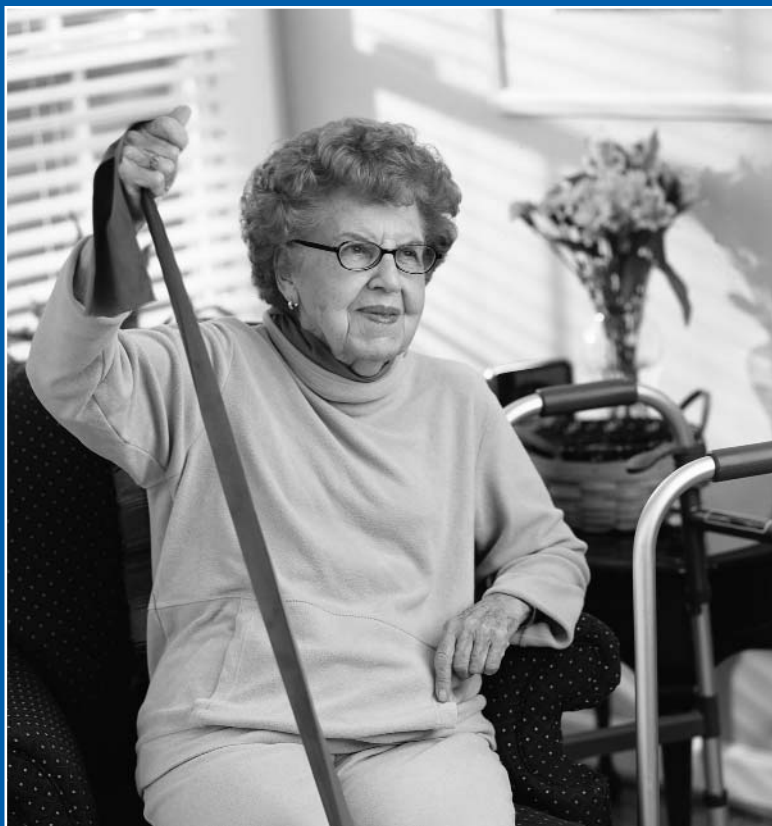




CENTERS FOR MEDICARE & MEDICAID SERVICES



Guide to Choosing a **Nursing Home**

This official government booklet explains:

- ★ How to find and compare nursing homes in your area
 - ★ Your nursing home resident rights
 - ★ Where to call for help.
- ✓ Use the handy tear-out checklist to compare nursing homes. See page 29.





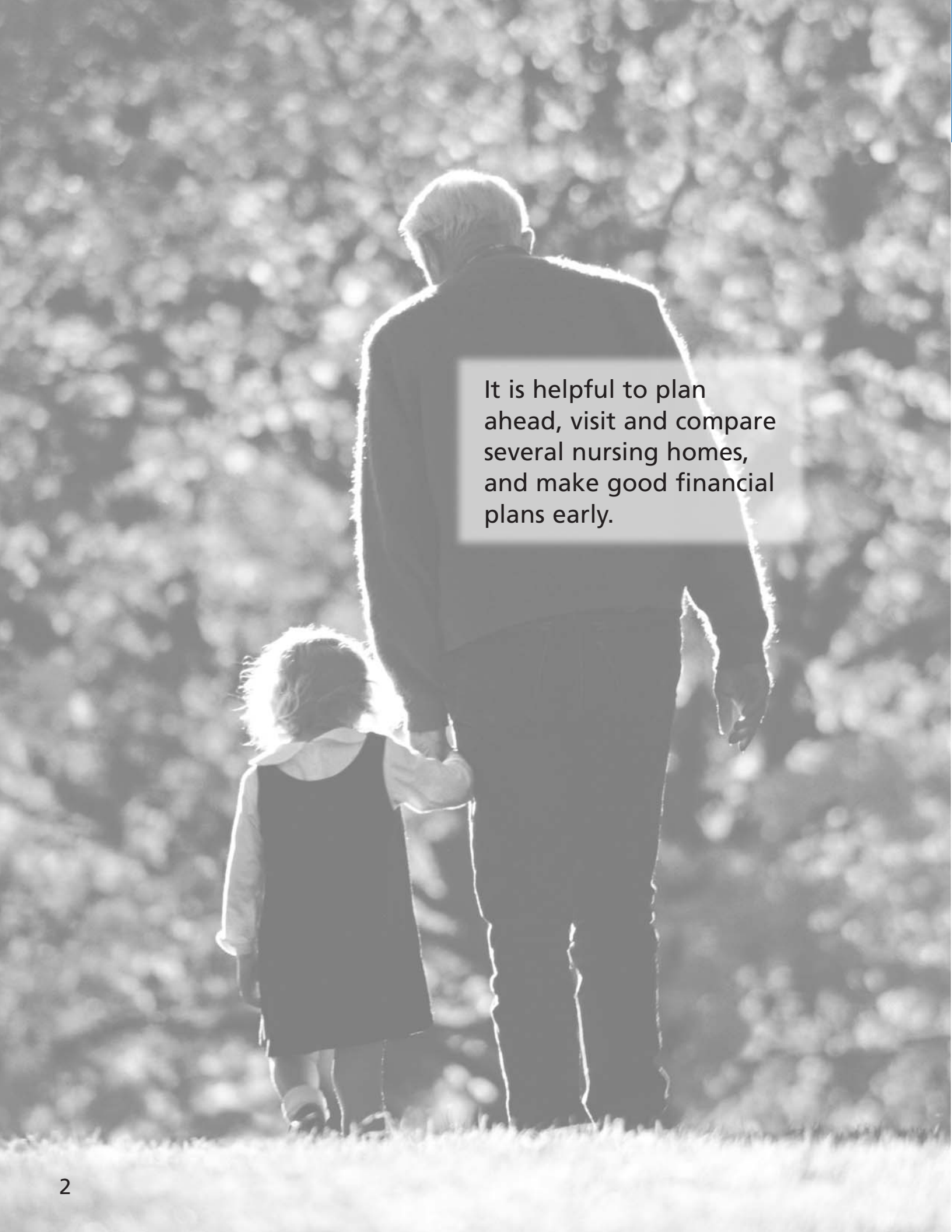
The “Guide to Choosing a Nursing Home” is prepared by the Centers for Medicare & Medicaid Services (CMS). CMS and states oversee the quality of nursing homes. State and Federal government agencies certify nursing homes.

The “Guide to Choosing a Nursing Home” isn’t a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.

The information in this booklet was correct when it was printed. Changes may occur after printing. For the most up-to-date version, look at www.medicare.gov on the web. Select “Search Tools” at the top of the page. Or, call 1-800-MEDICARE (1-800-633-4227). A customer service representative can tell you if the information has been updated. TTY users should call 1-877-486-2048.

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It is helpful to plan ahead, visit and compare several nursing homes, and make good financial plans early.

Section 1: Welcome



The “Guide to Choosing a Nursing Home” is designed to help you find and compare nursing homes. It can help you and your family make your best choice, whether you are planning ahead, or need to make an unexpected decision. It includes information about different types of long-term care, how to find and compare nursing homes in your area, and how to pay for nursing home care. It also provides contact information for organizations that can help answer your questions.

Choosing a nursing home can be very stressful for you and your loved ones. It is helpful to plan ahead, visit and compare several nursing homes, 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.

See “How to Use This Booklet” on pages 6–7 to help find the information you need.

