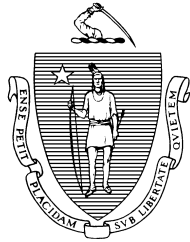


# Commonwealth of Massachusetts



## Executive Office of Elder Affairs

### A CONSUMER'S GUIDE TO NURSING & REST HOMES

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## **ACKNOWLEDGMENTS**

This Consumer Guide has been developed by the:  
Executive Office of Elder Affairs Long Term Care Ombudsman Program.

The Executive Office of Elder Affairs recognizes the difficult decision process that elders and their families experience when seeking nursing and rest home placements and long term care services. This guide was developed to give the consumer a better understanding of the Long-Term Care system, and attempts to provide answers to the most commonly asked questions.

## INTRODUCTION

The Executive Office of Elder Affairs (EOEA) has prepared this Consumer's Guide to Nursing Homes to assist you in your efforts to locate appropriate nursing or rest home placement.

The guide has been designed to aid you by answering the issues and concerns you face in your quest for long term care placement. It includes information on selecting a home, financial considerations and resources. If after reading this guide you still have questions, call the Long Term Care Ombudsman Program at (617) 727-7750, or 1-800-882-2003.

Entering a nursing home is a very stressful time for an elderly person and his or her family. It usually follows a period of hospitalization or many months of being cared for at home by family members. Admission to a nursing home, with some exceptions, is not a decision that is made months in advance.

The Executive Office of Elder Affairs operates many varied programs designed to assist elders in maintaining their independence at home as long as possible. These options should be considered first. (See Part II: Community Support Services).

This guide assumes that one has exhausted the many different community options available to keep an elder independent in his/her own home, and a decision has been made that nursing or rest home placement is now the best possible option.

It is important to note that any placement in a facility must be done with the consent of the elder or his/her guardian. Nursing and rest homes will not accept a resident against his or her will. Therefore, it is essential to include the elder in the decision making and selection process. Many elders are specific as to the type of home that would make them feel the most comfortable. Comfort for the elder should be the primary concern.

We hope you will use this guide to be informed consumers of long term care services.

**THE MASSACHUSETTS LONG TERM CARE**  
**OMBUDSMAN PROGRAM**

The word Ombudsman is a title for an individual who receives and investigates complaints from the public regarding an institution and through various dispute resolution techniques, attempts to develop a cooperative resolution.

The Long Term Care Ombudsman Program was established in Massachusetts in 1973 as a program of the Executive Office of Elder Affairs for the benefit of the Commonwealth's elderly residents of nursing and rest homes.

The Program has four main goals:

1. The receipt, investigation and resolution of nursing and rest home complaints;
2. The protection of the rights of residents;
3. The provision of information on Long Term Care Issues to residents, family members, and staff.
4. Advocacy for positive changes in the Long Term Care System which will improve the quality of life, care and environment in all nursing and rest homes in Massachusetts.

The services of the statewide Long Term Care Ombudsman Program are provided by a system of approximately three hundred Ombudsman volunteers, the majority of whom are elder citizens, operating from twenty-four designated local programs throughout the state. Ombudsmen make weekly visits to nursing and rest homes, and resolve residents' complaints as they are received.

Complaints that Ombudsman volunteers address are very diverse. They range from patient care to quality of life issues such as a lack of transportation or meaningful activities. The philosophy of the Ombudsman Program is to attempt to resolve complaints whenever possible working in cooperation with the staff of the facilities. We are successful in more than 90% of the cases using this process. If the complaint cannot be resolved locally, the State Ombudsman's Office becomes involved, and if no resolution is reached at this level, the complaint is referred to a variety of state and federal agencies having jurisdiction over the type of complaint.

## **PROCESS FOR SELECTING A NURSING OR REST HOME**

Ombudsman Programs are a valuable resource to people seeking a nursing or rest home placement, as well as when the elder is admitted to a facility.

In order to achieve the most appropriate placement for an elder in a nursing or rest home, there are several steps that must be taken. This guide will assist you in each area. If you have any questions, please contact the Ombudsman Program or any of the resources listed in this guide. There is a list of Local Ombudsman Programs in Appendix A. If you have any question or a problem in regard to Long Term Care, please call our local programs, as they are there to help you. You may wish to use the following checklist to be sure your efforts stay on course.

**PLACEMENT PROCESS CHECKLIST**

<b><u>STEPS IN PROCESS</u></b>	<b><u>DATE DONE</u></b>
• Determining the Need for Nursing or Rest Home Care	_____
• Screening to Determine the extent of Services Needed	_____
• Establishing a Method of Payment	_____
• Applying for Assistance when Necessary	_____
• Protecting the Elder from Medicaid Discrimination	_____
• Reviewing Admissions Agreements	_____
• Touring Facilities to Ensure Quality of Care and a Comfortable Environment for the Elder	_____
• Supporting the Elder in his or her new home once placement occurs	_____

**DETERMINING THE NEED FOR NURSING AND REST HOME CARE**

The decision to seek nursing or rest home placement is of great importance for the elder needing care and his/her family. Most families care for their relatives for as long as possible. However, at some point, the physical, emotional, and social demands may increase so that nursing or rest home care may be the only viable option.

Three common considerations are (1) whether the elder can remain living alone with supportive services, (2) the availability of alternative housing situations such as congregate housing and, (3) whether the elder should be placed in a nursing or rest home. If the decision for placement is made, some further factors to be considered are: finances, both now and in the future; convenience of location for family and friends; location of physician, shopping facilities, places of worship, and social activities.

Many nursing home residents suffer from degenerative diseases. These include Parkinson's Disease, Alzheimer's Disease, Arthritis, and Dementia. Often the individual has had progressive deterioration in his or her mental, physical status. Most nursing home residents need assistance with their Activities of Daily Living. Often called ADLs, these activities include the routine tasks we perform every day such as bathing, dressing, eating, brushing teeth and going to the bathroom. Some residents just need to be supervised, that is, encouraged or prompted to do their ADLs, while other residents require assistance with every need. Incontinence is another factor that contributes to nursing home placement.

**RESOURCES AVAILABLE TO PROVIDE ASSISTANCE IN DETERMINING THE NEED FOR LONG TERM CARE:**

1. Each local Aging Service Access Point is designed to assist elders and their families in determining the best setting for long term care. Each of these local offices has a screening team, which will assess the elder's care needs and suggest the most appropriate placement for him/her. (See Appendix A for listing of local Aging Service Access Points.)
2. The Executive Office of Elder Affairs Long Term Care Ombudsman Program provides information and referral assistance. The telephone number is (617) 727-7750 or toll-free 1-800-882-2003.

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3. If the person needing nursing home placement is currently in the hospital, it is important to contact the discharge planning unit as they will be able to provide assistance.
4. Local Ombudsman Programs, Councils on Aging, and Social Service Agencies

are helpful resources for information.

## **SEVERAL TYPES OF ILLNESSES MAY NECESSITATE A NURSING OR REST HOME PLACEMENT:**

In this section we describe some of the most common illnesses which residents of nursing and rest homes have. There are many other diseases or conditions which result in an elder needing a nursing or rest home placement. Sometimes, there is no specific disease, but the elder is very frail and unable to care for him or herself.

- Parkinson's Disease - is a nervous disorder with three major symptoms: tremors, rigidity and Bradykenesia (slow deliberate movements). The cause of Parkinson's Disease is not known. The disease is seen mainly in the elderly. One percent of the population over age 50 has the disease. More than half of those afflicted are over 70 years of age.
- Dementia - is a term used when people have progressive loss of memory and intellectual function. Dementia is a set of symptoms, which in the past had been viewed as a normal part of aging. It is not. Sometimes the condition may be reversed. Other diseases may mimic dementia such as thyroid problems or depression. These are both treatable diseases. Progressive, irreversible forms of Dementia include Alzheimer's Dementia and multi-infarct Dementia.
- Alzheimer's Disease - is a disease of the nervous system which affects people, sometimes as early as forty or fifty years of age. Symptoms may start with simple forgetting or wandering and eventually lead to debilitation and death. Diagnosis is made on autopsy where senile plaques and neurofibrillary tangles are found in the brain. However, certain patterns of behavior or care needs may be strong indicators of the presence of the disease. Among these indicators are disorientation, confusion, memory loss, and altered sleep patterns. Some nursing homes specialize in the care of residents afflicted with Alzheimer's disease. The Alzheimer's Disease and Related Disorders Association (ADRDA) has family support groups to assist families, friends and victims of these diseases.
- Stroke - involves injury of the brain due to blood clots or rupture of blood vessels. Most of us have seen people who have lost the use of one side of the body or an arm or leg. Stroke victims can also look quite normal but act in an odd manner. These peculiarities can take the form of simply forgetting to do things, not being able to add numbers or write words, or doing things that are unlike their usual behavior. This disease is often termed multi-infarct disease and is the result of small blood clots forming in the brain and stopping



circulation to small parts of the brain. Often the disease mimics dementia and is difficult to treat.

