

# HOW TO CHOOSE A NURSING HOME

## A Guide for Prospective Residents And Family Members

CENTER FOR ADVOCACY  
**C|A|R|I|E**  
FOR THE RIGHTS AND INTERESTS  
OF THE ELDERLY

100 South Broad Street  
Suite 1500  
Philadelphia, PA 19110

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Diane A. Menio  
Executive Director

## **INTRODUCTION**

Placing a loved one in a nursing home can be a difficult decision. Entering a nursing home may involve losing independence and a certain standard of living, as well as feelings of guilt and sadness on the part of friends and family members. However, nursing home placement can present opportunities for personal growth and development of new friendships. It may also provide much needed specialized care for an individual who is having difficulty caring for him or herself.

Before placing yourself, a friend or a loved one in a nursing home, it is very important to decide whether a nursing home is the right setting. There are many different services for older adults that provide the needed care. If a nursing home is needed, however, there are several items to consider when choosing the right home.

In this booklet, you will find information on different types of assisted living, what to look for in a nursing home, admission procedures, paying for nursing home care and getting used to nursing home life. If you have any questions about this booklet or nursing home placement, contact a CARIE Advocate at 215-545-5728.

## **WHAT IS A NURSING HOME?**

Nursing homes offer 7 day-a-week, 24 hour-a-day services delivered under the supervision of a licensed nurse. Good nursing homes provide help with physical, dietary, therapeutic, social, and recreational needs. Most nursing home residents are elderly and would have difficulty living on their own. Many residents suffer from a chronic (ongoing) illness or a physical or mental disability.

Nursing homes may be a place where individuals stay for a brief period of time after hospitalization if they are not yet ready to return home. For others needing ongoing higher levels of care and assistance, a nursing home is a more permanent situation. Different nursing homes and community services provide different levels of care. Making a decision about your or your loved one's needs is important in deciding if a nursing home is needed, and if so, which facility will provide the best care.

## **LONG TERM CARE OPTIONS**

You should compare all possible housing and care options to nursing home care to determine if a nursing home is the right choice for you or your loved one. As mentioned, nursing homes are one of many services available to older adults. The following is a brief description of housing options and community resources for people who need assistance. It is important to note that the State of Pennsylvania may not pay for all the types of housing listed below. If you have further questions, contact CARIE at 215-545-5728 for more information.

### **Personal Care Boarding Homes:**

- Provide room, meals, supervision and assistance with routine activities of daily living in a residential setting. Activities of daily living (ADLs) include assisting residents with personal care, such as assistance with medication and bathing, etc.
- Residents of personal care homes do not require the kind of nursing care provided in a hospital or nursing facility.
- Costs vary by facility.

### **Continuing Care/Life Care Facilities:**

- Provide various levels of care from independent living to nursing care.
- The resident needs to be able to care for him or herself when admitted to an independent living facility.

### **Assisted Living:**

- A relatively new housing alternative available to older adults.
- Provides independent living accompanied by support with household maintenance and personal care.

### **Domiciliary Care (DOM Care)/Adult Foster Care:**

- Provide services similar to personal care boarding homes for people who have difficulty performing routine activities of daily living (bathing, meal preparation) and who need some form of constant supervision.
- Rooms are located in the provider's home and tend to be a home-like environment.

### **PACE (Program for All-Inclusive Care for the Elderly) or LIFE (Living Independently for Elders) Program:**

- Delivering all needed medical and supportive services. Provides care and services to seniors with ongoing care needs while maintaining their independence in their homes for as long as possible.
- Adult day care that offers nursing (care givers); physical therapy (muscle strengthening), occupational therapy (new ways of performing activities of daily living) and recreational therapy (social activities); meals; nutritional counseling; social work; and personal care.
- Medical care provided by a PACE physician who knows the history, needs and preferences of each participant

- Home health care and personal care in the home
- All necessary prescription drugs
- Medical specialists such as audiology (hearing), dentistry, optometry (vision), podiatry (foot care), and speech therapy
- Respite care (a break for a full time caregiver)
- Hospital and nursing home care when necessary

Currently, this program is only available in Philadelphia in the South, West, Northwest and selected sections of North Philadelphia. It is also available in Delaware and Chester counties and the program continues to grow across Pennsylvania. Call CARIE at (215) 545-5728 to find out if you or your family member may qualify for this program.

**In-Home Care:**

- Services such as assistance with bathing, toileting, meal preparation, light housekeeping, and shopping.
- May be paid for privately or may be paid for by a third party.
- May be accessed through the local Area Agency on Aging (AAA), home care agencies, or other service agencies.
- Most subsidized in-home services are offered on a limited basis (for a few hours a day, two or three times a week).
- 24 hour subsidized home care is generally not offered by subsidized programs.

**Medicare Certified Home Care Agencies:**

- Provide the services of a registered nurse or physical therapist in the client's home as directed by a physician.
- Generally limited to a few visits a week and for a short period of time.
- Home occupational therapy (to help perform activities of daily living), social work and home health aides can also be arranged as long as the medical need is there.

**Adult Day Care:**

- Provides a planned, supervised therapeutic and/or recreational program for frail older adults so caregivers can work or take needed breaks.
- May help arrange transportation to and from facilities providing programs.
- Cost and services may be different for each program.

**Hospice Care:**

- Provides support and services for people with fatal illnesses and their families.
- Available either in the client's home, through a hospice center, or other facility.
- These programs are designed to make the patient as comfortable as possible, both physically and emotionally, until death.

**Home Delivered Meals:**

- Available for those who are having difficulty shopping and cooking meals.
- A home health aide or homemaker may also provide shopping assistance.

**Telephone Reassurance/Friendly Visitor Programs:**

- Provide regular contact for people who live alone to make certain the client is healthy and safe.
- Volunteers telephone or visit on a regular basis and are trained to alert someone if there is a problem.

**Durable Medical Equipment:**

- Equipment that may improve an individual's ability to get around and increase their level of independence.
- Medicare will cover some equipment, such as wheelchairs, walkers, hospital beds and commodes (portable toilet).
- Adaptable equipment for the bathroom such as seats or rails is not covered by Medicare, but is available through medical equipment companies and sometimes through community programs.

**Informal Support:**

- Neighbors, local churches, congregants and/or family members who agree to help out when an older person close to them needs assistance.

**HOW TO DECIDE WHAT CARE IS NEEDED**

Many of these terms and services may seem confusing. Below are several suggestions to help you decide which program or facility is right for you or your loved one.

The Long Term Care Access Unit (LTCA) at the Philadelphia Corporation for Aging (PCA) provides thorough evaluations, called assessments, for those in need of nursing home care and community based care. Within Philadelphia, call the local Area Agency on Aging (PCA) at (215) 765-9040 to have a social worker visit and assess the situation. In other areas, call CARIE at (215) 545-5728 for the phone number to your local Area Agency on Aging.

You may find it helpful to involve many people in the care decision-making process:

- Talk to your doctor for information about the exact level of care needed.
- Ask social workers or hospital discharge planners about what programs may fit your needs.
- Talk to friends, clergy members, senior citizen groups – as many people as possible – to learn about their experiences with these programs.

Most importantly, if you are assisting a friend or loved one, talk to the individual for whom the service is needed.

