

## Selecting a Nursing Home: How To Get Started

Finding the nursing home that will best meet your needs can be a difficult and time-consuming task. The more information you have, the easier this task will be and the more likely that you will find the home that is right for you. Making the decision that a nursing home is the right place for you and looking at different homes to identify those that best meet your needs from the services they offer to their cultural environments is important to do.

It is best to have several nursing homes in mind should the need arise. Before it is time for you to be admitted to a nursing home, you should explore what nursing home options are available and research each facility. There are several ways to get information. With the help of your doctor and the hospital discharge planning staff, realistically assess your medical, nursing and social needs and seek facilities that can best meet these needs. For example, a facility with a strong physical therapy department might be important if you are recovering from a stroke.

Discuss nursing home placement with your family so that all possibilities will be fully explored and your feelings known before a crisis occurs.

Ask family and friends about their own experiences. If you know someone who is in a nursing home, visit that person and ask questions. Ask questions of key personnel at the facilities you visit: the administrator, social work director, nursing director, and medical director, for example. Make your own judgments. A caring home should welcome both your desire to visit and the questions you ask.

### **Medical Need**

Medical need and method of payment play a large part in admission. A medical assessment must be performed before you can be admitted to a nursing home (PRI-Patient Review Instrument). This assessment is done by a registered nurse, who has been certified to perform the assessment. The assessment is a two-step process and is specifically designed by the State Health Department to evaluate your functional status as well as your appropriateness for a nursing home.

The Department of Health requires a PRI be completed for everyone who applies for residence in a nursing home in New York State. The PRI is valid for 30 days for hospitalized individuals and 90 days for those who are in any other setting, including their home.

New York State regulations require that a hospitalized patient on Medicaid who no longer needs inpatient hospital care be placed in the first available bed within 50 miles of the patient's home. By telling the hospital which nursing homes to apply to, you or your family can influence the location of the eventual placement.

## **Admissions Agreement**

The admissions agreement (also called financial agreement or admission contract), is a legal agreement between the nursing home and the resident to spell out conditions for admission. The contract should state the costs, services included, and all legal responsibilities of the resident. Ideally, it should also include care (in accordance with intensity of need), emergency procedures and standards of food service (for example, availability of therapeutic diets, kosher diets, etc.).

Ask questions about the contract. Ask your attorney, the nursing home administrator or admissions director to explain anything that is not clear.

## **Paying for Nursing Home Care**

Few people can afford to pay for nursing home care out of their own pocket for very long (costs range from \$3,000 to \$10,000 or more a month). Ninety percent of New York State nursing home residents are or become reliant upon state and federal subsidies. Meet with an elder law attorney to get advice on estate planning, Medicaid, Medicare and long-term care insurance before you apply to a nursing home. The WNY chapter can provide you with a list of elder law attorneys.

## **Private Payment**

Nursing homes charge a basic daily rate for the services they provide and these vary from home to home. Some homes have all-inclusive rates; others have a rate for room and board and add additional charges for physician's services, laboratory tests, physical therapy, prescription drugs, etc.

Private pay rates are not regulated. Homes may charge their private pay residents whatever they wish. These rates can be expected to go up at least once a year. If you are planning to pay for nursing home care out of your own pocket, ask for a list of services that are covered by the basic daily rate. Also ask how the rates are adjusted and how residents are notified of adjustments. (Under current regulation, this notification must occur in writing 30 days prior to any upward adjustment in the daily rate for a service being implemented.)

The basic daily rate must cover room and meals, housekeeping, linen, general nursing care, medical records and services, recreation and personal care. There may be extra charges for items that vary from resident to resident, such as physical therapy and medications. Discuss with the home's admissions director, administrator or social worker what services are standard and what additional services might be required and what they cost.

Homes are permitted to ask for a prepayment or a security deposit. The home can ask for no more than three months' prepayment. Prepayment used as security must be deposited by the home in an interest-bearing account. If you leave the home or die, any amount paid to the home over and above the cost of services already provided must be refunded.

It is illegal for a nursing home to demand or accept donations (to a building fund, for example) from family members to assure placement of a relative.

