



Guide to Choosing a Nursing Home

This official government booklet explains:

How to find and compare nursing homes

How to pay for nursing home care

Your nursing home resident rights

Where to call for help

Use the handy tear-out checklist
to compare nursing homes. See pages 32–35.





The “Guide to Choosing a Nursing Home” is prepared by the Centers for Medicare & Medicaid Services (CMS). CMS and states oversee the quality of nursing homes. State and Federal government agencies certify nursing homes to participate in Medicare and Medicaid.

The “Guide to Choosing a Nursing Home” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant laws, statutes, regulations, and rulings.

The information in this booklet was correct when it was printed. Changes may occur after printing. Call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov to get the most current information. TTY users should call 1-877-486-2048.

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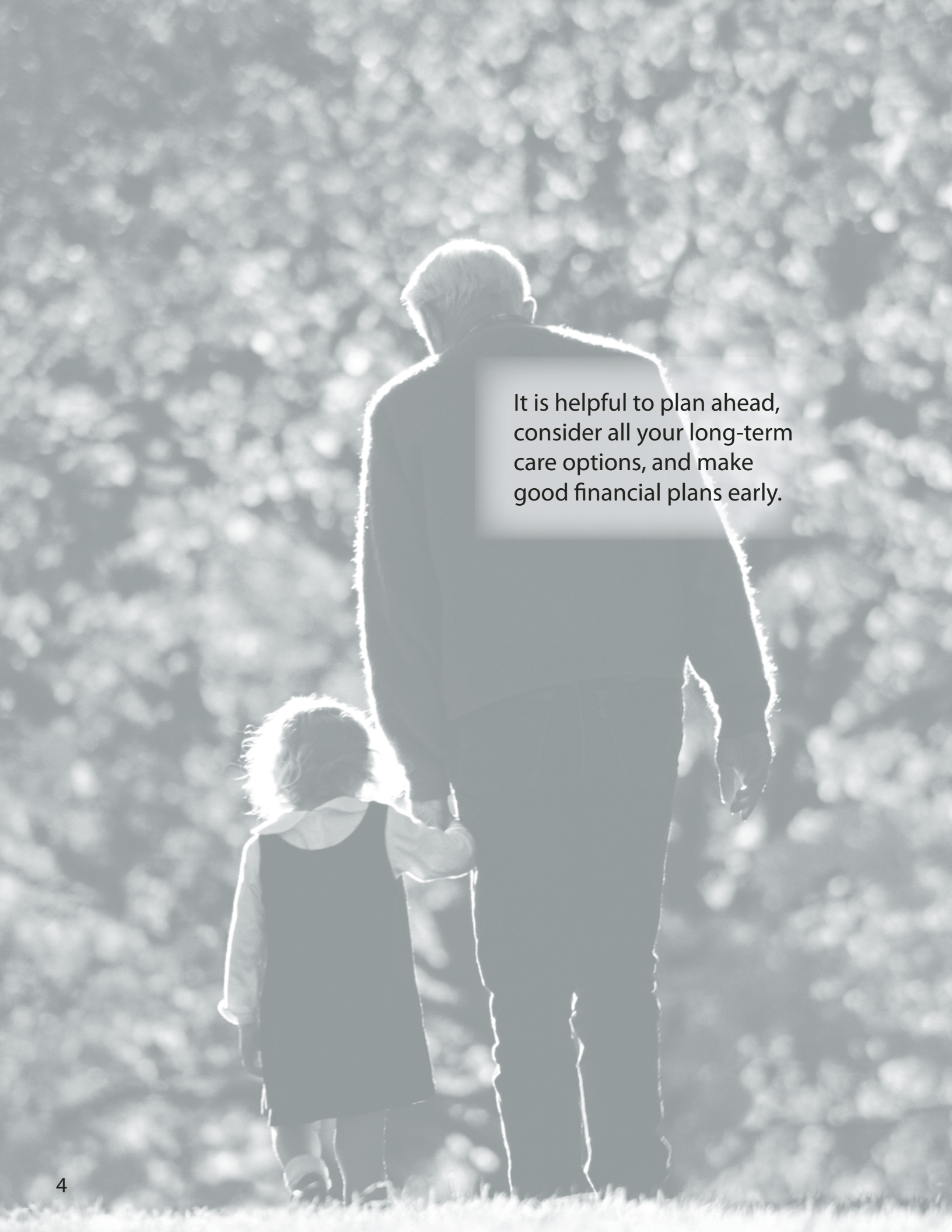
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It is helpful to plan ahead, consider all your long-term care options, and make good financial plans early.

The “Guide to Choosing a Nursing Home” is designed to help you make informed decisions about nursing home care, whether you’re planning ahead or need to make an unexpected decision. Choosing a nursing home can be very stressful for you and your loved ones. It is helpful to plan ahead, consider all your long-term care options, and make good financial plans early. Planning ahead gives you and your family more control. It can help make sure that your needs are met so you can get good quality care.

Before You Get Started

You may have other long-term care options like community services, home care, or assisted living depending on your needs and resources. Before choosing a nursing home, see if one of these other choices might be better for you, or if they might help after a short nursing home stay. These and other long-term care choices are explained briefly on pages 11–16.

If You Are Helping Another Person

Helping another person choose a nursing home or make other long-term care choices can be difficult. Your support is important and can help your loved one adjust to getting new services or living in a new setting like a nursing home. Be sure to include the person you are helping when making decisions whenever possible. Always make decisions with their needs and preferences in mind.

See “How to Use This Booklet” on page 8 to help find the information you need.

Welcome

Important Information if You Have Medicare

Paying for Nursing Home Care: Medicare generally doesn't cover long-term stays in a nursing home. Medicare does cover some skilled nursing and rehabilitative care after a hospital stay under the [skilled nursing facility](#) benefit.

Most people who need a long-term stay in a nursing home (that is, beyond 100 days) pay for their nursing home care (room and board) using the following:

- Their personal resources
- Long-term care insurance
- [Medicaid](#), if they are eligible

For more information on paying for nursing home care, see pages 39–45.

Your Medicare Benefits: If you have [Original Medicare](#) or a [Medicare health plan](#) and are considering moving into a nursing home, you pay for room and board using the resources listed above. When you live in a nursing home, you can still use your Medicare coverage to pay for hospital care, doctor visits, and prescription drugs.



Welcome



Hospital Stays and Skilled Nursing Facility Care

If you have [Original Medicare](#) or a [Medicare health plan](#):

Words in [blue](#) are defined on pages 63–64.

- **If you need short-term care in a [Skilled Nursing Facility](#) after a [Medicare-covered inpatient hospital stay of 3 days or more](#),** the hospital staff should help you find a Medicare-certified facility that gives the skilled care you need. For more information on [Medicare](#) coverage of skilled nursing facility care, view the booklet “Medicare Coverage of Skilled Nursing Facility Care.” See page 55.
- **If you think you are being asked to leave a hospital (discharged) too soon,** you can ask for a review from your Quality Improvement Organization (QIO). The QIO is an independent reviewer who will give you a second opinion about whether you are ready to leave the hospital. Your hospital services will continue to be paid during the review (except for charges like your coinsurance and deductibles). Call 1-800-MEDICARE (1-800-633-4227) for the QIO’s telephone number. TTY users should call 1-877-486-2048.
- **If you think you are being asked to leave a skilled nursing facility too soon,** you can ask for a review from your QIO. The QIO, under most circumstances, will give you its decision before Medicare coverage of your skilled nursing care ends. Call 1-800-MEDICARE for the QIO’s telephone number.

For anyone being discharged from a health care setting like a hospital, or Skilled Nursing Facility: Medicare has a Discharge Planning Checklist called, “Planning for Your Discharge” to help you understand everything you need to know before you are discharged. To get a copy, see page 55.



Welcome

How to Use This Booklet

Is a nursing home your only choice?

Section 2 explains some of the long-term care choices that might be better for you depending on your needs and resources.

Do you need to find a nursing home?

Section 3 outlines steps to find and compare nursing homes and explains where to get answers to your questions. Take the handy tear-out checklist with you when you visit nursing homes.

Once you've chosen a nursing home, what's next?

Section 4 tells you what information you need to have when you make your arrangements to enter a nursing home.

How do you pay for nursing home and other health care?

Section 5 explains how to pay for nursing home and other health care, including personal resources, help from your state, [Medicaid](#), long-term care insurance, and [Medicare](#).

What do you need to know about living in a nursing home?

Section 6 explains how to make the transition from living at home to living in a nursing home easier, how to resolve problems, how your nursing home care is planned, and your resident rights and protections.

Where can you get more information?


Section 7 tells how to get free Medicare booklets, information about specific health conditions and diseases, and important telephone numbers of organizations that can help answer questions.

What do the words printed in blue mean?

Section 8 explains the words printed in [blue](#) throughout this booklet.

How can you find specific information in this booklet?

Section 9 is an index (alphabetical list) of what is in this booklet and the page number(s) where you can find specific topics.



Words in [blue](#) are defined on pages 63–64.

Welcome



Sometimes people look for a nursing home for a short stay to get help with personal care while recovering from an operation or injury. Others need services for a long time due to chronic conditions or disabilities. Understanding your choices and what's covered is important.

Who Can Help Answer Questions?