- Involving the care recipient as much as possible in the decision-making process is essential since this may be an extremely difficult and frightening time for them.

- The care recipient often knows best what services they want and need, even if everyone else disagrees.
- Excluding the older family member from the decision-making process can often create anger, distrust, and bad feelings towards those who are making the decisions.

Make a list of all the services that seem to fit your needs and call to investigate:

- There may be waiting lists for community programs and restrictions on the amount of services available.
- Finding out the specifics about programs will help you eliminate some options and give you a much clearer idea of what is suitable for you.

Assess your financial situation:

- Many services that provide individualized care are expensive.
- Investigate methods of payment and compare them to your resources.
- Information on financing nursing home care will be discussed later in this booklet.

## **CHOOSING A NURSING HOME**

If you decide that nursing home care is the best option for you or your family member, how do you choose a facility? If possible, you should plan as far ahead as possible since many homes have waiting lists. Unfortunately, decisions often must be made during times of crisis. The following steps are intended to help you choose a facility that is best for your individual situation and needs.

### **Getting Started**

1. Get a list of nursing homes in your area—call CARIE (215-545-5728) to request a list of nursing homes in Philadelphia, Montgomery, Bucks, Delaware, and Chester Counties.
2. Narrow your list.
  - Call nursing homes to ask if space is available.
  - Ask professionals in the long term care field, friends, neighbors, and co-workers about their experiences with nursing homes in your area.
  - Look for a convenient location.
3. Visit potential nursing homes:
  - Look at several facilities to compare the settings.
  - Visit the nursing home at different times of the day.
  - Make one planned and one unannounced visit and tour
  - Ask to speak with a resident representative from the home's resident council regarding positive and negative issues in the facility
  - Talk to direct care staff
  - Check to see if the nursing home accepts Medicare and/or Medicaid as the resident may need these programs to help them pay.

4. Other sources of information: The Long Term Care Ombudsman Program
  - Ombudsmen visit nursing homes and other long term care facilities, investigate complaints and resolve problems.
  - Ombudsmen cannot recommend one nursing home or another, but they can provide Department of Health survey results and share the types of complaints that occur at certain homes.

## **PAYMENT**

Thinking about finances is often difficult and stressful when determining what care is best for you or a loved one. Nursing home care can be costly and it is important to be familiar with your or your loved one's financial information when choosing a home. Before choosing a home, it is important to find out if a home accepts payment from Medicaid and Medicare. Many individuals entering a long-term care facility use all their savings during their stay and then qualify for Medicaid coverage. This will be discussed later on page 10.

When looking into the cost of nursing home care, it is important to become aware of your financial rights as a consumer:

- What services are covered in a basic daily rate?
- What services go beyond the basics provided and how much they cost?
- Does the facility provide the same care and services to those who use Medicaid as they provide to those who pay privately?
- Does the facility clearly list or state these services?

More specifics about what nursing homes must include in services to residents paying through Medicaid will be discussed later in the section on paying for nursing home care.

## **Resident Needs and Wants**

When assisting someone to choose a nursing home, involve the potential resident in the decision as much as possible to ensure a better transition. Only by understanding what is important to the potential resident can you determine whether the facility is able to meet his or her needs. Distinguish between what the resident and family need and want. Make sure the facility meets your or your family member's care needs with the following questions:

- Does the facility provide special care for Alzheimer's patients? (Separating residents with dementia does not necessarily mean the care they receive is specialized.)
- Do they offer the medical attention and nursing care needed to keep the resident healthy?
- What is the facility's outlook on rehabilitative or restorative care?
- Do they have rehabilitative/restorative services or do they believe that older adults will continue to deteriorate with age?
- Does the nursing home offer a care plan that involves the residents and family members?
- Is the care plan adjusted and updated to reflect changes in the resident's condition? If so, how often?

Ask about privacy issues such as:

- Does staff knock on bedroom doors before entering?
- Are personal belongings safe?
- Can married couples share the same room or can a visiting spouse have time alone with the resident?
- Do residents share rooms and, if so, does the facility respect the choice of a roommate?

Other issues:

- Do you desire a religiously affiliated nursing home?
- Do you desire a nursing home that emphasizes ethnic diversity?
- Ask residents and visitors if they feel the facility treats each individual with respect and compassion.

## **Atmosphere**

The atmosphere of the nursing home is an important determining factor in choosing a facility. As the prospective resident's new home, it is important that he/she feel as comfortable as possible there. Below are some factors to explore:

Staff:

- Is there enough staff available at all times? Specifically: what is the facility's Certified Nursing Assistant (NA), Registered Nurse (RN), and Licensed Practitioner Nurse (LPN) ratio is to residents?
- Does staff respond quickly to residents? How do they respond?
- Do staff members enjoy their work with the residents and treat them with respect and care?

Resident Life:

- Are residents up and dressed when you visit or do they seem to spend a good deal of time in bed?
- Do residents seem happy, clean and well fed?
- Do residents interact with one another or do they seem passive and bored?
- Is a regular schedule of activities posted?
- Are there lounges or places to socialize?

Food:

- Is a variety of well-balanced meals available?
- Do residents eat together or alone in their rooms?
- Are meals provided for those who are unable or unwilling to eat in the dining room?
- Are snacks available?
- Perhaps the dietician can provide a menu and information about special diets.

#### Environment:

- Is the facility home-like or does it feel more like a hospital or institution?
- Is the facility clean and odor free?
- Are the grounds well kept and safe for residents?
- Are residents encouraged to spend time outdoors when weather permits?

#### Safety:

- Are wet floors clearly marked?
- Are the hallways free from obstructions?
- Are there handrails and equipment for wheel chair accessibility?
- What fire safety measures are used?
- How does the facility ensure the safety of residents with dementia?

### **Restraints**

Restraints are either physical or medical devices used to restrict residents' movements. Some medications can also be considered restraints, we refer to these as "chemical restraints." You should know:

- The law strictly limits when restraints can be used and prohibits use of physical and chemical restraints as a convenience to staff.
- Restraints may only be used upon a physician's orders and should be closely monitored.
- Improper and excessive use of restraints can cause depression, a decline in physical functioning, decubitus ulcers, and in some cases, death.
- Find out what a facility's philosophy is regarding restraint use.

### **Programs/Activities**

Activities are an important way to relieve some of the loneliness and boredom that may be experienced in a nursing home. Take a look at the calendar of activities to see if there are programs that interest you or your loved one:

- Talk with the activities director and find out if he/she is receptive to new ideas and individual requests.
- Are there volunteers and/or friendly visitors?
- Does the facility provide or encourage outside trips for the residents who are able to participate?
- What activities are provided on the weekends and during the holidays and do the programs continue throughout the year?
- Does the facility respect those individuals who enjoy participating as well as those who just like to observe or spend time alone?
- Do residents appear passive and uninterested?

#### Resident councils and family councils:

- Resident Councils are required by law and advise the facility about residents' needs and wants.