- Diabetes - is an illness in which the body cannot absorb carbohydrates (sugars and starches) properly. There are two types of diabetes. The first requires the person to take an insulin injection every day. The second type of diabetes may be controlled by pill. Both types require special diets. Control of diabetes is important. Left untreated, diabetes has many complications, such as blindness, lack of sensation in the hands and feet, and kidney problems. Some indicators of diabetes may include the following: thirst, frequent urination, light-headedness, sores which do not heal.
- Heart Disease - is common among elderly nursing or rest home residents. There are several types of heart disease. Generally in the elderly, the pumping action of the heart slows down due to aging and the loss of muscle cells, especially after a heart attack. Other causes of heart disease include damage to the heart valves, or additional pressures on the heart due to high blood pressure. Many nursing home residents with heart disease need assistance with activities of daily living (ADLs) and constant monitoring of their cardiac and/or antihypertensive medications.
- Pressure Sores - (Decubitus Ulcers) often referred to, as "bed sores" are areas of deterioration on the skin surface. The causes are both external and internal. The elderly are more prone to pressure sores due to immobility from Arthritis and Degenerative Diseases, or because they are confined to bed due to Cardiac or Pulmonary Disease. Internal factors contributing to the formation of decubitus ulcers include poor circulation, poor nutritional status and dehydration.
- Arthritis - is another degenerative disease, which affects the joints and causes people to become extremely limited in their movement. People with advanced arthritis need assistance with ADLs as well as supervision during exercise therapy and management of pain control.
- Incontinence - is the loss of bowel and/or bladder function. This can be due to several causes, which include bladder infections, bowel surgery, use of diuretics (water pills), or loss of muscle strength. Various techniques are used to retrain the bladder and bowels. These techniques include biofeedback, exercise programs, habit training and drug therapy.

## **ASSESSING THE NEED FOR NURSING HOME PLACEMENT**

The assessment of an individual's need for nursing home care can occur in the hospital or in the community. Many hospitals in Massachusetts conduct assessments for nursing home services pursuant to contracts with the Division of Medical Assistance. The Executive Office of Elder Affairs and the Division of Medical Assistance have also contractually agreed to integrate long term care services purchased by both agencies.

Elder Affairs has established performance-based contracts with Home Care Corporations to assume Medicaid's screening activities for nursing home and adult day health services. The primary goal of the "Coordination of Care Program" is to delay or prevent an elder's placement into an institutional care setting when community based services are available and appropriate to meet the elder's needs.

Once it has been determined that an individual requires nursing home services, the scope of services required by that individual must be determined by the nursing facility through a resident assessment. The assessment must be conducted within 14 days of a resident's admission into the nursing home. When the resident assessment is complete, a care plan should be developed to meet the resident's medical, nursing and psychosocial needs.

The Resident Assessment and subsequent care plan are the factors, which determine the scope of nursing home services required to meet the individual's needs. This assessment process must be conducted annually or upon a significant change in the resident's medical condition.

## **ALTERNATIVE RESIDENTIAL CHOICES**

### **CONTINUING CARE RETIREMENT COMMUNITIES**

Continuing Care Retirement Communities (CCRCs) combine housing specifically designed to accommodate the needs of people as they age with long term care services, including skilled nursing home care. A variety of models are covered by this definition, but common to all CCRCs is the existence of a contract between the resident and the community which should clearly state all terms and agreements concerning health care, general services and financing.

#### **Housing Services and Health Care Services**

Generally, all CCRCs provide housing accommodations including independent living units assisted living units and nursing home beds. General services include homemaking, transportation, meals and grounds and building maintenance. Health services can include personal care assistance, home health visits, health screening and promotion and nursing home care. The levels of services vary from community to community, so be sure that the contract clearly states what is provided and at what level.

#### **Financial Arrangements**

Financial arrangements also differ from community to community. Some require substantial entrance and monthly fees and operate on a pre-paid insurance mode. Other communities' entrance and monthly fees are lower, but require payment for services on a fee-for-services basis. The return on entrance fees also differ in each community, ranging from 100% return to those that amortize the return at the rate of 1% per month, leaving no return after several years.

### **ASSISTED LIVING FACILITIES**

"Assisted living" is a special combination of housing and personalized health care designed to respond to the individual needs of those who need help with activities of daily living. Care is provided in a professionally managed group living environment, in a way that promotes maximum independence and dignity for each resident and involves the resident's family, neighbors and friends.

Assisted living facilities offer a supportive residential setting in which assistance with activities of daily living and other services are provided to those who cannot or choose not to live alone but do not need the 24 hour skilled medical care of a nursing home. Assistance that is provided according to each resident's needs in order to improve his/her quality of life.

Services usually include: 3 meals a day, generally served in a common dining room; housekeeping services; transportation; assistance with eating, bathing, dressing, grooming, toileting, transferring and walking; 24 hour security and awake staff; emergency call systems in each unit; health promotion and exercise programs; medication management; personal laundry; utilities; and, social and recreational activities.

At this time, August 1999, there are over 130 assisted living facilities in Massachusetts. We expect to see more in the future as alternatives to long term care are developed.

### **SUPPORTIVE SENIOR HOUSING**

The Executive Office of Elder Affairs and the Department of Housing and Urban Development are combining efforts to bring services similar to those provided in Assisted Living Facilities to residents of public elderly housing. These services include 24-hour care, housekeeping, and prepared meals. This program enables lower income elders to receive the benefits of assisted living, while remaining in their own communities. Pilot project sites were established in Gardner, Salem, and Watertown, with proposed expansion to 12 new sites in Fiscal Year 2000.

### **CONGREGATE LIVING FACILITIES**

The congregate living facilities often provide elders with their own bedroom, a common shared dining room, with a prepared dinner each day. The eligibility for residence is often connected with the elder's income.

(Listing of these types of residences may be obtained by calling the Executive Office of Elder Affairs' Information and Referral Unit at 1-800-882-2003.)

## **FINANCING NURSING AND REST HOME CARE**

Private rates for nursing home care can range from \$150 to \$250 a day. Always request the facility to submit a monthly-itemized bill in order that you may verify charges for services included in the daily rate from those which may be charged for additional services. Additional services can substantially increase your bill.

If your relative has private insurance coverage, examine the policy carefully to determine under what conditions, and at what level, nursing home benefits are covered. A number of policies have adopted the same guidelines as Medicare which has very limited coverage. Your relative may also have custodial care in a nursing home as a benefit tied to a retirement or pension plan.

The Medicare Catastrophic Coverage Act of 1988 made provisions for the spouse still living in the community by specifying certain amounts of combined assets and income to be retained by this spouse without affecting the Medicaid eligibility of the spouse in the nursing home. The income and asset limits to be retained by the community spouse are increased annually by regulated cost of living allowances.

## **OVERVIEW OF PROGRAMS FOR PAYMENT OF LONG TERM CARE IN NURSING AND REST HOMES**

### **PROGRAM**

### **TYPES OF CARE COVERED**

#### **MEDICARE**

Skilled Nursing Care in a Medicare certified skilled nursing facility

#### **MEDICAID**

Skilled Nursing Care, or Nursing Facility Care in a facility certified by Medicaid

#### **SUPPLEMENTAL SECURITY INCOME (SSI)**

Rest Home Care

#### **EMERGENCY AID TO ELDERLY, DISABLED, CHILDREN (EAEDC)**

Rest Home Care

#### **MEDEX**

Supplements Medicare coverage in a Skilled Nursing Facility certified by Medicare, or in any Skilled Nursing Facility contracting with Blue Cross/Blue Shield of Massachusetts

**VETERANS SERVICES**

Skilled Nursing Care, Nursing Facility  
Care, or Rest Home Care

## **PROGRAMS FOR PAYMENT IN LONG TERM CARE FACILITIES**

**PROGRAM: MEDICARE**, Federal Health Insurance Program, administered by the Health Care Financing Administration.

**TYPE OF CARE COVERED:** Skilled Nursing Care in a facility certified by Medicare.

### **Eligibility Requirements:**

Certain disabled people and elders 65 and over who are eligible to receive Social Security benefits or Railroad Retirement benefits or a spouse or widow/widower of a person entitled to receive Social Security or Railroad Retirement benefits. Local Social Security Administration offices take applications for Medicare and assist beneficiaries in claiming Medicare payments (Telephone # 800-772-1213). The fiscal intermediary, an agent of the Social Security Administration, performs eligibility Review after placement.

### **Authorization or Approvals Required:**

The beneficiary must have been hospitalized in an acute care hospital at least 3 days in a row (not counting day of discharge) before transfer to a participating skilled nursing facility.

The beneficiary must be transferred to a skilled nursing facility for care of the same condition that was treated in the hospital.

The beneficiary must be admitted to the facility within 30 days after leaving the hospital.

Doctor must certify that the beneficiary needs daily skilled nursing or rehabilitative services.

### **How Much Program Will Pay:**

In each benefit period, Medicare pays for all covered services for the first 20 days at a pre-determined daily rate for a semi-private room. For the 21<sup>st</sup> day through the 100<sup>th</sup> day, Medicare pays for all covered services except for the patient co-payment amount; which is set at \$96.00 per day for 1999. The co-payment is recalculated annually.

## **MEDICARE, CONTINUED:**

### **How Long Program Will Pay:**

Up to 100 days for each benefit period. A benefit period starts the day you are admitted to a skilled nursing facility. A new benefit period is determined when the beneficiary has not received skilled nursing facility care for 60 consecutive days, and has been discharged again from an acute care hospital after at least a three (3) day stay.

