



Office of Health Care Quality (OHCQ) Discharge Requirements - Inservice for Hospitals and Nursing Homes

May 8, 2026 10:30 AM - 11:30 AM



Today's Agenda

Planning for a Safe Discharge: Key Rules and Care Settings

This session reviews the main requirements and provider types involved in discharge planning:

- Hospitals
- Skilled Nursing Facilities
- Home with Home Care
- Assisted Living Programs

Purpose:

- Review key federal and state discharge requirements, clarify when licensure must be verified, and provide practical guidance to help providers avoid unsafe, inappropriate, or noncompliant placements.
- Provide additional information and resources

Target Audience:

Case managers/LCSW/ discharge planners working on complex patient discharges from hospitals and nursing homes.

Core Functions: The Office of Health Care Quality (OHCQ)

The Office of Health Care Quality (OHCQ), within the Maryland Department of Health (MDH), serves as Maryland's State Survey Agency. In this role, OHCQ determines compliance with State licensure and federal certification requirements across 47 types of providers and programs, oversees certain providers under State law, and conducts federal survey and certification activities on behalf of the Centers for Medicare & Medicaid Services (CMS).

State Licensure: Issues licenses, **authorizing** the applicant to operate a certain type of **business** in the State.

State oversight includes:

- Assisted Living Programs
- Residential Service Agencies (RSAs)

Core Functions: The Office of Health Care Quality (OHCQ)

Federal Certification: Recommends certifications to the Centers for Medicare & Medicaid Services (CMS), which allow a facility to participate in and **seek reimbursement** from the Medicare and Medicaid programs for services provided to beneficiaries.

Federal survey and certification work includes:

- Nursing Homes
- Home Health Agencies (HHAs)

OHCQ Mission & Vision



To protect the health and safety of Marylanders and to ensure there is public confidence in the health care and community service delivery systems



Why Licensed Placement Matters

- Threats to health and safety occur when a person's needs do not match what the receiving setting is licensed or able to provide.
- The safest approach is to: identify the person's care needs, then confirm that the receiving provider is properly licensed for those needs.
- A safe discharge must be to a setting that can both meet the person's needs and legally provide the required services.

Hospitals

- Md. Code Ann Health-Gen Art. §19-308.8 requires hospitals to assess a patient's discharge needs, plan for discharge or transfer, facilitate the discharge process, provide written discharge instructions, and to assist in maintaining the patient's continuity of quality care, treatment, and services.
- The regulation pertaining to discharge planning requirements is [COMAR 10.07.01.27](#). These requirements include that the hospital shall “*Arrange or help to arrange for services needed to meet the patient's needs after discharge.*” See [COMAR 10.07.01.27C\(4\)](#).

Key takeaway: A patient should not be discharged to a setting that cannot safely and appropriately meet the patient’s documented post-discharge needs. Where State law or regulation requires licensure, the discharge plan should include verification that the receiving provider or facility is properly licensed for the level and type of services to be provided.

Home Health Care: Discharged with Services

Some discharges from hospitals or nursing homes are planned as discharge to home with home health services.

- OHCQ licenses two home health provider categories:
 - Home Health Agencies (HHAs) and
 - Residential Service Agencies (RSAs).
- Because discharge planners must arrange or help to arrange post-discharge services, discharge planners should verify that any selected HHA or RSA is appropriately licensed to provide the services identified in the patient's discharge plan.

Home Health Agency (HHA)

- Only a licensed HHA can centrally administer the following combination of services in Maryland: nursing, home health aides, and a therapy or any other home health care service. Most HHAs in Maryland are Medicare-certified and bill Medicare.

For discharge planning, essential questions are:

- Whether the provider/agency is licensed or certified for the services the person will need after discharge?
- How do I verify if an agency is licensed?
- What type of license does a provider hold?

Home Health Agency (HHA) – Continued

- Should these services be arranged through a Home Health Agency, a Residential Service Agency, or more than one provider?
- Can one provider lawfully furnish all of the services in the discharge plan?
- If therapy, nursing, and aide services are needed, what kind of licensed arrangement is required?

Residential Service Agency (RSA)

- Residential Service Agencies, or RSAs, may be licensed to provide a single home care service or a combination of home care services. However, an RSA that provides assistance with activities of daily living through nursing and home health aide services may not also provide other home health care services, including therapy services, under that license.
- RSAs can bill Medicaid, private insurance, and private pay. RSAs do not bill Medicare, unless they are a DME provider.

