.

What to Check For - Generally

Check carefully for the following:

- ❖ What are there extra fees for:
 - To remind the resident to take medication?
 - Incontinence care?
 - Assisting with bathing?
 - Laundry?
 - Anything else?
- ❖ What if you run out of money to pay the monthly fee? How much time does the facility give you before it discharges you? (A study of people leaving assisted living reported that one in ten left because they had run out of money.)
- ❖ What happens if your health problems become more serious? Will the facility keep you on with private nurses in attendance or will they require you to move to a more intensive health setting?

Does the resident agreement clearly describe:

- ❖ What services are provided for the basic (usually monthly) fee?
- ❖ What services are available for an additional charge?
- ❖ The amount of each additional charge?
- ❖ Whether there is a charge to hold a bed during an absence?
- ❖ A refund policy in cases of transfers, discharges, changes in ownership, or closing?
- ❖ Behaviors, conditions, or other circumstances that may result in termination of services’?
- ❖ The type of living unit you will have?
- ❖ Rights of residents?
- ❖ A grievance procedure; and alternatives if you are not satisfied with the results of a grievance?
- ❖ What, if any, initial payments are required (e.g. entrance fee, deposit, move in fee, community fee, activity fee, security deposit, etc.)?
- ❖ What happens if your funds run out?
- ❖ Internal relocation policy?
- ❖ When any refunds will be paid?
- ❖ What happens if you have to leave the assisted living facility for a medical emergency? Do you get your money back?

If after reading the Resident Agreement carefully the answer to any of the above questions is “No,” be wary. Raise your concern with the provider’s manager

and make sure the Residence Agreement is clarified in writing to your satisfaction.

What to Check For - Services

Levels of Care

As explained more fully in Chapter One, assisted living facilities may be licensed to provide up to three levels of care to their residents: a low level of care, a moderate level of care, or a high level of care. Levels of care are set based on an assessment of what services a resident needs. The Agreement must explain what levels of care the facility is licensed to provide. If you move into a facility licensed to provide low or moderate levels of care, and you later require a high level of care, the facility may no longer be able to provide you care. The Agreement should explain how your level of care will be determined, how often your level of care is reviewed and by whom, and who can change your level of care.



Assistance with Activities of Daily Living

You should be informed of exactly what services are available, what level of assistance will be provided, and at what cost. The Agreement should at least promise assistance with the following activities if you need them: eating, bathing and grooming (including brushing teeth, shaving, and combing

hair), dressing, toileting, and mobility. Often, facilities will provide different levels of assistance depending on your level of care, and charge different rates for each level. Some facilities may charge a separate fee for additional help with some activities.

Health/Medical Care

The Agreement should explain what type of assistance with medications is available, such as verbal reminders or hands-on assistance. The Resident Agreement should also explain whether doctors and other health care professionals come to the facility or whether the facility will help you arrange transportation for your doctor visits.



Meals

Meals should be available three times a day, seven days a week, and there should be additional snacks each day. The Agreement should explain how you are charged for meals. Usually they are included in the basic monthly fee. The Agreement should also state whether meals are provided in the dining area only or whether you may be served in your room in certain circumstances. Are there designated meal times, or can you eat at another time if you wish? Will your dietary preferences be considered? What about medically required special diets?



Laundry/Housekeeping

The Agreement should explain how often laundry and housekeeping is provided, and whether these services are included in the basic monthly fee. Does the provider provide linen service only, or will it handle your personal laundry? Are washing machines available on the premises? Are the machines coin-operated?

Transportation

The Agreement should discuss transportation services. Do transportation services cost extra? How often is transportation provided (daily, weekly, evenings, or weekend), and to where (grocery stores, shopping malls, individual medical appointments)?

What to Check For—Fees and Payment

Monthly Fees

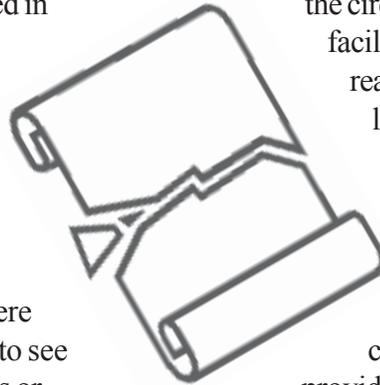
Most facilities charge a basic monthly fee which covers your room and some services. The challenge is to make sure you understand which services are covered by the basic monthly fee and which are not. The Resident Agreement should explain exactly what services are included in the monthly fee, and whether you pay extra for services, such as personal laundry, housekeeping, or transportation. Are utilities, such as telephone, cable television, water, gas, and electricity included?

Are different fees charged depending on your level of care? In other words, will your basic monthly fee go up if you

change from a level one to a level two classification? With most assisted living providers, your monthly fee will be higher if you start receiving a higher level of care.

“Fee for Service,” Prepaid Fees, and Other Fees

A Resident Agreement must explain all fees that you may be charged for services that are not included in the monthly fee. It must also explain whether there are any other costs or initial fees, such as “entrance fees,” “security deposits,” “waiting deposits,” or “maintenance or repair fees.” If there are refundable fees, check to see if there are any hidden costs or restrictions to terminating the contract that would limit the amount of, or prevent you from getting, your refund.



Rate Changes

The Agreement must explain whether fees may be increased over time, and under what circumstances. Maryland law requires that you be given at least 45 days written notice before any rate increase. If the cost of your care increases because you need a higher level of care, that is not considered a rate increase.

What to Check For—Termination and Discharge

If You Want to Terminate the Contract

The Resident Agreement should explain the termination requirements, for example

that you must give the provider not less than 30 days notice if you decide to move. The Agreement must also explain whether any portion of a fee may be refunded, and under what circumstances.

If the Facility Decides to Terminate the Contract

The Resident Agreement must explain the circumstances under which a facility may discharge you. One such reason is if you require a higher level of care than the facility is licensed to provide. At times, a provider may obtain a waiver from the State to keep you in its facility, if you need a higher level of care than the level for which the provider is licensed and you do not want to move.

If a provider decides to discharge you without your consent, it must give you at least 30 days notice, except in a health emergency or if there is a substantial risk to the health or safety of other residents or staff. The Resident Agreement should clearly explain the procedures the facility will follow if it decides to discharge you or terminate your Agreement. Is there an internal appeal process? If the facility is discharging you because you need more care (such as nursing care), will it help you arrange for care at another facility? Will there be any refund of any fees?

BEFORE YOU SIGN A RESIDENT AGREEMENT, YOU SHOULD—

1. Get a copy of the Resident Agreement ahead of time and read it in the privacy of your own home. If the facility will not give you a copy, ask why not. You should reconsider whether you want to live at such a facility.
2. Ask a lawyer to review the Agreement with you or get advice from any of the agencies listed in this booklet in Chapter 9. You may also be eligible because of age or income to get free or reduced fee legal information or assistance. Contact the Maryland Senior Legal Hotline at (800) 999-8904 for more information.
3. Ask the assisted living facility about any part of the Agreement you find confusing or unfair. If you change the terms, be sure that both you and the facility representative write your initials and the date in the margin next to each change.
4. Make sure that there are no blank spaces and that the contract is complete and correct at the time you sign it.

AFTER YOU SIGN AN AGREEMENT, YOU SHOULD—

Get an original signed copy (or a photocopy) of the contract after it has been filled in and signed by both you and the facility representative.

The Office of Health Care Quality does not require that a provider obtain the Office's approval before the provider begins to use a Resident Agreement. However, if you believe that a Resident Agreement includes illegal terms, or that it does not meet all legal requirements, call the Office of Health Care Quality at (410) 402-8217 or toll free at 1-877-402-8220.

CHAPTER 5

YOUR RIGHTS UNDER THE LAW

It is important that you and your family understand what you are entitled to once you enter a facility. This chapter highlights some of your most important rights.

Refusing Treatment

You have the right to refuse treatment, and the consequences of refusing treatment must be fully explained to you. However, refusal of treatment may lead to situations that result in the provider being able to terminate your contract and discharge you.



QUALITY OF CARE

You have a right to receive treatment, care and services that are adequate and appropriate. You have the right to participate in your service plan, which defines the type of care you will receive. Your service plan should be developed within 30 days of move in and be reviewed at least every 6 months. *You have the right to care that promotes your physical, emotional, spiritual and social well being.*

Your Belongings

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

belongings as space, safety, and security permits.