Depending on your needs and resources, you may have other long-term care choices; like community services, home care, or assisted living. These and other long-term care choices are explained briefly on pages 10–14. Before choosing a nursing home, check to see if one of these other choices may be better for you, or if they might help after a short-term nursing home stay.

Medicare covers some skilled nursing and rehabilitative care, but generally doesn’t cover **custodial care** (help with **activities of daily living**, like bathing, dressing, and using the bathroom) if that is the only care you need. Most people who enter a nursing home begin by paying for their nursing home care out of their own pocket. Residents may pay for their nursing home stay using their personal resources, long-term care insurance, or with **Medicaid** if they are eligible. Medicaid is a joint Federal and State program that helps with medical costs for some people with a low income and limited resources. Medicaid pays for care for about 7 out of every 10 nursing home residents.

Words in blue are defined on pages 61–62.

Welcome

Important Information if You Have Medicare:

- **Medicare Benefits:** Although Medicare **doesn't** pay for most nursing home care, you will still be able to get Medicare-covered benefits when you live in a nursing home. For example, if you have Medicare Part B, you will still be covered for your yearly flu shot and all other Medicare-covered therapy and preventive services.
- **Hospital Discharge:** Many people enter a nursing home after a hospital stay. If you have Medicare and think you are being asked to leave the hospital too soon, you can ask for a review from your **Quality Improvement Organization (QIO)**. Their telephone number is on the copy of **An Important Message About Medicare Rights: Admission, Discharge, and Appeals** that you got when you were admitted to the hospital. You must ask for the review by noon of the first working day after the hospital gives you a written "Notice of Non-Coverage." You don't have to pay for your hospital stay while the QIO reviews your request. It can take up to three working days.
- **Skilled Nursing Care:** If you need Medicare-covered skilled nursing care after a Medicare-covered hospital stay of three days or more, ask the nursing home staff if they provide the skilled care you need, and if the nursing home is Medicare-certified. For more information on Medicare coverage of skilled nursing facility care, look at www.medicare.gov on the web. Select "Search Tools" at the top of the page to look at or print a copy of the booklet "Medicare Coverage of Skilled Nursing Facility Care" (CMS Pub. No. 10153). 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 61–62.

Welcome



For Readers Who Are Helping Another Person Choose a Nursing Home:

Many people who use this booklet provide care and/or help make health care decisions for another person. Choosing a nursing home is a difficult yet necessary decision many caregivers help make.

Your support can help make the change from living at home to living in a nursing home easier for your loved one. You can be your loved one's advocate by observing their care and living conditions and discussing concerns with the staff.



Remember, it's important whenever possible to include the person who needs nursing home care in making decisions. It is their right to decide and participate, and it may help them adjust to the nursing home. Always keep their needs in mind.

Welcome

How to Use This Booklet

Is a nursing home your only choice for the care you need?

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

Do you need to find a nursing home?

Section 3 gives you steps to find and compare nursing homes in your area and information about where to get answers to your questions.

Do you want to know what to look for when you compare nursing homes?

Section 4 is a handy tear-out checklist you can take on your visits to nursing homes so you know what to look for and what questions to ask.

Made your nursing home choice? What's next?

Section 5 tells you what information you need to have when you make your arrangements to enter a nursing home.

Welcome



How to Use This Booklet (continued)

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

Section 6 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**.

Now that you are in a nursing home, what do you need to know?

Section 7 explains how to make a change from living at home to living in a nursing home easier, how to resolve problems, how your nursing home care is planned, and explains your resident rights and protections.

Where can you get more information?

Section 8 tells you how to get free Medicare booklets, information about specific health conditions and diseases, and important telephone numbers of organizations that can help answer your questions.

Words in blue are defined on pages 61–62.

What do the words printed in blue mean?

Section 9 explains the words printed in blue throughout this booklet.

How can you find specific information in this booklet?

Section 10 is an index (alphabetical list) of what is in this booklet and the page number(s) where you can find specific topics.

Welcome

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 you with a list of the long-term care choices in your State including community services. They can also help you find where nursing homes are located. Look at www.aoa.gov on the web. Or, 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 53. For information about the location and quality of nursing homes, look at www.medicare.gov on the web. Select “Compare Nursing Homes in Your Area” or “Search Tools” at the top of the page. Or, 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. Look at www.eldercare.gov on the web. Or, call them at 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 57–59 for the telephone number in your State. You may be referred to a local office.
State Health Insurance Assistance Program (SHIP)	SHIPs are State programs that 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 57–59 for the telephone number in your State.
State Medical Assistance Office	Your State Medical Assistance Office can give you information about State programs that help pay health and nursing home costs for people with low incomes and limited resources. See pages 57–59 for the telephone number in your State.
State Survey Agency	Your State Survey Agency can help you with questions or complaints about the quality of care or the quality of life in a nursing home. See pages 57–59 for the telephone number in your State.

Words in blue are defined on pages 61–62.

Choosing a nursing home is a very important decision. You need to think about whether a nursing home is the best choice for you. A nursing home provides care to people who can't be cared for at home or in the community. For people who can't take care of themselves due to physical or mental problems, nursing homes can provide a wide range of personal care (like help with feeding or dressing) and health services. For many people, this care generally is **custodial**, or nonskilled.

Care in a nursing home can be very expensive. Nursing homes usually provide 24-hour medical care as well as room, meals, activities, and some personal care. Most nursing homes charge a basic fee for room, meals, and some personal care. You may have to pay extra for other services or care for special medical needs. It is important to get a list of fees in advance and discuss these costs and how you will pay for them. For more information about paying for nursing homes, see page 37–44.

A nursing home may not be your only choice for your personal care and health services. Depending on your needs and resources, there are other kinds of living and care choices available for long-term care. You can get long-term care at home, in senior centers, at community centers, at adult day care centers, or in special retirement or assisted living facilities. You may need help from family and friends, community services, and professional care agencies. You may wish to talk to your family, doctor, or a social worker to help decide what long-term care you need.

Listed on the next few pages are some of the most common kinds of long-term care. These long-term care choices may be called by other names in different states. The services and costs may vary between facilities as well. Call your local Area Agency on Aging for a list of long-term care choices in your State. To get their telephone number look at www.aoa.gov on the web. Or, look at www.eldercare.gov on the web, or call the Eldercare Locator at 1-800-677-1116 (weekdays 9:00 a.m. to 8:00 p.m. Eastern time). Ask them for the telephone number of your local Area Agency on Aging. Then, ask your local Area Agency on Aging for a list of long-term choices in your State.

Choosing the Type of Care You Need

Long-Term Care Choices Include:

Community Services: There are a variety of community services that might help you with your personal activities. Some services, like volunteer groups that help with things like shopping or transportation, may be free. Some services may be available for a cost that can vary depending on where you live and the services you need. Below is a list of some home services and programs that are found in most 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. You can get the telephone number of your local Area Agency on Aging by looking at www.aoa.gov on the web. Select “Elders and Families.” Then select “How to Find Help.” Next select “State and Area Agencies on Aging.” Or, you can look at www.eldercare.gov on the web, or call the Eldercare Locator at 1-800-677-1116 (weekdays 9:00 a.m. to 8:00 p.m. Eastern Time) for your local Area Agency on Aging telephone number.

Home Care: Depending on your needs, you may be able to get help with your personal activities (for example, help with the 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 home health care agencies that give **custodial** and/or **skilled nursing care** in your home. Remember, Medicare only pays for home care if you meet certain conditions. To get a free copy of the Medicare booklet “Medicare and Home Health Care” (CMS Pub. No. 10969), see page 53.