- Family Councils are not required by law but many facilities have them as a forum to hear family concerns and share news about happenings in the facility.
  - So, you should check to see if there a resident and/or family council in the facility you are considering; the schedule (family meetings should be scheduled at convenient times) and the format of the meeting (who attends the meeting and what types of information is shared)
  - If they do not have a family council, ask why and determine whether the administration seems receptive to the idea.
- Is the Resident's Bill of Rights posted in a highly visible area?
- Do residents seem willing to discuss how they feel about the facility or do they appear nervous and fearful?
- Ask about the facility's process for resolving complaints.

Hopefully, these guidelines will help make the overwhelming process of choosing a nursing home more manageable. A reminder to friends or family members: Involve the prospective resident as much as possible and choose the nursing home that will best suit everyone's needs. A checklist is included in Appendix I in the back of this booklet for use when visiting potential nursing homes.

## **HOW TO PAY FOR NURSING HOME CARE**

The ability to pay may be a large factor in choosing the facility. The following is a description of the various ways to pay for long-term care.

### **Private Pay**

According to a 2008 MetLife study, the national average cost is \$191 per day and the average cost for Philadelphia is \$256 per day<sup>1</sup>. Keep in mind, rates are not regulated and may vary widely. If you pay privately, make sure to ask exactly what services are covered in the basic rate and which are additional (additional charges may be required for laundry, medications, or supplies).

While many people begin paying for nursing home care with private finances, it is often difficult to continue this for the entire stay. Many residents spend their savings and turn to Medicaid (or a "Medical Assistance Grant") as their method of payment. It is a good idea to choose a facility that participates in the Medicaid program if you feel that Medicaid may be necessary at some point in the future.

There are laws that protect residents and family members from having to take extreme measures in order to continue to pay privately:

- The person entering the nursing home is the only person who can be held responsible for payment of fees; the family cannot be forced to contribute to the cost of care.
- If a married resident qualifies for needed assistance, the spouse of the resident is allowed to retain a certain amount of monthly income and assets from the couple's resources.

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<sup>1</sup> Rates change annually. Please call CARIE @ 1-800-356-3606 for most current and updated information.

## **Medicaid**

Medicaid (also called Medical Assistance, MA, or "The Grant") is a joint federal/state program that pays for health care for people who otherwise cannot afford to pay on their own. Although Medicaid is considered payment in full for basic services, there may be extra charges for services beyond what is reimbursable. There are seven specific areas that Medicaid covers:

- Nursing services
- Dietary services
- Activities/programs
- Semi-private room and maintenance services
- Routine personal hygiene items
- Medically related social services
- Over-the-counter medications and supplies

Any services beyond those listed above may result in additional charges. Clarifying what costs extra and how much is charged for these services is important. However, as stated earlier, no one but the resident can be required to pay any extra charges. Furthermore, even if a nursing home is licensed and accredited by Medicaid, not all facilities take part in the Medicaid program.

- Nursing homes may choose not to accept Medicaid or may limit the number of residents they accept under the program.
- An application must be processed and approved; a nursing home resident is not automatically eligible for Medicaid once private funds are exhausted.
- Acceptance in the Medicaid program depends on medical and financial eligibility and will be discussed further on page 12.

Beneficiaries, who are enrolled in the Healthchoices Program in Philadelphia and receive their Medicaid benefits through a managed care plan (HMO), can receive nursing home care coverage for a maximum of 30 days before they are automatically disenrolled and are required to apply for the Medicaid nursing home grant through their Area Agency on Aging.

## **Medicare**

Medicare is a federal health insurance plan for Americans 65 and older, people under age 65 with certain disabilities, and people with End-Stage Renal Disease. Medicare Part A helps cover inpatient care in hospitals, critical access hospitals, and skilled nursing facilities (not custodial and/or long-term care), hospice care and some home health care; if certain criteria are met. Medicare Part B assists in covering physicians' services, outpatient hospital care, and medical services that Part A does not cover.

Medicare Part A 2009 relative to nursing home care<sup>2</sup>:

- Coverage is limited to those requiring skilled nursing care (such as intravenous medications; tube feeding; levels of wound care; physical, occupational, and speech therapy; etc.) provided on a daily basis for limited periods of time.

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<sup>2</sup> Rates change annually. Please call CARIE @ 1-800-356-3606 for most current and updated information.

- Per benefit period, if the individual has been in a hospital for at least three days and enters a skilled nursing facility within 30 days of being discharged from the hospital, the patient is eligible to have Medicare pay 100% of skilled care for the first 20 days in a facility
- From days 21-100, the patient is eligible for Medicare to pay charges in excess of \$133.50/day (2009 rate)
- After 100 days, patient is not eligible for additional skilled nursing care coverage until 60 days of custodial care (such as: bathing, feeding, dressing) has passed.
- Medigap or Medicare supplemental policies may offer additional coverage.

Most people eligible for Medicare coverage in a long-term care facility have been transferred from a hospital. This does not guarantee coverage. To be reimbursed, the facility must be a Medicare certified provider in the program and *the individual must meet strict eligibility requirements*. Ensuring that the facility is eligible for Medicare is important prior to placement.

## **MEDICARE HMOS**

As a member of a Medicare HMO (Health Maintenance Organization), a nursing home resident is still a Medicare beneficiary and is entitled to at least the same benefits as traditional Medicare. However, Medicare HMO members must make sure the nursing home they choose accepts payment from the HMO. In an HMO, the resident chooses a doctor to be their “primary care physician.” The resident will need a referral (paperwork) from this doctor to see specialists.

## **PRIVATE INSURANCE/LONG TERM CARE INSURANCE**

Because Medicare coverage is limited, more people are purchasing long-term care insurance policies to help pay for care. Most long-term care insurance policies will repay the resident the cost of some or all of the care needed. The cost of coverage depends on age, level of benefits, and length of time the resident waits until benefits begin (elimination period). It is vital to review each policy carefully and to ask questions about the limits of coverage offered. Call CARIE (215) 545-5728 for consumer guides on selecting a policy.

## **APPLYING FOR MEDICAL ASSISTANCE (MEDICAID) IN PENNSYLVANIA**

To qualify for a Medical Assistance (MA) grant, a person must prove both financial and medical need. In Philadelphia, the Philadelphia Corporation for Aging’s (PCA) Long Term Care Access Unit (LTCA) will determine medical eligibility for nursing home care and will also help gather the financial information necessary to complete the application. The process in other counties is quite similar; call the CARIE LINE 215-545-5728 to get a referral to the AAA in your county. The final decision as to whether a person qualifies for the grant, however, is made by the Department of Public Welfare (DPW).

### **Medical Eligibility –**

- The person applying for MA must be medically in need of a nursing home as determined under the guidelines set forth by DPW.

- A doctor must complete a form, called the MA 51, stating the applicant's medical condition.
- This information will then be verified and evaluated by the LTCA worker during an assessment interview with the applicant and a family member. (Forms are available from LTCA by calling (215) 765-9040.)

After LTCA reviews the medical forms, they will send a letter stating whether the person is eligible for nursing home care and the level of care needed. **THIS IS NOT CONFIRMATION OF A MEDICAL ASSISTANCE GRANT**; it means the person is **medically eligible** only.

