

LONG TERM CARE INFORMATION HANDBOOK

Issued by:

The Ombudsman Program of M4A

Middle Alabama Area Agency on Aging

Serving Blount, Chilton, Shelby, St Clair and Walker Counties

and The Ombudsman Program of UWAA

United Way of Alabama Area Agency on Aging

Serving Jefferson County



ASSISTING
ALL AGES AT
ALL STAGES



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HOW TO US THIS GUIDE

The information in this guide is meant to be a tool to help individuals find a starting place on their search for Long-Term Care information. This is not meant to be an exhaustive resource and some information included in this guide are segments of larger pieces that can be found online or by contacting your local ombudsman.

Online there are multiple great resources to find information about Long-Term Care and we have chosen a few to reference.

www.m4a.org

Middle Alabama Area Agency on Aging

www.uwaaa.org

United Way Area Agency on Aging

www.theconsumervoice.org

National Consumer Voice

www.longtermcare.acl.gov

Long-Term Care Information

Your local Area Agency on Aging is also a great resource if you have questions about other resources available in the community. You can contact your local Area Agency on Aging by calling **1-800-AGE-LINE** (1-800-243-5463).

If you have additional questions after reading this guide, please contact your local ombudsman by calling the **1-800-AGE-LINE** number.

The State Long-Term Care Ombudsman is also a great resource that you can contact, if needed. They can be reached by calling the 1-800-AGE-LINE number.

1-800-AGE-LINE

WHAT IS AN OMBUDSMAN?

Ombudsmen are advocates for residents of long-term care facilities or their families or friends who work to protect the health, safety, welfare and rights of Alabama's senior citizens.

What does the Ombudsman do?

An Ombudsman's job is to protect the rights of residents and assure that residents receive fair treatment and quality care by:

- Investigating & resolving complaints
- Visiting each facility to evaluate conditions
- Ensure that residents are receiving the legal, financial, social, rehabilitative & other services to which they are entitled
- Acting as mediator between residents, family members & staff
- Educating residents, families & staff about residents' rights
- Providing information to the public
- Assisting with the establishment of resident & family councils
- Representing residents' interests before state & federal government by working to change laws, regulations & policies that affect those who live in long-term care facilities

Who can contact the Ombudsman?

Anyone can contact the Ombudsman, including residents, employees of long-term care facilities, or their families or friends.

How do I file a concern or complaint?

You may file a complaint in writing, by phone, or in person. When you contact the ombudsman, he or she will take appropriate action to resolve the problem and you will be notified of results.

Do I have to give my name?

No, however, it is better if we are able to contact you for more information and everything is kept confidential unless the complainant or the resident gives us permission to address.

What can be investigated?

Complaints may be about the facility, its employees, providers, public or private agencies, guardians, or anyone who is in the position to threaten or interfere with the rights, health, safety or welfare of a resident.

WHAT ARE RESIDENTS' RIGHTS?

Dignity and Respect

- Knowing your rights
- Being treated kindly at all times
- Having someone knock on your door and be invited in before entering your room
- Raising a complaint without fear of retaliation or coercion
- Having your beliefs and practices respected
- Being informed of facility policies and changes to those policies
- Being free from discrimination

Privacy

- Having access to your personal account and managing your own money
- Making a phone call in private
- Choosing your visitors and meeting privately with them
- Opening your own mail
- Securely storing and having access to personal items
- Accessing your medical records

Accommodation of Needs

- Being free from restraints and all forms of abuse
- Receiving a timely response to your care needs
- Speaking with the doctor of your choice
- Participating in care planning
- Having your needs met (i.e. food, water, assistance with care)

Participation of Activities

- Attending Resident Council Meetings
- Participating in activities you enjoy
- Participating in community, civic (i.e. voting), and religious activities.

Freedom of Choice

- Choosing when to wake up and what to wear
- Being called by the name of your choice
- Having your cultural choices in food and activities respected
- Accepting or refusing treatment

DESIGNING A LONG TERM CARE PLAN

The goal of this section is to assist you in understanding some of the basic information regarding a few long-term care options. Jan Neal, of the Jan Neal Law Firm, LLC, provided the information in this section to help consumers understand some of the more challenging questions about Independent Living, Assisted Living, and Nursing Home Care.

For a free and complete version of the guide you can go to **www.m4a.org/Design-LTC-Plan** or you can also contact M4A at 1-800-AGE-LINE.

Jan Neal, Jan Neal Law Firm, LLC, for the Middle Alabama Area Agency on Aging/Aging and Disability Resource Center June 2017. Jan Neal can be reached at Jan Neal Law Firm, LLC, 207 N. 4th St., Opelika, Alabama 36801, (334) 745-2779 or 1-800-270-7635, <http://janneallaw.com>.

ADULT DAY CARE HELPING CARE RECIPIENTS SOCIALIZE AND CAREGIVERS WORK

Adult day care (ADC) provides seniors who need supervision (e.g. someone with Alzheimer's) with supervision and care in a structured environment during daytime hours allowing the primary caregiver the freedom to work or take a break from caregiving duties. Adult social day care (ASDC) provides basic health services, meals and activities, while adult day health care (ADHC) provides intensive health services for more fragile persons who would otherwise need skilled nursing care. Some centers offer both types of care. Alzheimer's Day Care (ADC) is also available at some facilities.

The average cost of adult day care is \$758 per month in Alabama, and Medicare does not pay for this service. In Alabama, Medicaid Home and Community Based Waiver Services pay for adult day care when available, but without qualifying for that service, which may have a waiting list. Contact your local Area Agency on Aging (AAA) to obtain more information on the possibility of obtaining adult day care through Medicaid Waiver services.

PRACTICAL CONSIDERATIONS FOR CARE AT HOME: INCOME AND HEALTH INSURANCE SCREENING

The cost of staying at home can be very expensive, and it is not unusual for a caregiver to be called upon to supplement the income of a care recipient. While many resources do exist to help, for an individual receiving long-term care at home, there are often critical services that must be purchased. An example is sitter services for the care recipient suffering from dementia. Home health care agencies can provide this service, but the cost is high, averaging around \$16 - \$19 per hour. Another shortage some care recipients face is insufficient funds to pay for prescription drugs, even with full drug coverage through Medicare Part D. The potential income shortfall is a compelling reason why locating any benefits for which the care recipient might qualify is an important part of developing a long-term care plan.