### **Personal Needs Allowance: None**

**Co-Payment By Beneficiary:** The 1999 co-payment is \$96.00 per day. This amount will change annually, due to re-calculation.

**PROGRAM: MEDICAID,** a medical assistance program based upon need, administered by the Division of Medical Assistance.

### **TYPE OF CARE COVERED:**

Skilled Nursing Care, or Nursing Facility Care.

### **Eligibility Requirements:**

Resident of Massachusetts, U.S. citizen or legal alien. Applicants must be age 65, blind or disabled. An individual may not have more than \$2,000 in assets. If married, the spouse of the institutionalized individual may retain up to a maximum of \$81,960 of the combined assets (effective January 1999). In addition, the spouse at home is allowed a monthly Spousal Maintenance Needs Allowance, up to a maximum of \$2,049 (effective January 1999).

### **Authorization or Approvals Required:**

Elders and disabled individuals may apply for Medicaid benefits at a local Long Term Care Eligibility Office. Blind individuals may apply for Medicaid benefits at the Massachusetts Commission for the Blind. All applicants should have their own Social Security Number. Nursing facility services are authorized based upon need; determination of need is authorized by



Coordination of Care Units located in Home Care Corporations. Utilization of potential benefits from other sources and assignment of third party recoveries are also required.

**How Much Program Will Pay:**

The total cost of Long Term Care Services at a pre-determined public rate set by the Rate Setting Commission, less the recipient's patient paid amount.

**How Long Program Will Pay:**

As long as the recipient continues to need Long Term Care Services and continues to be eligible for Medicaid.

**MEDICAID, CONTINUED:**

**Personal Needs Allowance:**

\$60.00 per month. Personal laundry costs shall not be charged to PNA, these costs are reimbursed through the daily rates established by Rate Setting Commission.

**Co-payment by Recipient:**

The recipient must pay the facility all of his/her monthly income less \$60.00 allowed for their Personal Needs Allowance.

**(Revised 01/99)**

**PROGRAM: SUPPLEMENTAL SECURITY INCOME (SSI)**, a federal financial assistance program administered by the Social Security Administration.

**TYPE OF CARE COVERED:** Rest Home Care

**Eligibility Requirements:**

U.S. citizen or legal alien. Applicants must be age 65, blind or disabled. An individual may not have more than \$2,000 in assets; married couples may not have more than \$3,000 in assets. Individuals and married couples must have monthly incomes, which are less than SSI.'s payment standards.

**Authorization or Approvals Required:**

Individuals can apply for SSI at a local Social Security Office. You may speak with a Social Security representative by calling their toll-free number, 1-800-772-1213, between the hours of 7:00 a.m. and 7 p.m. business days. These representatives will explain eligibility requirements for age and disability. \*

**How Much Program Will Pay:**

Massachusetts SSI payment levels, effective in January 1999, for SSI recipients who live in Licensed Rest Homes are: \$793.00 per month for aged and disabled individuals; \$649.74 per month for blind individuals. Each member of a married couple receives the same amount as single individuals.

**How Long Program Will Pay:**

As long as the individual continues to be eligible for benefits (based on age, disability, assets and income).

**Personal Needs Allowance:**

\$60.00 per month; Personal laundry costs shall not be charged to the PNA, these costs are reimbursed through the daily rates established by the Rate Setting Commission.

**SUPPLEMENTAL SECURITY INCOME (SSI), CONTINUED:**

**Co-payment by Recipient:**

Recipient must pay the facility all of monthly income less \$60.00 allowed for their Personal Needs Allowance.

\*S.S.I. recipients are automatically eligible for Medicaid to cover medical expenses. A separate Medicaid application is not necessary.

**(Revised 01/99)**

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**PROGRAM: EMERGENCY AID FOR ELDERLY, DISABLED AND CHILDREN**, formerly known as General Relief (GR), a state financial assistance program administered by the Division of Transitional Assistance.

**TYPE OF CARE COVERED:** Rest Home Care.

**Eligibility Requirements:**

An applicant or recipient of EAEDC is eligible if he/she has specific disabilities that prevent him/her from working or has applied for and cooperated in the SSI application and/or appeal process.

**Authorization or Approvals Required:**

Individual must apply for EAEDC at a local Welfare Service Office.

**How Much Program Will Pay:**

EAEDC will be granted in the amount of \$60.00 per month plus the per diem established for the facility by the Rate Setting Commission.

**How Long Will Program Pay:** As long as the individual is eligible for benefits and continues to need rest home care.

**Personal Needs Allowance:**

\$60.00 per month; Personal laundry costs shall not be charged to the PNA as these costs are reimbursed through the daily rate set by Rate Setting Commission (RSC).

**Co-payment by Recipient:**

Recipient must pay the facility all income less \$60.00 allowed for their Personal Needs Allowance.

\*If the recipient meets the basic eligibility requirements for the Medicaid Program (i.e., aged and disabled) he or she is also eligible for Medicaid.

**PROGRAM: MEDEX**, a Medicare Supplemental Health Insurance Program, administered by Blue Cross/Blue Shield

**TYPE OF CARE COVERED:** Skilled Nursing Care in a Medicare certified facility.

**Eligibility Requirements:**

Medicare eligible individuals may subscribe to this plan.

**Authorization or Approvals Required:**

Doctor must certify that the beneficiary needs daily skilled or rehabilitative services in a Medicare certified facility after a 3 day hospital admission.

**How Much Program Will Pay:**

In a skilled nursing facility that participates with Medicare:

Medex provides the patient co-payment (Medicare Part A co-insurance) for days 21 to 100 in a benefit period, as long as the patient requires and receives the covered level of skilled nursing care.

Medex also provides \$10.00 per day from day 101 through the 365<sup>th</sup> day of a benefit period, as long as Blue Cross determines that your stay continues to meet Medicare Skilled nursing requirements.

(Medex also covers care in a skilled nursing facility that is not participating in Medicare but is participating with Blue Cross. Medex pays \$8.00 daily for as long as the patient requires and receives a covered level of skilled nursing care, from day 1 through 365. Custodial care is not covered. Check with the nursing home to determine if the home contracts with Blue Cross/Blue Shield).

**How Long Program Will Pay:**

Full patient co-payment amount for days 21 through 100 on admission to a skilled nursing facility for each benefit period; then, partial payment of \$10.00 per day from day 101 through 365. (Patient must continue to need and receive a covered level of skilled nursing care).

**MEDEX, CONTINUED:**

**Personal Needs Allowance:** None

**Co-payment by Beneficiary:**

None for days 1 through 100; For days 101 through 365, patient pays those charges over \$10.00 per day.

\*A benefit period is the period of time which starts on the first day (which is not part of a prior benefit period) on which you get covered services as an inpatient in a hospital, a skilled nursing facility. It ends once you have gone 60 days in a row without being an inpatient in a hospital or skilled nursing facility.

**(Revised 01/99)**

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**PROGRAM: VETERAN SERVICES**, a state program of assistance, based on need, for veterans, their spouses and their dependents, administered by the Department of Veteran's Services. (MGL Chapter 115)

**TYPE OF CARE COVERED:** Skilled Nursing Care, or Nursing Facility Care and Rest Home Care.

**Eligibility Requirements:**

A Veteran must have had a military discharge of Other Than Dishonorable to Under Honorable Conditions with at least 90 days of service, one of which was during defined wartime periods. (MGL chap. 4, sec.7, c43)  
Financial assets and maximum income are considered.

**Authorization or Approvals Required:**

Applicants may apply for assistance with a Veterans Agent in/for the municipality where they reside.

**How Much Program Will Pay:**

Recipients must pay the facility all of their monthly income except for an amount allowed for their Personal Needs Allowance (\$60.00 or \$90.00).  
Veteran's Services pays for the remaining cost of nursing or rest home care at a daily rate set by the Rate Setting Commission.

**How Long Program Will Pay:**

Veterans' Services pays for the cost of long-term care for Veterans and or their dependents for as long as medical need and financial eligibility exists.  
Recipients may apply for Medicaid, to cover the cost of care, if eligible.

**Personal Needs Allowance:**

Recipients residing in a nursing or rest home are allowed \$60.00 per month from their income for personal needs. Veterans, or their widows without dependents, who are in nursing homes and receiving Medicaid, if they are eligible to receive a Veterans' Affairs federal improved pension, will receive \$90.00 per month for personal needs from Veterans Affairs. (US38 CFR 33.3)

## **VETERANS SERVICES, CONTINUED:**

**Co-payment by Recipient:** Recipients must pay the facility all of their monthly income less their Personal Needs Allowance of \$60.00 or \$90.00.

\*Veterans who are hospitalized in a Veterans' Affairs Medical Facility may be transferred to a long term care facility under a 6-month contract. If the contract is not continued, the Veteran can apply for Medicaid to help pay the cost of care, if eligible. If the Veteran is receiving a Veterans' Affairs federal pension, it will be reduced to \$90.00 monthly. (See Personal Needs Allowance section above.)