Spouses

If it is feasible to do so, you have the right to share a room with your spouse.

Legal Counsel

You have the right to have a lawyer and to meet with your lawyer in private.

Roommate

You have the right to receive notice before your roommate is changed and, to the extent possible, have input into the choice of a roommate.

Mail

You have the right to have access to writing instruments, stationary, and postage. You have the right to send and receive correspondence, and to have this correspondence remain private.

Confidentiality

You have the right to confidentiality. Any discussion about your treatment or medical diagnosis should be in private.

Your health care records should not be available to anybody who is not directly involved in your care, except as otherwise allowed by law.

Religion

You have the right to practice the religion of your choice, and to attend or not attend religious services. You have the right to receive visits from members of the clergy.

Restraints

You have the right to be free from physical and chemical restraints, unless they are ordered by your doctor to treat your symptoms or medical conditions.

A physical restraint is a device that keeps you from moving freely or having

access to your body such as a restraining vest or bed rail. Chemical restraints are medications such as drugs for depression, tranquilizers, or sedatives. They should never be used for the convenience of the staff or to discipline a resident.

Dignity

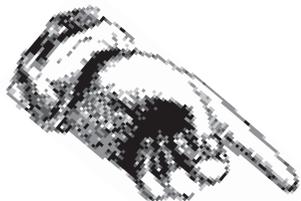
You have the right to be treated with consideration, respect, and full recognition of your human dignity and individuality. Part of being treated with dignity is having the right to self-determination, including the right to determine dress, hairstyle, or other personal effects according to individual preference.

Privacy

You have the right to privacy, including the right to have a staff member knock on your door before entering (unless the staff member knows you are asleep). You have the right to have visitors and phone calls in private. You have the right to have visitors of your choice subject to the reasonable rules of the provider.

Freedom From Abuse and Neglect

You have the right to be free from mental abuse, verbal abuse, sexual abuse, neglect, involuntary seclusion, and exploitation. You have a right to call the



DISCHARGE RIGHTS

You have a right to 30 days notice, if the facility plans to discharge you against your will. In a health care emergency, it can move you immediately to a safe and proper setting. You have the right to immediately remove yourself from the facility in a health care emergency. Your Resident Agreement (contract) with the provider should clearly state what actions, circumstances, or conditions would allow it to involuntarily discharge you from the facility.

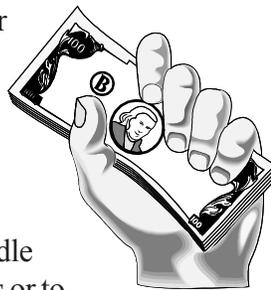
Ombudsman, Adult Protective Services, and Office Of Health Care Quality to report neglect or abuse. See Chapter 9 for telephone numbers. You have the right to use the phone in private to call any of these entities.

Staffing

You have the right to have a sufficient number of staff in the facility to meet your needs and the needs of the other residents. A staff member should always be present when you are in the facility.

Managing Your Money

You have the right to handle your own financial affairs or to appoint a representative of your choice to manage your financial affairs. An



assisted living provider may, but does not have to, assist you with your financial affairs.

Grievances and Complaints

You have a right to make suggestions or complaints or present grievances to the assisted living manager. You have the right to receive a prompt response to any concern or complaint. Your provider should have an established internal complaint procedure. See Chapter 6 for information about external grievances.

The full text of resident's rights can be found in the Code of Maryland Regulations at COMAR 14.07.14.26. You can find the regulations in your local public library or on the internet at, https://constmail.gov.state.md.us/comar/dsd_web/default.htm.

CHAPTER 6

HOW TO COMPLAIN WHEN QUALITY CARE IS LACKING

You may have heard stories in the media about incidents of poor care in nursing homes. Sometimes problems arise with care in assisted living, as well. Complaints range from staffing and medication concerns to disputes about charges and payment. This chapter describes how to address the more typical kinds of complaints.



If you are unhappy with the quality of care that you or a family member is receiving in an assisted living facility, you have the right to complain to the manager of the facility. Your facility is required to have an established complaint procedure. The assisted living facility should give you a prompt response to your complaint. The complaint procedure is required to be outlined in the Resident Agreement.

If the manager does not resolve the problem to your satisfaction, or if you are afraid to complain to the manager, contact the Office of Health Care Quality, at 410-402-8217 or toll free at 1-877-402-8220. The address is Office of Health Care Quality, Department of

Health and Mental Hygiene, Spring Grove Hospital Center, Bland Bryant Center, 55 Wade Avenue, Catonsville, MD 21228. You may make your complaint anonymously, but if you do so, you will not receive a written report of the investigation.

You can also contact the Long-Term Care Ombudsman for your county. See Chapter 9 for telephone numbers. The local ombudsmen are employees of the local agency on aging. Ombudsmen investigate complaints about assisted living facilities and nursing homes.

Contractual Disputes

Some complaints about ‘quality of care’ actually have to do with what level of services you agreed to pay for in your Agreement. It may be that the facility is providing the services you paid for, but you thought you would be getting more. For example, you may have thought that laundry service was included in the package of services in your Agreement, but it actually states there is an extra charge for doing laundry. Or a family member may think that the facility will take the resident to medical appointments, but the facility did not agree to do that.

Usually, the Office of Health Care Quality and your local ombudsman cannot assist you in these kinds of contractual disputes. Generally, the State cannot enforce private contracts for other parties or intervene in private contractual disputes.

The Legal Aid Bureau, Inc. may be able to provide some legal assistance through its Assisted Living Project to clients who meet the Bureau's financial eligibility requirements. It offers free legal assistance to residents, family members, anyone helping a resident, or anyone pursuing assisted living options. Examples of problems with which it may be able to help include reviewing admission agreement contracts, involuntary discharges and transfers, quality of care, and billing disputes. See Chapter 9 for the telephone numbers.

In addition, the Health Education and Advocacy Unit of the Office of the Attorney General may be able to mediate a contractual dispute with an assisted living facility if all parties to the dispute voluntarily agree to participate. See Chapter 9 for the telephone number.

Abuse or Neglect

Abuse includes things like hitting, pushing, sexual assault, verbal abuse, the improper use of physical or chemical restraints, involuntary seclusion, and misuse of funds. Neglect includes the

refusal to provide the resident adequate food, clothing, toileting, medical treatment, supervision, or other necessary help with the resident's needs. Unfortunately, there have been cases of abuse and neglect in assisted living facilities. When abuse or neglect is suspected, you or your family or friends should immediately notify the Adult Protective Services of the local Department of Social Services. The Long Term Care Ombudsman, local police, or the Office of Health Care Quality may also be called. See Chapter 9 for the telephone numbers.

Assisted living facilities are required by law to thoroughly investigate all allegations of abuse or neglect. They must take appropriate action to prevent further incidents while the investigation is in progress.

WHAT FAMILY AND FRIENDS CAN DO TO ENSURE QUALITY CARE

Family members and friends can contribute to the quality of care at an assisted living facility by visiting often. By visiting frequently, they can monitor the quality of care their loved one receives. Staff at the facility may pay more attention to a resident who has attentive visitors than to those whose family and friends visit less frequently.

CHAPTER 7

ENABLING OTHERS TO MAKE HEALTH CARE AND FINANCIAL DECISIONS FOR YOU

While you are planning where you will live for the next several years, you should also think about your financial and health care decisions. If you take some steps now, it will assist those who love you to make medical decisions for you and to administer your property if you become unable to do so yourself.

There are two areas to consider:

- ❖ who might handle your money and property if you are unable to do so (Arranging Assistance with Financial Decisions); and
- ❖ who might make medical decisions for you if you are unable to do so (Arranging Assistance with Health Care Decisions).



DURABLE POWERS OF ATTORNEY

A “power of attorney” is a legal document used to appoint another person to act on your behalf. It is very helpful if you become unable to handle your own money and need someone else to do it for you.

You must be competent to sign a power of attorney.

You are the “principal.”

The person you appoint to represent you is your “agent.”

In a durable power of attorney, you, the **principal**, name an **agent** to act for you, as if you were acting yourself.

"Durable" means that the power of attorney will stay in effect even if you, the principal, become incapacitated and cannot act for yourself.

You may still act for yourself as long as you are able even if you have appointed an agent.

Arranging Assistance with Financial Decisions

There are five typical methods you can use to arrange for someone else to handle your money and property in the event you become unable to do so:

1. Durable Power of Attorney;
2. Representative Payee;
3. Banking Services;
4. Personal Money Managers; and
5. Trusts.

If you make arrangements in advance, you may avoid the possibility of your loved ones having to go to court to seek a guardianship over your financial affairs.