Most homes require full financial disclosure from residents who will be paying privately. Since many nursing home residents who enter as private pay residents eventually use up their funds and go on Medicaid, the homes want to know how long the resident will be able to pay privately and when to apply for Medicaid. Once you are eligible for Medicaid, you have the right to have Medicaid pay for your care (if the home accepts Medicaid). When this happens, the nursing home should assist in completing the necessary forms.

In New York State, you may not be moved out of a nursing home because you have exhausted your personal resources. Also, your spouse need not spend all of his/her personal resources on your care if you are institutionalized.

Some homes suggest that funds be placed in a trust that the home controls, or that the resident's Social Security checks be made payable directly to the home. The law guarantees residents the right to control their own financial affairs as long as they are willing and able to do so, or to assign that responsibility to a friend or family member. The nursing home may be given control over a resident's finances if no one else is willing to handle them.

### **Private Insurance**

Private long-term care insurance policies are becoming more and more available. They are advertised as a possible alternative to Medicaid or as a way to avoid exhausting resources when nursing home care is needed. They vary in the coverage they provide and should be carefully examined before purchasing. In New York State, only a few policies are valid. The State Insurance Department (SID) publishes materials comparing long-term care policies offered by different companies. Call 1-800-342-3736 or contact the SID at [www.ins.state.ny.us](http://www.ins.state.ny.us) for more information.

### **Medicaid**

Medicaid, established by Congress in 1965, is a government health insurance program for people of all ages whose income is too low to provide for routine health care costs, or whose health care costs are too high to be covered by their income. This health insurance covers the cost of nursing care for as long as the care is required if a resident is eligible.

A comprehensive application process is used to determine eligibility for the Medicaid program. This process requires that applicants provide detailed information and documentation regarding income and assets. A Medicaid applicant must be a citizen or permanent resident in the United States, must meet New York State income and resource limitations and must show medical need.

Currently, a Medicaid recipient in a nursing home is allowed to retain \$50 of monthly income as a personal needs allowance to meet personal expenses that are not covered

by Medicaid. Call your local Department of Social Services office for additional information on Medicaid.

## **Medicare**

Medicare is a federal health insurance program for disabled people and people over age 65. Skilled nursing services must be needed on a daily basis to be eligible for Medicare. Medicare will pay a maximum of 100 days of care in an approved nursing facility for patients in need of skilled care following a hospitalization of at least three full days. To qualify, the patient must be admitted to the nursing home within 30 days of discharge from the hospital.

Many people leave a hospital and enter a nursing home expecting Medicare to continue to pay for health services. This is not the case. Medicare will not pay for a nursing home stay if it is determined that only custodial care is required, or if skilled nursing home care and/or rehabilitative services are needed only on a periodic basis. Under Medicare rules, the need for skilled nursing care must be daily.

## **Nursing Home Administration**

Nursing homes may be owned by state/local governments (public nursing homes), individuals, corporations and religious or charitable organizations. Most nursing homes are not-for-profit businesses or businesses operated for profit (proprietary nursing homes). An individual or a nonprofit organization may own or operate more than one nursing home.

The type of ownership and management are not necessarily an indication of the quality of service that you would receive. The administrator of the nursing home must be licensed by New York State, the director of nursing services must be a registered nurse and licensed by New York State and the medical director must be a licensed New York State physician.

## **Long-Term Care Ombudsman Program**

The Long-Term Care Ombudsman Program in the State Office for the Aging (SOFA) can help you throughout the nursing home placement process. It provides another source of information about how to go about choosing a facility, understanding the rights of residents and learning about good standards of care. However, the program does not rate or recommend specific facilities and will not choose a facility for a family or a prospective resident.

The State Ombudsman also investigates and resolves complaints made by, or on behalf of, nursing home residents, and monitors the development and implementation of laws, regulations and policies that affect nursing homes.

You may find a phone number and e-mail address for your local Ombudsman through the following listing: <http://www.ombudsman.state.ny.us>

*This guide was adapted from "Selecting a Nursing Home in New York State".*

*For more information on nursing homes, finding and comparing nursing homes, state survey results and regulations visit: <http://www.health.state.ny.us/>*