**(Revised 02/99)**

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## **HOW TO APPLY FOR MEDICAID**

### **Step I**

To apply for Medicaid for nursing home care, you must apply at one of the Division of Medical Assistance' Long Term Care Eligibility Offices. There are four regional MassHealth Enrollment Centers (listed below). You should contact the center nearest the elder's residence and request that an application be mailed. If needed, a caseworker from their Outreach Unit can come to your residence or hospital to help complete the application.

(The statewide Medicaid consumers' hotline is:1-800-841-2900.)

### **MASSHEALTH ENROLLMENT CENTERS**

MassHealth Enrollment Center  
LTC Eligibility Office  
300 Ocean Drive, Suite 400  
**Revere, MA 02151**  
(800) 322-1448  
(781) 485-2500  
TTY: (800) 608-330

MassHealth Enrollment Center  
LTC Eligibility Office  
311 State Street  
**Springfield, MA 01105**  
(800) 332-5545  
(413) 785-4100  
TTY (800) 596-1276

MassHealth Enrollment Center  
LTC Eligibility Office  
21A Spring Street, Suite 4  
**Taunton, MA 02780**  
(800) 242-1340  
(508) 828-4600  
TTY: (800) 596-1272

MassHealth Enrollment  
LTC Eligibility Office  
367 East Street  
**Tewksbury, MA 01867**  
(800) 408-1253  
(978) 262-9100  
TTY (800) 231-5698

### **Step II**

Once you complete the Medicaid application, you should return it for processing to the Long Term Care Eligibility Office that serves your area. Certain information will require written verification, such as, proof of residence, income, bank accounts and other assets. See Appendix C for additional information.

### **Step III**

When the Medicaid application is filed with the Division of Medical Assistance, they must review it and determine an individual's eligibility within 30 days. On occasion an individual may have difficulty verifying certain information. In such instances, the family or individual can request that the application period be extended. Eligibility may be retroactive for a maximum period of 90 days, if the individual's medical condition and income and assets met the eligibility guidelines during the retroactive period.

### **Step IV**

Immediately after an application is filed with the Division of Medical Assistance, you should contact the Coordination of Care Unit at the Aging Service Access Point office that serves your city or town, to request a needs assessment for nursing facility services. The Coordination of Care Unit must review the applicant's need for nursing home care to determine their eligibility for Medicaid.

We strongly recommend that all individuals seeking nursing home care, regardless of their source of payment contact the Coordination of Care Unit for further information about need assessments for nursing facility services. See Appendix A for additional information.

## **NURSING HOME ADMISSIONS AGREEMENTS**

It is the elder who will be admitted to the nursing home that should sign the contract for admission unless the elder has a guardian/conservator or power of attorney. A family member is not legally obligated to pay for the elder's care. In some cases, facilities have attempted to require a family member to become the "responsible party" for a competent elder. This is not appropriate. Family members, other than a spouse, should be very careful before signing a contract.

The Administrator will probably give you a printed contract. You have a right to take a copy and look it over at home or with an attorney before signing it. You should be aware that standard contracts are not always legal. Listed below are some inappropriate statements which we have found in admissions contracts; this list is not exhaustive. Make certain you read the contract carefully and call an attorney or the Ombudsman Program if you have questions before the elder, or his or her legal agent signs it.

1. The elder cannot be asked to pay for a specified length of time as a condition of admission.
2. It is improper to require the elder to waive his or her rights to Medicaid or to limit the facility's liability for the elder's personal possessions or well being.
3. The elder cannot be required to use a specific doctor or pharmacy.
4. The nursing home cannot solicit gifts from applicants or residents as a condition for admission or continued stay.
5. The elder cannot be asked to supplement the Medicaid rate if he or she is eligible for Medicaid.

The elder or his or her legal agent must decide whether to sign the contract as is, try to make changes in it, or go elsewhere. If you succeed in negotiating changes, you may draw a line through the words to which you object or add the words you want. Place your initials next to the changes and ask the facility representative to do the same. The facility should give the elder or his or her legal agent a copy of the signed agreement. The most commonly asked questions involve the following issues.

## **CHARGES:**

Your admission contract should indicate what the daily room rate is and what services are covered by it. You should also receive from the facility a list of optional services and the charges for them.

## **NOTICE OF RATE CHANGES:**

The facility must give the resident, or his or her legal agent reasonable, advance written notice of any room rate increases. Reasonable is usually defined as a month's notice.

## **TRANSFER & DISCHARGE:**

OBRA-87 and residents' rights regulations specify the circumstances under which SNF and NF residents may be transferred or discharged from facilities. Residents may be transferred or discharged only when:

1. The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;
2. The transfer or discharge is appropriate because the resident's health has improved sufficiently so that the resident no longer needs the services provided by the facility;
3. The safety of individuals in the facility is endangered;
4. The health of individuals in the facility would otherwise be endangered;
5. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicaid or Medicare) a stay at the facility; or
6. The facility ceases to operate.

When the facility discharges or transfers a resident under the circumstances numbered one through five above, the resident's clinical record must contain appropriate documentation of the particular reason for the transfer or discharge. In circumstances numbered one and two, the documentation must be entered by the resident's attending physician. Documentation by the resident's attending physician is required for number four above, as well.

A thirty-day written advance notice is required except under the following circumstances:

1. The health or safety of individuals in the facility would be endangered and this is documented in the resident's record by the attending physician;
2. The resident's health improves sufficiently to allow a more immediate transfer or discharge and the resident's attending physician documents this in the resident's record;
3. An immediate transfer or discharge is required by the resident's urgent medical needs and this is documented in the medical record by the resident's attending physician; or
4. The resident has not resided in the facility for thirty days.

In cases where a thirty-day advance notice is not required, notice must be given as soon as practicable before the transfer or discharge.

The advance notice must contain information about the resident's right to appeal the transfer or discharge to the Division of Medical Assistance. Written notices must be handed to the resident and mailed by certified mail, return receipt requested, to a family member or legal representative. In cases where a thirty day advance notice is not required, the facility shall notify the resident and family member or legal representative verbally or in writing, and notification shall contain information about the resident's appeal rights. In all instances, notification shall be documented in the resident's record.

Conversion to Medicaid is not "nonpayment" and you cannot be evicted from a Medicaid certified facility for it.

If you have any questions regarding admission agreements or rights regarding transfer or discharge please contact the Office of the State Long Term Care Ombudsman at (617) 727-7750 or 1-800-882-2003 or your Local Ombudsman Program as listed in Appendix A.

## **ASSESSING NURSING AND REST HOMES**

There are two types of admissions, short term and long term admissions. Those residents admitted for the short term are usually transferred from an acute care facility and receive intensive rehabilitation therapy to restore lost function. The goal is to prepare those residents for return home. Some short-term residents may receive hospice services for a terminal illness.

The majority of residents in nursing homes are admitted for long term care. For these individuals, the nursing home is not merely a temporary residence, but a permanent home. Therefore, chronic deficiencies in medical or nursing care, dietary services, housekeeping and social activities are totally unacceptable for permanent residence.

Quality of life is closely related to quality of care for residents of nursing homes. To ensure quality of care, a comprehensive assessment of each resident must be performed, which focuses on each individual's physical, emotional, dietary, social and spiritual needs. Every resident, or his or her next of kin, or legal agent, has a right to participate in the development of their plan of care, which is based upon the comprehensive assessment. This type of participation reinforces personal autonomy. The ability to choose special foods, activities, clothing, room decorations and the ability to exercise choice with meal and bed times; serve to enhance an individual's sense of personal control which fosters well-being.

There should be opportunities to engage in religious, political, civic, recreational or other social activities, as they foster independence. Privacy for visits with family and friends, for medical treatment, and for personal solitude, contributes to self-esteem. Interaction with concerned caregivers should provide an intimate, supportive environment conducive to independence and mutual respect.

Goals of care for the long-term resident in the nursing home should focus on maintenance of existing function, slowing the loss of function and alleviating discomfort and pain.

The needs of rest home residents differ from those in nursing homes in that they tend to be more self sufficient, less physically and mentally impaired. Rest homes do not provide organized, routine nursing services except as needed in the case of minor illness of a temporary nature. In Community Support Facilities and Rest Homes with Community Support Residents organized routine nursing services shall be provided to monitor resident medications, potential side effects of resident medications and the overall physical and psychosocial well-being of the resident. The goal of care in the rest home setting is to keep the resident functioning at the highest level of independence achievable and to promote integration into the community.

Therefore, when you begin your search for a long term care facility, it is important to judge the opportunities for personal growth and choice for the elder as well as the care that is provided. Some facilities spend thousands of dollars on the appearance of the lobby and you never see a resident sitting there. The facilities should be comfortable for the people who live there. So instead of being impressed by the size of the chandelier, check out the activity space and dining area.

Staff attitudes are critical to quality of life and care in a nursing or rest home. If the staff is polite and knows the residents' needs, it adds tremendously to the residents' comfort. You can observe the interaction between residents and staff when you tour the facility. Notice whether or not you hear the staff address the residents politely by name, such as "Yes, Mrs. Jones, may I help you?" Rather than "What do you want?"