Choosing the Type of Care You Need



Long-Term Care Choices Include: (continued)

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 in the complex. Rent payments are usually a percentage of your income (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 don’t get payment from [Medicare](#) or [Medicaid](#). The monthly charge is usually a percentage of your income (a sliding scale).

Note: See information on page 41 about Home and Community-Based Waiver Programs that may help you pay for community and home services.

Words in [blue](#) are defined on pages 61–62.



Choosing the Type of Care You Need

Long-Term Care Choices Include: (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 assisted living facilities have health services on site. In most cases, assisted living residents pay a regular monthly rent, and then pay additional fees for the services that they get. 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 provide you assistance to meet your needs.

Continuing Care Retirement Communities (CCRCs): CCRCs are retirement communities with more than one kind of housing and different levels of care. Where you live in the CCRC depends on the level of care you need. 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 needs, but stay within the CCRC.

If you are considering a CCRC, be sure to check the quality information (see pages 17–18) 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 have previously lived in another section of the retirement community, such as their assisted living or an independent area. Also, many CCRCs generally require a large payment before you move in (called an entry fee) and charge monthly fees. You can also find out if a CCRC is accredited and get advice on selecting this type of community from the Continuing Care Accreditation Commission at 1-202-783-7286. Or, you can look at www.ccaconline.org on the web.

Choosing the Type of Care You Need



Long-Term Care Choices Include: (continued)

Another Type of Care Available

Hospice Care: Hospice is a special way of caring for people who are terminally ill (with six months or less to live), and for their families. This care includes physical care and counseling. The goal of hospice is to care for you and your family, not to cure your 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. 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 the comfort of your home. [Medicare](#) covers hospice care if you qualify. Medicare doesn't pay for 24-hour assistance if you get hospice services at home. Depending on your condition, you may get hospice care 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. However, 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" (CMS Pub. No. 02154), see page 53.

Some nursing homes may provide respite care. Respite care is inpatient care given to a hospice patient so that the usual caregiver can rest. Medicare covers respite care if you are getting covered hospice care.

Words in [blue](#) are defined on pages 61–62.

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 above and on pages 10–12. Call your [State Medical Assistance Office](#) for more information (see pages 57–59).



Choosing the Type of Care You Need

Getting More Information

Before you choose the type of long-term care you need, you may want to get more information to help you make the best choice. Some free booklets can be ordered, and some information is available on the web. If you don't have a computer, go to a friend, family member, or your local library or senior center. They may be able to help you find the information on their computer.

For more information on long-term care choices:

- Look at www.medicare.gov on the web. Select “Search Tools” at the top of the page to look at or print a copy of the booklet “Choosing Long-Term Care” (CMS Pub. No. 02223). This booklet explains the long-term care choices listed in this section in more detail. It also tells you how to get more information and help with your questions. You can also order a free copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For more information on nursing homes:

- You can get a copy of “A Consumer’s Guide to Nursing Facilities.” This guide has information on the various types of long-term care facilities, how to choose the proper level of care, and what to look for in a long-term care insurance policy. To order your free copy, call 1-800-628-8140 or, write to the American Health Care Association, 1201 L Street NW, Washington, DC 20005. Or, look at www.longtermcareliving.com or www.ahca.org on the web. Select “Consumer Information.”
- You can get information from the American Association of Homes and Services for the Aging (AAHSA) by calling 1-800-508-9442 or looking at www.aahsa.org on the web. Select “Consumer Information.” Or, write to AAHSA at 2519 Connecticut Ave., NW, Washington, DC 20008.

Choosing a Nursing Home

Choosing a nursing home is an important decision. Only you can decide if a nursing home is the right choice for you. There are steps you and your family or caregiver can take to find the nursing home that is best for you. It's important to plan ahead. Planning ahead will help you make a nursing home choice that meets your needs and gives you quality care. These steps can still be followed even if the decision must be made quickly (like following a hospital stay). You want to be comfortable, secure, and cared for properly.

The steps to choosing a nursing home are:

1. Find out about the nursing homes in your area (see below and page 16).
2. Find out how nursing homes compare in quality (see pages 17–19).
3. Visit the nursing homes you are interested in, or have someone visit for you (see pages 20–23).
4. Choose the nursing home that meets your needs (see pages 24–28).

Step 1: Find out about the nursing homes in your area.

To find the nursing homes in your area:

- Look at www.medicare.gov on the web. Select “Compare Nursing Homes in Your Area” or “Search Tools” at the top of the page. You can find detailed information on nursing homes in your area.
- If you are in the hospital, ask the hospital’s discharge planner or social worker for a list of local nursing homes. They may 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.
- Look at www.aoa.gov on the web, or call the Administration on Aging at 1-202-619-0724 for a list of long-term care choices in your area.

3

Steps to Choosing a Nursing Home

Step 1: Find out about the nursing homes in your area. (continued)

To find out about the nursing homes in your area: (continued)

- 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 give you the name of a nursing home where they had a good experience.
- Look at www.eldercare.gov on the web or, call the Eldercare Locator at 1-800-677-1116 (weekdays 9:00 a.m. to 8:00 p.m. Eastern Time) for information about nursing homes in your area.
- Call your Area Agency on Aging. Their telephone number should be listed in your local telephone directory. This agency can give you information about the nursing homes in your area. You can get the telephone number of your local Area Agency on Aging by looking at www.aoa.gov on the web. Select “Elders and Families.” Then select “How to Find Help.” Next select “State and Area Agencies on Aging.”

Steps to Choosing a Nursing Home

3

Step 2: Find out how nursing homes compare in quality.

Quality of care means doing the right thing, at the right time, in the right way for the right person, and having the best possible results. Nursing homes are surveyed and certified to make sure they meet certain Federal health and safety requirements. To find out how nursing homes compare in quality in your area, look at www.medicare.gov on the web. Select “Compare Nursing Homes in Your Area” or “Search Tools” at the top of the page. Comparing the State inspection reports of the nursing homes in your area, and looking at other information like resident characteristics, staffing levels, and special services offered may help you understand how nursing homes quality can vary.

You can now use “Compare Nursing Homes in Your Area” to find quality information for nursing homes in all 50 States, the District of Columbia, and in some U.S. Territories.



The quality information comes from resident assessment data that nursing homes routinely collect on all residents at specified intervals during their stay. The information collected pertains to the residents’ physical and clinical conditions and abilities, as well as preferences and life care wishes.

This assessment data can be converted into quality measures that give you another source of information about how well nursing homes are caring for their residents’ physical and clinical needs.

The quality measures have four intended purposes:

1. to give information about the care at nursing homes to help you choose a nursing home for yourself or others
2. to give you information about the care at nursing homes where you or family members already live
3. to get you to talk to nursing home staff about the quality of care
4. to give data to the nursing home to help them with their quality improvement efforts

“Compare Nursing Homes in Your Area” is updated monthly. The nursing home may have more current information.

3

Steps to Choosing a Nursing Home

Step 2: Find out how nursing homes compare in quality. (continued)

The current quality measures have been chosen because they can be measured and don't require nursing homes to prepare additional reports. They are valid and reliable. However, they are not 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 are not appropriate for use in a litigation action.