You must think very carefully about who you would choose as your agent, for agents often have unlimited discretion to act in your name. Think about the person you would trust the most to handle your affairs for you. Does this person have an unblemished record of honesty? Do you trust this person to disregard his or her own interests and to act only in your best interest? If not, you should not use a power of attorney to appoint an agent.

We have heard many sad stories of an elder appointing an agent who then cleaned out the elder's bank account or put a mortgage on the elder's home.

A power of attorney *must* be written when the principal is competent. For some persons with dementia, it may be too late to write a power of attorney. People in the early stages of Alzheimer's Disease, still may be competent to say whom they trust to handle their money for them. This may also be true for some people with mental retardation, and for those with mental illness as well.

To be competent, a principal must be able to understand:

1. What property he or she owns,
2. The consequences of appointing an agent, and
3. Who he or she wants to handle his or her money.

If a power of attorney is signed by you when you are in an early state of dementia, it will be helpful to have your signing witnessed by people who can confirm that you understood these points when you signed.

Durable powers of attorney usually state that the agent has unlimited discretion to:

1. Collect moneys due the principal,
2. Deposit funds for the benefit of the principal, and,
3. Write checks to pay bills.

The agent may also have the authority to make investments and to buy and sell property and stock. However, a power of attorney also can be written to limit the authority given the agent.

You may create a power of attorney as part of your estate plan. For anyone

who has property in his or her name alone, regardless of age, it is important to have a power of attorney. Anyone may suffer a sudden illness or accident that leaves him or her unable to act on his or her own behalf.

It is not necessary to have a lawyer write a power of attorney, although if you have substantial assets and investments, it is a good idea to discuss a power of attorney with an attorney. If you have few assets, it is possible to



write a power of attorney using forms from an office supply store or from a computer disk.

You should think about whether you want to give the agent the power to make gifts to him or herself. You may also write the power of attorney so that it only becomes effective when two doctors have certified you as not being able to handle your own finances. This is called a "springing" power of attorney.

Be very sure that you understand the meaning of the document and sign it willingly and knowingly. Have people who can verify your competency witness your signing because a power of attorney can be challenged just like a will.

Representative Payees

If your income is from Social Security or the Veterans Administration and there comes a time when you can no longer manage these funds yourself, the government agencies involved may appoint someone else as your **representative payee**. The representative payee can collect your monthly income and use it to pay your bills. Some pension plans also allow for representative payees.



The person who wants to be your representative payee applies by filling out the agency's application form. There is no need to go to court, as the agency makes its decision based on your doctor's opinion that you are unable to handle your money. Arranging for a representative payee is much easier and cheaper than having to go to court to have a guardian appointed. Moreover, there is no court finding of incapacity so you maintain most of your independence and autonomy. Representative payees are only authorized to handle checks from the agency that appoints them. They are not authorized to handle any of your other property.

Representative payees are usually family members or friends, but assisted living facilities, public agencies, and volunteer organizations can serve as representative payees. The agency paying the benefits requires the representative payee to file an

annual report verifying how the money was spent on your needs.

Banking Services

Some banks can manage funds for you if you are not able to do so or arrange other services that may be of assistance. It is possible to arrange for the following services.

❖ *Direct Deposit*

Your monthly income can be directly deposited in your bank account, saving you a trip to the bank.

❖ *Direct payments*

Some bills can be paid electronically by the bank. These are usually routine bills such as your mortgage, rent, utility and assisted living bills. When the bank pays these bills electronically, you do not have to remember to write a check each month.

❖ *“Power of Attorney” or Convenience Account*

Banks can set up a power of attorney or convenience account for you. You tell the bank who you would like to handle your account for you and the bank adds them to the account as your agent. It is like a power of attorney, but only for that account (hence the name “power of attorney account”) without the formality of having a power of attorney created. If you have a formal power of attorney document you do not need a “power of attorney” or convenience accountant.

❖ *Joint Ownership of Bank Accounts*

You may want to establish joint accounts with your children or other trusted relatives to make sure that the funds in the account go to the other person when the first one dies.

Joint accounts also make it easier for someone else to write checks on an account and to pay your bills.

However, beware! Joint Accounts are dangerous to both parties and easily used to financially exploit the original owner!

A joint account gives the other person and their creditors full access to all of your funds in the joint account.

There is no need to have a joint account with someone who is not your spouse. If



you want a child, relative, or trusted friend to have the funds in the account when you die, have the bank make it a “payable on death” account. The bank will make clear on the account documents that the funds in the account will be paid at your death to whoever you designate *without* having to go through *probate*. In other words, you can have who you want get the money directly with a “P.O.D.” account, without the dangers of a joint account.

Similarly, there is no reason to add a person’s name to your account as a joint account holder just so they can help you with your bills. Go to the bank and have the bank make it a convenience or “power of attorney” account.

A joint account can also create problems for you if you apply for Medicaid. Medicaid may consider all funds in a joint account as yours. This may disqualify you from some of the Medical Assistance waiver funds described in Chapter 3.

Contact your bank to ask about the alternatives described above.

Personal money managers

If you have substantial assets, you can hire a personal money manager to collect funds and pay bills each month. While agents usually have authority to do things like sell your property, personal money managers act more like a bookkeeper. They do not have authority to sell or give away your money or property. To locate a personal money manager call the Senior Information and Assistance Program in your local area agency on aging (see Chapter 9 for the telephone number) or call the American Association of Daily Money Managers at 301-593-5462. Before hiring a personal money manager, carefully check his or her references and status with the bonding company.

Trusts

A trust is a legal arrangement by which you, the **grantor**, gives property to another, the **trustee**, to hold for the benefit of a third person, the **beneficiary**. A trust is



usually only used if there are substantial assets because the trustee charges a fee.

The trust instrument usually describes how the money should be spent on the beneficiary. You should see a lawyer to set up a trust. Trusts are complicated and flexible and they must be precisely written to reflect your wishes. It is important to set up the trust so that it does not jeopardize the person's public benefits, such as Medicaid.

Special Needs Trusts

When you are receiving government benefits such as Medical Assistance, a special-needs trust can be established for your benefit. The trust funds would be used to pay for items that Medical Assistance cannot pay for, such as a motorized wheelchair. See a lawyer to set up a special needs trust. If the beneficiary dies, any funds in the special needs trust will be turned over to the State to repay the State for providing Medical Assistance benefits.

Arranging Assistance with Health Care Decisions

Maryland's Health Care Decisions Act allows you, if you are competent, to write an advance directive (also known as a living will or a health care durable power of attorney). An advance directive is a legal instrument in which you can state what kind of medical care you would want and who you would want to make medical decisions for you, if you were not able to make decisions for yourself.

If you do not have an advance directive, the statute allows your closest relatives or friends to make health care decisions for you in the event you are unable to do so.

Advance Directives

An **advance directive** must be made when you are competent to understand what it says. It usually has two parts:

- ❖ one to appoint someone to make medical decisions if you are not able to do so yourself; and
- ❖ a second part to state what type of medical care you would want if you cannot act for yourself.

An advance directive may be made orally or in writing. If you make an oral advance directive, your doctor and another witness must hear what you say. The doctor then notes what you want in your medical chart and he and the other witness sign the notes.

If you write an advance directive, it must be witnessed by two persons. At least one of the witnesses must be someone who would not benefit from your death. That is, someone who would not receive insurance benefits or an inheritance if you die.

AFTER YOU WRITE AN ADVANCE DIRECTIVE

After you have written an advance directive, you should make several copies. Give one to your agent, one to each of your doctors, and keep one in an easily accessible place where your relatives or friends know where to find it. If you go to an assisted living facility, a copy of your advance directive must be placed with your records.

Appointment of a health care agent

An advance directive is similar to a power of attorney. You, the **principal**, name an **agent** to act for you if you cannot make medical decisions for yourself. Unless you specify otherwise, the agent's power becomes effective

when two doctors certify that you cannot make medical decisions yourself.

Health care instructions

You may also state what kind of care you would want if you cannot act for yourself. This may refer to end-of-life care, or you may state that you would not want a particular procedure (for example, kidney dialysis).