When you visit you should try to notice the cleanliness of the facility. The residents and the facility, including floors and furniture, should be clean and free of odors. How is it set up for residents to maneuver, particularly if an elder is wheelchair bound? If the facility is very crowded, or the stairs are very steep, it will not encourage the elder to get out of his or her room and participate in activities.

When visiting a home, you may ask to see a copy of the facility's last inspection report. All nursing homes are inspected on a yearly basis by the Department of Public Health. If you have any questions, now is the time to ask them. If you do not get a satisfactory answer, it may be a sign to expand your search.

You will find a checklist on page 36 to take with you when you visit a facility. If you visit more than two homes just make more columns or copy the list.

If you have any questions, call either the State or Local Ombudsman Programs. While we do not rate facilities we will help you sort out the information you have gathered and assist you in making the decision.

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## **RESOURCES AVAILABLE TO PROVIDE ASSISTANCE**

1. The Office of the Secretary of State Bookstore located on the first floor of the State House publishes a listing of nursing and rest homes. Their phone number is (617) 727-2834. There is a small fee for the listing, and arrangements may be made for telephone orders.
2. The Women's Educational and Industrial Union publishes a Guide to Nursing and Rest Homes in Massachusetts. The guide provides pertinent information for all Massachusetts Nursing and Rest Homes. The Guide may be purchased for a modest fee, by contacting the Women's Educational and Industrial Union, Social Services Department, 356 Boylston Street, Boston, MA 02116, phone number (617) 536-5651.
3. The two industry associations, the Massachusetts Extended Care Federation of Nursing Homes (617) 558-0202, or toll free 1-800-CARE-FOR and the Association of Massachusetts Homes and Services for the Aging, (617) 423-0718 are useful resources for information.
4. The Massachusetts Department of Public Health, Division of Health Care Quality can answer questions about the licensure and certification of any health care facility in Massachusetts. Contact the Department of Public Health at (617) 753-8000. The DPH also makes available data on the last annual licensure survey of each nursing and rest home in Massachusetts. These reports can be accessed through their toll free number: 1-800-493-833, or on the World Wide Web at: WWW.STATE.MA.US/DPH.



## **ADJUSTING TO THE NURSING AND REST HOME**

Entering a nursing or rest home may be a very frightening time for an elderly person. Unfortunately the stereotype of a nursing home is not a positive one. Elders fear the loss of freedom, isolation from family, loss of dignity and respect. In a nursing or rest home, the activities, meals, and care routines are established based on the needs of all residents. Therefore, the opportunities for individual choices are limited. Just knowing and understanding these frustrations are important for family members.

Prospective residents should be involved in the selection of a nursing or rest home, as this will ease the transition to a new environment. Once placed, residents will usually require a period of adjustment because they may be sharing rooms, bathrooms, waking and eating on schedules and following many new daily routines.

It is also important when selecting a nursing or rest home to consider the non-medical needs of a resident. The resident may benefit from supportive services such as activity therapy, resident counseling and resident councils. Activities programs should offer a variety from which the resident may choose. A balanced program will usually reflect this. The prospective resident, his or her next of kin or legal agent, should make the facility staff aware of any special interests or hobbies that the elder may have during the assessment and care planning process.

The Social Worker will assist in the adjustment process and assure that the resident's social needs are being met by providing counseling and general support. The Social Worker of the nursing or rest home also provides assistance in planning for discharge, admission to the hospital and coordination of the resident's care needs.

The transition to a nursing or rest home can be eased by:

- Frequent visits by family and friends;
- Family outings as often as possible;
- Provision of comfortable, washable clothing with sewn-in name tags;
- Providing the resident with a supply of writing paper and stamps;

- Arranging for subscriptions to newspapers and magazines to be delivered to the elder at the nursing or rest home;
- Encouraging the resident to participate in activities programs;
- Encouraging the resident to participate in the Residents' Council;
- Providing personal items such as favorite pictures, pillows, or furniture, where possible, to make the resident's room as home-like as possible.

## **RESIDENTS' RIGHTS**

Under Federal and State regulations, nursing and rest homes must assure residents of their basic rights. These rights include, but are not limited to:

### **Rules & Policies**

- At the time of admission each resident, or his/her next of kin/or legal agent, shall be given a written copy of all the rules and policies of the nursing home/rest home.
- The resident, or his/her next of kin/or legal agent, shall receive a written notification of subsequent changes in the rules and policies of the nursing home/rest home.
- A schedule of the exact amount charged for each service must be prepared by the nursing or rest home administrator and maintained on an up-to-date basis and provided to each resident on request.
- Under no circumstances shall a resident, other than a private paying resident, be charged for services covered by the Social Security Act, (Medicare and Medicaid).
- Residents shall be permitted to examine bills and be provided with an explanation of any charges on them.
- Private paying residents must be allowed reasonable advance written notice of the intent of the nursing or rest home to increase per diem rates, and charges for other services. Increases of per diem rates or charges for other services should not be effective retroactively.
- The residents must be given a 30-day advance written notice of a planned transfer. This notice should allow for sufficient time to make the necessary arrangements for transfer to a new location.
- A nursing or rest home cannot interfere with the resident's right to manage their financial or personal affairs. Many nursing homes may maintain a petty cash account to ensure safekeeping. Any resident who chooses to deposit money in a facility account may withdraw their funds at any reasonable time.

- The resident must be given a locked drawer or another secured type of space and key for safekeeping of personal possessions.
- The nursing or rest home must provide at least one telephone for the residents' use, which may be coin-operated, and is located so as to assure privacy during use. It must be accessible to both ambulatory and wheel chair residents.

### **Access**

- The nursing or rest home shall not interfere with a resident's right to communicate privately with anyone of his/her choice either inside or outside the nursing home.
- A resident has the right to join any social or religious activity of his/her choice.
- Under no circumstances is a resident's mail to be opened upon receipt or delivery for mail, by the nursing home staff.
- A resident has the right to speak to an Ombudsman and have his/her complaints addressed, without fear or threat of retaliation.

### **Discharge & Transfer**

- A resident may not be transferred without his/her consent unless:
  - a) physician orders the transfer or discharge;
  - b) for reasons related to health and welfare, as documented in the resident's medical record;
  - c) for reasons of non-payment, except as prohibited by the Social Security Act;
  - d) required by state or federal agencies (relating to the conditions and quality of care in the nursing or rest home).

If a nursing or rest home decides to discharge or transfer a resident, the resident, his/her next of kin or legal agent must be given reasonable advance written notice.

- If a nursing or rest home cannot provide the care required by the resident, the resident, his/her next of kin or legal agent must be given reasonable advance written notice. The nursing or rest home must locate an appropriate facility, which will accept the resident.

### **Medical Treatment**

- Resident must be assured of their privacy during a medical examination.
- A resident should be permitted to examine his/her medical or personal records, and authorize someone also to do so on his/her behalf.
- A resident may refuse treatment or medications if he/she has a question or doubt about the potential benefit of the treatment or medications. If the resident refuses, he/she must be informed of the potential consequences, of not accepting the treatment or medications.
- The right to be informed of medical diagnoses, treatment, and care, and to **participate in planning the care.**
- The right to be given the name of the physician responsible for the resident's care.
- The right to be free from chemical or physical restraints unless they are medically necessary and ordered by a physician.
- The right to have significant changes in the resident's health reported to the resident's next of kin, or legal agent.
- The right to adequate and appropriate care.

### **Other Rights**

- Residents shall not be required to perform any functions or services for the nursing/rest home, which are not included in his/her plan of care.
- If it can be arranged, married residents shall be permitted to share a room.

If you need assistance or have any questions, please call the State Long Term Care Ombudsman Program at 617-727-7750 or 1-800-882-2003 or the local Ombudsman Program where the facility is located. Local programs are listed in Appendix A

## NURSING AND REST HOME CHECK LIST

Consideration of the following checklist should assist you in the selection of an appropriate nursing or rest home.

It is most important that you visit the nursing or rest home you are considering. Make an appointment to visit with the staff. Discuss with them any concerns. Try to visit at a mealtime. Observe the activities at the facility. If you take someone along with you on the tour, it may improve your observations. Some of the items listed may not be relevant to your particular situation, and may be omitted. Also, raise additional questions.