Key Takeaway: If a patient needs skilled nursing, home health aide services, and therapy, the discharge plan may require one HHA or more than one RSA, depending on the licenses held by the selected providers. Staff must verify the provider's license status before finalizing the discharge plan.

Nursing Homes (Skilled Nursing Facilities)

- Discharges from SNFs to Assisted Living Programs
 - [COMAR 10.07.02.11G\(1\)](#) requires discharge planners/social workers to “*verify that the transfer and discharge is to a licensed assisted living facility and appropriate to meet the needs of the resident*” prior to placing the individual, should they require any of these services.
- Key Takeaway: This means two separate checks: First, the receiving facility must be licensed; second, the facility must be able to meet the resident’s care needs. If either check fails, the placement must be reconsidered before discharge.

Assisted Living Referrers

- Hospitals and other providers may use [Assisted Living Referrers](#) which is an individual or agency that:
 1. Makes referrals to ALPs without cost to the person receiving the referral; and
 2. Is compensated by an ALPs or other third party for referring individuals to a licensed assisted living program. Health-General [§19–1813](#) requires all referrers to assisted living programs to register with OHCQ.

Key Takeaway: Verify every referral independently before discharge. If any part of the referral arrangement appears inconsistent, incomplete, or unclear, confirm the provider’s licensure, services, and ability to meet the patient’s needs before placement.

What counts as an Assisted Living Program (ALP)?

- COMAR Source: [10.07.14](#)
- Law Source: [Health General § 19-1809](#)
- Definition: [COMAR 10.07.14.02B\(10\)](#) *Assisted Living Program (ALP)*
 - (a) *“Assisted living program” means a residential or facility-based program for two or more residents that provides housing and supportive services, supervision, personalized assistance, health-related services, or a combination of these services to meet the needs of individuals who are unable to perform, or who need assistance in performing, the activities of daily living or instrumental activities of daily living, in a way that promotes optimum dignity and independence for the individuals.*
 - (b) *“ALP” does not include: ... nursing homes, state facilities, a program licensed or approved by the Department under Health-General Article, Title 7 or Title 10, hospice, services provided by family members, RSAs, and the Certified Adult Residential Environment (CARE) Program that is certified by the Department of Human Services under Human Services Article, §§ 6-508--6-513.*

When an ALP license is required

- [COMAR 10.07.14.04A](#): *A person may not operate an assisted living program in the State without obtaining a license from the Secretary and complying with the requirements of this chapter.*
 - Every Assisted Living must be licensed to operate. If the residence is not licensed but is providing services and meets the definition of an Assisted Living Program, they are considered to be operating an unlicensed Assisted Living Program.
- Each facility is licensed for a specific number of beds and a Level of Care (Level 1-3). The facility cannot exceed the number of beds or the level of care which they are licensed to provide. See [COMAR 10.07.14.04E](#).
- [COMAR 10.07.14.21](#): Delegating Nurse (DN)
 - Every Assisted Living Facility must contract or employ a DN to manage the clinical oversight of resident care.