Organization	How they can help
Administration on Aging (AoA)	The Administration on Aging is a Federal agency that can provide a list of the long-term care choices in your state including community services. They can also help you find nursing homes. Visit www.aoa.gov . You can also call 1-202-619-0724.
Centers for Medicare & Medicaid Services (CMS)	CMS has free booklets about Medicare coverage and other health related topics. See page 55. For information about the location and quality of nursing homes, visit www.medicare.gov and select "Compare Nursing Homes in Your Area." You can also call 1-800-MEDICARE (1-800-633-4227). This is a 24-hour helpline. TTY users should call 1-877-486-2048.
Eldercare Locator	The Eldercare Locator is a nationwide toll-free service to help older adults and their caregivers find local services for seniors. Visit www.eldercare.gov . You can also call 1-800-677-1116 (weekdays 9:00 a.m. to 8:00 p.m. Eastern time).
Long-Term Care Ombudsman	A Long-Term Care Ombudsman advocates for residents of nursing homes, board and care homes, and assisted living facilities. See pages 59–61 for the telephone number in your state. You may be referred to a local office.

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Who Can Help Answer Questions? (continued)

Organization	How they can help
Quality Improvement Organization (QIO)	A QIO is a group of practicing doctors and other health care experts paid by the Federal government to check and improve the care given to people with Medicare . Call 1-800-MEDICARE (1-800-633-4227) to get the telephone number for your QIO. TTY users should call 1-877-486-2048.
State Health Insurance Assistance Program (SHIP)	State Health Insurance Programs (SHIPs) are state programs. They get money from the Federal government to give free health insurance counseling to people with Medicare. Call them with questions about Medicare, insurance and health plan decisions, and your rights. See pages 59–61 for the telephone number for your state.
State Medical Assistance (Medicaid) Office	Your State Medical Assistance Office has information about state programs that help pay health and nursing home costs for people with low incomes and limited resources. See pages 59–61 for the telephone number for your state.
State Survey Agency	Your State Survey Agency can help with questions or complaints about the quality of care or the quality of life in a nursing home. See pages 59–61 for the telephone number for your state.

Section 2: Choosing the Type of Care You Need

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Words in blue are defined on pages 63–64.

Depending on your needs and resources, there may be other long-term care options in your community. For example, you may be able to get services and support in your own home, or in other types of community housing. If you are in a hospital, nursing home, or working with a home health agency, a discharge planner or social worker can explain your options and help arrange your care.

Each state and each community has different services and options. The agencies listed below can give you more information. A list of alternative long-term care choices starts on page 12.

For American Indian/Alaska Natives contact your local Indian health provider for more information.

Agencies That Can Help With Long-Term Care Choices

Organization	How they can help
Area Agencies on Aging (AAAs)	AAAs assist adults age 50 and older and their caregivers. To find the AAA in your area, call The Eldercare Locator at 1-800-677-1116 weekdays from 9:00 a.m. to 8:00 p.m. (EST), or visit www.eldercare.gov .
Aging and Disability Resource Centers (ADRCs)	ADRCs assist people of all incomes and ages. Forty-three states have ADRCs. To find out if your area is served by an ADRC, visit www.adrc-tae.org .
Centers for Independent Living (CILs)	CILs assist people with disabilities of all incomes and ages, and focus on consumer control. A state-by-state directory of CILs can be found by visiting www.ncil.org/directory.html .
State Technology Assistance Project	The State Technology Assistance Project has information on medical equipment and other assistive technology. Contact the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) at (703) 524-6686 to get the contact information for your state or visit www.resna.org .
State Medical Assistance (Medicaid) Office	Your State Medical Assistance Office has information about state programs that help pay health and nursing home costs, as well as services in the community, for people with low incomes and limited resources. See pages 59–61 for the telephone number in your state.

Choosing the Type of Care You Need

Alternative Long-Term Care Choices

Listed below are some of the more common kinds of long-term care. Talk to your family, your doctor or other health care provider, or a social worker for help deciding what long-term care you need.

Note: If you have limited income and resources, there may be state programs that help cover some of your costs in some of these long-term care choices mentioned here. Call your [State Medical Assistance \(Medicaid\) office](#) for more information. See pages 59–61 for their number.

Community Services: A variety of community services might help with your personal care and activities. Some services, like volunteer groups that help with things like shopping or transportation, may be low cost or the group may ask for a voluntary donation. Some services may be available at varied costs depending on where you live and the services you need. Below is a list of home services and programs that are found in many communities:

- Adult day care
- Meal programs (like Meals-on-Wheels)
- Senior centers
- Friendly visitor programs
- Help with shopping and transportation
- Help with legal questions, bill paying, or other financial matters.

For information about community services, call your local Area Agency on Aging, Aging and Disability Resource Center, or Center for Independent Living. See page 11.

Home Care: Depending on your needs, you may be able to get help with your personal activities (such as laundry, shopping, cooking, and cleaning) at home from family members, friends, or volunteer groups. If you think you need home care, talk to your family to see if they can help with your care or help arrange for other care providers. There are also some home health care agencies that can help with nursing or attendant care in your home.

Remember, [Medicare](#) only pays for home health care if you meet certain conditions. To get a free copy of the Medicare booklet “Medicare and Home Health Care,” see page 55.

Choosing the Type of Care You Need

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Accessory Dwelling Units (ADUs): If you or a loved one owns a single-family home, adding an accessory dwelling unit (ADU) to an existing home may help you keep your independence. An ADU, sometimes called an “in-law apartment,” an “accessory apartment,” or a “second unit,” is a second living space within a home or on a lot. It has a separate living and sleeping area, a place to cook, and a bathroom. Space such as an upper floor, basement, attic, or space over a garage may be turned into an ADU. Family members might be interested in living in an ADU in your home, or, you may want to build a separate living space at your family member’s home.

Check with your local zoning office to be sure ADUs are allowed in your area, and if there are special rules. The cost for an ADU can vary widely depending on how big it is and how much it costs for building materials and workers.

Subsidized Senior Housing: There are Federal and state programs that help pay for housing for some older people with low to moderate incomes. Some of these housing programs also offer help with meals and other activities like housekeeping, shopping, and doing the laundry. Residents usually live in their own apartments within an apartment building. Rent payments are usually a percentage of your income (based on a sliding scale).

Board and Care Homes: Board and care homes are group living arrangements designed to meet the needs of people who can’t live independently but don’t need nursing home services. Most board and care homes provide help with some of the activities of daily living such as bathing, dressing, and using the bathroom. Board and care homes are sometimes called “group homes.” Many of these homes aren’t paid for by **Medicare** or **Medicaid**. The monthly charge is usually a percentage of your income (based on a sliding scale) that covers the cost of rent, meals and other basic shared services.

Words in blue are defined on pages 63–64.

Choosing the Type of Care You Need

Alternative Long-Term Care Choices (continued)

Assisted Living Facilities: These facilities provide help with activities of daily living like bathing, dressing, and using the bathroom. They may also help with care most people do themselves like taking medicine or using eye drops and additional services like getting to appointments or preparing meals.

Residents often live in their own room or apartment within a building or group of buildings and have some or all of their meals together. Social and recreational activities are usually provided. Some of these facilities have health services on site.

Words in blue are defined on pages 63–64.

In most cases, assisted living residents pay a regular monthly rent, and then pay additional fees for the services they get. Assisted living facilities aren't paid for by Medicare. The term "assisted living" may mean different things in different facilities. Not all assisted living facilities provide the same services. It is important that you contact the facility and make sure they can meet your needs.

Continuing Care Retirement Communities (CCRCs): CCRCs are retirement communities that offer more than one kind of housing and different levels of care. In the same community, there may be individual homes or apartments for residents who still live on their own, an assisted living facility for people who need some help with daily care, and a nursing home for those who require higher levels of care.

Residents move from one level to another based on their individual needs, but usually stay within the CCRC. If you are considering a CCRC, be sure to check the quality information (see pages 17–25) and inspection report (posted in the facility) of its nursing home. Your CCRC contract usually requires you to use the CCRC's nursing home if you need nursing home care. Some CCRC's will only admit people into their nursing home if they are living in another section of the retirement community.

Many CCRCs generally require a large payment before you move in (called an entry fee) and charge monthly fees. Find out if a CCRC is accredited and get advice on selecting this type of community from the Commission on Accreditation of Rehabilitation Facilities and the Continuing Care Accreditation Commission (CARF-CCAC) by calling 1-202-587-5001. You can also visit www.carf.org.

Choosing the Type of Care You Need



Hospice Care: Hospice is a special way of caring for people who are terminally ill (with 6 months or less to live) and for their families. Hospice care includes physical care and counseling. The goal of hospice is to provide comfort for terminal patients and their families, not to cure the illness.

If you qualify for hospice care, you can get medical and support services, including nursing care, medical social services, doctor services, counseling, homemaker services, and other types of services. As part of hospice care, you will have a team of doctors, nurses, home health aides, social workers, counselors, and trained volunteers to help you and your family cope with your illness. In many cases, you and your family can stay together in your home.

Medicare covers hospice care if you qualify. Depending on your condition, you may get hospice care at home, in a hospice facility, hospital, or nursing home. Room and board aren't covered by Medicare if you get general hospice services while you are a resident of a nursing home or a hospice's residential facility. Medicare doesn't pay for 24-hour assistance if you get hospice services at home.