### NURSING/REST HOME

Home #1                      Home #

#### Location

Name

Is public transportation available?	__Yes __No	__Yes __No
Is the facility near a hospital?	__Yes __No	__Yes __No
Is the facility near family and friends?	__Yes __No	__Yes __No

#### Grounds

Is it in a pleasant setting?	__Yes __No	__Yes __No
Is there a safe or secure area for residents to get fresh air?	__Yes __No	__Yes __No
Is there space for strolling?	__Yes __No	__Yes __No
Are there ramps for handicapped access?	__Yes __No	__Yes __No

#### Lobby

Is the atmosphere welcoming?	__Yes __No	__Yes __No
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Are there plants, flowers, or pictures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it free from heavily scented sprays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are certificates and licenses displayed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Hallways**

	<u>Home #1</u>	<u>Home #2</u>		
Are they well-lighted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there hand-rails?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they large enough for wheelchairs to pass?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are they color-coded for easily finding areas in a large facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are exits clearly marked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it generally clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Bedrooms**

Are the rooms cheerful and uncluttered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is care taken in selecting roommates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many beds are in a room?				
Are linens on beds clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there adequate closet and drawer space for clothes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a locked drawer available in an accessible place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a call bell by each bed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there fresh water by each bed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do doors or walls have residents' name plates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a reading light?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can residents decorate their own rooms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can residents bring a reasonable amount of				

personal belongings?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Is there an easy chair?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Is there room for a wheelchair to maneuver?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Are rooms ventilated?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Are rooms air-conditioned?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Do you smell urine?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N

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**Dining Room**

	<u>Home #1</u>	<u>Home #2</u>		
Is there a dining room?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Is it attractive and inviting?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Are there comfortable chairs and tables?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Is there enough room to move around?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Can wheelchairs be accommodated?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Is it free from unpleasant odors?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Do those needing assistance receive it?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Does the food appear and smell appetizing?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Are sample meals offered to prospective residents?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Are meals served at reasonable times?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Is the week's menu posted and followed?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Is there variety from meal to meal?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Are alternative choices available?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Does the dietitian plan special menus when needed?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Are guests allowed?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Are there snacks?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Is food delivered to bedrooms when necessary?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N
Is the time between evening meal and breakfast 14 hours or less?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _N



## **Toilet Facilities**

Are they convenient to bedrooms and the lounge?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Is it easy to use a wheelchair?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Is there a nurse call bell?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are there hand grips near toilets?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are there non-skid floors?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are there toilet paper, soap & towels in bathroom?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are there shower facilities?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Do bathtubs have automatic transfer seats?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No

## **Activity Rooms and Activities**

	<u>Home #1</u>		<u>Home #2</u>	
Is there room for activities?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are there activities on the weekend?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
How many hours of activities a week are there?				
Is there an activities director?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are events and activities posted?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are there group and individual activities?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are residents encouraged to participate?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are there trips away from facility?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are there any volunteers?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are materials available? Free?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are residents using equipment?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are there newspapers and magazines available?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are radios and televisions available?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Is there library service?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Is there a recreational relationship with another nursing home, school or agency?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No
Are there planned religious programs?	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No	<input type="checkbox"/> _Yes	<input type="checkbox"/> _No

Is voting encouraged (absentee ballot)?

Yes  No  Yes  No

Are there barbers and beauticians available?

Yes  No  Yes  No

**Medical/Nursing****Home #1****Home #2**

Is there a medical director?

\_Yes \_No\_Yes \_NoAre patients involved in their treatment  
planning?\_Yes \_No\_Yes \_No

Is a private physician allowed?

\_Yes \_No\_Yes \_No

Does the staff physician examine residents?

\_Yes \_No\_Yes \_NoCan medicine be purchased from a pharmacy other  
than the one the nursing home does business with?\_Yes \_No\_Yes \_No

Is there emergency equipment (oxygen, etc.)?

\_Yes \_No\_Yes \_NoDoes the nursing home have a contract with an  
ambulance service?\_Yes \_No\_Yes \_NoDoes the nursing home have a transfer agreement  
with a local hospital?\_Yes \_No\_Yes \_NoIs next of kin notified immediately when/if  
resident's condition changes?\_Yes \_No\_Yes \_NoAre other medical services available (dentists,  
podiatrists, etc.)?\_Yes \_No\_Yes \_NoDoes the nursing home provide transportation  
to medical services if needed?\_Yes \_No\_Yes \_No

Is there restorative physical therapy?

\_Yes \_No\_Yes \_NoIs there an isolation room and bath for patients  
with contagious diseases?\_Yes \_No\_Yes \_No

## Residents Rights

### Personal Freedom

	<u>Home #1</u>	<u>Home #2</u>
Is required patient rights information posted throughout the facility?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Is there a program to help new residents adjust?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Are residents' family members involved?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Is there a social worker available to help residents and families?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Are there rooms for private visits with family, friends, attorney or social worker?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Is there a public telephone(s) that is equipped for the hearing impaired and is wheelchair accessible where privacy is guaranteed?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Are quarterly accountings provided to residents whose funds the facility manages?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Are statements of funds available to resident and family?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Can residents wear their own clothes?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Is there a residents' council?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Is there an established grievance committee?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Are there extensive visiting hours?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Are the hours posted?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
What are times of rising and sleeping?	<input type="checkbox"/> _R <input type="checkbox"/> _S	<input type="checkbox"/> _R <input type="checkbox"/> _S
Is the admissions contract understandable and acceptable?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
Are there extra charges for anything?	<input type="checkbox"/> _Yes <input type="checkbox"/> _No	<input type="checkbox"/> _Yes <input type="checkbox"/> _No
What things?		

**Administrative**

Is it Medicaid certified?

Home #1

Home #2

\_Yes \_No

\_Yes \_No

Is it Medicare certified?

\_Yes \_No

\_Yes \_No

How many beds? #1 \_\_\_ #2

Is there a current license from the State

Department of Public Health?

\_Yes \_No

\_Yes \_No

Does the nursing home belong to any professional association?

\_Yes \_No

\_Yes \_No

Is there a licensed administrator?

\_Yes \_No

\_Yes \_No

Are inspection reports available for review in the nursing home?

\_Yes \_No

\_Yes \_No

Does there seem to be enough nurses and aides to provide care?

\_Yes \_No

\_Yes \_No

Does the nursing home use a lot of pool or temporary staff?

\_Yes \_No

\_Yes \_No

**Attitudes and Atmosphere**

Is the general atmosphere warm and pleasant?

\_Yes \_No

\_Yes \_No

Does the staff show interest and affection for residents?

\_Yes \_No

\_Yes \_No

Is attention given to residents' grooming?

\_Yes \_No

\_Yes \_No

Are residents alert?

\_Yes \_No

\_Yes \_No

Is the staff courteous and respectful to residents?

\_Yes \_No

\_Yes \_No

Is the administrator courteous and helpful?

\_Yes \_No

\_Yes \_No

Does the administrator know the residents?

\_Yes \_No

\_Yes \_No

Is the administrator available to answer questions or complaints?

\_Yes \_No

\_Yes \_No

Does the staff respond quickly to patient calls?

\_Yes \_No

\_Yes \_No

## **A. AGING SERVICE ACCESS POINTS**

The Executive Office of Elder Affairs administers a state-wide Home Care Program through contracts with twenty-seven local non-profit agencies, now known as Aging Service Access Points (ASAP's). They offer comprehensive supportive services for older people (age 60 and over) who need assistance to remain in their own homes. These services often make it possible for an elder to recuperate at home, upon discharge from a hospital, and can prevent unnecessary nursing home placement by enabling an elder to continue living at home.

ASAP'S, through their Coordination of Care Units, conduct needs assessments for nursing facility services, pursuant to a contract with the Division of Medical Assistance. The primary purpose of the assessment is to develop a plan of care, which will meet the elder's needs in the community. Nursing facility placement is only considered if the elder's needs cannot be met in the community. The Coordination of Care Unit is responsible for determining an elder's eligibility for nursing facility services, which will be reimbursed by Medicaid.

The local ASAP's Home Care Case Managers conduct in-home assessments of an elder's needs, determine eligibility for services, develop and monitor service plans. Actual services are delivered by local provider agencies that contract with the local Aging Service Access Points.

Home Care Services are available to low income elders on a voluntary donation basis. Others receive services on a cost-sharing basis.

### **HOME CARE SERVICES:**

**Homemaker:** Light housework, shopping, laundry, and other tasks designed to help maintain household functioning.

**Personal Care:** Personal care service provides assistance to those who need help with bathing, dressing, grooming, using the bathroom, walking, transferring from bed to chair, and eating. Personal care is an extension of homemaker services and is targeted to those elders with diminished capacity for self-care.

**Chore:** Light chore service, heavy chore services, and minor home repair designed to make the home more habitable and/or prevent environmental defects.

**Companionship:** Companionship and supervision for lonely, handicapped, or isolated elders.

## **HOME CARE SERVICES (continued):**

**Emergency Shelter:** Temporary overnight shelter for an elder.

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**Home Delivered Meals:** Well-balanced meals delivered to maintain optimal nutritional and health status.

**Protective Services:** Services, which are necessary to prevent, eliminate, or remedy the effects of abuse to an elderly person.

**Social Day Care:** An individualized program of social activity for elders who require daytime supervision.

**Transportation:** Transportation to and from community facilities, for medical appointments, etc.

**Laundry:** Service provided by a commercial laundry company designed to serve frail, homebound elders who have no other means of having laundry cleaned.

## **HOME HEALTH SERVICES:**

Nursing Service, home health aide services and, under certain conditions, physical, occupational and speech therapy are available. These services may be arranged by ASAP's and are provided by Certified Home Health Agencies. This program serves those clients whose needs exceed the level of care provided by personal care service.

## **RESPIRE CARE PROGRAM**

The Respite Program provides temporary assistance to primary caregivers of frail elders who are trying to cope with the stress and strain of providing on-going daily care. The primary goal of the Respite Care Program is to provide relief to the primary caregiver while ensuring continued quality of care for the frail elder through the use of Respite Services. Relief may be provided on a regular basis, or by a pre-arranged plan for special occasions, or, if possible, under emergency circumstances. The Respite Care Services that may be available to eligible frail elders and their primary caregivers on a cost sharing basis include: Homemaker Service, Companion, Personal Care, Home Health Aide, Social Day Care, Adult Day Health, Nursing Services, Adult Foster Care, and short-term institutional care.