DID YOU KNOW

Veterans can receive health care through the VA system, so if funds are tight for a veteran, this is a resource to examine.

While there are many programs designed to supplement the income, or reduce the cost of essential needs for seniors, finding, understanding and applying for benefits can be complicated. Often caregivers feel like they do not have time to provide personal care because they are drowning in paperwork associated with efforts to obtain benefits for their care recipients.

Apart from the services offered at the Area Agency on Aging previously discussed, there are multiple public benefit programs available to seniors and disabled persons with lower incomes or particular health conditions. Programs to supplement income and health care costs exist accessed through your local AAA Aging and Disability Resource Center. In particular, there are Low Income Subsidies and Medicare Savings Programs designed to help lower-income Medicare recipients pay for the cost of health care. The SHIP program can provide eligibility screenings.

PRACTICAL CONSIDERATIONS FOR CARE AT HOME: FAMILY PAID CAREGIVERS

When a care recipient makes arrangements to receive the care he or she needs at home, that care should come with a realistic consideration of future potential declining health and the need for institutional care. With that in mind, it is important to keep in mind that should nursing home care be needed, the long-term care patient will most likely need to qualify for Medicaid to pay for institutional care. Since Medicaid will look back five years to examine the applicant's financial transactions, there are issues of which the care recipient and caregivers need to know BEFORE nursing home Medicaid is needed. For each \$5900 worth of uncompensated value given away (as of 2017) within five years of Medicaid applications, a transfer penalty of one month of ineligibility may be imposed. This can result in terrible circumstances for a senior needing nursing home care, having less than enough resources to pay for care and ineligible for Medicaid.

Often families work together to keep a spouse and/or parent at home, and, in so doing, family members may provide a large amount of the caregiving services or hire someone to provide intermittent services. A frequent example is bathing, dressing, toileting, cooking, help with

eating and sitters to protect a dementia patient from wandering. Caregivers need to understand that Medicaid has highly specific rules about payments made for personal care services, requiring a legally enforceable written agreement for personal care services to be provided in exchange for anything of value. If a legally enforceable written agreement is not executed, money paid for personal care services is presumed to be a transfer of assets subject to a transfer penalty. **To avoid a transfer penalty the following requirements must be met:**

- At the time of receipt of the services, the services were recommended in writing and signed by the applicant's physician, as necessary to prevent the admission of the applicant to a nursing facility and the services may not include the providing of companionship and related services;
- At the time of receipt of the services, the applicant was not residing in a nursing facility;
- At the time of receipt of the services, there already existed a written and signed agreement executed between the applicant and provider for the specific service(s) rendered; and
- At the time of receipt of the services, the transfer of the consideration (money and/or property) to the provider relative occurred.

The agreement required by Medicaid must fully describe the type, frequency and duration of the services being provided to the applicant in such a way that they can be documented when provided; and the amount of consideration (money and/or property) being received by the provider/relative. Further, the payment for services must be comparable to the usual and customary rates in the local area. Services provided must be documented with time sheets and attendance logs, and payment to reimburse a care provider for purchases must be proven by receipt.

While Medicaid can enforce this rule for any paid caregiver, the agency is more likely to enforce the rule if the care provider is a paid family member. In some situations, Medicaid will accept a certified statement by a paid non-family caregiver. It is the best practice to always take this rule seriously and contact Legal Assistance services if payment will be made to any caregiver since, without such an agreement, there is a possibility that the eventual Medicaid application within five years will result in transfer penalties.

It is not at all unusual for caregivers in their 60's to be providing care for parents who are in their 80's or 90's. Often caregivers have not reached full retirement age, and if they have taken early retirement at age 62, caregiver earnings may result in loss of retirement benefits. Full retirement for those born between 1943 and 1954 is age 66; and for those born in 1955-1957 times ranging from 66 years and 2 months to 66 years and 6 months. The earned income limit is \$16,920 (in 2017). For caregivers who have not reached full retirement age in 2017, their Social Security Retirement benefits will be reduced one dollar for every two dollars earned over \$16,920 (\$1,410 per month). For caregivers who do reach full retirement age during 2017, Social Security will deduct \$1 for every \$3 earned above \$44,880 until the month the caregiver reaches full retirement age. This is an important consideration for the paid caregiver in long-term care planning. After reaching full retirement, there is no reduction of benefits for earned income.

When planning for long-term care for parents, this Social Security earned income reduction can be a major consideration.

If a senior or disabled person resides in the home of another, and money is paid to the caregiving family, it is important to document any money paid as either caregiving charges with a written caregiver agreement in place and/or to charge an amount for room and board in the form of a pro rata share of mortgage, utilities, groceries, etc. Do not just pay an arbitrary amount for care.

Often grown children will pay expenses for parents such as moving expenses. Logically it seems that the children could reimburse themselves for those expenses. Medicaid will consider repayment of those expenses a gift subject to a transfer penalty unless a promissory note evidences the debt. Do not pay expenses for a care recipient without documenting the debt if you want to be reimbursed.

Another financial problem caregivers frequently run into is providing explanations to Medicaid for checks written for cash. Seldom do individuals keep receipts for cash spent. Keep records for cash purchases when possible, and keep checks written for cash to a minimum.

PRACTICAL PLANNING CONSIDERATIONS: AUTHORITY ISSUES

Authority issues can sneak up on a caregiver. He or she can move right along performing the jobs that need to be done, and, suddenly, out of nowhere, an insurmountable problem appears. Property has to be sold or a lien given to Medicaid or an income trust created to qualify a care recipient for Medicaid. If no one has legal authority to perform these acts, that legal authority has to be acquired. If the care recipient has dementia or is too sick to execute a power of attorney to name a legal representative, the family has no choice but to file for a guardianship or conservatorship in the probate court where the care recipient lives. The process of having a court appoint a guardian (to make decisions over the body) and a conservator (to make decisions about the finances) can be costly because the petitioner must pay a filing fee, attorney's fees, publication fees and purchase a bond.