These quality measures were selected because they are important. They show ways in which nursing homes are different from one another. There are things that nursing homes can do to improve their percentages. The quality measures have been checked and are based on the best research currently available. As this research continues, scientists will keep improving the quality measures on this website.

A friend, family member, or your local library or senior center may be able to help you find this information if you don't have a computer. Or, 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 three weeks.

Steps to Choosing a Nursing Home

3

Step 2: Find out how nursing homes compare in quality. (continued)

Other ways to find out about nursing home quality:

- Ask friends and other people you know if they are or were satisfied with the quality of care they received in a nursing home.
- 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 telephone number).
- Call your State health department. Ask if they have information on the quality of nursing homes (look in the blue pages of your telephone book for their telephone number).
- Call your **Long-Term Care Ombudsman** (see pages 57–59). The Ombudsman program helps residents of nursing homes solve problems by acting on their behalf. Ombudsmen visit nursing homes and speak with residents throughout the year to make sure residents' rights are protected. They are a very good source of general information about nursing homes and can work to solve problems with your nursing home care, including financial issues. They may be able to 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.

Words in blue are defined on pages 61–62.

3

Steps to Choosing a Nursing Home



“I called the Long-Term Care Ombudsman’s Office for information on nursing homes in my town.”

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. A visit gives you the chance to see the residents, staff, and facility. It also allows you to talk with nursing home staff, with the residents of the nursing home and their family members. Be sure to call the nursing home office and make an appointment to tour the nursing home before you visit.

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.

Listed below are some tips to help you get ready for your visit:

1. Get Information, see below and page 21.
2. Visit the Nursing Home, see pages 21–22.
3. Ask Questions, see pages 22–23.

Get Information From the Nursing Home

Ask About Services:

- What services does the nursing home provide? Can it provide the level of care you need (e.g. skilled, [custodial](#))?

Ask About Fees:

- Do they charge a basic fee for room, meals, and personal care?
- Do they charge extra for other services or care for special medical needs?

Words in [blue](#) are defined on pages 61–62.

Steps to Choosing a Nursing Home

3

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

Get Information (continued)

See the Inspection Report:

- Get a copy of the nursing home inspection results from “Compare Nursing Homes in Your Area” or “Search Tools” at the top of the page at www.medicare.gov on the web. 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.

Visit the Nursing Home

Review Information:

- Before your visit, go over any information you have already gathered.

Take a Formal Tour:

- Make an appointment with the nursing home before you visit.
- Take a formal tour with a nursing home staff member.
- Ask questions during your tour (see pages 22–23 and pages 29–34), including questions about the quality measures from “Compare Nursing Homes in Your Area,” at www.medicare.gov on the web.
- Look around to get a better picture of the services, activities available, and the quality of care and life of the residents.

Remember, take your copy of the nursing home inspection report and Nursing Home Checklist on pages 29–34 with you when you visit. Fill the checklist out and use it to compare the nursing homes in your area.

3

Steps to Choosing a Nursing Home

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

Visit the Nursing Home (continued)

Visit Again:

- Revisit the nursing home a second time, on a different day and at a different time of the day 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 from the residents' or family councils' participants to attend a meeting of the nursing homes' 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.

Ask Questions

Use the Nursing Home Checklist:

- Ask questions from the Nursing Home Checklist (see pages 29–34). The Nursing Home Checklist can help you compare nursing homes. This checklist has questions about basic information, resident appearance, nursing home living spaces, staff, residents' rooms, hallways, stairs, lounges, bathrooms, menus and food, activities, and safety and care.

Steps to Choosing a Nursing Home

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

Ask Questions (continued)

Use the Nursing Home Checklist: (continued)

For example:

- Is the nursing home certified by Medicare and Medicaid?
- Is there a bed available? (Is there a waiting list?)
- Is the nursing home easy to visit for family and friends?
- Ask to see a copy of the nursing home's most recent inspection report if you didn't bring a copy with you. If any deficiencies were found, ask if they have been corrected and ask to see the plan correction.

Ask about Satisfaction:

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

Other Questions:

- Write down any questions you still have about the nursing home or how the nursing home will meet your needs.
- Ask the staff about the quality information from “Compare Nursing Homes in Your Area” or “Search Tools” at the top of the page at www.medicare.gov on the web. This may help you compare nursing homes.
- Ask the staff to show you the information they are required to post about the number of licensed and unlicensed nursing staff.
- Ask the staff to explain anything you see and hear that you don't understand. For example, a person may be calling out. It may be because they are confused, not because they are being hurt or neglected. Don't be afraid to ask questions.

Don't go into resident rooms or care areas without checking with the resident and nursing home staff first. Residents have a right to privacy.

3

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, discuss it with your family, friends, doctor, clergy, spiritual advisor, hospital discharge planner, or social worker. Talk with people who understand your personal and health care needs. They can help you make a choice that best meets your needs.

If you are helping someone who is about to go into a nursing home, get him or her 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. Finding a nursing home that has the right services, and a pleasant comfortable atmosphere, often requires a lot of planning.

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 don't like what you see on a visit, if the facility isn't clean, or if you weren't comfortable talking to the nursing home staff, you may want to choose another nursing home. If you feel that the residents are treated well, the facility is clean, and the staff is helpful, you might feel better about your decision. Remember that the appearance of a nursing home isn't as important as the quality of care and life, and a friendly, caring atmosphere.

Important: If you visit a nursing home that you don't like, look at other options if available. Making a good choice for 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 home care, 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.

Steps to Choosing a Nursing Home

3

Step 4: Choose the nursing home that meets your needs. (continued)

Important: (continued)

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.

Some important things to think about when making your choice:

Each nursing home is different. Spend time with your family talking about what is important to you. Here are some ways nursing homes may vary.

Quality of Life: Does the staff treat residents in a respectful way? Are there a variety of social, recreational, religious, or cultural activities? Do the residents have choices about their schedule and living space? Do the residents have privacy for visits or personal care?

Quality of Care: Are there enough staff? Are residents getting the care they need? Can residents still see their personal doctors? Does the nursing home's inspection report show quality of care deficiencies? What did the quality information at www.medicare.gov on "Compare Nursing Homes in Your Area" or "Search Tools" at the top of the page show about how well this nursing home cares for its residents?

3

Steps to Choosing a Nursing Home

Step 4: Choose the nursing home that meets your needs. (continued)

Some important things to think about when making your choice: (continued)

Location: Is the nursing home close to your family and friends so they can visit often? Frequent visits are the best way to make sure that you or your loved one does well in the nursing home. Having visitors can make the transition to the nursing home easier for you and your family. Visitors can also help support you or act on your behalf by bringing concerns to the nursing home's resident council and/or family council.

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.

Words in blue are defined on pages 61–62.

Staffing: 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?

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? Being able to communicate with others is important.

Steps to Choosing a Nursing Home

3

Step 4: Choose the nursing home that meets your needs. (continued)

Some important things to think about when making your choice: (continued)

Policies: Policies are rules that all residents must follow. They may be different in each nursing home. Are you comfortable with the policies? For example, smoking may not be allowed or may be restricted to certain areas of the nursing home.

Services and Fees: Does the nursing home have the services you need? 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 you can compare the costs of different nursing homes.

Security: Does the nursing home provide a safe environment? Is there a guard at the door? 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?

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?