For more information about all Home Care Services for frail elders, call the Executive Office of Elder Affairs toll-free hotline at 1-800-882-2003 or the ASAP office serving your area.

## **B. ADULT DAY HEALTH PROGRAM**

The Adult Day Health Program administered by the Division of Medical Assistance provides comprehensive health and social services in a structured day care setting for dependent adults (age 18 and over) who require skilled services and/or assistance with activities of daily living and who would otherwise be institutionalized.

The services provided in these settings include nursing services, restorative services, maintenance therapy, personal care services, nutrition services, counseling services, emergency services, transportation services, and individual and group activity programs.

Not only does the Adult Day Health program often prevent unnecessary long-term nursing home placement, it also provides time off for primary care givers of frail elders as a Respite Service under the state Home Care Program.

For more specific information about the Adult Day Health program, call the Department of Public Welfare (617) 348-5582.

## **C. COUNCILS ON AGING**

Councils on Aging offer a variety of information, outreach, health, transportation, social and other services to seniors in the community. Their activities are offered in conjunction with state and regional programs to ensure that seniors and their families can achieve a vigorous sense of opportunity, independence, dignity and growth in later years. For information regarding these services, call your city or town hall or the Council on Aging itself.

## **D. CERTIFIED HOME HEALTH AGENCIES**

Certified Home Health Agencies which include the Visiting Nurses Association provides a wide range of professional health services to clients and families in the home. The basic services include: nursing, occupational therapy, physical therapy, speech therapy, medical social work, nutrition services and home health aide service. Specialty programs such as hospice care, intravenous therapy, maternal child health and respiratory care are also included. In general, clients need to be under a physician's care, have a medical condition, which requires a skilled professional service, and be homebound to receive covered services. For more information about these services, consult your physician or local telephone directory listing under "Home Health Services."



## LOCAL LONG TERM CARE OMBUDSMAN PROGRAMS

- 1) ELDER SERVICES OF BERKSHIRE COUNTY  
OMBUDSMAN PROGRAM  
66 WENDELL AVENUE  
PITTSFIELD, MA 01201

PROGRAM DIRECTOR: MAUREEN TUGGEY  
TELEPHONE: (413) 499-0524 OR 1-800-544-5242

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- 2) FRANKLIN COUNTY OMBUDSMAN PROGRAM  
FRANKLIN COUNTY HOME CARE  
330 MONTAGUE CITY ROAD  
TURNERS FALLS, MA 01376

PROGRAM DIRECTOR: PATRICIA MacDONALD  
TELEPHONE: (413) 773-5555

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- 3) HIGHLAND VALLEY ELDER SERVICES  
OMBUDSMAN PROGRAM  
320 RIVERSIDE DRIVE  
NORTHAMPTON, MA 01060

PROGRAM DIRECTOR: MARSHA WALLACE  
TELEPHONE: (413) 586-2000 OR 1-800-322-0551

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- 4) WESTMASS ELDERCARE, INC.  
OMBUDSMAN PROGRAM  
4 VALLEY MILL ROAD  
HOLYOKE, MA 01040

PROGRAM DIRECTOR: JOANNE CHUSLO  
TELEPHONE: (413) 538-9020

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- 5) GREATER SPRINGFIELD SENIOR SERVICES, INC.  
OMBUDSMAN PROGRAM  
66 INDUSTRY AVENUE  
SPRINGFIELD, MA 01104

PROGRAM DIRECTORS: LAURIE MISISCHIA  
TELEPHONE: (413) 781-880

\_6) MONTACHUSETT HOME CARE CORPORATION  
OMBUDSMAN PROGRAM  
CROSSROADS OFFICE PARK  
680 MECHANIC STREET, S#120  
LEOMINSTER, MA 01453-4402

PROGRAM DIRECTOR: DIANE REED  
TELEPHONE: (978) 537-7411

7) WORCESTER AREA NURSING HOME OMBUDSMAN PROGRAM  
AGE CENTER OF WORCESTER  
51 HARVARD STREET  
WORCESTER, MA 01609

PROGRAM DIRECTOR: LISA CAISSIE  
TELEPHONE: (508) 755-4388

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8) TRI-VALLEY ELDER SERVICES  
OMBUDSMAN PROGRAM  
251 MAIN STREET  
WEBSTER, MA 01570

PROGRAM DIRECTOR: KENNETH JUSSAUME  
TELEPHONE: (508) 949-6640 OR 1-800-286-6640

9) SENIORCARE, INC.  
OMBUDSMAN PROGRAM  
5 BLACKBURN CENTER  
GLOUCESTER, MA 01930-2259

PROGRAM DIRECTOR: MICHELE GAYTHWAITE  
TELEPHONE: (978) 927-1193 OR (978) 281-1750

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10) NORTH SHORE OMBUDSMAN PROGRAM  
152 SYLVAN STREET  
DANVERS, MA 01923

PROGRAM DIRECTOR: PAMELA MacDONALD  
TELEPHONE: (978) 750-4540

11) GREATER LYNN SENIOR SERVICES  
NURSING HOME OMBUDSMAN  
8 SILSBEE STREET  
LYNN, MA 01901

PROGRAM DIRECTOR: DIANE TRAHAN  
TELEPHONE: (781) 599-0110

12) NURSING HOME OMBUDSMAN PROGRAM  
CHELSEA/REVERE/WINTHROP HOME CARE PROGRAM  
300 BROADWAY, PO BOX 189  
REVERE, MA 02151

PROGRAM DIRECTOR: VIRGINIA NORRIS  
TELEPHONE: (781)286-0550

14) SOMERVILLE/CAMBRIDGE ELDER SERVICES, INC.  
LONG TERM CARE OMBUDSMAN PROGRAM  
61 MEDFORD STREET  
SOMERVILLE, MA 02144

PROGRAM DIRECTOR: JENNI CALDWELL  
TELEPHONE: (617) 628-2601

15) MINUTEMAN OMBUDSMAN PROGRAM  
ELIOT COMMUNITY HUMAN SERVICES, INC.  
186 BEDFORD STREET  
LEXINGTON, MA 02420

PROGRAM DIRECTOR: BEVERLY ECKHARDT OR SHARON HYLAN  
TELEPHONE: (781) 861-0896

16) WEST SUBURBAN NURSING HOME OUTREACH  
JEWISH FAMILY AND CHILDREN'S SERVICE  
1340 CENTRE STREET  
NEWTON, MA 02459

PROGRAM DIRECTOR: DANIEL GOLDBERG  
TELEPHONE: (617) 558-1278

- 17) BAYPATH HOME & COMMUNITY SERVICES  
LTC OMBUDSMAN PROGRAM  
354 WAVERLY STREET  
FRAMINGHAM, MA 01702

PROGRAM DIRECTOR: MARY BROOKS  
TELEPHONE: (508) 872-1886 OR 1-800-287-7284

- 18) HEALTH AND SOCIAL SERVICE CONSORTIUM (HESSCO)  
LTC OMBUDSMAN PROGRAM  
ONE MERCHANT STREET  
SHARON, MA 02067

PROGRAM DIRECTOR: DENA HURLEBAUS  
TELEPHONE: (781) 784-4944 OR 1-800-462-5221

- 19) SOUTH SHORE ELDER SERVICES NURSING HOME  
OMBUDSMAN PROGRAM  
639 GRANITE STREET  
BRAINTREE, MA 02184

PROGRAM DIRECTOR: PATTI WHITE  
TELEPHONE: (781) 383-9790 OR (781) 848-3910

- 20) OLD COLONY PLANNING COUNCIL OMBUDSMAN PROGRAM  
70 SCHOOL STREET  
BROCKTON, MA 02301

PROGRAM DIRECTOR: LILA BURGESS  
TELEPHONE: (508) 583-1833

- 21) BRISTOL ELDER SERVICES, INC.  
182 NO. MAIN STREET  
FALL RIVER, MA 02720

PROGRAM DIRECTOR: MARGARET PILKINGTON  
TELEPHONE: (508) 675-2105 OR 1-800-427-2101

- 22) COASTLINE ELDERLY SERVICES  
OMBUDSMAN PROGRAM  
1646 PURCHASE STREET  
NEW BEDFORD, MA 02740

PROGRAM DIRECTOR: DONNA CABRAL  
TELEPHONE: (508) 999-6400

23) CAPE COD AND ISLANDS OMBUDSMAN PROGRAM  
68 ROUTE 134  
SOUTH DENNIS, MA 02660

PROGRAM DIRECTOR: PATRICIA HART  
TELEPHONE: (508) 394-4630 OR 1-800-244-4630

24) ELDER SERVICES OF THE MERRIMACK VALLEY  
OMBUDSMAN PROGRAM  
RIVERWALK, BUILDING #5  
360 MERRIMACK STREET  
LAWRENCE, MA 01843