Respite Care: Some nursing homes and hospice care facilities provide respite care. Respite care is a very short inpatient stay given to a hospice patient so that the usual caregiver can rest. Medicare covers respite care for up to 5 days if you are getting covered hospice care. Room and board are covered for inpatient respite care and during short-term hospital stays.

For more information about Medicare coverage of hospice care and who qualifies, get a free copy of the booklet "Medicare Hospice Benefits." See page 55.

Choosing the Type of Care You Need

Alternative Long-Term Care Choices (continued)

Programs of All-inclusive Care for the Elderly (PACE): PACE is a Medicare and Medicaid program that manages all of the medical, social, and long-term care services for frail people to remain in their homes and maintain their quality of life. PACE is available only in states that have chosen to offer it under Medicaid. The goal of PACE is to help people stay independent and living in their community as long as possible, while getting the high quality care they need. To be eligible for PACE, you must be age 55 or older, live in the service area of a PACE program, be certified as eligible for nursing home care by the appropriate state agency, and be able to live safely in the community.

To find out if there is a PACE program in your area, call the [State Medical Assistance \(Medicaid\) office](#) (see pages 59–61), or visit www.cms.hhs.gov/PACE.

Home and Community-Based Waiver Programs: If you are already eligible for Medicaid (or, in some states, would be eligible for Medicaid coverage in a nursing home), you may be able to get help with the costs of some home and community-based services, like homemaker services, personal care, and respite care. States have home and community-based waiver programs to help people keep their independence while getting the care they need outside of an inpatient facility.

For more information, call the Area Agency on Aging or the Eldercare Locator (see page 11), or your State Medical Assistance (Medicaid) office (see pages 59–61).

Section 3: Steps to Choosing a Nursing Home

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Follow these steps to find the nursing home that is best for you:

Step 1: Find nursing homes in your area. See below.

Step 2: Compare the quality of nursing homes you are considering. Look at health inspection and fire safety inspection reports, nursing home staffing rates, quality measures and other important information such as how many stars they received on their quality rating. See pages 18–25.

Step 3: Visit the nursing homes you are interested in, or have someone visit for you. See pages 26–35.

Step 4: Choose the nursing home that meets your needs. See pages 36.

Step 1: Find nursing homes in your area.

- Medicare’s Nursing Home Compare web tool has information to help you find and compare nursing homes. Visit www.medicare.gov/NHCompare. You can search by nursing home name, city, county, state, or ZIP code. See Step 2.
- Ask people you trust, like your doctor, family, friends, neighbors, or clergy if they have had personal experience with nursing homes. They may be able to recommend a nursing home for you.
- If you are in the hospital, ask the hospital’s discharge planner or social worker for a list of local nursing homes. They should be able to help you find an available bed. Some nursing homes work together with hospitals, and some are independent.
- Visit or call your local social service agency or hospital. Ask to speak to a social worker or case manager who can help you find a nursing home in your area.
- Contact your local Agency on Aging to ask for a list of long-term care choices in your area. See page 11.

Words in blue are defined on pages 63–64.

Steps to Choosing a Nursing Home

Step 2: Compare the quality of the nursing homes you are considering.

It is important to compare the care that nursing homes give in order to make your best nursing home decision. One way to compare nursing homes is to look at the information about nursing home quality on the Nursing Home Compare website. Visit www.medicare.gov and select “Compare Nursing Homes in Your Area,” or visit www.medicare.gov/NHCompare.

The Nursing Home Compare website has information about the nursing homes in the country that are certified to participate in [Medicare](#) and/or [Medicaid](#). You can compare the nursing homes you are considering using the Five Star Quality Rating, detailed information on health inspections, nursing home staffing, quality measures, and fire safety inspections. Maps and directions are also available.

NOTE: Information on Nursing Home Compare isn’t an endorsement or advertisement for any nursing home. You should use a variety of resources when choosing a nursing home. Don’t rely only on the nursing home’s star rating to make a final decision. Visit the nursing homes you’re considering if at all possible, or have someone visit for you.

Nursing Home Compare’s Five Star Quality Rating System

The Five Star Quality Rating System on Nursing Home Compare is designed to do the following:

1. Give you easy-to-use information to help you choose a nursing home for yourself or others
2. Give you information about the care in nursing homes where you or family members already live
3. Help you talk to nursing home staff about the quality of care
4. Help nursing homes with their quality improvement efforts

Visit Nursing Home Compare at www.medicare.gov/NHCompare for more information.

Steps to Choosing a Nursing Home

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Nursing homes are rated on these three areas: health inspections, nursing home staffing information, and quality measures. These ratings are combined for an overall quality rating. Information about fire safety inspections is included on Nursing Home Compare to give consumers more information about a nursing home's overall quality.

Health Inspections

To be part of the [Medicare](#) and [Medicaid](#) programs (that is, be a certified provider), nursing homes have to meet over 150 requirements (regulatory standards) Congress set to protect nursing home residents. These requirements cover a wide range of topics, from protecting residents from physical or mental abuse and inadequate care, to the safe storage and preparation of food.

The Centers for Medicare & Medicaid Services (CMS) has contracts with state governments to do health inspections and fire safety inspections of these certified nursing homes and investigate complaints about nursing home care. The health inspection team consists of trained inspectors, including at least one registered nurse. These inspections take place, on average, about once a year, but may be done more often if the nursing home is performing poorly.

Using the requirements, the state inspection team looks at many aspects of life in the nursing home including the following:

- The care of residents and the processes used to give that care
- How the staff and residents interact
- The nursing home environment

In addition, inspectors review the residents' clinical records, interview some residents and family members about their life in the nursing home, and interview caregivers and administrative staff.

Using the information about health inspections on Nursing Home Compare, you can see what health and safety standards a nursing home failed to meet during recent health inspections.

Steps to Choosing a Nursing Home

Step 2: Compare the quality of the nursing homes you are considering (continued)

Nursing Home Compare's Five Star Quality Rating System (continued)

Nursing Home Staffing

Federal law requires all certified nursing homes to provide enough staff to adequately care for residents; however, there is no current Federal standard for the best staffing levels.

The nursing home must have at least one licensed Registered Nurse (RN) for at least 8 straight hours a day, 7 days a week, and other nursing staff such as an RN or Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN) on duty 24 hours per day. Certain states may have additional staffing requirements.

Certified Nursing Assistants (CNAs) are generally on staff 24 hours per day. They work under a licensed nurse to help residents with daily activities like eating and bathing. All full time CNAs must have completed a competency evaluation program or a nurse assistant training within 4 months of their permanent employment. They must also take continuing education training each year.

Some nursing homes might require more staff due to the conditions of their residents, along with other factors such as whether the nursing home has special care units. Please refer to the Nursing Home Checklist on page 32 for questions or observations about staffing that can help you evaluate the nursing homes you visit.

The staffing numbers on Nursing Home Compare are based on information reported by the nursing home. They represent staffing levels for a 2 week period prior to the time of the state inspection. You should be cautious when interpreting staffing data. While the data is checked for unusual reporting issues, there is no system to fully verify the accuracy of the staffing data that nursing homes report.

Steps to Choosing a Nursing Home

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Quality Measures

Words in blue are defined on pages 63–64.

Nursing homes regularly collect certain assessment information about their residents' health, physical functioning, mental status, and general well-being, using a form called the Minimum Data Set. Nursing homes report this information to **Medicare**. Medicare uses some of the assessment information to measure the quality of certain aspects of nursing home care, like whether residents have gotten their flu shots, are in pain, or are losing weight. These measures of care are called “quality measures.”

Medicare posts each nursing home's ratings for these quality measures on Nursing Home Compare. The quality measures were selected because they show important ways nursing homes differ from one another.

The quality measures on Nursing Home Compare were chosen because they can be measured, and are valid and reliable. However, they aren't benchmarks, thresholds, guidelines, or standards of care. They are based on care provided to the population of residents in a facility, not to any individual resident, and aren't appropriate for use in a lawsuit.

The quality measures are based on the best research currently available. As this research continues, scientists will keep improving the quality measures on Nursing Home Compare.

Steps to Choosing a Nursing Home

Step 2: Compare the quality of the nursing homes you are considering (continued)

Fire Safety Inspections

Fire safety specialists inspect nursing homes to see if they meet Life Safety Code (LSC) standards. The LSC is a set of fire protection requirements designed to provide a reasonable degree of safety from fire.

The Fire Safety inspection covers a wide range of aspects of fire protection, including construction, protection and operational features designed to provide safety from fire, smoke, and panic. When an inspection team finds that a home doesn't meet a specific LSC regulation, it issues a deficiency citation.

Using the information about fire safety inspections on Nursing Home Compare, you can see what fire safety standards a nursing home failed to meet, the level of potential harm, the number of residents this affected, and the date of correction.

Important: While comparing nursing homes, it may be important for you to contact the nursing home to find out about their sprinkler system. Federal Rules indicate that by 2013, all older nursing homes must be fully equipped with sprinklers.