3

Steps to Choosing a Nursing Home

Step 4: Choose the nursing home that meets your needs. (continued)

Some important things to think about when making your choice: (continued)

Accredited (accreditation): Is the nursing home accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)? Being accredited means the nursing home meets certain standards for care that JCAHO sets. You can find information on accreditation of nursing homes in your area at www.jcaho.org on the web. Select “Quality Check.”

Licensed: Is 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](#). 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.

Words in [blue](#) are defined on pages 61–62.

Section 4: Nursing Home Checklist

4



The checklist on pages 30–34 can help you look at and compare the nursing homes that you visit. Look at the checklist before you go on your nursing home visit or tour. This will give you an idea about the kinds of questions to ask and what you should look for as you tour the facility and see the staff and the residents. Some of these questions may be more personally important to you and your family, and some are more important for finding out about the quality of care the residents get. Use a new checklist for each nursing home you visit. You can photocopy the checklist or print out additional copies from “Compare Nursing Homes in Your Area” or “Search Tools” at the top of the page at www.medicare.gov on the web.

Use your completed checklist with the quality information on www.medicare.gov at “Compare Nursing Homes in Your Area” or “Search Tools” at the top of the page (see pages 17–19) on the web to help you compare the nursing homes you are interested in.

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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.			

Use “Compare Nursing Homes in Your Area” or “Search Tools” at the top of the page on www.medicare.gov to help compare nursing homes.

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 is a full-time Registered Nurse (RN) in the nursing home at all times, other than the Administrator or Director of Nursing.			
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 one year.			

Use “[Compare Nursing Homes in Your Area](#)” or “[Search Tools](#)” at the top of the page on www.medicare.gov to help compare nursing homes.

4

Nursing Home Checklist

Yes	No	Comments
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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.			

Hallways, 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.			

Nursing Home Checklist

4

	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.			

Use “Compare Nursing Homes in Your Area” or “Search Tools” at the top of the page on www.medicare.gov to help compare nursing homes.

After you choose a nursing home, you will need to make the arrangements for admission. When you contact the nursing home office, it is 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.

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.

Words in [blue](#) are defined on pages 61–62.

Making the 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. The two most commonly prepared health care advance directives are:

- **A Living Will** - This is a written legal document that says what type of treatments you want or don't want in case you can't speak for yourself. This document typically only comes into effect if you're terminally ill (usually if you have six months or less to live) or permanently unconscious and can't speak for yourself. A Living Will provides information about the medical care or treatment you want, such as whether you want life support, like a respirator.
- **A Durable Power of Attorney for Health Care** - This is 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. You will find the telephone number in the blue pages of your local telephone book.

Personal Needs Account

You may wish 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 page 48 for information about your resident rights and protections regarding money.

Section 6: Paying for Nursing Home Care and Other Health Care Costs

6

Paying for Nursing Home Care and Other Health Care Costs

Nursing home care can be very expensive. **Medicare** generally **doesn't** cover nursing home care. 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.

Nursing home care isn't covered by many types of health insurance. Don't drop your health care coverage 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 61–62.

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**.

Remember, Medicare does cover **skilled nursing 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” (CMS Pub. No. 10053), see page 53.

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:

- Personal Resources, see page 38
- Help From Your State
 - Medicaid, see pages 38–40
 - Programs of All-inclusive Care for the Elderly (PACE), see pages 40–41
 - Home and Community-Based Waiver Programs, see page 41
- Long-Term Care Insurance, see pages 41–42
- Medicare, see pages 42–43

6

Paying for Nursing Home Care and Other Health Care Costs

Personal Resources

You can use your 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 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 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 have not qualified for other Medicaid services in the past. Sometimes you must reduce your personal resources before you qualify. 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 Office](#) (see pages 57–59).

Words in [blue](#) are defined on pages 61–62.

Paying for Nursing Home Care and Other Health Care Costs

Help From Your State (continued)

Medicaid (continued)

Some important things to know about Medicaid:

- The State can't put a lien on your home. 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 if there is a reasonable chance you will return home after getting nursing home care or if you have a spouse or dependents living there.

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 this until after the person's spouse dies, or as long as there is a blind or disabled child or child under the age of 21 in the family.

- Most people who get 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 mandate States to allow married couples separated because one of them is in an institution (like a nursing home) to protect a certain amount of assets and income for the spouse who isn't in an institution. A spouse may keep one half of the couples' joint assets, up to \$95,100 (in 2005) as well as a monthly income allowance. For more information, call your [State Medical Assistance Office](#) (see pages 57–59). Or, you can call your local Area Agency on Aging to find out if your State has any legal services that would help provide you with more information. You can also get free counseling from your [State Health Insurance Assistance Program](#) (see pages 57–59).
- 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 three years before the date you apply for Medicaid or after you apply, the assets given away will be counted as assets that should be used to pay for your nursing home care. Giving away assets can delay when you become eligible for Medicaid. There are some exceptions to this especially if you have a spouse, or a blind or disabled child.

Words in blue are defined on pages 61–62.

Paying for Nursing Home Care and Other Health Care Costs

Help From Your State (continued)

Medicaid (continued)

Some important things to know about Medicaid: (continued)

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. 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 Office](#) (see pages 57–59).

Words in blue are defined on pages 61–62.

To apply for Medicaid, call your State Medical Assistance Office (see pages 57–59). 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.

Programs of All-inclusive Care for the Elderly (PACE)

PACE manages all of the medical, social, and long-term care services for frail people to remain in their homes and to 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.

Paying for Nursing Home Care and Other Health Care Costs

Help From Your State (continued)

Programs of All-inclusive Care for the Elderly (PACE) (continued)

Words in blue are defined on pages 61–62.

To find out if there is a PACE program in your area, call the [State Medical Assistance Office](#) (see pages 57–59). Or, you can look at www.cms/hhs.gov/pace/pacesite.asp on the web.

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 you can call the Area Agency on Aging. You can get the telephone number of your local Area Agency on Aging by looking at www.aoa.gov on the web. Select “Elders and Families.” Then select “How to Find Help.” Next select “State and Area Agencies on Aging.” You can also call the Eldercare Locator at 1-800-677-1116 (weekdays 9:00 a.m. to 8:00 p.m. Eastern time) for your local Area Agency on Aging telephone number. Or, call your State Medical Assistance Office (see pages 57–59). Both can help with your Medicaid questions, or give you information about other programs to help pay for the costs of nursing home care or community and home services.

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.

Paying for Nursing Home Care and Other Health Care Costs

Long-Term Care Insurance (continued)

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, 2301 McGee Street, Suite 800, Kansas City, MO 64108-2662.

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, look at www.opm.gov/insure/ltc on the web.

Medicare

Medicare is a health insurance program for

- people age 65 or older.
- people under age 65 with certain disabilities.
- people of all ages with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant).

Paying for Nursing Home Care and Other Health Care Costs

Medicare (continued)

You can get your Medicare health care in two ways:

1. The Original Medicare Plan

Words in blue are defined on pages 61–62.

The **Original Medicare Plan** **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, look at www.medicare.gov on the web. Select “Search Tools” at the top of the page to look at or print a copy of the booklet “Medicare Coverage of Skilled Nursing Facility Care” (CMS Pub. No. 10153) or “Medicare and Home Health Care” (CMS Pub. No. 10969). You can also order a free copy by calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

2. Medicare Advantage Plans and Other Medicare Health Plans

If you belong to a **Medicare Advantage Plan** 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 Prescription Drug Coverage

Starting January 1, 2006, Medicare will offer prescription drug coverage for everyone with Medicare. You pay a monthly premium. If you have limited income and resources, you may get this coverage for little or no cost. You can choose to take advantage of this coverage by joining a Medicare Prescription Drug Plan that covers prescription drugs only, and keep the rest of your Medicare coverage just the way it is. Or, you can join a [Medicare Advantage Plan](#) or other [Medicare Health Plan](#) that covers your doctor and hospital care as well as prescriptions. (Note: You may already belong to one of these plans.)