Be aware that if you appoint a health care agent and give instructions about specific care decisions in an advance directive, the health care agent will be bound by your decisions. Some people want to limit their agent's discretion in this way. Others prefer just to tell the agent about their general health care preferences and leave the ultimate decision to be made in a future situation up to the agent.

Surrogate Decision Making

If you do not have an advance directive, the Health Care Decisions Act allows your closest relatives or friends to make health care decisions for you. Maryland law encourages family members and friends to make medical decisions if you are not able to act yourself. If you are mentally incapacitated because of

LIST OF PRIORITY FOR SURROGATES

A surrogate is someone who acts for the patient. The surrogate will make decisions about what care the patient will receive. Surrogates are called upon in the following order:

- ❖ legally appointed guardian;
- ❖ spouse;
- ❖ adult children;
- ❖ parents;
- ❖ adult siblings; and
- ❖ other relatives or friends.

illness, disease, mental illness, or a developmental disability, they may make medical decisions for you without going to court to get a guardianship over you.

After two doctors certify that you cannot make an informed choice about medical care, the doctors will ask if you have a written advance directive. If you have done this, the doctors will look to the agent named to make medical

decisions. If there is no advance directive, the doctors will look to the closest relatives or friend to make medical decisions.

Standard for Surrogate Decisions

The surrogate(s) will make all medical decisions for you, including day-to-day care as well as end-of-life decisions, if you are in a terminal or end-stage condition or in a permanent coma. The surrogate(s) will consult with your doctors and should make decisions based on what you would have wanted. This is called the *substitute judgment* test.

In considering what you would want if you could make the decision, the surrogate(s) will consider your:

- ❖ current diagnosis and prognosis;
- ❖ expressed preference regarding the treatment being considered;
- ❖ attitude toward similar treatment for another person;
- ❖ behavior and attitude toward medical treatment in general;
- ❖ expressed concerns about the effects of your illness and treatment on other family members and friends; and
- ❖ religious beliefs and moral beliefs.

If it is not possible to know what you would have wanted, the surrogate(s) will follow the *best interest test* and consider:

- ❖ the treatment's effects on your physical, emotional, and mental functions;

-
- ❖ the treatment's risks, benefits, and side effects;
 - ❖ the physical pain you would suffer with and without treatment;
 - ❖ the effect of the treatment on your life expectancy and your potential for recovery;
 - ❖ the humiliation, loss of dignity and dependency you are suffering; and
 - ❖ your religious beliefs and values.

Surrogate(s) **may not** authorize treatment in the following circumstances:

- ❖ if you actively refuse the treatment;
or
- ❖ the treatment is for a mental disorder or sterilization.

In these circumstances, it may be necessary to file for guardianship of the person and get the permission of the court to authorize treatment.

Liability

A surrogate is not liable for any of the patient's medical costs just because the surrogate is authorizing treatment. A surrogate is not liable for any medical decisions he or she makes in accordance with the Health Care Decisions Act. The law also protects surrogates from errors in judgment.

CHAPTER 8

ALTERNATIVES TO ASSISTED LIVING

If you are thinking about moving to assisted living you may want to consider what options may suit your particular circumstances. Other options can include home health care, adult day care, continuing care retirement communities, nursing homes, and senior communities. Each of these alternatives is described briefly in this

Chapter. However, before you read about these alternatives it is important for you to know about two resources that can help you choose the right solution for you: (1) Adult Evaluation and Review Services and (2) Geriatric Care Managers.



Adult Evaluation and Review Services (AERS)

AERS's purpose is to help you remain in the community while functioning at the highest possible level of independence and personal well being. An AERS team consists of professional nurses, social workers, and doctors, if needed. Your team will develop a plan of care that recommends any services needed to help you remain at home. If you cannot remain at home, the plan

will recommend the most appropriate services for your situation.

AERS teams are part of your local county or city health department and their evaluation services are *free*. See Chapter 9 for the AERS team closest to you.

Geriatric Care Managers

Geriatric care managers are professionals who are trained in gerontology, social services, psychology, nursing, or counseling. They help you and your family manage the daily decisions which may keep you in your own home, or help decide when to make a change to a more protected setting.

Geriatric care managers can assess your health, emotions, and ability to handle the activities of daily living. Geriatric care managers can help find home health care providers, monitor how a provider is working, and make recommendations to you or your family about public benefit programs that can make life easier. They can provide crisis counseling and help find the best place to move if you decide to move to a more protected setting. Some geriatric care managers also provide money management, individual therapy, and

guardianship services. Geriatric care managers charge an hourly fee for their services, which usually range from \$60 to \$125 per hour.

There is a national association that certifies geriatric care managers. To find a certified geriatric care manager near you, call the National Association of Professional Geriatric Care Managers, 655 N. Alvernon, Suite 108, Tucson, AZ 85711, at 520-881-8008. You may also visit them on the internet at www.caremanager.com.

You may also find local geriatric care managers by calling your local area agency on aging. See Chapter 9 for telephone numbers.

Home Health Care Services

Home health care services are designed to promote, maintain, or restore health, or to minimize the effects of illness or injury on your ability to cope with activities of daily living, while living at home.



Home health care can include skilled nursing care and home support services.

Skilled nursing care services are prescribed by a physician. You receive the skilled nursing services from a registered nurse after your doctor has prescribed them. Registered nurses and licensed practical nurses monitor your medicines, help with catheters, administer wound care, teach you and your

family members how to perform certain medical services, and provide other skilled services. Some specialized therapists may perform physical, speech, occupational, and respiratory therapy to you at home.

Support services include personal care to you, such as bathing, dressing, eating, and exercising; some home-maker services, such as meal preparation, laundry, light housekeeping, and shopping; and companion services. Usually, these services are performed by home health aides.

Home health agencies may be private or public. You may also hire someone privately to provide care. Some public agencies are the local agencies on aging, Departments of Social Services, and Health Departments. See Chapter 9 for the telephone numbers of these agencies.

Under a new Maryland program, Medicaid may pay for some home health care. To apply for this benefit, go to your local area agency on aging. See Chapter 9 for telephone numbers for agencies on aging. Staff will help you get what you need to establish your medical condition, and will help you fill out the application. If you are denied Medicaid home health care, you can appeal the decision. The Legal Aid Bureau may be able to help you. See Chapter 9 for your local Legal Aid Bureau office.

Medicare may pay for home health care after you come home from the hospital. Medicare covers a limited number of home health visits and some support care as well. Some Medigap insurance policies also cover home health visits. **However, in most cases, home health care has to be paid for entirely from a person's personal income.**

Adult Day Care

Adult day care provides a place for you if you cannot stay alone at home during the day. Adult day care usually provides transportation to and from the center, as well as meals, medications, and some nursing and social services.

One of the biggest benefits of adult day care is the activities. You can mingle with others in a safe environment.

When considering adult day care, you should visit the center and determine whether the center is clean and well kept, whether it meets fire and safety regulations, and whether it is comfortable. Observe the staff in action. Are they friendly and encouraging? Is the staff courteous and respectful, and do they treat the participants as adults? Ask about the activities. Watch to see if people are encouraged to join in.

Read the contract carefully and decide if the center is right for you. Also consider the cost of adult day care; there are some subsidy programs, some for

Veterans and some for low income people, but usually costs are paid privately by you or your family.

Call your local area agency on aging for a list of adult day care providers in your area. See Chapter 9 for the address and telephone number of your local area agency on aging.



Senior Communities

Senior communities are for active older adults who do not want the worries of caring for a house and grounds. They include apartment complexes, condominium communities, and single family developments. They screen prospective residents for age. They also may provide more security than other complexes. Independent living and senior apartment communities may offer various activities: cultural activities, shopping trips, and longer outings. They may offer transportation, and many have sport centers. Most independent living communities do not offer healthcare services, but do offer meals in a community dining room.

If you are planning to move to a senior community, consider the services you think you will need, and their cost. You usually pay a flat monthly charge to cover basic services to residents, with additional services available for an added fee.

Some public housing apartments are available for elders and those with disabilities. In addition, many counties have some subsidies for senior housing and for those with disabilities. Call your local agency on aging to ask if there is a subsidy and if there is a waiting list. See Chapter 9 for your local agency on aging and its telephone number.

Continuing Care Retirement Communities (CCRCs)

Continuing care retirement communities are a special type of senior community. They offer a variety of living arrangements, from independent living in apartments, to assisted living, to nursing home care. The idea behind continuing care retirement communities is that once you go to live at the CCRC, you will not have to leave the community, even if your health declines. Most CCRCs offer assisted living and nursing care on-site.