Steps to Choosing a Nursing Home

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Other ways to find out about nursing home quality

- Ask friends and other people you know for nursing home recommendations.
- Call your **Long-Term Care Ombudsman**. See page 59–61. The Ombudsman program helps nursing home residents solve problems by acting on their behalf. Ombudsmen do the following:
 - Visit nursing homes and speak with residents throughout the year to make sure residents' rights are protected.
 - Discuss general information about nursing homes and nursing home care.
 - Work to solve problems with your nursing home care, including financial issues.
 - May help you compare the nursing home's strengths and weaknesses. Ask them questions like how many complaints they have gotten about a nursing home, what kind of complaints they were, and if the problems were resolved.
- Call the local office of consumer affairs for your state. Ask if they have information on the quality of nursing homes. Look in the blue pages of your telephone book for their phone number.
- Call your state health department or state licensing agency. Ask if they have information on the quality of nursing homes. Look in the blue pages of your telephone book for their phone number.

Words in blue are defined on pages 63–64.

A friend, family member, or your local library or senior center may be able to help you find the information on Nursing Home Compare if you don't have a computer. You can also call 1-800-MEDICARE (1-800-633-4227) and a customer service representative will read this information to you. TTY users should call 1-877-486-2048. You can get a printed copy in the mail. It takes about 3 weeks.

Steps to Choosing a Nursing Home

Step 2: Compare the quality of the nursing homes you are considering (continued)

Other ways to find out about nursing home quality

Resident-Directed Care and the Culture Change Movement

There is a growing, nationwide movement among many nursing homes to change the nursing home culture from rigid institutional living to living in a setting more like a home. Nursing homes involved in this “culture change” practice resident-directed or resident-centered care which promotes much greater resident choice over their schedules (getting up, going to sleep, method and timing of bathing), and their activities. It also involves changes to the building environment to enhance the residents’ quality of life.

Many homes involved in this culture change have “households” within their former living units, which include small groups of residents—usually less than 20. This group of residents has the same staff assigned to them, and has activities and meals together. Each household has a kitchen, dining room, and living room space.

A small number of homes have sets of free-standing houses on-campus that contain approximately 10–12 residents each, with private rooms and settings much more like that of a large, private home. Other homes have remodeled their buildings to include more private rooms and a new style of “privacy-enhanced, shared rooms” which have a partial wall separating each resident’s half of a room.

Whether in small houses or households in larger buildings, the consistent assignment of staff permits the nursing home staff to develop close relationships with each resident to more fully meet their needs and preferences, and help them to attain their highest level of well-being and functioning. Some homes have been unable to remodel into households but have embraced the principles of culture change with consistent staffing and much greater resident choice over daily life.

Steps to Choosing a Nursing Home

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Resident-Directed Care and the Culture Change Movement (continued)

Often culture changing homes have resident dogs and cats, and some permit a resident to bring in his or her own pet, with staff or volunteers assisting the resident with pet care. Other homes have connections to a day care setting in which elders and the children interact regularly.

For more information on resident-directed care and the culture change movement, contact the Pioneer Network, a non-profit organization that serves as the focal point of the movement. Visit www.pioneernetwork.net for more information.

Quality Improvement Campaigns

Although nursing homes aren't required to participate in quality improvement campaigns, knowing that a nursing home participates in one may be a good indicator of the home's commitment to improving quality. One example of a quality improvement campaign is the Advancing Excellence in America's Nursing Homes which is a coalition-based campaign to improve the quality of life for residents and staff in America's nursing homes. This particular campaign includes long-term care providers, caregivers, medical and quality improvement experts, consumers, government agencies, and other quality-focused organizations. For more information, visit the campaign's website at www.nhqualitycampaign.org.

Steps to Choosing a Nursing Home

Step 3: Visit the nursing homes you are interested in, or have someone visit for you.

Before you make a decision about a nursing home, visit the nursing homes that interest you whenever possible. A visit gives you the chance to see the residents, staff, and the nursing home setting. It also allows you to ask questions of the nursing home staff, and talk with the residents and their family members.

If you can't visit the nursing home yourself, you may want to get a family member or friend to visit for you. If a family member or friend can't visit for you, you can call for information. However, a visit gives you a better way to see the quality of care and life of the residents.

Before you visit, consider what is important to you:

Quality of Life

- Will you be treated in a respectful way?
- Can you participate in social, recreational, religious, or cultural activities that are important to you? Can you decide when you want to participate?
- Do you get to choose what time to get up, go to sleep, and bathe?
- Can you get food and drinks that you like at any time? What if you don't like the food that is served?
- Can you have visitors anytime?
- Is transportation provided to community activities?
- Can you bring your pet?
- Can you decorate your living space any way you want?
- Will you have privacy for visits or personal care?

Steps to Choosing a Nursing Home

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Quality of Care

- Will you be included in planning your care? Will your interests and preferences be included in the care plan? Will you be able to change the plan if you feel there is a need? Will you be able to choose which of your family member or friends will be involved in the planning process? Will you get a copy of your care plan?
- Are there enough staff so you get the care you need?
- Who are the doctors that will care for you? Can you still see your personal doctors?
- Does the nursing home's inspection report show quality of care problems (deficiencies)?
- What did the quality information on "Nursing Home Compare" show about how well this nursing home cares for its residents? Visit www.medicare.gov/NHCompare.
- Does the nursing home participate in quality improvement initiatives such as the Advancing Excellence for America's Nursing Homes?
- What care improvement goals is the nursing home working on?
- What kind of progress is the nursing home making on those goals?

Location

- Is the nursing home close to your family and friends so they can visit often?

Availability

- Is a bed available now, or can you add your name to a waiting list? Remember, nursing homes don't have to accept all applicants, but they must comply with Civil Rights laws that prohibit discrimination based on race, color, national origin, disability, age, or religion under certain conditions.

Steps to Choosing a Nursing Home

Step 3: Visit the nursing homes you are interested in, or have someone visit for you. (continued)

Staffing

- Will you have the same staff people take care of you most of the time or do they change from day-to-day?
- Ask the staff to show you the information they are required to post about the number of licensed and unlicensed nursing staff.
- Do the Certified Nursing Assistants (CNAs) work with a reasonable number of residents on each shift (day and night) and during meals?
- Is there a doctor available?
- Are therapy staff available?
- Is there a social worker available? Can you meet him or her?

Religious and Cultural Preferences

- Does the nursing home offer the religious or cultural support you need?
- Do they provide any special diet your faith practice requires?

Language

- Is your primary language spoken at the nursing home by staff or residents?
- If not, is an interpreter available?

Policies

- What are the resident policies you must follow? (Policies are rules that all residents must follow.) For example, smoking may not be allowed in the nursing home.

Security

- Does the nursing home provide a safe environment?
- Is there a guard at the door? Does this make you feel better or worse about a nursing home?
- Is the nursing home locked at night?
- Are there special personal monitoring devices to alert staff if a resident becomes confused and wanders in the facility?

Steps to Choosing a Nursing Home

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Preventive Care

- Does the nursing home make sure that residents get preventive care to help keep them healthy?
- Does the nursing home have a screening program for immunizations such as flu (influenza) and pneumonia?

Hospitals

- Does the nursing home have an arrangement with a nearby hospital for emergencies?
- Can your doctor care for you at that hospital?

Accredited (accreditation)

- Is the nursing home accredited by a state-approved accreditation organization? Being accredited means the nursing home meets certain additional standards for care that the state-approved accreditation organization sets.

Licensing

- Are the nursing home and current administrator licensed in your state? This means that they have met certain standards set by a state or local government agency.

Certified (certification)

- If you are getting skilled care, and **Medicare** or **Medicaid** is paying for your care, make sure the nursing home is Medicare and Medicaid certified. This means the nursing home has passed an inspection survey done by the **State Survey Agency**. If they are certified, make sure they have not recently lost their certification or are about to lose their certification. Medicare and Medicaid will only pay for care in a certified nursing home. **Being certified isn't the same as being accredited.** Also, some nursing homes set aside only a few beds for Medicare or Medicaid residents.

Services

- What services does the nursing home provide? Does the nursing home have the services you need (like skilled or **custodial care**)?

Words in blue are defined on pages 63–64.

3

Steps to Choosing a Nursing Home

Step 3: Visit the nursing homes you are interested in, or have someone visit for you. (continued)

Charges and Fees

- Nursing homes must tell you in writing about their services, charges, and fees before you move into the home. Get a copy of the fee schedule to find out which services are available, which are included in your monthly fee, and which services cost extra. Then, compare nursing home costs.
- Is there a basic fee for room, meals, and personal care?
- Are there extra charges for other services or care for special medical needs?

The Health Inspection and Fire Safety Inspection Reports

- Ask the staff for the health inspection and fire safety inspection reports. The inspection report tells you how well the nursing home meets Federal health and safety requirements. The nursing home must have the report of the most recent Federal or state survey of the facility available for you to look at.

Resident, Family and Staff Satisfaction

- Talk to staff, residents, and family members if you can. Ask them if they are satisfied with the nursing home and its services.

Important things to know when visiting a nursing home

- Before you go, call and make an appointment.
- Don't be afraid to ask questions.
- Ask the staff to explain anything you see and hear that you don't understand. For example, if you hear a person calling out, it may be because they are confused, and not because they are being hurt or neglected.
- Ask who to call if you have further questions, and write down the name and phone number.
- Talk to residents and family members about the care and their experience.
- Don't go into resident rooms or care areas without asking the resident and nursing home staff first. Residents have a right to privacy.
- After your visit, write down any questions you still have about the nursing home or how the nursing home will meet your needs.