In order to get Medicare drug coverage, you will need to enroll in a Medicare Prescription Drug Plan. If you move into a nursing home or other long-term care facility, you can switch Medicare Prescription Drug Plans at that time if you choose to.

If you have full coverage from Medicaid,

Words in [blue](#) are defined on pages 61–62.

- your prescription drugs stop being covered by [Medicaid](#), and start being covered by [Medicare](#) on January 1, 2006. You will have continuous coverage.
- and live in a nursing home, you will pay nothing out of your own pocket.
- and live in an Assisted Living or Adult Living Facility, or a Residential Home, you will pay a small copayment for each covered prescription drug.
- and you don't join a plan by December 31, 2005, Medicare will enroll you in a plan to make sure that you don't miss a day of coverage. Medicare lets you know the plan it has picked for you. You can switch to another plan at any time.

For more information about [Medicare prescription drug coverage](#), visit www.medicare.gov on the web, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Adjusting to Your New Home

New nursing home residents sometimes have difficulty adjusting to their new environment, even if the nursing home is giving good care. Adjusting to the nursing home can be made easier with support and visits from family and friends. Here are some tips to help you become comfortable with your new home, whether you are there for a short or long period of time.

- Bring some of your special personal belongings, like photographs or a favorite bedspread to make your room feel more familiar. Check with the staff first to see what you can bring.
- Take part in the activities offered at the nursing home. It is a great way to meet new friends and become a part of your new community.
- Continue your subscriptions to magazines or newspapers to help you keep in touch with your outside interests.

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 facility 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 61–62.

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 57–59).

In the Nursing Home

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 periodically to see if your health status has changed. They will adjust your care plan as needed. The federal government requires that nursing homes submit this information. This information is used for quality measures, nursing home payment and state inspection.

Depending on your needs, your care plan may include

- 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.

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. They can vary by State. The nursing home must provide you with a written description of your legal rights. 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 resident's rights include:

- **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. As long as it fits your care plan, 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.
- **Freedom from Abuse and Neglect:** You have the right to be free from verbal, sexual, physical, and mental abuse, 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](#) (see pages 57–59). 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).

Words in blue are defined on pages 61–62.

In the Nursing Home

Your Resident Rights and Protections (continued)

At a minimum, Federal law specifies that a nursing home resident's rights include: (continued)

- **Freedom from Restraints:** A physical restraints is any manual method or physical or mechanical device, material, or equipment attached or adjacent 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, nor 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 services 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](#).
- **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 manage your personal funds, you must sign a written statement that allows the nursing home to do this for you. However, the nursing home 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 an account that will provide interest. They must give you quarterly statements. The nursing home must protect your funds from any loss by buying a bond or providing other similar protections.

Some nursing homes may provide you with greater rights and protections of your health information. Ask the nursing home.

Your Resident Rights and Protections (continued)

At a minimum, Federal law specifies that a nursing home resident's rights include: (continued)



“My family and friends visit often. I’m glad we can have some privacy when we need it.”

- **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. Nursing home staff should never open your mail unless you allow it. You have the right to use a telephone and talk privately. 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).
- **Medical Care:** You have the right to be informed about your medical condition, medications, and to see your own doctor. You also have the right to refuse medications and treatments (but this could be harmful to your health). You have the right to take part in developing your care plan. Care plans are explained on page 46. You have the right to look at your medical records and reports when you ask.
- **Visitors:** You have the right to spend private time with visitors at any reasonable hour. 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 or legal 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.
- **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.

In the Nursing Home

Your Resident Rights and Protections (continued)

At a minimum, Federal law specifies that a nursing home resident's rights include: (continued)

- **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 (see page 27). If you are going to another nursing home, make sure that 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. See "Reporting and Resolving Problems" on page 45.
- **Protection Against Unfair Transfer or Discharge:** You can't be sent to another nursing home, or made to leave the nursing home unless:
 - 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, or
 - The nursing home closes.

Your Resident Rights and Protections (continued)

At a minimum, Federal law specifies that a nursing home resident's rights include: (continued)

- **Protection Against Unfair Transfer or Discharge:**
(continued)

Except in emergencies, nursing homes must give a 30-day written notice of their plan to discharge or transfer you. You have the right to appeal a transfer to another facility.

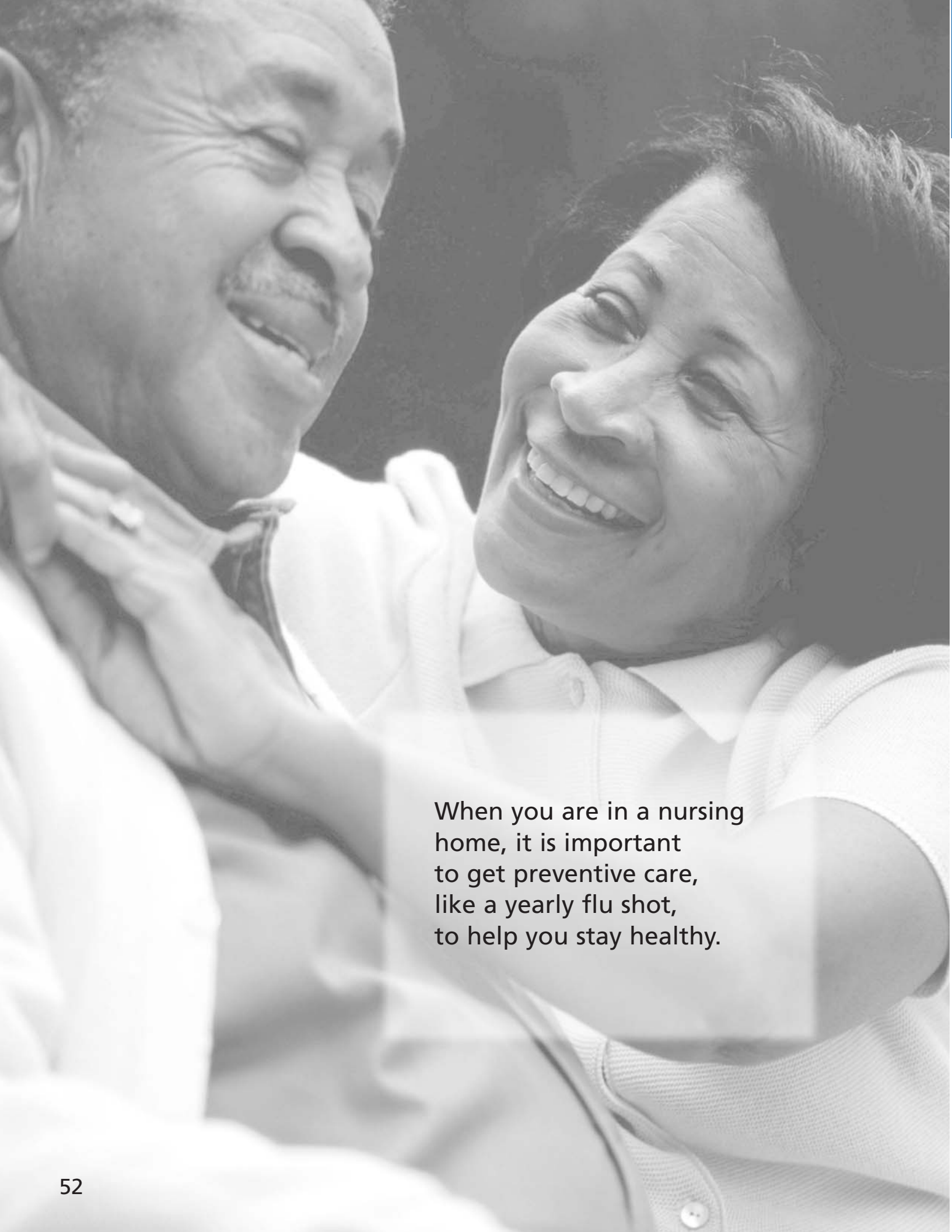
A nursing home can't make you leave if you are waiting to get **Medicaid** (see pages 38–40). The nursing home should work with other state agencies to get payment if a family member or other individual is holding your money.