CCRCs generally charge a hefty entrance fee, from \$100,000 to \$300,000 depending on the type of contract one signs. There is also a monthly fee, and there are often additional fees for optional services.

CCRCs screen the age, health, and cognitive status of prospective residents to determine whether residents are able to live alone when they enter the facility. Most CCRCs want their residents to be able to live independently for some period of time when they first enter the facility. There are approxi-

mately thirty CCRCs in Maryland, offering a different range of facilities and services. They are owned and managed by a variety of non-profit and for-profit businesses.

Three Basic Contracts

There are three basic CCRC contract models:

Type A—"Life care" or "Extensive" contract

Although many CCRCs promote and advertise themselves as "life care communities," only about one-third offer this type of contract. Under this plan, the anticipated costs of your future health care needs are built into the entrance fee and monthly fees. The finances of the community are structured so the monthly fee remains relatively constant

whether you are in an independent living apartment, an assisted living unit, or nursing home bed. The fees are periodically adjusted to cover changing

WHEN CONSIDERING A CCRC

Call the Maryland Department of Aging at 410-767-1118 and ask for a CCRC Consumer Package. In addition, be sure to request the following papers from each CCRC you are considering: its continuing care agreement, its annual disclosure statement, and its most recent annual audited financial statement. Read the agreement carefully. You should have an attorney look over the agreement. You may also want to speak with a qualified financial advisor to determine if your personal financial situation fits the financial structure of the CCRC.



operating costs and inflation. Most facilities also offer optional services (such as meals, housekeeping, laundry, and beauty and barber services) on a fee-for-service basis.

Type B—“Modified” contract

Under a “modified contract” the entrance fee and monthly fees cover shelter and various resident services and amenities. Assisted living and nursing care are provided at no increased fee, but only for a specified period of time (such as 90 days). In a Type A or Extensive Contract there is no time limit. If you need more assisted living or nursing home care than the number of days provided for in a Type B agreement, you have to pay whatever the prevailing daily rate is at the time you receive the service. Optional services are provided on a fee-for-service basis.

Type C—“Fee for Service” contract

Many CCRCs in Maryland offer a fee-for-service contract. Under this plan, the entrance fee and monthly fees only cover shelter and some basic services that are *not* related to health care. If you need assisted living services, nursing care, or any other optional service, you have to pay whatever the prevailing rate is when you receive the service. The monthly rates for assisted living and nursing home care are substantially more expensive than they are for independent living.

Refunds

Many communities now advertise “refundable entrance fees” which are refunded to the resident when the resident leaves. You should read the contract carefully to determine whether the entrance fee is:

- ❖ non-refundable;
- ❖ refundable on a declining basis over time; or
- ❖ partially refundable on a percentage basis.

There are no truly 100% refundable agreements in Maryland as of 2002. While some CCRCs advertise a fully refundable entrance fee, there is always some refurbishing or other fees they assess before paying the refund. You should also determine when a refund will be paid. A common clause in most CCRC contracts requires you to wait until a new resident moves into your space before you receive a refund.

The American Association of Homes and Services for the Aging (AAHSA) publishes a directory on CCRCs. The Continuing Care Accreditation Committee of AAHSA has accredited many CCRCs in several states. You can call AAHSA at (202) 783-2242 and ask for



the booklet. The address of AAHSA is 901 E Street NW, Suite 5000, Washington, DC 20004-2837 or look on the internet at www.aahsa.org.

You can also call the Maryland Department of Aging at 410-767-1118 to get a consumer guide to CCRC's. This packet of information includes a list of all CCRCs in Maryland.

Nursing Homes and Rehabilitation Centers

Nursing homes and rehabilitation centers provide nursing care around the clock to you if you do not need the services of an acute care hospital. Nursing professionals provide care under the direction of a physician. Some nursing homes also offer short-term care if you are recovering from an injury or an illness or need rehabilitation therapy after an accident or stroke.

If considering a nursing home call your local agency on aging to get a copy of "Nursing Homes: What You Need to Know," which is a publication similar to this one, but geared to nursing



homes. You can also get it from Maryland Attorney General's internet web page at www.oag.state.md.us/consumer/nurshome.htm.

How to Pay for Alternatives

Some of the ways to pay for assisted living described in Chapter 3 may also help pay for the alternatives described in this Chapter. For example long term care insurance and the Maryland Medicaid Waiver for Older Adults will pay for personal care in your home in certain circumstances. A reverse mortgage might enable you to convert the equity in your home to cash, which you could use to pay for home health services that would allow you to stay in your home.

If you need help figuring out how you can pay for a particular alternative, contact your local area agency on aging. The address and phone number for your local agency is in Chapter 9. The agency may have staff who can help you directly or it may refer you to some financial planners or elder law attorneys who can advise you on your financial options.

CHAPTER 9

WHERE TO GET HELP

This Chapter is organized geographically. National resources are listed first, State resources second, and local (i.e. county and Baltimore City) resources are listed third.

National Resources

American Association of Retired Persons (AARP)
601 E. St., NW
Washington, DC 20049
(800) 424-3410
Internet at <http://www.aarp.org>

American Association of Homes and Services for the Aging (AAHSA)
2519 Connecticut Ave., NW
Washington, DC 20008-1520
(202) 783-2242
Internet at <http://www.aahsa.org>

Assisted Living Federation of America (ALFA)
10300 Eaton Place, Suite 400
Fairfax, VA 22030
(703) 691-8100
Internet at <http://www.alfa.org>

Consumer Consortium on Assisted Living
P.O. Box 3375
Arlington, VA 22203
(703) 533-8121
Internet at <http://www.ccal.org>
Organization of consumers, caregivers, regulators, researchers, educators, advocates and providers who examine issues in assisted living.

National Citizens' Coalition for Nursing Home Reform
1424 16th St., NW, Suite 202
Washington, DC 20036
(202) 332-2275
Internet at <http://www.nccnhr.org>

National Elder Care Locator
1-800-677-1116
Refers consumers to local area agencies on aging by zip code anywhere in the United States.

National Association of Professional Geriatric Care Managers
655 N. Alvernon, Suite 108
Tucson, AZ 85711
(520) 881-8008.
Internet at: <http://www.caremanager.com>.

National Center for Home Equity Conversions

(651) 222-6775

Internet at: www.reverse.org.

United Seniors Health Cooperative

409 Third Street, SW, #200

Washington, DC 20024

(202) 479-6678.

Call United Seniors Health Cooperative to ask for information on buying long-term care insurance.

National Websites

www.elderweb.com

Elder web

www.webofcare.com

Web of Care

www.nslc.org

National Senior Citizens Law Center

www.aahsa.org

American Association of Homes and Services for the Aging

www.aarp.org

American Association of Retired Persons

www.ccal.org

Consumer Consortium on Assisted Living

www.ncal.org

National Center for Assisted Living

www.abanet.org

American Bar Association, Commission on Legal Problems of the Elderly

Maryland Resources

Office of Health Care Quality

Department of Health and Mental Hygiene

Spring Grove Hospital Center

Bland Bryant Center

55 Wade Avenue

Catonsville, MD 21228

(410) 402-8217

<http://www.dhmf.state.md.us/ohcq>

Call this office to complain about care at an assisted living facility. The office is responsible for licensing assisted living facilities.

Maryland Department of Aging

301 West Preston Street, Suite 1007

Baltimore, Maryland 21201

410-767-1100

(800) AGE-DIAL

<http://www.mdoa.state.md.us>

Health Education and Advocacy Unit

Office of the Attorney General

200 St. Paul Place

Baltimore, MD 21202

Toll-free number: 1-877-261-8807

<http://www.oag.state.md.us>

Legal Aid Bureau

Assisted Living Division

29 W. Susquehanna Avenue

Suite 305

Towson, MD 21204

(410) 296-6705 Baltimore metropolitan area and (800) 367-7563 toll free in Maryland.

Guide to Retirement Living

This is a **free** guide which lists a variety of housing options for older adults in the Maryland, DC and Virginia areas. It lists assisted living facilities, adult day care centers, nursing homes, home health agencies, geriatric care management services, senior communities, and continuing care retirement communities. Call (800) 394-9990 to get your free copy.