While these expenses can be reimbursed from the estate of the care recipient, often there are not enough resources in the estate of the care recipient. Further compounding this problem is the fact that once a guardianship/conservatorship is established, the probate court retains jurisdiction over the care of the person who needs protection, and the guardian and conservator must account to the court every three years to show all money received and spent on behalf of the person who needs protections, and the bond required by the court has to be paid every year until the guardianship/conservatorship is terminated by the court - usually at the death of the individual being protected.

All of the complications of the guardianship/conservatorship system can be avoided by execution of an advance directive. This is the reason why one of the most important things a care recipient can do is to make appropriate advance directives so that the person of his or her choice will have necessary authority to handle the business and health care decisions for the care recipient without depleting the resources of that person's estate when the resources are needed to pay for long-term care. A durable power of attorney is a document that can name a person to handle financial decisions, routine medical decisions and end of life decisions. The person making a durable power of attorney can name the same person to handle all functions, or he or she can name different people to handle the different functions. In that manner, the durable power of attorney is an extremely flexible

document that can be crafted to each individual person's wishes. Many people have living wills. A living will is a document that addresses end of life decisions when a person's condition is terminal or he or she is permanently unconscious. The living will has been amended by law to be called an Advance Directive for Health Care, and it is longer and permits the maker to name a surrogate decision maker or not. These powers can also be written into a durable power of attorney. The Advance Directive for Health Care also allows the maker to designate specific care he or she might want if his or her condition should be terminal or if he or she should be permanently unconscious. The living wills created prior to the emergence of the Advance Directive for Health Care remains valid even though all these old documents do is inform the physician to allow the patient to die with dignity and not be kept alive by artificial means.

INDEPENDENT LIVING IN LONG-TERM CARE CONTINUUM

Often seniors will opt to downsize, sell their home and live independently in independent senior living facilities where recreation and community are focused values. Usually such facilities offer outstanding activities, and neighbors close in age, but no direct assistance other than the services previously described herein through the Area Agency on Aging and Medicare or privately purchased. There are multiple types of independent living communities, but these facilities share the common feature of limiting resident admissions to age 55 and older. The various types of independent living communities include subsidized senior housing, senior apartment complexes, retirement communities and continuing care retirement communities. Recognize that persons living in these types of communities still have ultimate control over their own lives and maintain independent home environments. Home based services can be provided in these communities just like in any home environment.

Subsidized senior housing is subsidized by the U.S. Department of Housing and Urban Development (HUD) and are available for lower-income seniors. A person may move to subsidized senior housing to pay rent based on his or her income and to eliminate the high cost of living in a home they have had for many years that now is too hard to keep up. The senior would enjoy lower utilities, elimination of yard maintenance, homeowner insurance and property tax. The savings

would free up funds needed to be able to pay for long-term care assistance with activities of daily life.

Senior apartment complexes can include community services as part of the rent charged. These services might be recreational programs, transportation and meals served in a communal dining room. While these services are not medical assistance, sometimes the community services are just the small amount of help a senior needs to continue to be able to live independently.

Retirement communities are usually considered single-family housing units of some description. The units might be condominiums, townhouses or single-family houses. While there is no defined requirement, retirement communities are generally places where individuals purchase a unit and pay additional monthly fees for additional services such as recreation, clubhouses, pools, etc.

Continuing Care Retirement Communities (CCRS's) are facilities that provide access to independent living, assisted living and skilled nursing facilities in one community. As a person ages and needs more care he or she can move to the next level. This can be a good arrangement for a married couple so that each can receive the care he or she needs while still living close together.

CARE IN ASSISTED LIVING

Assisted Living Facilities are medically based care communities. From the outset, it is important to recognize that Medicare and Medicaid do not pay for assisted living facilities and there are some restrictions on who can live in these facilities. For many years assisted living facilities were not regulated in Alabama, but regulations were passed in 2001 following several well publicized cases of injury and death to persons living in Alabama assisted living facilities. The Alabama Department of Public Health is the agency responsible for regulating these facilities in Alabama.

Alabama regulations recognize two levels of care. They are the traditional Assisted Living Facilities (ALF) and Specialty Care Assisted Living Facilities (SCALF). Both levels offer assistance with activities of daily living, medications, community meals and help with bathing or dressing, if needed, but the SCALF level of care has staff trained to work

with residents who suffer from dementia, and they have architectural features to assure the safety and health of the residents who have diminished capacity. There are 306 assisted living facilities licensed in Alabama with 97 of those licensed for SCALF services, representing approximately 32 percent of Alabama's assisted living facilities licensed to provide SCALF services to some 2,720 residents.

Assisted Living Facilities (ALF's) must evaluate whether or not the facility can meet the needs of those applying for admission, and, generally, the ALF resident should not be "cognitively impaired" to where he or she cannot care for his or her own needs or direct others to do so when inability to care for his or her own needs arise from physical disability. Further, the ALF resident should not be a person with a level of dementia at risk for wandering since ALFs are not required to be locked facilities. Residents must be able to understand the unit dose medication system in use by the facility in order to live in an ALF.

Many people who would like to receive care in an ALF or SCALF cannot live there due to the cost of care not covered by Medicare or Medicaid. The cost of ALF and SCALF varies from facility to facility, and SCALF is more expensive than ALF, but as a general rule of thumb, ALF/SCALF care is half to 60 percent of the cost of nursing home care. The state median charge is approximately \$3,271 per month for ALF.

CARE IN NURSING HOME

It is never too early to begin exploring the options to pay for nursing home care because nursing home care frequently catches families by surprise. According to Medicaid, the average cost of nursing home care in Alabama in 2020 was about \$6,279 per month, and the cost far exceeded that amount in urban areas of the state. It is not unusual to see care over \$6,000 per month. At that rate a person will privately pay over \$70,000 per year for nursing home care.

Medicare covers only a limited amount of nursing home care and only if a person meets specific requirements. Medicare will pay for the first 20 days of care provided the patient has a three-day prior hospitalization and is admitted to a nursing home within 30 days and requires skilled care. While the Medicare literature will indicate that Medicare pays for up to 100 days of nursing home care, the truth is

that if the patient continues to have skilled care ordered by the doctor, on day 21 a co-payment of \$185.50 per day begins. That means that in a month, even with Medicare paying, the patient will pay over \$5000 per month in co-payments. Under the best of circumstances, Medicare will pay for only 20 full days of care and another 80 days if, and only if, skilled care continues to be ordered, and will pay for only about 1/3 of the cost of care while the patient pays \$185.50 per day. After 100 days Medicare pays nothing.