Visit Again

- Visit the nursing home a second time, on a different day and at a different time than when you first visited. Staffing can be different at different times of the day and on weekends.
- Try to visit during the late morning or midday. This allows you to see the residents when they are out of bed, eating, and going to activities.

Go to Resident/Family Council Meetings

- Ask a nursing home staff member if you can get permission to attend a resident council and/or family council meeting. These councils are usually organized and managed by the residents' families to address concerns and improve the quality of care and life for the residents.
- Here are some questions you can ask a council member:
 - What improvements were made in the quality of life for residents in the last year?
 - What are the plans for future improvements?
 - How has the nursing home responded to recommendations for improvement?
 - Who does the council report to?
 - How does membership on the council work?
 - Who sets the agendas for meetings?
 - How are decisions made (for example, by voting, consensus, or does one person make them)?

The Nursing Home Checklist

Take a copy of the Nursing Home Checklist (see pages 32–35) when you visit to ask questions about resident life, nursing home living spaces, staff, residents' rooms, hallways, stairs, lounges, bathrooms, menus and food, activities, and safety and care.

Nursing Home Checklist

Use a new checklist for each nursing home you visit. You can photocopy the checklist or print additional copies by visiting www.medicare.gov/NHCompare.

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Nursing Home Checklist



Name of Nursing Home: _____ Date of Visit: _____

	Yes	No	Comments
Basic Information			
The nursing home is Medicare-certified.			
The nursing home is Medicaid-certified.			
The nursing home has the level of care you need (e.g. skilled, custodial), and a bed is available.			
The nursing home has special services if needed in a separate unit (e.g. dementia, ventilator, or rehabilitation), and a bed is available.			
The nursing home is located close enough for friends and family to visit.			

Resident Appearance			
Residents are clean, appropriately dressed for the season or time of day, and well-groomed.			

Nursing Home Living Spaces			
The nursing home is free from overwhelming unpleasant odors.			
The nursing home appears clean and well-kept.			
The temperature in the nursing home is comfortable for residents.			
The nursing home has good lighting.			
Noise levels in the dining room and other common areas are comfortable.			
Smoking isn't allowed or may be restricted to certain areas of the nursing home.			
Furnishings are sturdy, yet comfortable and attractive.			

Visit Nursing Home Compare at www.medicare.gov/NHCompare for more information.

Nursing Home Checklist

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	Yes	No	Comments
Staff			
The relationship between the staff and the residents appears to be warm, polite, and respectful.			
All staff wear name tags.			
Staff knock on the door before entering a resident's room and refer to residents by name.			
The nursing home offers a training and continuing education program for all staff.			
The nursing home does background checks on all staff.			
The guide on your tour knows the residents by name and is recognized by them.			
There are licensed nursing staff 24 hours a day, including a Registered Nurse (RN) present at least 8 hours per day, 7 days a week.			
The same team of nurses and Certified Nursing Assistants (CNAs) work with the same resident 4 to 5 days per week.			
CNAs work with a reasonable number of residents.			
CNAs are involved in care planning meetings.			
There is a full-time social worker on staff.			
There is a licensed doctor on staff who is there daily and can be reached at all times.			
The nursing home's management team (including the Director of Nursing and the Administrator) has worked together for at least 1 year.			

Visit Nursing Home Compare at www.medicare.gov/NHCompare for more information.

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Nursing Home Checklist

Yes No Comments

Residents' Rooms			
Residents may have personal belongings and/or furniture in their rooms.			
Each resident has storage space (closet and drawers) in his or her room.			
Each resident has a window in his or her bedroom.			
Residents have access to a personal telephone and television.			
Residents have a choice of roommates.			
Water pitchers can be reached by residents.			
There are policies and procedures to protect residents' possessions.			

Hallway, Stairs, Lounges, and Bathrooms			
Exits are clearly marked.			
There are quiet areas where residents can visit with friends and family.			
The nursing home has smoke detectors and sprinklers.			
All common areas, resident rooms, and doorways are designed for wheelchair use.			
There are handrails in the hallways and grab bars in the bathrooms.			

Visit Nursing Home Compare at www.medicare.gov/NHCompare for more information.

Nursing Home Checklist

	Yes	No	Comments
Menus and Food			
Residents have a choice of food items at each meal. (Ask if your favorite foods are served.)			
Nutritious snacks are available upon request.			
Staff help residents eat and drink at mealtimes if help is needed.			
Activities			
Residents, including those who are unable to leave their rooms, may choose to take part in a variety of activities.			
The nursing home has outdoor areas for resident use and staff help residents go outside.			
The nursing home has an active volunteer program.			
Safety and Care			
The nursing home has an emergency evacuation plan and holds regular fire drills (bed-bound residents included).			
Residents get preventive care, like a yearly flu shot, to help keep them healthy.			
Residents may still see their personal doctors.			
The nursing home has an arrangement with a nearby hospital for emergencies.			
Care plan meetings are held with residents and family members at times that are convenient whenever possible.			
The nursing home has corrected all deficiencies (failure to meet one or more Federal or state requirements) on its last state inspection report.			

Steps to Choosing a Nursing Home

Step 4: Choose the Nursing Home That Meets Your Needs

When you have all the information about the nursing homes you are interested in, talk with people who understand your personal and health care needs. This might include your family, friends, doctor, clergy, spiritual advisor, hospital discharge planner, or social worker.

If you find more than one nursing home you like with a bed available, use all the information you get to compare them. Trust your senses. If you didn't like what you saw on a visit, like if the facility wasn't clean or if you weren't comfortable talking to the nursing home staff, you may want to choose another nursing home. If you felt that the residents were treated well, the facility was clean, and the staff was helpful, you might feel better about choosing that nursing home.

If you are helping someone, keep the person you are helping involved in making the decision as much as possible. People who are involved from the beginning are better prepared when they move into a nursing home. If the person you are helping isn't alert or able to communicate well, keep his or her values and preferences in mind.

Important: If you visit a nursing home that you don't like, look at other options if available. Quality care is important. If you are in a hospital, talk to the hospital discharge planner or your doctor before you decide not to go to a nursing home that has an available bed. They may be able to help you find a more suitable nursing home, or arrange for other care, like short-term homecare, until a bed is available at another nursing home you choose. However, you may be responsible for paying the bill for any additional days you stay in the hospital.

Moving is difficult. However, an extra move may be better for you than choosing to stay at a facility that isn't right for you. Be sure to explain to your doctor or discharge planner why you aren't happy with a facility they may be recommending.

Once in the nursing home, if you find that you don't like the nursing home you chose, you can move to another facility with an available bed. The nursing home you leave may require that you let them know ahead of time that you are planning to leave. Talk to the nursing home staff about their rules for leaving. If you don't follow the rules for leaving, you may have to pay extra fees.

What Information Is Needed?

After you choose a nursing home, you will need to make the arrangements for admission. When you contact the nursing home office, it's helpful to have the following information ready.

Payment Information for Nursing Home Office Staff

Insurance Information: Provide information about health care coverage and/or long-term care insurance you have that pays for nursing home and/or health care. This includes the name of the insurance company and the policy number.

Note: You may have to pay a cash deposit before you are admitted to a nursing home if your care won't be covered by either **Medicare** or **Medicaid**. If nursing home care will be covered by Medicare or Medicaid, the nursing home can't require you to pay a cash deposit. They may ask that you pay your Medicare coinsurance amounts and other charges you would normally have to pay. It is best to pay these charges when they are billed, not in advance.

Words in blue are defined on pages 63–64.

Information for Nursing Home Staff

- **Information on Your Medical History:** Your doctor may give the staff some of this information. This includes a list of any current or past health problems, past surgeries or treatments you've had, allergies you have to food or medicine, and shots you've had.
- **Information on Your Current Health Status:** Your doctor may give the staff some of this information. This includes a list of your current health problems, recent diagnostic test results, and information about any activities of daily living that might be difficult for you to do by yourself.
- **A List of Your Current Medicines:** Include the dose, how often you take it, and why you take it.
- **A List of All Your Health Care Providers:** Include names, addresses, and telephone numbers.
- **A List of Family Members to Call in Case of an Emergency:** Include names, addresses, and telephone numbers.

Making Arrangements to Enter a Nursing Home

Health Care Advance Directives

You may be asked if you have a health care advance directive.

A health care advance directive is a written document that says how you want medical decisions to be made if you can't make decisions for yourself. There are two common types of health care advance directives:

- **A Living Will**—A written legal document that shows what type of treatments you want or don't want in case you can't speak for yourself. Usually, this document only comes into effect if you're terminally ill (usually if you have 6 months or less to live) or permanently unconscious and can't speak for yourself. A Living Will tells others what medical care or treatment you want, such as whether you want life support, like a respirator.
- **A Durable Power of Attorney for Health Care**—A legal document that names someone else to make health care decisions for you if you become unable to make your own decisions.

If you don't have a health care advance directive and need help preparing one, or need more information, talk to a social worker, discharge planner, your doctor, or the nursing home staff. You can call your local Area Agency on Aging to find out if your state has any legal services that help with preparing these forms. See page 11 for their telephone number.

Personal Needs Account

You may want to open an account managed by the nursing home. You can deposit money into the account for personal use. Check with the nursing home to see how they manage these accounts. You may only have access to the account at certain times. See pages 50–51 for information about your resident rights and protections regarding money.