Maryland Websites

www.dhmf.state.md.us/ohcq
Maryland Office of Health Care Quality

www.md.lab.org
People's Law Library

www.manpha.org
Mid-Atlantic Non-Profit Health and Housing Association

www.mala_md.org
Maryland Assisted Living Association

<http://www.oag.state.md.us>
Office of the Attorney General

<http://www.mdoa.state.md.us>
Maryland Department of Aging

<http://www.dhmf.state.md.us/ohcq>
Office of Health Care Quality

County and Baltimore City Resources

Allegany County

Adult Evaluation and Review Services
P. O. Box 1745
12500 Willowbrook Road
Cumberland MD 21502
(301) 777-5665

Department of Social Services
1 Frederick Street
P.O. Box 1420
Cumberland, MD 21501
(301) 784-7000

Legal Aid Bureau, Inc.
110 Greene Street
Cumberland, MD 21502
(301)777-7474 (Allegany Co.)
(301) 334-8832 (Garrett Co.)
(301) 777-1563 (fax)

Area Agency on Aging

Human Resources Development Commission
Area Agency on Aging
19 Frederick Street
Cumberland, MD 21502
(301) 777-5970
(301) 722-0937 (fax)

Medicaid Waiver Provider Information and Assistance
(301) 777-5970 X107

Senior Health Insurance Assistance Program (SHIP)
(301) 777-5970 X 136

Senior Information and Assistance Central
Offices
(301) 777-5970

Ombudsman Program
(301) 777-5970

Anne Arundel County

Adult Evaluation and Review Services
Anne Arundel County Health Dept.
Geriatric Health Services
2666 Riva Road, Suite 400
Annapolis, MD 21401
(410) 222-4366-7

Department of Social Services
80 West Street
Westgate Building, 2nd floor
Annapolis, MD 21401
(410) 269-4500
TDD: (410-974-8590)

Department of Social Services
George Taylor DC/MSD
7500 Ritchie Highway
Glen Burnie, MD 21061
(410) 421-8500
(410) 508-2079 (fax)

Legal Aid Bureau, Inc.
229 Hanover Street
P.O. Box 943
Annapolis, MD 214040
(410) 263-8330 (Anne Arundel)
(410) 269-0846 (Balto.)
(301) 261-1956 (DC)
(800) 666-8330
(410) 269-8916 (fax)

Area Agency on Aging

Anne Arundel County Department of
Aging
2666 Riva Road, Suite 400
Annapolis, MD 21401
(410) 222-4346
(410) 222-4346 (fax)

Medicaid Waiver Provider Information
and Assistance
(410) 222-4464

Senior Health Insurance Assistance
Program (SHIP)
(410) 222-4464

Senior Information and Assistance
Central Offices
(800) 492-2499

Ombudsman Program
(410) 222-4464

Baltimore City

Adult Evaluation and Review Services
Baltimore City Health Department
5610 Harford Road
Baltimore, MD 21214
(410) 396-6006

Department of Social Services
300 Metro Plaza
Baltimore, MD 21215
(410) 361-4600
(410) 889-6805 (fax)

Legal Aid Bureau, Inc.
500 E. Lexington Street
Baltimore, MD 21202
(410) 539-5340
(800) 999-8904
TTY (800) 458-5340

Legal Aid Bureau, Inc.
Cherry Hill Neighborhood Center
606 Cherry Hill Road
Baltimore, MD 21225
(410) 355-4223
(410) 354-0579 (fax)

Legal Services Programs
Sixty Plus Program
Lawyer Referral and Information
Service
111 North Calvert Street, Suite 627
Baltimore, MD 21202
(410) 539-3112
*Assistance to seniors in writing wills,
powers of attorney and advance direc-
tives.*

Legal Services to the Elderly
Baltimore City Bar Association
111 North Calvert Street, Suite 631
Baltimore, MD 21201
(410) 396-1322

Area Agency on Aging
Baltimore City Commission on Aging
& Retirement Education
10 North Calvert Street, Suite 3000
Baltimore, MD 21201
(410) 396-3144
(410) 385-0381 (fax)

Medicaid Waiver Provider Information
and Assistance
(410) 396-4932

Senior Health Insurance Assistance
Program (SHIP)
(410) 396-4932

Senior Information and Assistance
Central Offices
(410) 396-1341

Ombudsman Program
(410) 396-3144

Baltimore County

Adult Evaluation and Review Services
Baltimore Co. Health Dept.
1 Investment Place
Towson, MD 21204
(410) 887-2754

Department of Social Services
6401 York Road
Baltimore, MD 21212
(410) 853-3000

Legal Services for the Elderly
Legal Aid Bureau
29 West Susquehanna Avenue,
Suite 305
Towson, MD 21204
(410) 296-6705
(410) 296-4837 (fax)
(800) 367-7563

Sixty Plus Lawyer Referral Service

410 Bosley Avenue

Towson, MD 21204

(410) 337-9100

(410) 823-3418 (fax)

*Assistance to seniors in writing wills,
powers of attorney and advance direc-
tives.*

Area Agency on Aging

Baltimore County Department of Aging

611 Central Avenue

Towson, MD 21204

(410) 887-4200

(410) 887-5789 (fax)

Medicaid Waiver Provider Information
and Assistance

(410) 887-4634

Senior Health Insurance Assistance
Program (SHIP)

(410) 887-2594

Senior Information and Assistance
Central Offices

(410) 887-2594

Ombudsman Program

Ateaze Senior Center

7401 Holabird Avenue

Baltimore, MD 21222

(410) 887-7327

Ombudsman Program

Catonsville Senior Center

510 North Rolling Road

Catonsville, MD 21228

(410) 887-0918

Ombudsman Program

Parkville Senior Center

8601 Harford Road

Baltimore, MD 21234

(410) 887-5225

Calvert County

Adult Evaluation and Review Services

Calvert County Health Dept.

P.O. Box 980

Prince Frederick, MD 20678

(410) 535-5400

Department of Social Services

Louis Goldstein Building

200 Duke Street

Prince Frederick, MD 20687

(410) 286-2100

(410) 286-7429 (fax)

Legal Aid Bureau, Inc.

Southern Maryland Office

15364 Prince Frederick Road

P.O. Box 249

Hughesville, Md 20637

(410) 535-3278 (Calvert Co.)

(301) 884-5935 (St. Mary's Co.)

(301) 843-5850 (DC)

(301) 932-6661 (Charles Co.)

Area Agency on Aging

Calvert County Department of Aging

450 West Dares Beach Road

Prince Frederick, MD 20678

(410) 535-4606

(410) 535-1903 (fax)

Medicaid Waiver Provider Information
and Assistance
(410) 535-4606 or
(301) 855-1170

Senior Health Insurance Assistance
Program (SHIP)
(301) 855-1170

Senior Information and Assistance
Central Offices
(410) 535-4606

Ombudsman Program
(410) 535-4606

Caroline County

Adult Evaluation and Review Services
Caroline Co. Health Dept.
403 South 7th Street, Room 262
P.O. Box 10
Denton, MD 21629
(410) 479-8055

Department of Social Services
Denton Multiservice Center
207 South Third Street
P.O. Box 100
Denton, MD 21629
(410) 479-5900
(410) 479-5910 (fax)

Legal Aid Bureau, Inc.
Tred Avon Square, Suite 3
210 Marlboro Road
Easton, MD 21601
(410) 763-9676
(800) 477-2543
TTY (410) 763-8751

Area Agency on Aging

Upper Shore Aging, Inc.
P.O. Box 89
Chestertown, MD 21620
(410) 778-6000
(410) 778-3562 (fax)

Medicaid Waiver Provider Information
and Assistance
(410) 758-6500

Senior Health Insurance Assistance
Program (SHIP)
(410) 822-2869

Senior Information and Assistance
Central Offices
(410) 479-2093

Ombudsman Program
(410) 778-6000

Carroll County

Adult Evaluation and Review Services
Carroll County Health Department
P.O. Box 845
Westminster, MD 21158
(410) 876-4949

Department of Social Services
10 Distillery Drive
Westminster, MD 21157
(410) 386-3300
(410) 876-2190 (Baltimore City and
County)
(410) 386-3429 (fax)

Legal Aid Bureau, Inc.
203A Broadway
Frederick, MD 21701
(301) 694-7414 (Frederick Co.)
(800) 679-8813
(800) 763-4152

Area Agency on Aging

Carroll County Bureau of Aging
125 Stoner Avenue
Westminster, MD 21157
(410) 876-3363
(410) 840-0436 (fax)
Senior Health Insurance Assistance
Program (SHIP)
(410) 876-3363