As you can see, qualifying for Medicaid to pay for nursing home care quickly becomes an important concern for those who will need nursing home care on a long-term basis.

In order to qualify for Medicaid to pay for long-term care, a person has to be medically sick enough and have income and resources low enough. The income limit in 2021 is \$2,382, and if income exceeds \$2,382 a Medicaid Qualifying Income Trust (MQIT) can resolve the problem of excess income. The resource limit is \$2,000, but recognize that there are some types of property that can be excluded. For a married couple Medicaid considers what the couple jointly and individually owned on the "snap-shot" date (when the person entered long-term care, which might be when he or she entered a hospital from which a placement was made to a nursing home). The home is protected for the spouse who will remain at home, and besides the home, he or she is allowed to keep the first \$25,000. If joint assets exceed \$50,000, the spouse who will remain at home can keep one-half up to a limit of \$120,900.

After Medicaid is awarded, a budget is prepared to determine the personal liability the resident must pay from his or her income. The resident can keep \$30 for his or her personal needs allowance, enough money to pay for unreimbursed insurance, and is allowed to send home to the spouse at home enough of his or her income to bring the income of the spouse at home up to \$2,003. The rest of the resident's income is paid to the nursing home as his or her personal liability, and Medicaid pays the difference in that amount and the nursing home charges.

Another option for nursing home care is the Veterans Administration that has a federal and state program addressing health care needs of veterans. There are four VA nursing facilities in Alabama: Bill Nichols State Veterans Home in Alexander City; William F. Green State Veterans

Home in Bay Minette; Floyd E. "Tut" Fann State Veterans Home in Huntsville; and Col. Robert L. Howard State Veterans Home in Pell City. In the VA system, State VA and Federal VA contributes toward the rate, leaving the veteran responsible for the remainder. Actually, this VA system is a highly affordable nursing home care option after the state and federal government provide subsidies.

The VA is required to provide nursing home care to any veteran who needs nursing home care because of a service-connected disability, has a combined disability rating of 70 percent or more or has a disability rating of at least 60 percent and is deemed unemployable or has been rated permanently and totally disabled. Other veterans in need of nursing home care will be provided services if resources are available after the priority groups are served.

Information about nursing homes and their performance levels can be found at the www.medicare.gov web site with a tool called Nursing Home Compare. It can be located at <http://tinyurl.com/2d7alxc>.

It is a violation of federal law to require the family of patients to sign up to be guarantor on the bill. To protect him or herself from personal liability, the individual should sign all documents, particularly the nursing home contract, as follows: Mary Smith by John James, power of attorney. The caregiver should never sign just his or her own name.

For help with Medicaid issues, you may contact the Area Agency on Aging and ask for help from the Legal Assistance services provided by the Area Agency on Aging.

Patients with dementia are an isolated population in nursing facilities, out of necessity. If a patient wanders, for he or she to be protected, placement is appropriate only in a nursing home that has a locked unit to prevent the patient from wandering out of the facility and risking injury.

A very important service for the patient and family members is the Long-Term Care Ombudsman, an individual who investigates complaints from patients and their legal representatives, concerning care in nursing home facilities. The Ombudsman for your local Area Agency on Aging can be contacted for assistance at the agency contact number provided at the beginning of this resource guide.

A CONSUMER GUIDE TO **CHOOSING A NURSING HOME**

This section is provided in the guide due to individuals often having questions about choosing the best long-term care facility. While nursing homes are not the only type of long-term care facility out there (i.e. assisted living and independent living), information about choosing a nursing facility is often the most sought-after resource. The National Consumer Voice for Quality Long-Term Care (Consumer Voice) is a great resource for individuals seeking information about long-term care. You can find more information about Consumer Voice by visiting **theconsumervoice.org**

The National Consumer Voice for Quality Long-Term Care (Consumer Voice) knows that placing a loved one in a nursing home is one of the most difficult tasks a family member ever faces. But when it becomes necessary, prospective residents and their families should have the best information possible to make this decision. There are many resources that can help. The purpose of this guide is to help you navigate those resources, understand the information, and make an informed choice. Once your loved one is in a nursing home, the Consumer Voice can help you get good care there.

FIRST, EXPLORE ALTERNATIVES

If at all possible, plan ahead for future long-term care needs. If an individual and those close to them can discuss preferences related to long-term care and plan ahead of time, decisions and arrangements are much easier when the need for long-term care arises.

Before you look for a nursing home, be sure your loved one's condition and support system has been thoroughly evaluated. When properly diagnosed and treated, some conditions may improve significantly. Also, some people with serious medical conditions can remain at home with the proper support system. Talk with your loved one to find out about her/his wishes. Even if s/he has dementia and/or difficulty communicating, the prospective resident should be at the forefront of the decision-making process as much as possible. Since most people prefer to stay in their own home, it is important to investigate alternatives to nursing home care (e.g. home care, day care, assisted living). If nursing home care is needed, decide whether long-term care or short-stay rehabilitation is needed.

RESOURCES

Eldercare Locator

1-800-677-1116

www.eldercare.acl.gov

Administration on Aging

<https://www.acl.gov/node/549>

DO YOUR HOMEWORK

As you begin to evaluate facilities, it's a good idea to do some preliminary research before you visit any nursing homes. Once you have gathered information, visits to the facilities you are considering will provide you with very important insights (*See "Visits to Nursing Homes" section, page 7*). Some issues to consider when evaluating facilities include quality of care and life, bed availability, provision of services that the resident will need, cost, and location in an area where friends and family of the resident can visit often. Ask nursing home residents, residents' families, citizen advocacy groups, your physician, the hospital discharge planner and clergy members for their opinions about

various facilities. This guide will highlight some important sources of information to use in your evaluation, including:

- Long-Term Care Ombudsman
- State or Local-Level Citizen Advocacy Groups
- Cost Information
- Nursing Home Compare website
- State Nursing Home Inspection Reports
- Complaint Information
- Visits to Nursing Homes

EXPERTS TO CONSULT: THE PROSPECTIVE RESIDENT, LONG-TERM CARE OMBUDSMAN AND CITIZEN ADVOCATES

First, consult with experts. The best expert on what will be a good place to live is the prospective resident. Ask him or her about whether s/he wants to live near a particular family member or friend, in his or her hometown, if s/he prefers a large or small facility, etc. Then, a state or local ombudsman program and/or citizen advocacy group can assist you in piecing together the different sources of information to make an informed decision about nursing home care. An ombudsman is a state or county government-funded advocate for residents of nursing homes, board and care homes, and assisted living facilities who will be familiar with the facilities in your area and often with the staff and residents who reside in them.