PROGRAM DIRECTOR: ROSE McGARRY  
TELEPHONE: (978) 683-7747 OR 1-800-892-0890

25) CITY OF BOSTON OMBUDSMAN PROGRAM  
555 AMORY STREET  
JAMAICA PLAIN, MA 02130-2672

PROGRAM DIRECTOR: MARIETTA McCARTHY  
TELEPHONE: (617) 522-6700

**LOCAL LONG TERM CARE OMBUDSMAN PROGRAMS FOR EACH CITY AND TOWN (read across)**

ABINGTON : 20	ACTON 15	ACUSHNET 22
ADAMS 01	AGAWAM 05	ALFORD 01
AMESBURY 24	AMHERST 03	ANDOVER 24
ARLINGTON 15	ASHBURNHAM 06	ASHBY 06
ASHFIELD 02	ASHLAND 17	ATHOL 02
ATTLEBORO 21	AUBURN 07	AVON 20
AYER 06	BARNSTABLE 23	BARRE 07
BECKET 01	BEDFORD 15	BELCHERTOWN 04
BELLINGHAM 08	BELMONT 16	BERKLEY 21
BERLIN 06	BERNARDSTON 02	BEVERLY 09
BILLERICA 24	BLACKSTONE 08	BLANDFORD 03

BOLTON 06	BOSTON 25	BOURNE 23
BOXBOROUGH 15	BOXFORD 24	BOYLSTON 07
BRAINTREE 19	BREWSTER 23	BRIDGEWATER 20
BRIMFIELD 05	BROCKTON 20	BROOKFIELD 08
BROOKLINE 16	BUCKLAND 02	BURLINGTON 15
CAMBRIDGE 14	CANTON 18	CARLISLE 15
CARVER 20	CHARLEMONT 02	CHARLTON 08
CHATHAM 23	CHELMSFORD 24	CHELSEA 12
CHESHIRE 01	CHESTER 03	CHESTERFIELD 03
CHICOPEE 04	CHILMARK 23	CLARKSBURG 01
CLINTON 06	COHASSET 19	COLRAIN 02
CONCORD 15	CONWAY 02	CUMMINGTON 03
DALTON 01	DANVERS 10	DARTMOUTH 22
DEDHAM 18	DEERFIELD 02	DENNIS 23
DIGHTON 21	DOUGLAS 08	DOVER 17
DRACUT 24	DUDLEY 08	DUNSTABLE 24
DUXBURY 20	EAST BRIDGEWATER 20	EAST BROOKFIELD 08
EAST LONGMEADOW 05	EAST WAREHAM 20	EASTHAM 23
EASTHAMPTON 03	EASTON 20	EDGARTOWN 23

**LOCAL LONG TERM CARE OMBUDSMAN PROGRAMS FOR EACH CITY AND TOWN**

**(read across)**

EGREMONT : 01	ERVING 02	ESSEX 09
EVERETT 103	FAIRHAVEN 22	FALL RIVER 21
FALMOUTH 23	FITCHBURG 06	FLORIDA 01
FOXBOROUGH 18	FRAMINGHAM 17	FRANKLIN 08
FREETOWN 21	GARDNER 06	GAY HEAD 23
GEORGETOWN 24	GILL 02	GLOUCESTER 09
GOSHEN 03	GOSNOLD 22	GRAFTON 07
GRANBY 04	GRANVILLE 03	GREAT BARRINGTON 0
GREENFIELD 02	GROTON 06	GROVELAND 24
HADLEY 03	HALIFAX 20	HAMILTON 09
HAMPDEN 05	HANCOCK 01	HANOVER 20
HANSON 20	HARDWICK 07	HARVARD 15
HARWICH 23	HATFIELD 03	HAVERHILL 24
HAWLEY 02	HEATH 02	HINGHAM 19
HINSDALE 01	HOLBROOK 19	HOLDEN 07
HOLLAND 05	HOLLISTON 17	HOLYOKE 04
HOPEDALE 08	HOPKINTON 17	HUBBARDSTON 06
HUDSON 17	HULL 19	HUNTINGTON 03
IPSWICH 09	KINGSTON 20	LAKEVILLE 20
LANCASTER 06	LANESBOROUGH 01	LAWRENCE 24
LEE 01	LEICESTER 07	LENOX 01
LEOMINSTER 06	LEXINGTON 15	LEYDEN 02
LINCOLN 15	LITTLETON 15	LONGMEADOW 05
LOWELL 24	LUDLOW 04	LUNENBURG 06
LYNN 11	LYNNFIELD 11	MALDEN 103
MANCHESTER 09	MANSFIELD 21	MARBLEHEAD 10
MARION 22	MARLBOROUGH 17	MARSHFIELD 20
MASHPEE 23	MATTAPOISETT 22	MAYNARD 15
MEDFIELD 18	MEDFORD 103	MEDWAY 08
MELROSE 103	MENDON 08	MERRIMAC 24

METHUEN : 24

MIDDLETON 10

MILLEVILLE 08

MIDDLEBOROUGH 20

MILFORD 08

MILLIS 18

MIDDLEFIELD 03

MILLBURY 07

MILTON 19



**LOCAL LONG TERM CARE OMBUDSMAN PROGRAMS FOR EACH CITY AND TOWN**

**(read across)**

MONROE 02	MONSON 05	MONTAGUE 02
MONTEREY 01	MONTGOMERY 03	MOUNT WASHINGTON 01
NAHANT 11	NANTUCKET 23	NATICK 17
NEEDHAM 16	NEW ASHFORD 01	NEW BEDFORD 22
NEW BRAINTREE 07	NEW MARLBOROUGH 01	NEW SALEM 02
NEWBURY 24	NEWBURYPORT 24	NEWTON 16
NORFOLK 18	NORTH ADAMS 01	NORTH ANDOVER 24
NORTH ATTLEBORO 21	NORTH BROOKFIELD 08	NORTH READING 103
NORTHAMPTON 03	NORTHBOROUGH 17	NORTHBRIDGE 08
NORTHFIELD 02	NORTON 21	NORWELL 19
NORWOOD 18	OAK BLUFFS 23	OAKHAM 07
ORANGE 02	ORLEANS 23	OTIS 01
OXFORD 08	PALMER 05	PAXTON 07
PEABODY 10	PELHAM 03	PEMBROKE 20
PEPPERELL 06	PERU 01	PETERSHAM 02
PHILLIPSTON 02	PITTSFIELD 01	PLAINFIELD 03
PLAINVILLE 18	PLYMOUTH 20	PRINCETON 06
PROVINCETOWN 23	QUINCY 19	RANDOLPH 19
RAYNHAM 21	READING 103	REHOBOTH 21
REVERE 12	RICHMOND 01	ROCKLAND 20
ROCKPORT 09	ROWE 02	ROWLEY 24
ROYALSTON 02	RUSSELL 03	RUTLAND 07
SALEM 10	SALISBURY 24	SANDISFIELD 01
SANDWICH 23	SAUGUS 11	SAVOY 01
SCITUATE 19	SEEKONK 21	SHARON 18
SHEFFIELD 01	SHELBURNE 02	SHERBORN 17
SHIRLEY 06	SHREWSBURY 07	SHUTESBURY 02
SOMERSET : 21	SOMERVILLE 14	SOUTH DARTMOUTH 22
SOUTH HADLEY 04	SOUTHAMPTON 03	SOUTHBOROUGH 17
SOUTHBRIDGE 08	SOUTHWICK 03	SPENCER 08

SPRINGFIELD 05

STONEHAM 103

STURBRIDGE 08

STERLING 06

STOUGHTON 20

SUDBURY 17

STOCKBRIDGE 01

STOW 15 |

SUNDERLAND 02

**LOCAL LONG TERM CARE OMBUDSMAN PROGRAMS FOR EACH CITY AND TOWN**

**(read across)**

SWAMPSCOTT 11	SWANSEA 21	TAUNTON 21
TEMPLETON 06	TEWKSBURY 24	TISBURY 23
TOLLAND 03	TOPSFIELD 09	TOWNSEND 06
TRURO 23	TURNERS FALLS 02	TYNGSBOROUGH 24
TYRINGHAM 01	UPTON 08	UXBRIDGE 08
WAKEFIELD 10 <del>3</del>	WALES 05	WALPOLE 18
WALTHAM 16	WARE 04	WAREHAM 20
WARREN 08	WARWICK 02	WASHINGTON 01
WATERTOWN 16	WAYLAND 17	WEBSTER 08
WELLESLEY 16	WELLFLEET 23	WENDALL 02
WENHAM 09	WEST BOYLSTON 07	WEST BRIDGEWATER 2
WEST BROOKFIELD 08	WEST NEWBURY 24	WEST SPRINGFIELD 05
WEST STOCKBRIDGE 01	WEST TISBURY 23	WESTBOROUGH 17
WESTFIELD 03	WESTFORD 24	WESTHAMPTON 03
WESTMINSTER 06	WESTON 16	WESTPORT 21
WESTWOOD 18	WEYMOUTH 19	WHATELY 02
WHITINSVILLE 08	WHITMAN 20	WILBRAHAM 05
WILLIAMSBURG 03	WILLIAMSTOWN 01	WILMINGTON 15
WINCHENDON 06	WINCHESTER 15	WINDSOR 01
WINTHROP 12	WOBURN 15	WORCESTER 07
WORTHINGTON 03	WRENTHAM 18	YARMOUTH 23