Medicaid Waiver Provider Information
and Assistance
(410) 848-4049

Senior Information and Assistance
Central Offices
(410) 876-3363

Ombudsman Program
(410) 876-3363

Cecil County

Adult Evaluation and Review Services
410 Bow Street
Elkton MD 21921
(410) 996-5170

Department of Social Services
Elkton District Court, Multipurpose
Center
170 East Main Street
Elkton, MD 21921
(410) 996-0100
(410) 996-0464 (fax)

Legal Aid Bureau, Inc.
5 North Main Street, Suite 200
Bel Air, MD 21014
(410) 836-8202 (Harford Co.)
(410) 879-3755 (Balto. Co.)
(800) 444-9529

Area Agency on Aging

Cecil County Department of Aging
214 North Street
Elkton, MD 21921
(410) 996-5295
(410) 620-9483 (fax)

Medicaid Waiver Provider Information
and Assistance
(410) 996-5295

Senior Health Insurance Assistance
Program (SHIP)
(410) 996-5295

Senior Information and Assistance
Central Offices
(410) 996-5295

Ombudsman Program
(410) 996-5295

Charles County

Adult Evaluation and Review Services
P. O. Box 1050
White Plains, MD 20695
(301) 609-6900

Department of Social Services
200 Kent Avenue
P.O. Box 1010
La Plata, MD 20646
(301) 392-6400
(301) 870-3958 (fax)

Legal Aid Bureau, Inc.
Southern Maryland Office
15364 Prince Frederick Road
P.O. Box 249
Hughesville, MD 20637
(301) 932-6661 (Charles Co.)
(301) 843-5850 (DC area)
(301) 884-5935 (St. Mary's Co.)
(301) 535-3278 (Calvert Co.)

Area Agency on Aging

Charles County Department of Community Services
8190 Port Tobacco Road
Port Tobacco, MD 20677
(301) 934-0133
(301) 934-5624 (fax)

Medicaid Waiver Provider Information and Assistance
(301) 934-9305 X5145

Senior Health Insurance Assistance Program (SHIP)
(301) 934-9305 X 5118

Senior Information and Assistance Central Offices
(301) 934-5423

Ombudsman Program
(301) 934-0133

Dorchester County

Adult Evaluation and Review Services
3 Cedar Street
Cambridge, MD 21613
(410) 228-3223

Department of Social Services
627 Race Street
P.O. Box 217
Cambridge, MD 21613
(410) 901-4100
(410) 901-1047 (fax)

Legal Aid Bureau, Inc.
111 High Street
P.O. Box 4116
Salisbury, MD 21801
(410) 546-5511
(800) 444-4099
(410) 860-2148 (fax)

Area Agency on Aging

MAC, Inc.
1504 Riverside Drive
Salisbury, MD 21801
(410) 742-0505
(410) 742-0525 (fax)

Medicaid Waiver Provider Information and Assistance
(410) 376-3662

Senior Health Insurance Assistance
Program (SHIP)
(410) 742-0505

Senior Information and Assistance
Central Offices
(410) 221-1930

Ombudsman Program
(410) 376-3662

Frederick County

Adult Evaluation and Review Services
350 Montevue Lane
Frederick, MD 21702
(301) 694-9577

Department of Social Services
100 East All Saints Street
P.O. Box 237 (Frederick, MD 21705)
Frederick, MD 21701
(301) 694-4555
(301) 694-4550 (fax)

Legal Aid Bureau, Inc.
203A Broadway
Frederick, MD 21701
(301) 694-7414 (Frederick Co.)
(800) 679-8813
(800) 763-4152

Area Agency on Aging

Frederick County Department of Aging
520 Market Street
Frederick, MD 21701
(301) 694-1605
(301) 631-3520
(301) 631-3554 (fax)

Medicaid Waiver Provider Information
and Assistance
(301) 694-1604

Senior Health Insurance Assistance
Program (SHIP)
(301) 694-1604

Senior Information and Assistance
Central Offices
(301) 694-1604

Ombudsman Program
(301) 694-1605

Garrett County

Adult Evaluation and Review Services
1025 Memorial Drive
Oakland, MD 21550
(301) 934-9577

Department of Social Services
12578 Garrett Highway
Oakland, MD 21550-0556
(301) 533-3000
(301) 334-5449 (fax)
TTY (301) 334-5449

Legal Aid Bureau, Inc.
110 Greene Street
Cumberland, MD 21502
(301) 777-7474 (Allegany Co.)
(301) 334-8832 (Garrett Co.)
(301) 777-1563 (fax)

Area Agency on Aging

Garrett County Area Agency on Aging
104 East Centre Street
Oakland, MD 21550-1328
(301) 334-9431 ext. 138
(301) 334-8555 (fax)

Medicaid Waiver Provider Information and Assistance

(301) 334-9431 or
(888) 877-8403 ext. 139

Senior Health Insurance Assistance Program (SHIP)

(301) 334-9431

Senior Information and Assistance Central Offices

(301) 334-9431

Ombudsman Program

(301) 334-9431 ext. 138

Harford County

Adult Evaluation and Review Services
Harford County Health Dept.
Edgewater Village Shopping Center
1837 Pulaski highway
Edgewood, MD 21040
(410) 612-1683

Department of Social Services

Mary E. W. Risteau DC/MSC
2 South Bond Street
Bel Air, MD 21014
(410) 836-4954
(410) 836-5413 (fax)

Legal Aid Bureau, Inc.

5 North Main Street, Suite 200
Bel Air, MD 21014
(410) 836-8202 (Harford Co.)
(410) 879-3755 (Balto. Co.)
(800) 444-9529

Area Agency on Aging

Harford County Department on Aging
145 N. Hickory Avenue
Bel Air, MD 21014
(410) 638-3025
(410) 638-3069 (fax)

Medicaid Waiver Provider Information and Assistance

(410) 638-3025

Senior Health Insurance Assistance Program (SHIP)

(410) 638-3025

Senior Information and Assistance Central Offices

(410) 638-3025

Ombudsman Program

(410) 638-3025

Howard County

Adult Evaluation and Review Services
Howard County Health Dept.
6751 Columbia Gateway Drive
c/o ACES—2nd Floor
Columbia, MD 21046
(410) 313-6450

Department of Social Services
7121 Columbia Gateway Drive
Columbia, MD 21046
(410) 872-4200
(410) 872-4231 (fax)

Legal Aid Bureau, Inc.
District Court, 2nd floor
3451 Court House Drive
Ellicott City, MD 21043
(410) 480-1057
(888) 215-5316

Area Agency on Aging

Howard County Department on Aging
6751 Columbia Gateway Drive, 2nd
floor
Columbia, MD 21046
(410) 313-6423
(410) 313-6593 (fax)
(410) 313-6540 (fax)

Medicaid Waiver Provider Information
and Assistance
(410) 313-6052

Senior Health Insurance Assistance
Program (SHIP)
(410) 313-7212

Senior Information and Assistance
Central Offices
(410) 313-7212

Ombudsman Program
(410) 313-6423

Kent County

Adult Evaluation and Review Services
Kent County Health Dept.
125 S. Lynchburg St.
P.O. Box 359
Chestertown, MD 21620

Department of Social Services
350 High Street
P.O. Box 670
Chestertown, MD 21620
(410) 810-7600
(410) 778-1497 (fax)

Legal Aid Bureau, Inc.
Tred Avon Square, Suite 3
210 Marlboro Road
Easton, MD 21601
(410) 763-9676
(800) 477-2543
TTY (410) 763-8751

Area Agency on Aging

Upper Shore Aging, Inc.
P.O. Box 89
Chestertown, MD 21620
(410) 778-6000
(410) 778-3562 (fax)

Senior Health Insurance Assistance
Program (SHIP)
(410) 778-2564

Medicaid Waiver Provider Information
and Assistance
(410) 758-6500

Senior Information and Assistance Central
Offices
(410) 778-2564

Montgomery County

Adult Evaluation and Review Services
Montgomery County Dept. of Health
and Human Services
Aging & Disability Services
410 Hungerford Dr. 3rd Floor
Rockville, MD 20850
(240) 777-3000

Department of Social Services
410 Hungerford Drive, 5th floor
Rockville, MD 20850
(240) 777-3000
(240) 777-1495 (fax)
TTY (240) 777-4575

Legal Aid Bureau, Inc.
14015 New Hampshire Avenue
Silver Spring, MD 20904
(301) 879-8752
(888) 215-5316