The Ombudsman assists residents and others by:

- Educating consumers and long-term care providers about residents' rights and good care practices
- Investigating complaints and advocating for residents' rights and quality care in long-term care facilities; and
- Providing information to the public on long-term care facilities and policy issues

S/he can help you find and interpret information from state inspection reports and the resident characteristics or quality measures that can be found on the Nursing Home Compare website: www.medicare.gov/NHCompare/home.asp. To find your Long-Term Care Ombudsman, go to the Consumer Voice website: www.theconsumervoice.org/get_help

or call the **Consumer Voice at 202.332.2275** for ombudsman contact information. Many states and/or communities have active Citizen Advocacy Groups that are knowledgeable about nursing homes and can be very helpful in evaluating advice and information you receive.

Find a local or state citizen advocacy group: theconsumervoice.org/get_help

COST INFORMATION

Most nursing homes participate in the Medicare and/or Medicaid programs, which reimburse them for part or all of the care that some residents receive. Medicare pays for post-hospital rehabilitation care and hospice care services for short periods of time. Medicaid pays for nursing home care for longer periods for those who are financially eligible. Most nursing home residents, even if they pay privately when they enter a home, eventually run out of money because of the high costs. They then apply to have the cost of their care paid for by Medicaid. Unless you are certain the resident can pay indefinitely with private funds, choose a facility that accepts Medicaid payment. Find out what your state's Medicaid eligibility rules are. Note that spouses may keep some assets and have a regular income even if their partner is on Medicaid. For additional information about the rights of residents paying for care through Medicaid, contact the long-term care ombudsman program and/or a local consumer advocacy group.

'NURSING HOME COMPARE' WEBSITE

If you don't have internet access, ask the ombudsman for this information.

Nursing home data is provided by the federal government through **'Nursing Home Compare': www.medicare.gov/NHCompare/home.asp**. On this site, you can search for nursing homes by state, county, city, or zip code. Once you have selected a nursing facility or facilities, you are given the option of viewing several different types of information including facility characteristic, inspection, staffing level, and quality measure information. Below are consumer tips on how- and how not- to use each of these sources of information.

1. FACILITY OVERVIEW

On 'Nursing Home Compare' the **"About Homes"** section gives an

overview of basic characteristics of each facility. Data in this section includes the type of ownership (for-profit, non-profit, church-related, etc.), type of payment accepted (Medicare, Medicaid, or both), the size of the facility, and whether or not the facility is part of a chain. All of this information can be helpful in getting a preliminary picture of what the facility is like.

2. STATE NURSING HOME INSPECTION REPORTS

'Nursing Home Compare' provides inspection reports for each facility. State inspection or "survey" reports contain information about any deficiencies found when inspectors complete their annual inspection of the facility. Inspections take place at least every 9 to 15 months. You can also obtain state inspection reports from the state survey agency, the facility itself, or the long-term care ombudsman. Each facility is required by law to make the latest state inspection report available for examination in a place readily accessible to residents. To look at a summary of state inspection information on 'Nursing Home Compare', click on the tab labeled "Inspections".

INSPECTION REPORT TIPS:

- Check the date of the inspection results posted on the website to be sure that they are dated within the last 9-15 months. If the date is earlier than that, there has likely been a more recent inspection. (The date of the Inspection is listed right above the deficiency summary.)
- View previous inspection results (by clicking on the button labeled "View Previous Inspection Results" located above the list of deficiencies) to see what the pattern of quality has been over a three-year period.
- Compare the number of deficiencies cited to the state average.
- If a facility has received a deficiency citation in a particular area, be sure to ask questions about this area when you visit the facility.
- Obtain actual inspection reports at the facility itself or from the long-term care ombudsman program if you don't have access to the web.

CAUTIONS:

- Beware of choosing a facility with a very high number of deficiencies compared to other facilities in the area and the state average.
- Don't assume that a "deficiency free" rating necessarily means that there are no problems with care at a particular facility.

3. COMPLAINT INFORMATION

You should also delve deeper by gathering information about the number and kind of complaints that have been filed against a facility. Verified or “substantiated” complaint information is included along with the nursing home inspection results on the ‘Nursing Home Compare’ website. Consumers can also obtain information about complaints filed against a particular facility (substantiated or unsubstantiated) by contacting the state survey and inspection agency, the long-term care ombudsman program, or through a website called Member of the Family at: **www.memberofthefamily.net**.

4. STAFFING INFORMATION

‘Nursing Home Compare’ also provides information about the hours of nursing care provided at each facility. Staffing levels are a critically important factor to consider in evaluating the quality of care given at a facility. The information provided on nurse staffing levels includes national and state staffing averages, and the daily average for individual nursing homes.

STAFFING TIPS:

- Pay attention to the number of Certified Nursing Assistant (CNA) staffing hours. CNAs provide 90% of the hands-on resident care.
- Look for facilities with high levels of RN staffing. Studies show that RN involvement in care is important for quality.
- Visit the facility and ask staff and families about the actual numbers of staff available to directly care for residents on each shift.

CAUTIONS:

- The staffing hours reported on ‘Nursing Home Compare’ include not only direct care from nurses and nursing assistants but also administrative nursing time. This makes it difficult for consumers to know how much direct care residents are receiving.
- The staff hour data used for ‘Nursing Home Compare’ is self-reported by the facility and is not audited for accuracy.

5. QUALITY MEASURES

‘Nursing Home Compare’ also provides information on “Quality Measures.” To see this, select the nursing home using the search criteria from the home-page and then click on the tab labeled “Quality.” Nursing homes have many opportunities to improve care and their

scores on the measures. Ask the facility if they are participating in the training provided by their state's Quality Improvement Organization and if the facility has signed up for the national Advancing Excellence in America's Nursing Homes Campaign.