**Financial Eligibility<sup>3</sup>** – Along with medical need, individuals must show that they meet the requirements for financial eligibility. A separate application form, the PA600L is completed during the assessment interview by the LTCA worker. Financial status will be documented at this time. Have information about the applicant's financial situation available during this interview. This information includes the following:

- All income (Social Security, pensions, and other income sources)
- All assets (property, insurance policies, savings and checking accounts, and statements for the last 3 years)
- Any deed transfers for the last 3 years
- Pre-paid burial contract and or/deed for cemetery lot
- Expenses for rent, mortgage or utilities
- Unpaid medical bills from the last three months
- Proof of medical insurance, including Medicare
- Information regarding any trusts established to hold assets (for the last 5 years).

The following assets are typically exempt from consideration:

- Whole life insurance with a face value of \$1,500 or less (if more than \$1,500, \$1,000 of the cash surrender value is exempt)
- Term life insurance
- One motor vehicle
- Personal items such as clothing or jewelry
- Legally restricted burial reserve accounts (not prepaid funerals, unless not refundable)
- An applicant's home, for at least a six-month period (may be completely exempt, if meet certain criteria such as, the resident plans to return home or a spouse or dependent relative resides in the home)
- Cash and/or assets of up to **\$2,400** (effective 10/31/2003 there is an additional \$6,000 disregarded for certain Medicaid categories if the applicant's income is less than 300% of Federal Benefit Rate. In 2008, this figure is \$1,911.)

All assets (property) in the husband **or** wife's name are included in calculating what a resident needs to spend to qualify for Medical Assistance. Upon admission to the nursing home, the nursing home resident and their spouse should receive the DPW Admissions Notice Packet (MA401). **The DPW Admissions Notice Packet must be completed thoroughly and filed with the County Assistance Office to protect as many resources as possible.** Medical Assistance may be denied if the

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<sup>3</sup> Rates change annually. Please call CARIE @ 1-800-356-3606 for most current and updated information.

applicant or spouse transfers any assets, including property, for less than Fair Market Value (FMV) within 3 years prior to application. The following is a list of what a spouse living in the community is entitled to keep if their husband or wife is applying for Medical Assistance. These figures are for **2009<sup>4</sup>**.

<u>If total assets of applicant, spouse, or both are:</u>	<u>Community Spouse Keeps:</u>
Less than \$21,912	Everything
\$21,912 - \$43,824	\$21,912
\$43,824 - \$219,120	Half of everything
Over \$219,120	\$109,560

In **2009**, the current **minimum** monthly income the community spouse is entitled to keep is **\$1,750/month**, and a larger allowance under certain circumstances. The maximum community spouse maintenance allowance is **\$2,739/month**. This means that if the community spouse's own income is less than **\$1,750/month**, the resident can contribute some of his/her income to bring the community spouse's income up to this minimum amount. If the resident has additional income, it must go to the nursing facility to help pay for the cost of care.

The resident is entitled to keep \$45/month as a personal needs allowance. Residents receiving Veterans' benefits may be entitled to keep more than \$45. An interest bearing account (an account that pays you according to the amount of money in your account) can be established at the nursing home to hold the resident's funds for occasions when the resident desires or needs anything not covered by basic services. However, the resident is not required to deposit his/her personal funds with the nursing home.

Remember, only the applicant's and spouse's income and assets (property) are used by DPW to decide if a resident may receive Medical Assistance. Income and assets of children or siblings is not considered.

A law signed by President Clinton on August 10, 1993, created major changes in the Medicaid program, especially in regard to the transfer of assets, trusts, and estate recovery. The law required states to implement a mandatory estate recovery program. This means that the state will try to get money back from the estates (that is the assets in the name of the resident at the time of his/her death) of Medicaid recipients to cover the cost the state spent in paying for nursing home care.

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<sup>4</sup> Rates change annually. Please call CARIE @ 1-800-356-3606 for most current and updated information.

For example:

- Once the resident dies, the state may seek a **lien** against any asset considered exempt during the recipient's life, such as the resident's home to which he/she intended to return. **A lien means the state receives money from the sale of the property before any other agency or person.** Pennsylvania generally does not seek a lien. However, it does seek to recover payments at time of probate.
- A potential Medicaid recipient could be denied Medicaid and penalized if assets were transferred for less than fair market value within three years of applying for Medicaid (five years for trusts).

There are, however, exceptions when putting property in someone else's name. For example, a house may be transferred without penalty to:

- A spouse,
- A child under 21
- A child who is blind or permanently disabled
- A sibling who has equity in the house and who has resided there for at least a year prior to the individual's admission to the nursing facility
- A family member who has lived in the house for at least two years prior to the individual's admission to the nursing home, if the child has provided care to the parent.

Any other property transfer may result in denial of the applicant's Medicaid benefits. [Legally transferring a home to the community spouse may be to your advantage because it is not penalized and will protect the house from becoming property of the state after the resident dies.] There are other exemptions. Ask for materials on this issue from CARIE or in Philadelphia contact the Elder Law Project (ELP) of Community Legal Services at 215-227-2400.

After the LTCA worker completes the PA600L with the applicant to determine if the applicant qualifies for Medical Assistance, the PA600L form is forwarded to the Department of Public Welfare (DPW) for review. If the DPW determines an applicant should receive Medical Assistance, the applicant will receive a form called the PA 162. The PA 162 outlines the amount of the person's monthly income (including Social Security benefits) to be paid to the nursing home for nursing home care. This form has an **expiration date** that you should note carefully.

If DPW determines you or your family member will not receive Medical Assistance, make sure you understand why. You may appeal (challenge) the decision within 30 days of the date of the PA 162. The back of the 162 form explains the appeal process. In some cases, it may be worthwhile to appeal the rejection. Discuss whether an appeal is appropriate with your LTCA worker, Community Legal Services representative or Ombudsman.

### **Common problems with Medical Assistance nursing home applications**

**Medical forms:** There is a medical form, the MA 51 that must be completed in order to apply for a Medical Assistance Nursing Home Grant. The MA 51 must be completely filled out and signed by the doctor. One of the most common reasons for delay in processing a nursing home application is

that forms are not fully completed. Many doctors forget to complete the back of the form, only partially fill out the form, or forget to sign and date the form. Incomplete forms will not be processed and nothing will happen until the forms are corrected.

Incomplete forms will be returned to the doctor. Make sure to talk to the doctor about the importance of accurately filling in the form.

Keep photocopies of the finished forms in case the forms are misplaced during processing.

**Financial information:** Appendix III lists all financial documentation needed. At the LTCA interview, be prepared to present documents showing the applicant's basic financial situation. The LTCA worker will review the documents at the initial interview and will provide a list of what additional information may be needed. Lack of financial documentation at the initial interview delays the process:

- You have nine days from the date of the initial interview to send the LTCA worker any additional documentation that may be requested.
- The application is then forwarded to the Department of Public Welfare, the County Assistance Office (CAO), and the Nursing Home District, which will send a notice requesting any additional information needed.
- Whenever sending additional information to LTCA or DPW put the name of the applicant and the LTCA worker involved with the case on the information.
- Be sure to send photocopies and not the original documents.
- If the information is not submitted within the time frame indicated, the application may be rejected and the entire application process must be started over again.

**Time frames and timing:**

- The proof of financial status **expires 120 days** from the date the initial application (PA600L) is signed
- Pay attention to the dates the medical forms and applications forms are signed
- An applicant can usually only be placed in a nursing home with a current application and approval notice.
- A new medical form (MA 51) is required only if there has been a change in the applicant's condition.