Information about Medicare and Medicaid benefits

For people seeking admission to a nursing home, the nursing home must provide (orally and in writing) and prominently display written information about how to apply for and use [Medicare](#) and [Medicaid](#) benefits. They must also provide information on how to receive refunds for previous payments covered by such benefits.

Section 5: Paying for Nursing Home Care and Other Health Care Costs

5

Overview

Nursing home care can be very expensive. There are many ways you can pay for nursing home care. For example, you can use your own money, you may be able to get help from your state, or you may use long-term care insurance.

Most people who enter nursing homes begin by paying for their care out of their own pocket. As you use your resources (like bank accounts, stocks, etc.) over a period of time, you may eventually become eligible for [Medicaid](#).

[Medicare](#) generally doesn't cover nursing home care. Also, nursing home care isn't covered by many types of health insurance. Don't drop your health care coverage (including Medicare) if you are in a nursing home. Even if it doesn't cover nursing home care, you will need health coverage for hospital care, doctor services, or medical supplies while you are in the nursing home.

Words in [blue](#) are defined on pages 63–64.

Remember, Medicare does cover [skilled nursing facility care](#) for a limited time after a 3-day qualifying hospital stay. For more information on Medicare coverage of skilled nursing facility care, get a free copy of the booklet “Medicare Coverage of Skilled Nursing Facility Care.” See page 55.

This section explains some of the ways you can pay for nursing home care, or get help with other health care costs. It includes information about the following:

- Personal Resources, see page 40
- Help From Your State—Medicaid, see page 40–42
- Long-Term Care Insurance, see page 42
- Medicare, see page 43–45

Paying for Nursing Home Care and Other Health Care Costs

Personal Resources

You can use your personal money and savings to pay for nursing home care. Some insurance companies let you use your life insurance policy to pay for long-term care. Ask your insurance agent how this works.

Important: Be sure to get help before using either of these options. There are important issues you need to understand.

Help From Your State—Medicaid

Medicaid pays for care for about 7 out of every 10 nursing home residents. Medicaid is a joint Federal and state program that pays for certain health services and nursing home care for older people with limited income and resources. If you qualify, you may be able to get help to pay for nursing home care, or other health care costs. If you qualify for both **Medicare** and Medicaid, most health care costs are covered. But remember, not all nursing homes accept Medicaid payment.

Check with the nursing home to see if they accept people with Medicaid, and if they have a Medicaid bed available. Who is eligible for Medicaid and what services are covered varies from state to state. Most often, eligibility is based on your income and personal resources. You may be eligible for Medicaid coverage in a nursing home even if you haven't qualified for other Medicaid services in the past.

Sometimes you won't be eligible until you have spent some of your personal resources on medical care. You may be moved to another room in the Medicaid-certified section of the nursing home when your care is paid by Medicaid. To get more information on Medicaid eligibility requirements in your state, call your **State Medical Assistance (Medicaid) office**. See pages 59–61.

Some important things to know about Medicaid

- The state can't put a lien on your home if there is a reasonable chance you'll return home after getting nursing home care or if you have a spouse or dependents living there. This means they can't take, sell, or hold your property to recover benefits that are correctly paid for nursing home care while you are living in a nursing home in this circumstance.

Words in blue are defined on pages 63–64.

Paying for Nursing Home Care and Other Health Care Costs

5

Some important things to know about Medicaid (continued)

In most cases, after a person who gets [Medicaid](#) nursing home benefits dies, the state must try to get whatever benefits it paid for that person back from their estate. However, they can't recover on a lien against the person's home if it is the residence of the person's spouse, sibling (who has an equity interest and was residing in the home at least one year prior to the nursing home admission), or a blind or disabled child or child under the age of 21 in the family.

- Most people who are eligible for Medicaid have to reduce their assets first. There are rules about what is counted as an asset and what isn't when determining Medicaid eligibility. There are also rules that require states to allow married couples to protect a certain amount of assets and income when one of them is in an institution (like a nursing home) and one isn't.

A spouse who isn't in an institution may keep one half of the couples' joint assets, up to \$109,560 (in 2009) as well as a monthly income allowance.

For more information, call your [State Medical Assistance \(Medicaid\) office](#). See pages 59–61. You can also call your local Area Agency on Aging to find out if your state has any legal services where you could get more information. You can also get free health insurance counseling from your [State Health Insurance Assistance Program](#). See pages 59–61.

- You can't give your assets away to family members or non-family members, rather than use your assets to pay for your nursing home care. If you give assets away within 5 years before the date you apply for Medicaid, or even after you apply, the gift may be treated as a transfer of assets for less than fair market value.

Transfers for less than fair market value may subject you to a penalty, and the penalty is that Medicaid won't pay for your nursing home care for a period of time. How long that period is depends on the value of the assets you gave away. There are limited exceptions to this, especially if you have a spouse, or a blind or disabled child. But as a general rule, giving away your assets can result on no payment for your nursing home care, possibly for many months or even years.

Note: Federal law protects spouses of nursing home residents from losing all of their income and assets to pay for nursing home care for their spouse. When one member of a couple enters a nursing home and applies for Medicaid, his or her eligibility is determined under what are called the "spousal impoverishment" rules.

Paying for Nursing Home Care and Other Health Care Costs

Some important things to know about Medicaid (continued)

Spousal impoverishment helps make sure that the spouse still at home will have the money needed to pay for living expenses by protecting a certain amount of the couple's resources, as well as at least a portion of the nursing home resident's income, for the use of the spouse who is still at home. For more information about this protection, call your [State Medical Assistance \(Medicaid\) office](#). See pages 59–61.

To apply for [Medicaid](#), call your State Medical Assistance (Medicaid) office. See pages 59–61. They can tell you if you qualify for the Medicaid nursing home benefit, or other programs, such as the Programs of All-Inclusive Care for the Elderly (PACE), or home and community-based waiver programs. See page 16.

Long-Term Care Insurance

This type of private insurance policy can help pay for many types of long-term care, including both skilled and nonskilled ([custodial](#)) care. Long-term care insurance can vary widely. Some policies may cover only nursing home care. Others may include coverage for a whole range of services like adult day care, assisted living, medical equipment, and informal home care.

If you have long-term care insurance, check your policy or call the insurance company to find out if the care you need is covered. If you are shopping for long-term care insurance, find out which types of long-term care services and facilities the different policies cover. Also, check to see if your coverage could be limited because of a pre-existing condition. Make sure you buy from a reliable company that is licensed in your State.

For more information about long-term care insurance, get a copy of “A Shopper’s Guide to Long-Term Care Insurance” from the National Association of Insurance Commissioners, by visiting www.naic.org/index_ltc_section.htm.

Federal employees, members of the Uniformed Services, retirees, their spouses, and other qualified relatives may be able to buy long-term care insurance at discounted group rates. For more information about long-term care insurance for Federal employees, visit www.opm.gov/insure/ltc.

Paying for Nursing Home Care and Other Health Care Costs

Medicare For Your Healthcare and Prescription Drugs

Medicare

Medicare is a health insurance program for people age 65 or older, under age 65 with certain disabilities, and any age with **End-Stage Renal Disease (ESRD)** (permanent kidney failure requiring dialysis or a kidney transplant).

People get Medicare health care in two ways:

1. Original Medicare

Original Medicare **doesn't** pay for most nursing home care. Most nursing home care is **custodial care** to help with activities of daily living like bathing, dressing, and using the bathroom. Medicare covers very limited and medically-necessary skilled care or home health care if you need skilled care for an illness or injury and you meet certain conditions.

For more information on Medicare coverage of **skilled nursing facility care** or home health care, visit www.medicare.gov. Select "Find a Medicare Publication" to look at or print a copy of the booklet "Medicare Coverage of Skilled Nursing Facility Care" or "Medicare and Home Health Care." You can also order a free copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Words in blue are defined on pages 63–64.

2. Medicare Advantage Plans and Other Medicare Health Plans

If you belong to a **Medicare Advantage Plan (Part C)** (like an HMO or PPO) or other **Medicare health plan**, check with your plan to see if it covers nursing home care. Usually, plans **don't** help pay for this care unless the nursing home has a contract with the plan. Ask the health plan about nursing home coverage before you make any arrangements. If the nursing home has a contract with your health plan, ask the health plan if they check the home for quality of care.

Paying for Nursing Home Care and Other Health Care Costs

Medicare For Your Healthcare and Prescription Drugs (continued)

Medicare Prescription Drug Coverage (Part D)

If you belong to a [Medicare](#) drug plan and live in a nursing home or other institution, you'll get your covered prescriptions from a long-term care pharmacy that works with your plan. This long-term care pharmacy usually contracts with (or is owned and operated by) your institution.

Words in [blue](#) are defined on pages 63–64.

Unless someone chooses a [Medicare health plan](#) with drug coverage or a stand-alone [Medicare Prescription Drug Plan](#), Medicare automatically enrolls people with both Medicare and full [Medicaid](#) coverage living in institutions into Medicare Prescription Drug Plans. If you live in a nursing home and have full Medicaid coverage, you pay nothing for your covered prescriptions after Medicaid has paid for your stay for at least 1 full calendar month.

Note: Institutions don't include assisted living or adult living facilities or residential homes, or any kind of nursing home not identified by Medicare.