Area Agency on Aging

Montgomery County Dept. of Health
and Human Services
Long Term Care Ombudsman Program
410 Hungerford Drive, 3rd floor
Rockville, MD 20850
(240) 777-3369
(240) 777-1436 (fax)

Medicaid Waiver Provider Information
and Assistance
(240) 777-3043

Senior Health Insurance Assistance
Program (SHIP)
(301) 590-2819

Senior Information and Assistance
Central Offices
(240) 777-3000

Ombudsman Program
(240) 777-3910

Montgomery County PASRR
16220 Frederick Road
Suite 510
Gaithersburg, MD 20877
(301) 208-0775

Prince George's County

Adult Evaluation and Review Services
Prince George's Co. Health Dept.
D. Leonard Dyer Regional Health Ctr.
9314 Piscataway Road
Clinton, MD 20735
(301) 856-9460

Department of Social Services
805 Brightseat Road
Landover, MD 20785
(301) 909-7000
(301) 909-7001 (fax)

Department of Social Services
Out-of-Home Services
925 Brightseat Road
Landover, MD 20785
(301) 909-2000
(301) 909-2003 (fax)

Legal Aid Bureau, Inc.
6811 Kenilworth Avenue
Calvert Building, Suite 500
Riverdale, MD 20737
(301) 927-2101 (business)
(301) 927-6800 (intake)
(888) 215-5316
TTY (301) 864-3093

Area Agency on Aging

Long Term Care Unit
Aging Services Division
5012 Rhode Island Avenue
Hyattsville, MD 20781
(301) 699-2684
(301) 699-2845 (fax)

Medicaid Waiver Provider Information
and Assistance
(410) 767-1272 or
(800) 243-3425 X 1272

Senior Health Insurance Assistance
Program (SHIP)
(301) 699-2893

Senior Information and Assistance
Central Offices
(301) 699-2696

Ombudsman Program
(301) 699-2684

Queen Anne's County
Adult Evaluation and Review Services
206 North Commerce Street
Centreville, MD 21617
(410) 758-3711

Department of Social Services
120 Broadway
Centreville, MD 21617
(410) 758-8000

Legal Aid Bureau, Inc.
Tred Avon Square, Suite 3
210 Marlboro Road
Easton, MD 21601
(410) 763-9676
(800) 477-2543
TTY (410) 763-8751

Area Agency on Aging

Queen Anne's County Department on
Aging
104 Powell Street
Centreville, MD 21617
(410) 758-0848
(410) 758-4489 (fax)

Medicaid Waiver Provider Information
and Assistance
(410) 758-0848

Senior Health Insurance Assistance
Program (SHIP)
(410) 758-0848

Senior Information and Assistance
Central Offices
(410) 758-0848

Ombudsman Program
(410) 758-0848

Somerset County

Adult Evaluation and Review Services
Somerset County Health Dept.
11678 Somerset Avenue
Princess Anne, MD 21853
(410) 651-5640

Department of Social Services
30397 Mt. Vernon Road
Princess Anne, MD 21853
(410) 677-4200
(410) 677-4300 (fax)

Legal Aid Bureau, Inc.
111 High Street
Salisbury, MD 21801
(410) 546-5511
(800) 444-4099
(410) 860-2148

Area Agency on Aging

MAC, Inc.
1504 Riverside Drive
Salisbury, MD 21801
(410) 742-0505
(410) 742-0525 (fax)

Medicaid Waiver Provider Information
and Assistance
(410) 742-0505

Senior Health Insurance Assistance
Program (SHIP)
(410) 742-0505

Senior Information and Assistance
Central Offices
(410) 651-0020

Ombudsman Program
(410) 742-0505

St. Mary's County

Adult Evaluation and Review Services
St. Mary's County Health Dept.
P.O. Box 316
21580 Peabody Street
Leonardtown, MD 20650

Department of Social Services
Joseph D. Carter Building
23110 Leonard Hall Drive
Leonardtown, MD 20650
(240) 895-7000
(240) 895-7099 (fax)

Legal Aid Bureau, Inc.
Southern Maryland Office
15364 Prince Frederick Road
P.O. Box 249
Hughesville, Md 20637
(410) 535-3278 (Calvert Co.)
(301) 884-5935 (St. Mary's Co.)
(301) 843-5850 (DC)
(301) 932-6661 (Charles Co.)

Area Agency on Aging

Long Term Care Program Manager
St. Mary's County Office on Aging
Garvey Senior Center
P.O. Box 653
Leonardtown, MD 20656
(301) 475-4509
(301) 475-4503 (fax)

Medicaid Waiver Provider Information
and Assistance
(301) 475-7119

Senior Health Insurance Assistance
Program (SHIP)
(301) 475-4444

Senior Information and Assistance
Central Offices
(301) 475-5100

Ombudsman Program
(301) 475-4509

Talbot County

Adult Evaluation and Review Services
Talbot County Health Dept.
100 South Hanson Street
Easton, MD 21601
(410) 819-5640

Department of Social Services
10 South Hanson Street
Easton, MD 21601
(410) 822-1617
(410) 820-7067 (fax)

Legal Aid Bureau, Inc.
Tred Avon Square, Suite 3
210 Marlboro Road
Easton, MD 21601
(410) 763-9676
(800) 477-2543
TTY (410) 763-8751

Area Agency on Aging

Upper Shore Aging, Inc.
P.O. Box 89
Chestertown, MD 21620
(410) 778-6000
(410) 778-3562 (fax)

Medicaid Waiver Provider Information
and Assistance
(410) 758-6500

Senior Health Insurance Assistance
Program (SHIP)
(410) 822-2869

Senior Information and Assistance
Central Offices
(410) 822-2869

Ombudsman Program
(410) 778-6000

Washington County

Adult Evaluation and Review Services
Washington Co. Health Dept.
1302 Pennsylvania Avenue
Hagerstown, MD 21742
(301) 791-3293

Department of Social Services
122 North Potomac Street
P. O. Box 1419
Hagerstown, MD 21741-1419
(240) 420-2100
(240) 420-2111 (fax)

Legal Aid Bureau, Inc.
203A Broadway
Frederick, MD 21701
(301) 694-7414 (Frederick Co.)
(800) 679-8813
(800) 763-4152

Area Agency on Aging

Washington County Commission on
Aging
9 Public Square
Hagerstown, MD 21740
(301) 790-0275
(301) 739-4957 (fax)

Medicaid Waiver Provider Information
and Assistance
(301) 790-0275

Senior Health Insurance Assistance
Program (SHIP)
(301) 790-0275
Senior Information and Assistance
Central Offices
(301) 790-0275

Ombudsman Program
(301) 790-0275

Wicomico County

Adult Evaluation and Review Services
108 East Main Street
Salisbury, MD 21801
(410) 543-6938

Department of Social Services
Salisbury DC/ MSC
201 Baptist Street
Salisbury, MD 21802-2298
(410) 543-6900
(410) 543-6682 (fax)

Legal Aid Bureau, Inc.
111 High Street
Salisbury, MD 21801
(410) 546-5511
(800) 444-4099
(410) 860-2148

Area Agency on Aging

MAC, Inc.
1504 Riverside Drive
Salisbury, MD 21801
(410) 742-0505
(410) 742-0525 (fax)

Medicaid Waiver Provider Information
and Assistance
(410) 742-0505

Senior Health Insurance Assistance
Program (SHIP)
(410) 742-0505

Senior Information and Assistance
Central Offices
(410) 543-0388

Ombudsman Program
(410) 742-0505

Worcester County

Adult Evaluation and Review Services
Worcester Co. Health Dept.
P.O. Box 249
Snow Hill, MD 21863
(410) 632-1100

Department of Social Services
299 Commerce Street
P.O. Box 39
Snow Hill, MD 21863
(410) 677-6800

Legal Aid Bureau, Inc.
111 High Street
Salisbury, MD 21801
(410) 546-5511
(800) 444-4099
(410) 860-2148

Area Agency on Aging

MAC, Inc.

1504 Riverside Drive

Salisbury, MD 21801

(410) 742-0505

(410) 742-0525 (fax)

Medicaid Waiver Provider Information
and Assistance

(410) 742-0505

Senior Health Insurance Assistance
Program (SHIP)

(410) 742-0505

Senior Information and Assistance
Central Offices

(410) 632-1289

Ombudsman Program

(410) 742-0505

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