"Quality Measures" provide important information; however, they are just one piece of the puzzle in choosing nursing home care. The measures are meant to provide indicators of quality care and comparative information. Measures include 14 indicators for chronic care (long-stay) residents, and 5 indicators for acute care (short-stay) residents. The measures use data taken from quarterly assessments of individual residents done by the facility. The information gathered from the individual's assessment is then combined with the assessments of the other residents in the facility to produce a facility-wide measure for each category. ***Quality Measures are designed to provide comparison information among facilities and are not intended as a nursing home rating system.***

You should use quality measure information as one indicator of care; however, the importance of actually visiting facilities and talking with residents, family members and staff cannot be overemphasized. Discuss questions about these measures with a variety of people, including the ombudsman, facility staff, and others you talk to about the facility.

VISITS TO NURSING HOMES

Before making a decision about nursing home placement, visit any facilities you are considering. You can learn a great deal about a nursing home by taking time to sit and observe how staff interacts with residents. Also, speak with residents and their family members to get a full understanding of life in the home. Gather information on both quality and payment issues. It is very important to visit homes a second and third time during the weekend or evenings -- times when many nursing homes reduce their staff and services. If at all possible, take the resident to visit potential nursing homes before a decision is made. This visit can give you insight into the resident's wishes and may ease his or her fears.

Here's what to look for on your visits:

Using your senses -- sight, hearing, smell, touch

- Do you notice a quick response to call lights?

- Are there residents calling out? If so, do staff respond quickly and kindly?
- Do the meals look appetizing? Are residents eating most of their food? Are staff patiently assisting residents who need it?
- Are there residents in physical restraints (formal or informal devices that hold residents in beds, chairs, and wheelchairs)? Why?
- Do resident rooms appear to reflect the individuality of their occupants?
- Are rooms, hallways, and meal tables clean?
- Is the environment noisy?
- Is there cheerful, respectful, pleasant, and warm interaction among staff and residents?
- Does the administrator seem to know the residents and enjoy being with them?
- Do staff and administration seem comfortable and peaceful with each other?
- Do residents look clean, well-groomed, well-fed, and free from bruises?
- Do many residents seem alert? happy? peaceful?
- Are residents seated comfortably?
- Is the home free from any unpleasant smells?
- Are residents engaged in meaningful and pleasant activities by themselves or with others?

Things you can ask of staff:

- Does each shift have enough help to be able to care for residents as they'd like?
- Do they enjoy their work? Are their ideas and information solicited and valued by supervisors?
- What activities are residents involved in?
- Are staff permanently assigned to residents?
- Are temporary staffing agencies used?
- How are the nursing assistants involved in the care planning process?
- Is the facility currently implementing any "culture change" or "Pioneer Network" practices? (for more information, see www.pioneernetwork.net or call 585.924.3419)
- How much training is given to staff?
- How often do residents who need it receive assistance with toileting?

- If residents are using disposable briefs, how often are they changed? Why are briefs used instead of toileting?
- What approaches does the facility use to prevent use of physical or chemical restraints?
- How does the staff assure family and resident participation in care planning meetings?
- What does the facility do to encourage employee retention and continuity?
- How long has the current administrator been at the facility?
- Has the facility undergone any recent changes in ownership or management?
- Does the facility provide transportation to community activities?
- What kind of therapy is available to residents?
- Can you give me an example of how individualized care is given to the residents?
- Is there a resident and/or a family council? Will the facility give you contact information for the leaders of these councils?
- What happens if someone has a complaint or problem? Are family/staff conferences available to work out a solution?
- Are residents involved in roommate selection?
- Who decides where residents sit for meals?
- Under what circumstances might a resident be transferred to another room or unit or discharged?
- Does the facility employ a professionally qualified social worker? (“Professionally qualified” means with a bachelors or master’s degree in social work.)

Things you can learn from talking with other residents and their families:

- Are residents treated with respect and kindness?
- Are residents helped with meals?
- Does the facility respect the resident’s wishes about their schedule (bedtime, baths, meals)?
- Is attention given to residents at night if awake? Is there anything for them to do?
- Does the resident have the same nursing assistant most days?
- Is there a family or resident council? If so, is the council led independently by families or residents or is it directed by staff members?

- Are staff responsive to resident requests? Do they assist the resident with toileting?
- Are snacks always available to residents? Fresh fruit?
- Do residents participate in care planning conferences? Are his or her opinions valued?
- Has the resident had missing possessions?
- Who handles resident or family member concerns? Is that person responsive?
- Does the resident get outside for fresh air or activities as much as s/he wants?
- What is best/worst thing about living in the home?

FAMILY INVOLVEMENT: GETTING GOOD NURSING HOME CARE

Once your loved one is living in a facility, your continued care, support, love, and involvement in his or her life are absolutely key to getting good care there. **Make sure you:**

- Visit frequently and encourage others to visit.
- Speak up to raise concerns and complaints.
- Attend quarterly care plan conferences and advocate for individualized care.
- Follow up on the agreed upon care plan. Make sure the resident's doctor knows what is in the plan. Notice if the plan is not being followed and request another meeting, if necessary.
- Get to know the staff and help them get to know the resident. Share details in writing about the resident's likes, dislikes, and daily routines.
- Participate in family council meetings if a family council exists, or seek out other family members to organize one.
- Make contact with your community's long-term care ombudsman, any local citizen advocacy groups and become familiar with the state and federal laws and regulations that apply to nursing homes.
- Document (date, time, persons involved) any problems you might observe so that managers, the ombudsman, or state survey agency can investigate.