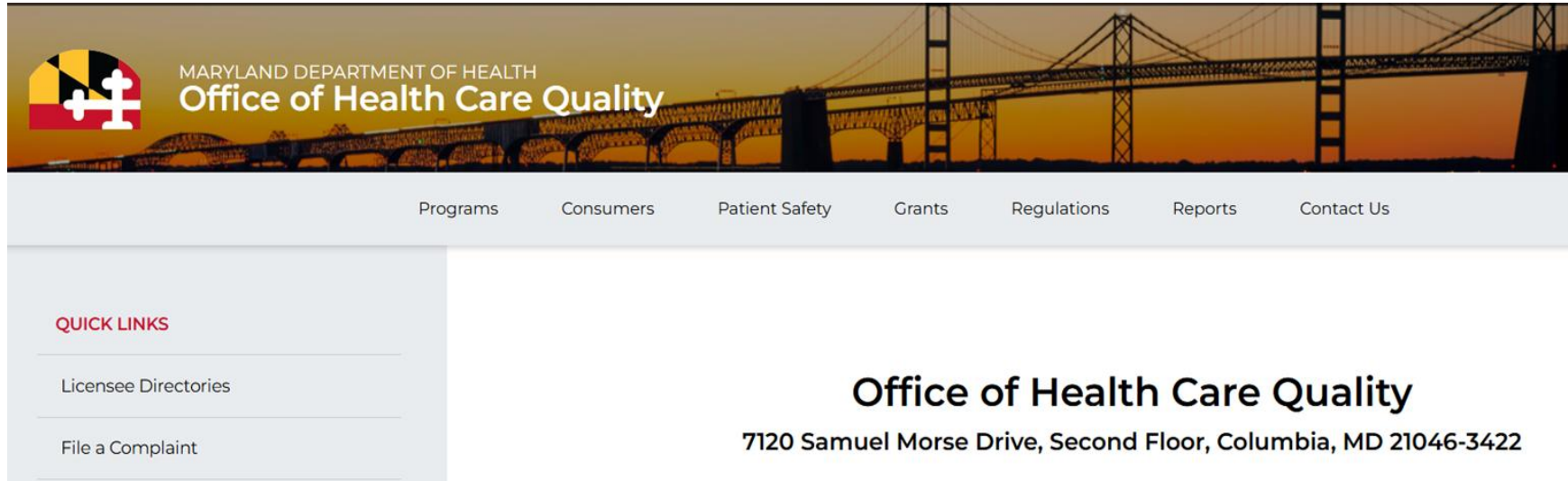
Assisted Living Providers Payment

- Insurance does not cover AL services; therefore, mostly private pay
 - Exception:
 - Medicaid's Community Option Waiver
 - Locally-based "SALS" program - Senior Assisted Living Program Subsidy (partial subsidy)
- Why this matters: Most assisted living programs are private pay, not insurance-covered. Knowing this helps discharge planners and families confirm whether a placement is financially realistic, whether any waiver or subsidy may apply, and whether the discharge plan can be sustained safely after placement.

For discharge planning, some practical questions are:

- Is this assisted living program listed in the OHCQ license directory?
- What level of care is the ALP approved to provide?

How To Find a Licensed Provider



How to find/check for licensed providers:

- [OHCQ Licensee Directory](#)

The Licensee Directory provides various information such as the licensed facility's name, address, contact information, license number, licensed beds (capacity), and licensed level of care.

OHCQ Contacts by Program

- **Nursing Homes**

(410) 402-8201 | (877) 402-8219

- **Assisted Living Programs**

(410) 402-8217 | (877) 402-8221

- **Hospitals**

(410) 402-8016 | (877) 402-8218

- **Home Health**

- **Residential Service Agencies**

(410) 402-8040 | (800) 492-6005

- **Home Health Agencies**

(410) 402-8040 | (800) 492-6005

TTY All Programs

(800) 735-2258

Resources

- [OHCQ's Home Page](#)
- [CMS's Care Compare](#)
- [Division of State Documents](#) & [COMAR](#)

When to submit a complaint to OHCQ

- **When to submit a complaint?:**

A complaint should be submitted when there is a concern that a healthcare provider, facility, or program regulated by OHCQ may be failing to meet required health, safety or licensing standards. This can include concerns about unsafe conditions, neglect, abuse, improper discharge or placement, operating without a required license, or other issues that may place patients or residents at risk.

- How to submit a complaint and can it be made anonymously?

[OHCQ Website](#)

- Submit a complaint to OHCQ by [using this link](#) or calling (410) 402-8018. Reports and complaints may be made anonymously.

Maryland Health Care Commission (MHCC)

- [Maryland Quality Reporting website](#): Consumer and provider resource for information on the quality and performance of nursing homes, hospitals, hospice, assisted living facilities, and more.



Questions?

Thank you

Office of Health Care Quality (OHCQ)

- Heather Reed - Deputy Director, Long Term Care, OHCQ
- Temitope Okpebho - Acting Deputy Director, State Programs, OHCQ
- Oksana Likhova - Deputy Director, Federal Programs, OHCQ
- Josie Ogaitis - Chief Nursing Officer, OHCQ

Maryland Health Care Commission (MHCC)

- Stacy Howes - Chief, Long Term Care & Health Plan Quality Initiatives, MHCC
- Courtney Carta - Chief, Hospital Quality Initiatives, MHCC