- **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. Care plans are explained on page 46. 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 has the right to 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.

Words in blue are defined on pages 61–62.



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

Free Booklets on Medicare and Related Topics

To order free booklets on [Medicare](#) and related topics, look at www.medicare.gov on the web. Select “Search Tools” at the top of the page to look at or print a copy of these booklets. You can also 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.

Words in [blue](#) are defined on pages 61–62.

- “Choosing a Hospital”: This booklet helps you compare hospitals to make your best choice. (CMS Pub. No. 10181)
- “Choosing Long-Term Care”: This booklet helps explain the steps to choosing the type of long-term care that best meets your needs. (CMS Pub. No. 02223)
- “Medicare Savings Programs”: This flyer gives information about programs in your State (including [Medicaid](#)) that can help you pay health care costs. (CMS Pub. No. 10126)
- “Medicare & You”: This handbook gives basic information about Medicare coverage and benefits, health plan choices, rights and protections, and more. (CMS Pub. No. 10050)
- “Medicare Coverage of Skilled Nursing Facility Care”: This booklet explains when and how much Medicare covers for skilled nursing facility care. (CMS Pub. No. 10153)
- “Medicare and Home Health Care”: This booklet explains Medicare coverage of home health care. (CMS Pub. No. 10969)
- “Medicare Hospice Benefits”: This booklet explains Medicare coverage of hospice care for people who have a terminal illness. (CMS Pub. No. 02154)
- “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. (CMS Pub. No. 11109)

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 number	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
NCI Public Inquiries Office Room 10AO3 31 Center Drive, MSC 2580 Bethesda, MD 20892-2580	1-800-422-6237 TTY: 1-800-332-8615	www.cancer.gov

For More Information



Organization	Telephone number	Web address
Diabetes		
American Diabetes Association Attn: National Call Center 1701N. Beauregard St. Alexandria, VA 22311	1-800-342-2383	www.diabetes.org
Heart Disease		
American Heart Association National Center 7272 Greenville Avenue Dallas, TX 75231	1-800-242-8721 Call for local address.	www.americanheart.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, or 1-212-889-2210	www.kidney.org
Mental Health		
National Institute of Mental Health Public Information and Communication Branch 6001 Executive Boulevard Room 8184, MSC 9663 Bethesda, MD 20892-9663	1-866-615-6464, or 1-301-443-4513 For publications only: 1-866-615-6464 TTY 1-866-415-8051	www.nimh.nih.gov

For More Information

Organization	Telephone number	Web address
Multiple Sclerosis		
National Multiple Sclerosis Society 733 Third Avenue New York, NY 10017	1-800-FIGHT-MS (1-800-344-4867)	www.nmss.org
Osteoporosis		
National Osteoporosis Foundation 1232 22nd St., NW Washington, DC 20037-1292	1-202-223-2226	www.nof.org
Parkinson Disease		
The National Parkinson Foundation, Inc. 1501 NW 9th Ave./Bob Hope Road Miami, FL 33136-1494	1-800-327-4545, or 1-305-243-6666	www.parkinson.org
Stroke		
National Stroke Association 9707 E. Easter Lane Englewood, CO 80112	1-800-STROKES (1-800-787-6537), or 1-303-649-9299	www.stroke.org

For More Information



Important Telephone Numbers

State	Long-Term Care Ombudsman - Call for nursing home information or about problems with your care.	State Survey Agency - Call with questions or complaints about the quality of care or the quality of life in a nursing home.	State Medical Assistance Office - Call for more information on state programs that help pay health care costs.	State Health Insurance Assistance Program - Call for free counseling about Medicare, insurance and health plan decisions, Medicare-approved prescription drug cards, and your rights.
Alabama	(877) 425-2243	(334) 206-5111	(800) 362-1504	(800) 243-5463
Alaska	(800) 730-6393	(888) 387-9387	(800) 780-9972	(800) 487-6065
American Samoa	(888) 875-9229	(808) 692-7420	(800) 316-8005	(888) 875-9229
Arizona	(800) 432-4040	(602) 364-2690	(800) 962-6690	(800) 432-4040
Arkansas	(501) 682-8952	(800) 582-4887	(800) 482-5431	(800) 224-6330
California	(800) 231-4024	(800) 236-9747	(800) 541-5555	(800) 434-0222
Colorado	(800) 288-1376	(800) 886-7689	(800) 221-3943	(888) 696-7213
Connecticut	(866) 388-1888	(860) 509-7400	(800) 842-1508	(800) 994-9422
Delaware	(800) 223-9074	(877) 453-0012	(800) 372-2022	(800) 336-9500
Florida	(888) 831-0404	(888) 419-3456	(888) 419-3456	(800) 963-5337

Note: At the time of printing, telephone numbers listed were correct. To get the most up-to-date telephone numbers, look at www.medicare.gov on the web. Select “Search Tools” at the top of the page. Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For More Information

Important Telephone Numbers (continued)

State	Long-Term Care Ombudsman	State Survey Agency	State Medical Assistance Office	State Health Insurance Assistance Program
Georgia	(888) 454-5826	(404) 657-5850	(866) 322-4260	(800) 669-8387
Guam	(888) 875-9229	(808) 692-7420	Number not available	(888) 875-9229
Hawaii	(888) 875-9229	(808) 692-7420	(800) 316-8005	(888) 875-9229
Idaho	(877) 471-2777	(208) 334-6626	(877) 200-5441	(800) 247-4422
Illinois	(800) 252-8966	(800) 252-4343	(800) 226-0768	(800) 548-9034
Indiana	(800) 545-7763	(800) 246-8909	(317) 233-4455	(800) 452-4800
Iowa	(800) 532-3213	(877) 686-0027	(800) 338-8366	(800) 351-4664
Kansas	(877) 662-8362	(800) 432-3535	(800) 792-4884	(800) 860-5260
Kentucky	(800) 372-2991	(502) 564-2800	(800) 635-2570	(877) 293-7447
Louisiana	(800) 259-4990	(888) 810-1819	(888) 342-6207	(800) 259-5301
Maine	(800) 499-0229	(207) 287-9300	(800) 321-5557	(800) 750-5353
Maryland	(800) 243-3425	(877) 402-8219	(800) 492-5231	(800) 243-3425
Massachusetts	(800) 243-4636	(800) 462-5540	(800) 325-5231	(800) 243-4636
Michigan	(866) 485-9393	(800) 882-6006	(800) 642-3195	(800) 803-7174
Minnesota	(800) 657-3591	(800) 369-7994	(651) 297-3933	(800) 333-2433
Mississippi	(800) 948-3090	(800) 227-7308	(800) 421-2408	(800) 948-3090
Missouri	(800) 309-3282	(800) 392-0210	(800) 392-2161	(800) 390-3330
Montana	(800) 332-2272	(406) 444-2099	(800) 362-8312	(800) 551-3191
Nebraska	(800) 942-7830	(402) 471-3324	(800) 430-3244	(800) 234-7119
Nevada	(800) 307-4444	(800) 225-3414	(702) 486-5000	(800) 307-4444
New Hampshire	(800) 442-5640	(800) 852-3345	(800) 852-3345	(800) 852-3388
New Jersey	(877) 582-6995	(800) 792-9770	(800) 356-1561	(800) 792-8820
New Mexico	(800) 432-2080	(800) 752-8649	(888) 997-2583	(800) 432-2080
New York	(800) 342-9871	(888) 201-4563	(800) 541-2831	(800) 333-4114
North Carolina	(919) 733-8395	(800) 624-3004	(800) 662-7030	(800) 443-9354