M4A FACILITIES BY COUNTY

Blount · Chilton · Shelby · St. Clair · Walker

BLOUNT COUNTY

| NURSING FACILITIES | | <i>*Has Dementia Unit</i> |
|-----------------------|--|--|
| Diversicare - Oneonta | | (205) 274-2365 |
| T.L.C. Nursing Center | | (205) 625-3520 |
| ASSISTED LIVING | | <i>*Has Specialty Care Assisted Unit</i> |
| The Jacobs House* | | (205) 647-7410 |
| Magnolia House | | (205) 625-5550 |
| The Olive Home Inc.* | | (205) 625-3190 |

CHILTON COUNTY

| NURSING FACILITIES | | <i>*Has Dementia Unit</i> |
|-----------------------------------|--|--|
| Hatley Health Care, Inc.* | | (205) 755-4960 |
| ASSISTED LIVING | | <i>*Has Specialty Care Assisted Unit</i> |
| Gardens of Clanton | | (205) 280-0084 |
| Homeland Assisted Living Facility | | (205) 688-4835 |

SHELBY COUNTY

| NURSING FACILITIES | | <i>*Has Dementia Unit</i> |
|--|--|--|
| Ahava Healthcare of Alabaster | | (205) 633-3859 |
| Columbiana Health and Rehab | | (205) 669-1712 |
| Shelby Ridge* | | (205) 620-8500 |
| ASSISTED LIVING | | <i>*Has Specialty Care Assisted Unit</i> |
| The Bluffs at Greystone | | (205) 882-8700 |
| Bungalows at Riverchase | | (205) 403-7400 |
| The Crossings at Riverchase | | |
| Chelsea's Hidden Acres | | (205) 678-8906 |
| Danberry at Inverness* | | (205) 443-9500 |
| Gardens of Pelham | | (205) 402-9922 |
| Lake View Estates Assisted Living* | | (205) 981-0001 |
| Maplewood Lane Assisted Living | | (205) 620-2905 |
| Premiere Assisted Living* | | (205) 991-8900 |
| Somerby at St. Vincent's One Nineteen* | | (205) 745-4600 |

ST CLAIR COUNTY

| NURSING FACILITIES | | <i>*Has Dementia Unit</i> |
|---|--|--|
| Col. Robert Howard State Veterans Home* | | (205) 338-6487 |
| Diversicare - Pell City | | (205) 338-3329 |
| Health Care Inc. | | (205) 594-5148 |
| Meadowview Nursing Center | | (205) 640-5212 |
| The Village at Cook Springs* | | (205) 338-2221 |
| ASSISTED LIVING | | <i>*Has Specialty Care Assisted Unit</i> |
| Col. Robert Howard State Veterans Home | | (205) 338-6487 |
| Oak Circle | | (205) 884-4663 |
| The Village at Cook Springs* | | (205) 338-2221 |

WALKER COUNTY

| NURSING FACILITIES | | <i>*Has Dementia Unit</i> |
|------------------------------------|--|--|
| Cordova Healthcare Center | | (205) 483-9282 |
| Ridgeview Health Care Center, Inc* | | (205) 221-9111 |
| Ridgewood Health Care Center | | (205) 221-4862 |
| Shadescrest Health Care Center | | (205) 384-9086 |
| Walker Rehab | | (205) 294-4404 |
| ASSISTED LIVING | | <i>*Has Specialty Care Assisted Unit</i> |
| Harbor Chase* | | (205) 384-0660 |
| Lakewood Senior Living of Jasper 1 | | (205) 221-5579 |
| Lakewood Senior Living of Jasper 2 | | (205) 221-1650 |
| Sunrise Manor | | (205) 387-7400 |

FACILITIES

JEFFERSON COUNTY

CENTRAL JEFFERSON COUNTY

| NURSING FACILITIES | | <i>*Has Dementia Unit</i> |
|--|--|--|
| Arlington Rehabilitation & HealthCare Center | | (205) 788-6330 |
| Civic Center Health and Rehabilitation, LLC | | (205) 251-5271 |
| Greenbriar at the Altamont Skilled Nursing* | | (205) 714-3142 |
| Northway Health and Rehabilitation* | | (205) 328-5870 |
| Oak Knoll Health and Rehabilitation | | (205) 787-2619 |
| South Health and Rehabilitation | | (205) 933-2180 |
| ASSISTED LIVING | | <i>*Has Specialty Care Assisted Unit</i> |
| Greenbriar at the Altamont Assisted Living | | (205) 323-2724 |
| Greenbriar on Hanover Specialty Care Assisted Living Facility* | | (205) 201-7430 |

NORTHWESTERN JEFFERSON COUNTY

| NURSING FACILITIES | | <i>*Has Dementia Unit</i> |
|--|--|---------------------------|
| Birmingham Nursing and Rehabilitation Center | | (205) 798-8780 |
| Cherry Hill Rehabilitation & Healthcare Center | | (205) 796-0214 |
| North Hill Nursing and Rehabilitation | | (205) 849-2352 |

NORTHEASTERN JEFFERSON COUNTY

| NURSING FACILITIES | | <i>*Has Dementia Unit</i> |
|---|--|--|
| Birmingham Nursing and Rehabilitation Center East | | (205) 854-1361 |
| Eastview Rehabilitation & Healthcare Center | | (205) 833-0146 |
| East Glen | | (205) 836-4231 |
| Kirkwood by the River | | (205) 956-2184 |
| Magnolia Ridge | | (205) 631-8709 |
| Trussville Health and Rehabilitation Center | | (205) 655-3226 |
| ASSISTED LIVING | | <i>*Has Specialty Care Assisted Unit</i> |
| Covenant Place of Gardendale | | (205) 608-2200 |
| Covenant Woods of Gardendale* | | (205) 297-0100 |
| Elmcroft of Grayson Valley | | (205) 854-2888 |
| Kirkwood by the River* | | (205) 956-2184 |
| Peachtree Assisted Living | | (205) 790-1469 |
| Sunrise Ridge | | (205) 661-9940 |

SOUTHEASTERN JEFFERSON COUNTY

| NURSING FACILITIES | | <i>*Has Dementia Unit</i> |
|---|--|--|
| Fair Haven* | | (205) 956-4150 |
| Galleria Woods Skilled Nursing Facility | | (205) 985-7537 |
| Mount Royal Towers* | | (205) 870-5666 |
| Diversicare of Riverchase | | (205) 987-0901 |
| St. Martins in the Pines* | | (205) 956-1831 |
| South Haven Health and Rehabilitation | | (205) 822-1580 |
| Brookdale at University Park SNF | | (205) 933-1828 |
| ASSISTED LIVING | | <i>*Has Specialty Care Assisted Unit</i> |
| Brookdale at University | | (205) 870-0786 |
| Morningside of Vestavia Hills* | | (205) 822-4773 |
| Columbia Cottage - Mountain Brook | | (205) 968-0000 |
| Country Cottages* | | (205) 987-0847 |
| Fair Haven – Assisted Living* | | (205) 956-4150 |
| Galleria Woods Assisted Living Facility | | (205) 985-7537 |
| Mount Royal Towers* | | (205) 870-5666 |
| Regency Retirement Village* | | (205) 942-3355 |
| River Highlands* | | (205) 982-7000 |
| St. Martins in the Pines Assisted Living Facility* | | (205) 956-1831 |
| Rittenhouse Village at Hoover* by Discovery Senior Living | | (205) 823-2393 |