**Helpful hints when applying for Medical Assistance**

If you or your loved one is not in a facility that participates in the MA program, start looking for a nursing home as soon as possible. Many homes have waiting lists and evaluating and choosing a home can be time consuming. In addition, nursing homes may have a lengthy application process that is separate from the MA application. Although many homes will ask for the PA 162 form, the nursing home's internal application can still be completed while waiting for the MA application process to be completed.

- Remember to photocopy all information submitted for the application.
- Identify the applicant and the LTCA worker on all information sent to complete the application, including medical and financial documentation.
- See Appendices II and III in the back of this booklet for a checklist to follow when applying for Medical Assistance.

## **ADMISSIONS AND DISCHARGE POLICIES AND PROCEDURES**

Once you or your friend or family member have gone through the process of choosing a nursing home, you will most likely be ready to begin the admission process. Each nursing home has its own application procedure and the process may change slightly depending on whether you are applying from home or from a hospital. The common admission process and some important points to consider before signing a contract are listed below.

### **Admissions from a hospital:**

- A social worker or hospital discharge planner coordinates the transfer from a hospital to a nursing home.
- The hospital social worker will contact the admissions coordinator (person in charge of admissions) at the nursing home.
- The nursing home will need to know the medical status of the new resident at the time of leaving the hospital so that the nursing home can plan for nursing needs and medication upon the new resident's arrival.
- The social worker will also need to set up the date and time of the move with the resident and the nursing home.

The nursing home often requires the following information upon admission:

- A nursing home application form
- Personal information
- Financial disclosure of assets (papers showing what material goods the resident owns and their approximate cost)
- Insurance information
- Power-of-attorney and advance health care directive documents (if applicable)
- Funeral and burial arrangements
- Releases of information (provided by the nursing home)

Each nursing home will have its own set of paperwork for the resident to complete. The facility may ask to have all the paperwork completed and returned before admission to the nursing home can be decided upon. This is especially important when there is a possibility of Medicare payment for any part of the stay.

On the day of moving to the nursing home, the new resident will be brought to the nursing home by ambulance. The medical records from the hospital will also be brought to the nursing home so nursing care can continue immediately upon the resident's arrival.

**Admission from home:**

The new resident or his/her family member will work directly with the admissions office at the nursing home. Application papers, and possibly a recent medical review from the physician, will need to be completed. This may include information about a recent hospital stay, a summary of medical history or Department of Public Welfare medical form (MA 51). This information will be necessary in order to plan for the right nursing care. The nursing home must know whether the resident will continue to receive care from his/her personal physician (and this must be discussed with the physician as well) or if medical care will be provided by the nursing home.

When a nursing home bed becomes available, the admissions office may contact the resident, or family member, and arrange a date and time for admission. Transportation to the nursing home must be arranged, either by car or by ambulance. A coordinator from the nursing home admissions office will ask that a family member or other responsible person travel to the nursing home with the resident on the day of admission.

**Admission Contracts:** Also called financial agreements, entrance contracts, or admissions agreements, are legally binding documents. You should examine such paperwork carefully and ask questions about any information that seems confusing. Having a lawyer, legal services representative or ombudsman review the paperwork is also suggested.

A good contract should state both the rights and responsibilities of the resident and the facility and should include the following:

- Explain complaint policies and procedures.
- Information about payments, i.e. how much the resident will pay per month or day, what charges will be additional to the basic rate, and whether the nursing home is Medicaid or Medicare certified should also be included in the contract.
- The nursing home's policies for holding beds if a resident becomes hospitalized or is vacationing.
- Whether personal furniture or belongings are permitted in the home.
- Check on rules about special diets, visiting hours, emergency procedures, phone calls and right to use personal funds.

In some cases, a nursing home may request a deposit (money) from a privately paying new resident, either to hold a space, or to remain on the waiting list. Be sure to be clear about the details for a deposit:

- Does the amount of the deposit seem fair?
- How long will the deposit hold a bed?
- Will the deposit be applied towards future bills?
- Nursing homes are not allowed to ask for a deposit from a new resident who may receive Medical Assistance in the future.

The details of the contract can be changed. Be aware of the following rules about changes to the details of the contract:

- The new resident or family member and an employee of the admission office must initial the changes.
- Make sure the contract is clear and complete before signing it.
- Complete or "X" out empty spaces or blanks where additional information could be filled in after signing.
- Once you sign the document, what is written is legally binding, not what was said to you.

**Admissions Notice Packet:** Before or on the first day of admission to a nursing home, the DPW Admissions Notice Packet (MA401) should be provided to the nursing home resident and their spouse. There are four parts to this Admissions Notice Packet:

Part 1	Notice of Rights of Nursing Facility Residents
Part 2	Medicaid Payment for Nursing Facility Care Eligibility Requirements and Procedures
Part 3	Protecting Resources and Income for the Spouse Living at Home
Part 4	Resource Assessment Form (PA 1572)

This packet must be completed thoroughly and filed with the County Assistance Office no matter how the resident is paying for nursing home care.

**Illegal Clauses:** Some details that have been present in contracts in the past are currently not permitted. Several of the most common illegal parts of the contract are listed below:

- A nursing home cannot require a Medicaid-eligible resident to pay privately for any period of time before charging Medicaid or Medical Assistance.
- A resident cannot be required to pay privately after all Medicaid funds are spent no matter how long the resident has lived in the facility.
- The resident is the only person responsible for paying for care. Family members are not required to give personal finances or assets to the nursing home.
- If a family member signs the contract on behalf of the resident, put it in writing that the family member is signing on behalf of the resident, not as a personal guarantee of payment out of the family member's funds.

**Person Responsible for the resident:**

- Nursing homes sometimes want an individual that is not an employee to be named as the person responsible for the resident and included on the admissions contract.
- While this is permitted, this is not a legal requirement if the resident is still able to make decisions for him/herself.

It is important to know your rights as a consumer. Speak up and ask questions if any part of the admissions contract is confusing or not acceptable to you.

## **Patient Self-Determination Act or Advance Health Care Directives:**

According to a federal law, nursing homes must provide written information to all adults upon admission regarding their rights under state law to make medical decisions. This includes the right to accept or refuse medical or surgical treatment and the right to carry out advance health care directives.

With an advance health care directive, you can give your family and health care providers instructions about the types of treatments you want or don't want to receive in the event that you can't make and communicate your own health care decisions. Up until then, you can continue to give directions to your health care provider even though you have an advance directive.

Nursing homes must also provide written information about their policies on respecting advance health care directives. If the resident has an advance health care directive, the document will be made part of the medical record. It is also important to know that a nursing home cannot force a resident to complete an advance health care directive against his/her will. For more information about advance health care directives, call CARIE at (215) 545-5728.

## **ADJUSTING TO NURSING HOME LIFE**

Almost everyone finds change to be a little stressful, even if the change is exciting or welcomed. The new nursing home resident is making a big change in his life and possibly one that is not his own choosing. The resident may feel anxious, unhappy, excited or angry; friends and family members may feel guilty, sad, or relieved. There are several ways in which the resident can be helped to feel more comfortable upon admission to the nursing home.