If you have Medicare and live in a nursing home or other institution, you should also know the following:

- If you move into or move out of a nursing home or other institution, you can switch Medicare drug plans at that time. You can switch Medicare drug plans at any time while you are living in the institution.
- If you aren't able to join on your own, your authorized representative can enroll you in a plan that meets your needs.
- If you are in a [skilled nursing facility](#) getting Medicare-covered skilled nursing care, your prescriptions generally will be covered by Medicare Part A (Hospital Insurance).

Paying for Nursing Home Care and Other Health Care Costs

Get Your Personalized Medicare Information

Register at www.MyMedicare.gov, Medicare's secure online service for accessing your personal Medicare information.

- Complete your Initial Enrollment Questionnaire.
- Track your health care claims.
- Check your Part B deductible status.
- View your eligibility information.
- Track the preventive services you can get.
- Find your Medicare health or prescription drug plan, or search for a new one.
- Keep your Medicare information in one convenient place.
- Sign up to get your "Medicare & You" handbook electronically.





When you are in a nursing home, it is important to get preventive care, like a yearly flu shot, to help you stay healthy.

Care Plans

The nursing home staff will get your health information and review your health condition to prepare your care plan. You (if you are able) or your family with your permission, or someone acting on your behalf, have the right to take part in planning your care together with the nursing home staff.

Your care plan is very important. A good care plan can help make sure that you are getting the care you need and help make your stay more pleasant. Your health assessment (a review of your health condition) begins on the day you are admitted. A comprehensive assessment must be completed within 14 days of admission. You should expect to get a health assessment at least every 90 days after your first review, and possibly more often if your medical status changes.

The nursing home staff will assess your condition regularly to see if your health status has changed. They will adjust your care plan as needed. Nursing homes are required to submit this information to the federal government. This information is used for quality measures, nursing home payment, and state inspection.

Depending on your needs, your care plan may include the following:

- What kind of personal or health care services you need
- What type of staff should give you these services
- How often you need the services
- What kind of equipment or supplies you need (like a wheelchair or feeding tube)
- What kind of diet you need (if you need a special one)
- Your health goal (or goals)
- How your care plan will help you reach your goal (or goals)

In the Nursing Home

Reporting and Resolving Problems

If you have a problem at the nursing home, talk to the staff involved. For example, if you have a problem with your care, talk to the nurse or Certified Nurse Assistant (CNA). The staff may not know there is a problem unless you tell them. If the problem isn't resolved, ask to talk with the supervisor, the social worker, the Director of Nursing, Administrator, or your doctor.

The nursing home must have a grievance procedure for complaints. If your problem isn't resolved, follow the facility's grievance procedure. You may also want to bring the problem to the resident or family council.

Words in blue are defined on pages 63–64.

The nursing home must post the name, address, and telephone number of state groups, such as the [State Survey Agency](#), the State Licensure Office, the State Ombudsman Program, the Protection and Advocacy Network, and the [Medicaid Fraud Control Unit](#). If you feel you need outside help to resolve your problem, call the [Long-Term Care Ombudsman](#) or State Survey Agency for your area. See pages 59–61.



In the Nursing Home

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Your Resident Rights and Protections

What are my rights in a nursing home?

As a resident of a nursing home, you have the same rights and protections as all United States citizens. Nursing home residents have certain rights and protections under the law. Each resident has a right to a dignified existence, self-determination, and communication with and access to people and services inside and outside the nursing home. These rights are specified in the [Medicare](#) program and can also vary under state law.

The nursing home must tell you your rights and give you a written description of your legal rights in a language that you understand. They must also give you all the rules and regulations regarding your conduct and responsibilities during your stay in the home. This must be done before or at the time you are admitted and also during your stay. You must acknowledge in writing that you received this information.

Keep the information you get about your rights, admission and transfer policies, and any other information you get from the nursing home in case you need to look at it later.

At a minimum, Federal law specifies that a nursing home must protect and promote the following rights of each resident:

- **Freedom from Discrimination:** Nursing homes don't have to accept all applicants, but they must comply with Civil Rights laws that don't allow discrimination based on race, color, national origin, disability, age, or religion under certain conditions. If you believe you have been discriminated against, call the Department of Health and Human Services, Office of Civil Rights at 1-800-368-1019. TTY users should call 1-800-587-7697.
- **Respect:** You have the right to be treated with dignity and respect. You have the right to make your own schedule, including when you go to bed, rise in the morning, and eat your meals. You have the right to choose the activities you want to go to. Also, the nursing home can't interfere with, coerce, discriminate or retaliate against you in exercising your rights.

In the Nursing Home

Your Resident Rights and Protections (continued)

- **Freedom from Abuse and Neglect:** You have the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion by anyone. This includes, but isn't limited to, nursing home staff, other residents, consultants, volunteers, staff from other agencies, family members or legal guardians, friends, or other individuals.

If you feel you have been abused or neglected (your needs not met), report this to the nursing home, your family, your local [Long-Term Care Ombudsman](#), or [State Survey Agency](#). It may be appropriate to report the incident of abuse to local law enforcement or the [Medicaid Fraud Control Unit](#). Their telephone number should be posted in the nursing home.

The nursing home must investigate and report to the proper authorities all alleged violations and any injuries of unknown origin within five working days of the incident.

- **Freedom from Restraints:** A physical restraint is any manual method or physical or mechanical device, material, or equipment attached or next to the resident's body that the resident can't remove easily, which restricts freedom of movement or normal access to one's own body. A chemical restraint is a drug that is used for discipline or convenience and not required to treat medical symptoms.

It is against the law for a nursing home to use physical or chemical restraints, unless they are necessary to treat your medical symptoms. Restraints may not be used for punishment, or for the convenience of the nursing home staff. You have the right to refuse restraint, except if you are at risk of harming yourself or others.

- **Information on Services and Fees:** You must be informed in writing about all facility services (those that are charged and not charged to you) and fees before you move into the nursing home. The nursing home can't require a minimum entrance fee as a condition of admission if your care is paid for by [Medicare](#) or [Medicaid](#). Also, you must be informed when any services and fees change. You also have the right to choose to either work or not work for the facility.

Words in blue are defined on pages 63–64.

In the Nursing Home

6

- **Money:** You have the right to manage your own money or to choose someone you trust to do this for you. If you ask the nursing home to hold, safeguard, manage, and account for your personal funds that are deposited with the facility, you must sign a written statement that allows the nursing home to do this. However, the nursing home can't require you to deposit your personal funds with the facility and they must allow you access to your bank accounts, cash, and other financial records.

Your money (over \$50) must be placed by the nursing home in a separate account than the nursing home's that will provide interest to you on your money. They have to have a system that ensures full accounting for those funds and must not mingle them with the nursing home's or other residents' funds.

If the nursing home puts many residents' funds together, the nursing home must account for each person's funds separately. They must give you quarterly statements and your individual financial record must be given to you when you or your legal representative asks for it. The nursing home must protect your funds from any loss by buying a surety bond or providing other similar acceptable protections.

If a resident with a fund dies, the nursing home must return the funds with a final accounting to the person or court handling the resident's estate within 30 days. Regarding [Medicaid](#) residents, the nursing home has to provide certain information regarding a resident with funds of certain balances.

- **Privacy, Property, and Living Arrangements:** You have the right to privacy and to keep and use your personal belongings and property as long as they don't interfere with the rights, health, or safety of others. You have the right to send and receive mail and nursing home staff should never open your mail unless you allow it. You have the right to use a telephone and talk privately. Some nursing homes may provide you with greater rights and protections of your health information. Ask the nursing home.

The nursing home must protect your property from theft. This may include a safe in the facility or cabinets with locked doors in resident rooms.

If you and your spouse live in the same nursing home, you are entitled to share a room (if you both agree to do so). You also have the right to reject a move to an inappropriate room. The nursing home has to notify you before your room or your roommate is changed.

You also have the right to review the nursing home's health and fire safety inspection results.

In the Nursing Home

Your Resident Rights and Protections (continued)

- **Medical Care:** You have the right to be fully informed in a language you understand about your total health status, including your medical condition and medications. You have the right to see your own doctor.

You have the right to take part in developing your care plan. You can also express any grievances you may have about your care and treatment. You also have the right to create an advance directive.

You have the right to self-administer medications unless the nursing home finds this unsafe. You also have the right to refuse medications and treatments (but this could be harmful to your health) and refuse to participate in experimental treatment.

You have the right to access all your records and reports, including clinical records (medical records and reports), within 24 hours. You also have the right to photocopy your records for a standard fee when you provide two days notice to the nursing home.

Finally, the nursing home must notify your physician and, if known, your legal representative or an interested family member when (1) you are involved in an accident that resulted in an injury or may require a physician's intervention; (2) a deterioration of your health, mental, or psychosocial status in a life threatening condition or clinical complications; (3) your treatment needs to change significantly; (4) or when the nursing home decides to transfer or discharge you from the home.

- **Visitors:** You have the right to spend private time with visitors. The nursing home must permit your family to visit you at any time, as long as you wish to see them. You don't have to see any visitor you don't wish to see. Any person who gives you help with your health, social, legal, or other services may see you at any reasonable time. This includes your doctor, representative from the health department, and your **Long-Term Care Ombudsman**, among others.

Words in blue are defined on pages 63–64.

- **Social Services:** The nursing home must provide you with any needed social services, including counseling, help solving problems with other residents, help in contacting legal and financial professionals, and discharge planning. They also have to provide you with an appropriate activities program designed to meet the needs of you and its residents.