SOUTHWESTERN JEFFERSON COUNTY

| NURSING FACILITIES | | <i>*Has Dementia Unit</i> |
|--|--|--|
| Aspire Physical Recovery Center at Cahaba River, LLC | | (205) 956-4150 |
| Aspire Physical Recovery Center at Hoover, LLC | | (205) 985-7537 |
| Baron House of Hueytown | | (205) 870-5666 |
| Diversicare of Bessemer | | (205) 987-0901 |
| Blue Ridge Healthcare Birmingham | | (205) 956-1831 |
| Oaks on Parkwood Skilled Nursing Facility* | | (205) 822-1580 |
| Legacy Health and Rehabilitation of Pleasant Grove | | (205) 744-8226 |
| Oak Trace Care & Rehabilitation Center | | (205) 428-9383 |
| Plantation Manor* | | (205) 477-6161 |
| Self Health Care & Rehab Center | | (205) 491-2411 |
| Terrace Oaks Care & Rehabilitation Center | | (205) 428-3249 |
| Caregivers of Pleasant Grove | | (205) 744-8120 |
| ASSISTED LIVING | | <i>*Has Specialty Care Assisted Unit</i> |
| Plantation Manor Assisted Living I & II* | | (205) 477-2213 |
| Oaks on Parkwood Assisted Living Facility* | | (205) 497-4523 |

THE UNITED WAY AREA AGENCY ON AGING ALSO MONITORS BOARDING HOMES IN JEFFERSON COUNTY.

FOR MORE INFORMATION OR A LIST OF BOARDING HOMES PLEASE CONTACT THE UWAAA OMBUDSMAN

(205) 458-3322



Gateway to Community Living is an initiative of the Alabama Medicaid Agency that **helps Alabamians who are aging or have disabilities live at home in their own communities.**

To qualify for Gateway to Community Living, you must:

- Currently live in a nursing home or other qualified institution
- Be a Medicaid recipient for at least one day before transition
- Be able to live in the community with services available from Alabama's Home and Community-based programs

SERVICES

Gateway to Community Living lets eligible people who currently live in an institution enroll in one of Alabama's seven Home and Community-based Waiver programs so they can still get the services and supports they need at home. Each waiver offers a different set of services, depending on the population it is designed to serve.

If you are interested in moving to the community, a trained Transition Coordinator can help you find out if you are eligible and talk with you about the available services that would best suit your needs for safe and healthy community living.

TRANSITION SERVICES

People who want to return to community living often have some extra needs, such as help with planning the move, obtaining housing or even just some one-time financial help to make utility deposits or purchase basic supplies for the home. If you choose to transition, **Gateway to Community Living may provide:**

- A dedicated transition coordinator to help you make and carry out an individualized transition plan
- Help with costs related to the move such as rental and utility deposits
- Help finding and obtaining accessible and affordable housing
- Help learning about opportunities for jobs in the community

REFERRALS

If you tell staff at your residential facility you would like to return to community living, they can make a referral on your behalf. You or your legal guardian may also self-refer using the online referral system or by submitting a referral by email, fax or regular mail. A family member, friend or advocate may also help in making the referral, if desired.

Get a referral form by clicking on the Gateway logo here:

www.medicaid.alabama.gov

MORE INFORMATION is available at the Gateway to Community Living page on the Alabama Medicaid Agency's website.

Go to www.medicaid.alabama.gov and click on the Gateway to Community Living logo.

p: 855-236-6341 *Toll Free*

e: gclportal@medicaid.alabama.gov

f: 334-353-3642

Gateway to Community Living Alabama Medicaid Agency

P.O. Box 5624

Montgomery, AL 36103-5624



Middle Alabama Area Agency on Aging (M4A) created the Elder Justice Center of Alabama as one of its three Centers of Excellence under the M4A 4 ALL Foundation, 501 c 3 nonprofit organization, located in Shelby County, Alabama. Our other Centers of Excellence are the Center for Critical Needs and the Training for Aging Center.

elderjusticeal.org
205.490.8448

4804 Highway 25
Montevallo, AL 35115



The Elder Justice Center of Alabama

WHO WE ARE

The Elder Justice Center of Alabama serves all people who want to prevent adult mistreatment from occurring in their community. We place a special focus to provide direct support to victims of abuse, neglect, and exploitation, those who are at the greatest risk of mistreatment, and family caregivers.

WHAT WE DO

1

Provide information
and resources

2

Educate on aging

3

Help prevent adult
mistreatment

37

OUR MISSION

to mobilize communities to prevent and properly respond to adult mistreatment, so people can live with dignity, security and independence as they age.

We do this by:

- Elder Services
- Public Education and Outreach
- Professional Training
- Serving as Alabama's Elder Justice Resource Center
- Adult Day Health Center
- Temporary Emergency Elder Shelter

For Additional Resources

YOUR LOCAL AREA AGENCY ON AGING CAN HELP!

Call 1-800-AGE-LINE Today

Each of Alabama's 13 local Area Agencies on Aging (AAA) have an Aging & Disability Resource Center (ADRC) which provides **easy access to programs and services including:**

Caregiver Support

Information, Assistance, Education, Counseling, Respite, and Supplemental Services

Home & Community Based Services

In-home services and care coordination to help older and disabled individuals remain in their homes

Insurance Counseling

Counseling, advocacy, and help with Medicare, Medicaid, Prescription coverage, Long-Term Care, and Medicare Fraud

Legal Services

Legal assistance with powers of appointment, access to public benefits, housing, and healthcare (Must be 60 years of age or older)

Nutrition

Nutritious meals either delivered at home or in a congregate setting

Ombudsman Services

Information and advocacy for residents of long-term care facilities and family members

Prescription Assistance

Assistance to obtain free or low-cost prescription drugs from pharmaceutical companies

Senior Employment

A paid training program to help strengthen and improve skill set to secure gainful employment