### **General Suggestions**

- Involve the resident as much as possible feeling that one has some control in the situation can reduce stress.
- Make sure the resident is familiar with the nursing home and staff.
- Make sure the staff takes the time to get to know the resident.
- Listen to the resident voice her concerns and discuss them.
- Recognize that adjustments will have to be made.
- Although moving to a nursing home can be a scary change, be sure to point out the positive aspects of the move.
- Moving to a nursing home can offer the resident the opportunity to meet new people and experience new activities.
- Point out to the resident that by moving to a nursing home, they will no longer have to go food shopping, cook or clean dishes.
- In a nursing home, someone is always there in case of an emergency.

Be aware that these adjustments may be either positive or difficult depending on the individual involved. While decreased privacy and increased noise may bother some residents, others may enjoy the activity as a change from living alone. In many nursing homes, residents share rooms that may be a difficulty or an opportunity to create a new friendship. Although nursing home food may not meet each person's tastes, some residents may be thankful not to have the chores of shopping and cooking each day. Becoming familiar with the possible adjustments of moving to a nursing home and how they will affect you or your loved one can help in getting used to nursing home life.

Try to become familiar with the nursing home as much as possible before or during the day of admission. Get to know staff or the administrator (person in charge of running the nursing home) and tell them the particular concerns, habits and standard of living of you or your family member. Making an information list is sometimes helpful for the staff to provide the best care.

Having everyone working together, the resident, family and nursing home, to create a care plan is also a good way to meet the individual needs of a new nursing home resident. A care plan is a personal description of information about the resident. Care plans explain the preferences, habits, and treatment plan of the resident, such as the goal of his/her physical therapy. More details about the care plan will be discussed later in this booklet.

## **The Day of Admission**

If possible, a friend or family member should plan to accompany the resident on the day of admission to ease the move into the new residence. For example:

- Spend the day together to help with the adjustment.
- Explore the facility if this has not been done before and have a meal together.
- Before leaving, schedule the next visit or phone call and plan on regular contact.

Taking personal items to the nursing home often helps make the new surroundings more comfortable:

- Consider bringing photos of family members, comfortable clothing, or supplies to continue a favorite hobby.
- Bringing objects of great value is not recommended.
- Label and mark all belongings, including clothing brought to the home to enable the resident to retain ownership of his/her belongings.

The move to the nursing home may be difficult for the family members as well as the resident. Friends and family members may feel sadness, guilt, relief or fear for their relatives. Expressing these feelings openly helps. The family member may also feel that maintaining contact with the resident and the nursing home is good for both the resident and the family member. Some family members become involved with family councils or are regular visitors in the facility. Others join caregiver support groups. The knowledge that this may be a difficult time for residents and family is often an important first step adjusting to this new life change.

## **NURSING HOME SERVICES AND STAFF**

While federal and state rules are specific in what they require for services and staff, services may vary between nursing homes. This section will provide a brief description of some of the services typically found in nursing homes.

### **SERVICES**

#### **Medical Care – Staff Physician/Primary Care Physician**

By law, residents have the right to the physician of their choosing. However, if you choose a doctor outside of the facility, you should make sure that your doctor will visit or that your family member can visit the doctor's office either with your help or with transportation from the facility (there may be an extra charge for this) The nursing home is required to have a "house doctor" who should be available at all times, whether on staff or on call (able to be reached by pager). If the resident uses the staff physician, find out how often the physician visits. The staff physician should:

- Receive a resident's medical history from the previous physician.
- Participate in the care plan.
- Include the resident or family in all medical decisions.
- Find out about other medical care such as the nursing home's arrangements for providing services such as optometry (eye care), dental care, podiatry (foot care) etc.
- Many nursing homes have doctors who specialize in one area that may come into the nursing home for routine check-ups.
- Procedures that require special equipment may involve bringing the resident to the physician's office. Some nursing homes may arrange transportation to specialists' offices.
- Ask how both in house doctor visits and arranging visits to outside specialists is paid for.
- Nursing homes should have an arrangement for hospitalization in case a resident becomes seriously ill or injured. The resident and family should be familiar with these procedures.

**Nursing Services** – While services provided by a physician are important, the resident will have daily contact with the nursing home's nursing staff. Services provided by the nursing staff include everything from giving medications to residents to performing treatments or feeding the resident. The number of care staff assigned to residents will probably be higher in the "sections" or "wings" of a Medicare certified facility because of Medicare requirements and the higher care needs of those residents. Nursing staff are required to provide a certain amount of care per day for each resident, but must also provide as much care as necessary according to the resident's condition and needs. The differences in the care provided by the nursing staff will be discussed in the next section.

**Physical, Occupational, and Speech Therapies** – This is an important aspect of care for residents recovering from falls, injuries or serious illness. The services provided are also different between nursing homes facilities and are important in choosing a home.

**Food Service** – Preparing well-balanced and appetizing meals is an important service nursing homes provide:

- Nursing homes should have a nutritionist or dietician supervise preparation of meals.
- Alternative meals should be made available for residents who have special diets. For example, some residents may be diabetic, keep kosher diets, or eat only soft food.
- Snacks should be available between meals or in resident rooms if they so desire.

**Activities/Programs** – Most nursing homes have a monthly calendar of events that may include visits from volunteers, birthday celebrations, classes, and many other different activities. Programs should be provided for residents of different levels of ability, including those limited to bed rest. Check to see how receptive the facility is to new ideas for activities.

**Social Services** – Available to residents and their loved ones to discuss questions and/or concerns regarding numerous areas. These areas can include adjustment to nursing home placement, suspected abuse, missing items, Medicare coverage, Medicaid enrollment, where to seek assistance for a specific concern, etc.

## **STAFF**

The individuals that work in the nursing home are likely to be important in the lives of the residents. The following is a list of nursing home employees that may work in the nursing home or be advisors to provide services to residents.

### **Administrator:**

- A person licensed by the state to manage a nursing home.
- Ultimately responsible for all nursing home activities.
- In some cases, an administrator is also the owner of the facility or a relative of the owner.
- The administrator is an appropriate person to go to with concerns about problems that need to be solved if other staff has been unable to fix the situation to your satisfaction.

### **Medical Director:**

- A physician (medical doctor) is supposed to create and direct policy for medical care in the nursing home.
- Few facilities have full-time medical directors.

**Physician:** a medical doctor responsible for the resident's medical care. Requirements for physician visits are:

- The physician must visit the resident within 48 hours of the resident arriving at the nursing home.
- The physician must visit the resident covered by Medicare once a month for the first 3 months, then every **60** days.
- The physician must visit the residents with payment other than Medicare once a month for the first 3 months, then every **90** days.

- However, it is recommended that a physician visit a resident monthly, or more often as needed by the resident's condition.

**Director of Nursing (DON):**

- The DON is a registered nurse (RN) who manages the nursing department.
- The nursing department typically includes: nursing supervisors, licensed practical nurses, nurse's aides, and orderlies.
- The Director of Nursing writes job descriptions, hires and fires members of the nursing staff and writes and directs procedures and policies for nursing practice.
- Duties include meeting with residents' families, physicians, committees and community groups are important parts of the job.
- Responsible for quality and safety in patient care, and the correct person to approach about problems that need to be addressed.