In the Nursing Home

6

- **Leaving the Nursing Home:** Living in a nursing home is your choice. You can choose to move to another place. However, the nursing home may have a policy that requires you to tell them before you plan to leave. If you don't, you may have to pay them an extra fee.

If you are going to another nursing home, make sure there is a bed available for you. If your health allows and your doctor agrees, you can spend time away from the nursing home visiting friends or family during the day or overnight. This is called a leave of absence. Talk to the nursing home staff a few days ahead of time if you want to do this so medication and care instructions can be prepared.

Caution: If your nursing home care is covered by certain health insurance, you may not be able to leave for visits without losing your coverage.

- **Complaints:** You have the right to make a complaint to the staff of the nursing home, or any other person, without fear of punishment. The nursing home must resolve the issue promptly.
- **Protection Against Unfair Transfer or Discharge:** You can't be sent to another nursing home, or made to leave the nursing home, unless any of the following are true:
 - It is necessary for the welfare, health, or safety of you or others
 - Your health has declined to the point that the nursing home can't meet your care needs
 - Your health has improved to the point that nursing home care is no longer necessary
 - The nursing home hasn't been paid for services you received
 - The nursing home closes

Except in emergencies, nursing homes must give a 30-day written notice of their plan and reason to discharge or transfer you. They have to safely and orderly transfer or discharge you and give you proper notice of bed-hold and/or readmission requirements. You have the right to appeal a transfer to another facility. A nursing home can't make you leave if you are waiting to get [Medicaid](#). The nursing home should work with other state agencies to get payment if a family member or other individual is holding your money.

In the Nursing Home

Your Resident Rights and Protections (continued)

- **Your Family and Friends:** Family members and legal guardians may meet with the families of other residents and may participate in family councils. By law, nursing homes must develop a plan of care (care plan) for each resident. You have the right to take part in this process, and family members can help with your care plan with your permission. If your relative is your legal guardian, he or she has the right to look at all medical records about you and make important decisions on your behalf.

Family and friends can help make sure you get good quality care. They can visit and get to know the staff and the nursing home's rules.

- **Resident Groups:** You have a right to form a resident group to discuss issues and concerns about the nursing home's policies and operations. Most home have such groups, often called a resident council. The home must give you meeting space, and must listen to and act upon grievances and recommendations of the group.

For people seeking admission to the nursing home, the nursing home must provide (orally and in writing) and prominently display written information about how to apply for and use [Medicare](#) and [Medicaid](#) benefits. They must also provide information on how to receive refunds for previous payments covered by such benefits.

Section 7: For More Information

7

Free Booklets on Medicare and Related Topics

To order free booklets on [Medicare](#) and related topics, visit www.medicare.gov and select “Find a Medicare Publication” to look at or print a copy of these booklets. You may also be able to order a free copy by calling 1-800-MEDICARE (1-800-633-4227). Some booklets are available in Spanish, in Braille, on audio-cassette, and Large Print (English and Spanish). TTY users should call 1-877-486-2048.

- “Medicare & You”—This handbook gives basic information about Medicare coverage and benefits, health plan choices, rights and protections, and more.
- “If You Need Help Paying Medicare Costs, There Are Programs That Can Help You”—This brochure has information about Medicare Savings Programs that can help you pay health care costs.
- “Medicare Coverage of [Skilled Nursing Facility Care](#)”—This booklet explains when and how much Medicare covers for skilled nursing facility care.
- “Medicare and Home Health Care”—This booklet explains Medicare coverage of home health care.
- “Medicare Hospice Benefits”—This booklet explains Medicare coverage of hospice care for people who have a terminal illness.
- “Your Guide to Medicare Prescription Drug Coverage”—This booklet explains how Medicare prescription drug coverage works, extra help for people with limited income and resources, and how this coverage may affect your current drug coverage.
- “Use Information About Quality on Medicare.gov”—This brochure explains what information is available on www.medicare.gov to help you compare health plans, Medigap policies, prescription drug plans, and providers such as hospitals, home health agencies, nursing homes, and dialysis facilities.
- “Planning for Your Discharge”—This checklist lists important information for patients and caregivers who are preparing to leave a hospital, nursing home, or other health care setting.

Words in [blue](#) are defined on pages 63–64.

For More Information

Information about Specific Conditions and Diseases:

You or someone you care for may need nursing home care because of a specific physical or mental health condition. It may be helpful for you to understand the health condition. This will help you plan for future health and personal care needs. Below is information about organizations that can give you answers to questions about specific health conditions and diseases.

Organization	Telephone	Web address
Alzheimer's Disease Alzheimer's Association 225 N. Michigan Ave. Fl. 17 Chicago, IL 60601-7633	1-800-272-3900	www.alz.org
Arthritis Arthritis Foundation PO Box 7669 Atlanta, GA 30357-0669	1-800-568-4045	www.arthritis.org
Cancer American Cancer Society 1599 Clifton Rd. Atlanta, GA 30329	1-800-227-2345	www.cancer.org
National Cancer Institute (NCI) Public Inquiries Office Room 10A O331 Center Drive MSC 2580 Bethesda, MD 20892-2580	1-800-422-6237 TTY: 1-800-332-8615	www.cancer.gov
Diabetes American Diabetes Association Attn: National Call Center 1701N. Beauregard St. Alexandria, VA 22311	1-800-342-2383	www.diabetes.org

For More Information



Organization	Telephone	Web address
Heart Disease American Heart Association National Center 7272 Greenville Avenue Dallas, TX 75231	1-800-242-8721 Call for local address.	www.heart.org
Kidney Disease American Kidney Fund 6110 Executive Blvd. Suite 1010 Rockville, MD 20852	1-800-638-8299	www.kidneyfund.org
National Kidney and Urologic Diseases Information Clearinghouse 3 Information Way Bethesda, MD 20892-3580	1-800-891-5390	www.kidney.niddk.nih.gov
National Kidney Foundation 30 E. 33rd St. New York, NY 10016	1-800-622-9010	www.kidney.org
Mental Health National Institute of Mental Health Public Information and Communication Branch 6001 Executive Blvd. Room 8184, MSC 9663 Bethesda, MD 20892-9663	1-866-615-6464 TTY: 1-866-415-8051	www.nimh.nih.gov
Multiple Sclerosis National Multiple Sclerosis Society 733 Third Avenue New York, NY 10017	1-800-FIGHT-MS (1-800-344-4867)	www.nmss.org

For More Information

Information about Specific Conditions and Diseases: (continued)

Organization	Telephone	Web address
Osteoporosis National Osteoporosis Foundation 1232 22nd St., NW Washington, DC 20037-1292	1-800-231-4222	www.nof.org
Parkinson Disease The National Parkinson Foundation, Inc. 1501 NW 9th Ave./Bob Hope Road Miami, FL 33136-1494	1-800-227-2345	www.parkinson.org
Stroke National Stroke Association 9707 E. Easter Lane Englewood, CO 80112	1-800-422-6237 TTY: 1-800-332-8615	www.stroke.org



For More Information



This page has been intentionally left blank. The printed version contains phone number information. For the most recent phone number information, please visit the Helpful Contacts section of our web site. Thank you.



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A good nursing home should function like a good community, and help you stay involved.

Section 8: Words to Know

8

Custodial Care—Nonskilled personal care, such as help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include the kind of health-related care that most people do themselves, like using eye drops. In most cases, **Medicare** doesn't pay for custodial care.

End-Stage Renal Disease (ESRD)—Permanent kidney failure that requires a regular course of dialysis or a kidney transplant.

Long-Term Care Ombudsman—An independent advocate (supporter) for nursing home and assisted living facility residents who works to solve problems between residents and nursing homes or assisted living facilities. They may be able to provide information about home health agencies in their area.

Medicaid—A joint Federal and state program that helps with medical costs for some people with limited income and resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medicare—The Federal health insurance program for people who are age 65 or older, certain younger people with disabilities, and people with **End-Stage Renal Disease** (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Medicare Advantage Plan (Part C)—A type of **Medicare health plan** offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you are enrolled in a Medicare Advantage Plan, Medicare services are covered through the plan and aren't paid for under **Original Medicare**. Most Medicare Advantage Plans offer prescription drug coverage.

Medicare Health Plan—A Medicare health plan is offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in the plan.

Words to Know

Medicare Prescription Drug Plan (Part D)—A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.

Original Medicare—Original Medicare is fee-for-service coverage under which the government pays your health care providers directly for your Part A and/or Part B benefits.

Skilled Nursing Facility (SNF)—A nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services.

Skilled Nursing Facility Care—Skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility.

State Health Insurance Assistance Program (SHIP)—A state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

State Medical Assistance (Medicaid) Office—A state agency that is in charge of the state's Medicaid program and can give information about programs to help pay medical bills for people with limited income and resources.

State Survey Agency—A state agency that oversees health care facilities that participate in the Medicare and/or Medicaid programs. The State Survey Agency inspects health care facilities and investigates complaints to ensure that health and safety standards are met.

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This booklet is available in Spanish. To get a free copy, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

¿Necesita usted una copia en español?
Para obtener su copia GRATIS, llame al
1-800-MEDICARE (1-800-633-4227).

For more information about nursing homes,
visit www.medicare.gov/NHCompare.