For More Information



Important Telephone Numbers (continued)

State	Long-Term Care Ombudsman	State Survey Agency	State Medical Assistance Office	State Health Insurance Assistance Program
North Dakota	(800) 451-8693	(701) 328-2352	(800) 755-2604	(800) 247-0560
Northern Mariana Islands	(888) 875-9229	(808) 692-7420	(800) 316-8005	(888) 875-9229
Ohio	(800) 282-1206	(800) 342-0553	(800) 324-8680	(800) 686-1578
Oklahoma	(800) 211-2116	(800) 522-0203	(800) 522-0114	(800) 763-2828
Oregon	(800) 522-2602	(800) 232-3020	(800) 527-5772	(800) 722-4134
Pennsylvania	(717) 783-1550	(800) 254-5164	(800) 692-7462	(800) 783-7067
Puerto Rico	(800) 981-6015	(787) 721-3461	(787) 765-1230	(877) 725-4300
Rhode Island	(401) 785-3340	(401) 222-2566	(401) 462-5300	(401) 462-3000
South Carolina	(800) 868-9095	(800) 922-6735	(888) 549-0820	(800) 868-9095
South Dakota	(866) 854-5465	(605) 773-3356	(800) 452-7691	(800) 536-8197
Tennessee	(877) 236-0013	(877) 287-0010	(800) 669-1851	(877) 801-0044
Texas	(800) 252-9240	(800) 458-9858	(888) 834-7406	(800) 252-9240
Utah	(800) 541-7735	(800) 662-4157	(800) 662-9651	(800) 541-7735
Vermont	(800) 889-2047	(802) 241-2345	(800) 250-8427	(800) 642-5119
Virgin Islands	(800) 981-6015	(340) 777-3303	(787) 765-1230	(340) 776-8311
Virginia	(800) 552-3402	(800) 955-1819	(804) 786-4231	(800) 552-3402
Washington	(800) 562-6028	(800) 422-3263	(800) 562-3022	(800) 397-4422
Washington DC	(800) 424-2277	(202) 442-5833	(888) 557-1116	(202) 739-0668
West Virginia	(304) 558-3317	(800) 442-2888	(304) 558-1700	(877) 987-4463
Wisconsin	(800) 815-0015	(800) 642-6552	(800) 362-3002	(800) 242-1060
Wyoming	(307) 322-5553	(307) 777-7123	(888) 996-8678	(800) 856-4398



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

Activities of Daily Living (ADLs)*—Activities you usually do during a normal day such as getting in and out of bed, bathing, dressing, eating and using the bathroom.

Certified Nursing Assistant (CNA)—CNAs are trained and certified to help nurses by providing non-medical assistance to patients, such as help with bathing, dressing, and using the bathroom.

Copayment—In some Medicare health and prescription drug plans, the amount you pay for each medical service, like a doctor's visit, or prescription. A copayment is usually a set amount you pay. For example, this could be \$10 or \$20 for a doctor's visit or prescription. Copayments are also used for some hospital outpatient services in the Original Medicare Plan.

Custodial Care—Nonskilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in and out of bed, moving around, and using the bathroom. It may also include care that people do themselves, like using eye drops. 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.

Medicaid—A joint Federal and State program that helps with medical costs for some people with low incomes and limited 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 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—A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. In many cases, Medicare Advantage Plans also offer Medicare prescription drug coverage. A Medicare Advantage Plan can be an HMO, PPO, or a Private Fee-for-Service Plan.

Medicare Health Plan—A Medicare Advantage Plan (such as an HMO, PPO, or Private Fee-for-Service Plan) or other plan such as a Medicare Cost Plan. Everyone who has Medicare Part A and Part B is eligible for a plan in their area, except those who have End-Stage Renal Disease (unless certain exceptions apply).

Medicare Prescription Drug Coverage—Coverage available to people with Medicare beginning January 1, 2006. Medicare will provide prescription drug coverage through insurance companies and other private companies. These companies will offer different Medicare prescription drug plans with different covered prescriptions and costs. Like other insurance, if you join a Medicare prescription drug plan you will pay a regular (in this case monthly) premium, a yearly deductible, and a share of the cost of your prescriptions.

* This definition in whole or in part was used with permission from Walter Feldesman, Esq., Dictionary of Eldercare Terminology 2000.

Words to Know

Nursing Facility—A Medicaid-certified nursing facility.

Original Medicare Plan—A “fee-for-service” health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare and is accepting new patients. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). The Original Medicare Plan has two parts: Part A (hospital insurance) and Part B (medical insurance).

Quality Improvement Organizations (QIOs)—Groups of practicing doctors and other health care experts. They are paid by the Federal government to check and improve the care given to Medicare patients. They must review your complaints about the quality of care given you by inpatient hospitals, hospital outpatient departments, hospital emergency rooms, skilled nursing facilities, home health agencies, Medicare Private Fee-for-Service plans, and ambulatory surgical centers. These doctors also review fast-track termination decisions in comprehensive outpatient rehabilitation facilities, skilled nursing facilities, and home health and hospice settings for people in Medicare Health Plans.

Restraints—Physical restraints are any manual method or physical or mechanical device, material, or equipment attached to or adjacent to the resident’s body that the individual can’t remove easily which restricts freedom of movement or normal access to one’s body. Chemical restraints are any drugs used for discipline or convenience and not required to treat medical symptoms.

Skilled Nursing Care—This is a level of care that requires the daily involvement of skilled nursing or rehabilitation staff and that, as a practical matter, can’t be provided on an outpatient basis. Examples of skilled nursing facility care include intravenous injections and physical therapy. The need for custodial care (for example, assistance with activities of daily living, like bathing and dressing) cannot, in itself, qualify you for Medicare coverage in a skilled nursing facility. However, if you qualify for coverage based on your need for skilled nursing or rehabilitation, Medicare will cover all of your care needs in the facility, including assistance with activities of daily living.

Skilled Nursing Facility (SNF)—A nursing facility with the staff and equipment to give skilled nursing care and/or skilled rehabilitation services and other related health services.

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 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 low incomes.

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

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**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

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CMS Pub. No. 02174

Revised October 2005



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