**Licensed Practical Nurse (LPN):**

- One who has completed one year in a school of nursing or vocational training school.
- LPNs are in charge of nursing when a registered nurse is not present.
- LPNs give medications and perform treatments.
- They are licensed by the state in which they work.

**Charge Nurse:**

- RN or LPN in charge of resident care in a given unit of the nursing home or in charge of nursing care when the Director of Nursing is not in the nursing home.

**Nurse's Aide:** (also called "Nursing Assistants", "Orderlies", CNAs, or simply "Aides.")

- An employee of a nursing home usually responsible for personal care of the residents (assisting with bathing, feeding, eating, walking, turning in bed, etc.).
- Aides work under the supervision of a professional nurse.
- The state has a register of all aides who have completed the training program.
- Under the law, an aide cannot work at the nursing home for more than four months without being trained and completing an ability test.
- Aides may not perform tasks for which they are not trained.
- Although aides provide 80-90 percent of nursing home care, actually little training or experience is required.

**Pharmacist:**

- Nursing homes will either have a pharmacy at the nursing home, a pharmacist on staff (available by pager) or will contract with a community pharmacy to provide services.
- The pharmacist is responsible for overseeing the pharmacy program in the nursing home and for reviewing each resident's drug program at least monthly.

**Social Service Director:**

- Identifies medically related social and emotional needs of residents and provides services necessary to meet those needs.

- If the social service director is not licensed or trained, this person may be supervised a licensed social worker.
- Most often a facility employs a social service director on a consultant basis.
- Full-time social service directors are required in nursing homes with more than 120 beds.
- Smaller facilities are required to provide a social service director's services.
- Sometimes an activities director or assistant administrator also acts as a social service director.

**Dietary Supervisor:**

- A person trained in planning menus, regular and special diets, and in creating dietary procedures.
- If a dietary supervisor is not licensed, this person may receive consultation from a licensed dietician.

**Activities Coordinator:**

- An individual trained in social, recreational, or therapeutic programming who provides an on-going program of meaningful activities to promote self-care and physical, social, and mental well being of residents.
- The coordinator need not be full-time.
- If he/she does not have professional qualifications, the facility may arrange for consultation by a professionally qualified specialist.

**Occupational Therapist:**

- Trained to conduct therapy to maintain, restore, or teach skills to improve function and manual abilities and eye-hand coordination.
- Most often a therapist serves in a part-time or consultant capacity to the nursing home.

**Physical Therapist:**

- Trained to retain or restore functioning in the major muscles of the arms, legs, hands, feet, back, and neck through movement exercises or treatments.
- Most often a therapist serves in a part-time or consultant capacity to the facility.

**Speech Therapist:**

- Trained to conduct therapy to maintain, restore, or teach swallowing and speech capabilities.
- Will work closely with the dietary staff to provide possible alteration in consistency of food preparation.
- Most often a therapist serves in a part-time or consultant capacity to the facility.

**Maintenance and Housekeeping Staff:**

- Work under the direction of a full-time employee responsible for these services.
- Personnel provide laundry service, cleaning, and maintenance of building and equipment, as well as cleanliness and safety of the facility.

### **Medical Records Supervisor:**

- A nursing home employee whose responsibility it is to supervise medical records services.
- If this employee is not a qualified medical records librarian, the person may consult with someone who is qualified.

## **PROBLEM SOLVING**

Just as problems in life happen at home, they happen in nursing homes as well. The following section is designed to help the resident, family member or friend if they experience a problem within the nursing home.

Before addressing the steps to take for problem solving, review your rights as a resident, a consumer or a family member and the obligations the nursing home has in meeting your needs.

### **Quality of Care**

Nursing homes are regulated on both a federal and a state level. In 1987, the Nursing Home Reform Act was passed about rules nursing homes must follow in order to receive payment from Medicaid. The law specifies:

- Staffing levels and procedures within the nursing home, as well as resident rights and quality of care issues.
- A nursing home should provide care so residents can, "attain or maintain the highest practicable physical, mental and psychosocial **well-being.**"
- There should be "no reduction in a resident's function unless it is medically unavoidable."

The interpretation of the law, however, often varies among nursing homes:

- Some quality of care issues will be subjective while others will be vital to the resident's health.
- There are several ways in which to supervise the quality of care.
- Residents must be involved in discussions of care issues unless they are unable to do so.
- Keeping a good relationship with staff can help you or your family member get what the residents needs.

### **Establishing a Care Plan:**

Meeting the resident's varying needs is vital to her physical and emotional health. Therefore, a care plan should be created for the resident upon her entry into the nursing home and revised yearly or as the status of the resident changes. It should be a comprehensive description of the wants, needs, and goals that will provide the resident with the highest level of mental, physical and psychosocial (psychological and social) success.

The resident, or their legal representative, are required by law to be invited to assist in developing the care plan along with the doctor, nurses, physical therapists and social workers. The care plan will not reflect the wants and needs of the resident if she is not included in the creation of the plan.

## **Residents Rights**

The Nursing Home Reform Law, as well as state law, specifies certain rights for all residents of nursing homes. These laws are outlined in Appendix IV of this booklet. A facility should post these rights in a highly visible area within the nursing home.

## **Role of the Ombudsman**

An ombudsman is a resident advocate (supporter) who often acts as a link between the resident and the nursing home: The ombudsman (advocate) plays a vital role in promoting the rights and needs of the nursing home resident.

- Each state is required to have an ombudsman.
- There are also many ombudsmen working on a local level.
- Ombudsmen are trained to resolve problems in a way that prevents retaliation against the resident.
- They advocate for the residents and monitor the use of laws and regulations within the nursing home.

Some of the responsibilities of the state and local ombudsman include:

- Investigating and resolving complaints made about the nursing home on behalf of nursing home residents.
- Providing information about recent nursing home surveys, as well as providing information on a nursing home's current licensing position.

In Philadelphia, questions or concerns about nursing facilities in the Northeast or Northwest sections of the city can be directed to the Northwest Interfaith Movement (NIM) at (215) 843-0304. For the rest of the city, calls can be directed to CARIE (215) 545-5724. For areas outside of the city, call CARIE at (215) 545-5728 for the phone number of the local Ombudsman.

## **Role of the State Licensing and Certification Office**

As mentioned before, nursing homes must follow certain rules in order to operate legally. In Pennsylvania, the Pennsylvania Department of Health is responsible for surveying nursing homes to ensure they are following these standards. In the past, surveys did not take into account residents' feelings and observations. Now, surveys include information from residents, family members, and the ombudsman:

- Survey results should be posted within the facility and problems are required to be corrected.
- Surveys should be random and unannounced.
- Informing nursing homes of survey dates is illegal.

The state-licensing agency for Pennsylvania is the PA Department of Health. The phone number is

1-877-PA-HEALTH. You can also check recent survey reports at [www.health.state.pa.us](http://www.health.state.pa.us). or [www.medicare.gov/nursinghomecompare](http://www.medicare.gov/nursinghomecompare).

## **Common Problems**

Even with rules in place to protect nursing home residents, problems still arise. There are several common problems faced by residents and these are often made worse for residents who are unable to communicate well.

**Unanswered call bells** – Residents often feel helpless when nurses do not respond to requests for assistance, such as pushing a call bell. Nursing assistants should respond to bells immediately. Inform the director of nursing if call bells repeatedly go unanswered.

**Bed Transfers** – When a resident moves from Medicare reimbursed care to Medicaid reimbursed care in a nursing home, he/she has the right to remain in the same bed in the same room. Although the law states nursing home staff may transfer a resident to another bed in the facility, the nursing home is required to provide the resident with notice, and the resident has the right to request to remain in the same bed if he/she so chooses.

### **Restraint Use –**

- The use of restraints should be considered only when the resident is in danger of harming him/herself or others.
- Restraints must be ordered by a doctor and the length of time they are to be used for should be specified.
- It is illegal to use restraints, either chemical or physical, for the convenience of the staff.
- There are many innovative programs in nursing homes that have completely eliminated the use of these devices.
- If you or a loved one is improperly restrained, talk to staff members, doctors, or local ombudsmen.

### **Toileting –**

- Many people in nursing homes require help going to the bathroom.
- Although it may be difficult for staff members to assist every resident each time, they should accommodate individual needs as much as possible.
- Lack of proper toileting can result in incontinence (inability to control urination) or urinary tract infections (UTIs).
- Remaining in dirty bedclothes and linen can cause decubitus ulcers (bed sores) and can be embarrassing to the resident.
- Inform the staff of the resident's toileting habits and work with them to help best take care of individual needs.

**Dehydration** – Not receiving enough amounts of fluids is, unfortunately, a common problem in many nursing homes and can be a dangerous health risk:

- Residents should be provided with the proper amount of fluids daily and may need help when consuming them.

- There should be a pitcher of water next to each bed or water cups should be kept fresh.
- Dehydration can cause infection, confusion, and bedsores; therefore liquid intake should be monitored closely.

**Nutrition** – Poor nutrition can be caused by several factors:

- Depression, which often goes undiagnosed in the elderly, may cause loss of appetite.
- Unappetizing food results in weight loss or malnutrition.
- Difficulty cutting food or bringing utensils to one's mouth may cause problems. If you are concerned about a resident who is losing weight ask the resident if there is a problem with food.
- For family members, spending a meal with a loved one may provide insight into unexplained weight loss or sickness.
- Check to see if the assistance needed is provided, if the food seems appealing, and if meal trays go back untouched.
- It is not uncommon for residents with dementia to have difficulty swallowing; if you are concerned, make sure an evaluation is done

**Decubitus Ulcers** – (Also known as skin breakdown or bedsores)

- A decubitus is an open sore on the skin, often occurring on the buttocks, back and heels.
- The resident's position should be changed every two hours and he/she may need assistance in doing so.
- Proper nutrition, hydration and cleanliness, can avoid this problem.
- When not medically treated, bedsores can become infected and can cause death.
- Decubitus ulcers often result from over use of physical restraints.
- Keep an eye out for reddened areas that don't go away or broken skin.
- Family members should watch for dressings that are always in the same area.

**Abuse** – Elder abuse is a problem within our society and can occur in various forms:

- Both physical and mental mistreatment is considered abuse.
- The perpetrator may be a nursing home staff person, another resident, a family member or a friend.
- When staff members are not trained or supervised properly, stressful situations can arise which may lead to abusive treatment.
- Regardless of the reasons, abuse should not be tolerated.
- If, as a family member, you see bruises, scratches, blood and/or other such signs of neglect, or if your relative seems scared and has complained of abuse, talk to the director of nursing, the ombudsman, and/or the administrator about the situation.
- As a resident, you can also contact these advocates if you are experiencing unfair treatment.
- Follow your instincts and do not accept excuses.
- Families, friends and residents may want to call Older Adult Protective Services for further assistance. In Philadelphia, the 24-hour hotline is (215) 765– 9033.

**Medicaid Discrimination** – Recipients of Medicaid are vulnerable to unfair practices because the rates of reimbursement from the government are lower than most rates paid by privately paying residents. For example, some nursing homes do not want to admit residents on Medicaid and give

preference to those paying out of pocket. A few nursing homes still participate in the illegal practice of requiring payment after personal funds are depleted, requiring money from family members, or suggesting that admission will not be granted unless sufficient funds are available to pay privately. By law, nursing homes cannot make different the care they give Medicaid recipients and those paying privately. Nursing homes are prohibited from requiring a "donation" to gain admission. Become familiar with your rights as a consumer and contact your ombudsman if you suspect unfair practices.

## **WHERE TO GO FOR HELP**

Being aware of your rights is an important step in preventing future problems. Unfortunately, knowing your rights does not mean that problems will not occur. If you are having a problem in a nursing home, it is helpful to follow certain rules to resolve complaints.

- First, get to know the complaint procedure of the facility. The law requires that you receive a reasonable response to any complaints.
- It is helpful to begin within the nursing home, when at all possible. The social worker should be available to address questions and/or concerns.
- Ask other residents/families if they are experiencing similar problems.
- Talk to the staff person in charge and try to work the problems out with the person involved.
- Begin with the easiest and least challenging encounter.
- Attempt to remain as impartial and firm as possible in your approach.
- If you do not feel comfortable taking up your concern with staff, don't hesitate to contact the long-term care Ombudsman.

If you do not like the response you receive from the staff member, try talking to his or her supervisor. If this does not produce results, discuss the matter with the director of nursing or the administrator. It may be helpful to keep notes of conversations held.

Many facilities now have resident or family councils. These are groups that meet together to share thoughts and experiences, make suggestions and voice concerns about life in the nursing home. A staff member, such as the activities coordinator, may lead such councils; however, residents have the right to meet without staff present. Resident and family councils are good opportunities for determining if your problem exists on a larger scale within the home and for establishing plans of action for solving problems.

If these avenues do not resolve the difficulty, or if you are uncomfortable about approaching staff, you may want to discuss the matter with your ombudsman, and in extreme cases, with the state licensing and certification office. When all else fails, you may consider moving to a different facility. You can also contact CARIE at (215) 545-5728 to discuss your options or contact a legal service provider.

## APPENDIX I

### Checklist of Important Factors in Choosing a Nursing Home

- Is the nursing home licensed and accredited?
- Is the facility Medicaid and Medicare certified?
- Is the home close to friends and family members for visiting?
- Does the nursing home encourage visitors? Are the visiting hours flexible?
- What is the soon-to-be resident's financial situation? Does this home seem possible financially?
- What services require extra payment?
- What health and rehabilitative services are needed for the soon-to-be resident? Does this facility provide them?
- Will the resident's doctor continue to see him/her in the nursing home?
- Are medical records kept private?
- What is the plan for dental care?
- What arrangement does the nursing home make for pharmacy services?
- Does the nursing home keep accurate and updated care plans that involve the resident and/or family members?
- Is there a clear plan for transportation to the hospital?
- What social services are offered?
- Is privacy respected in the nursing home? Are belongings safe?
- Can spouses room together?
- Does the home emphasize respect for independence and dignity of its residents?
- Are religious needs met in the nursing home?
- Does the nursing home have enough staff? Does staff respond to residents? How does staff respond? Are call bells answered promptly? Does the staff seem overworked?
- Does staff seem to interact well with the residents?
- Do other residents and family members speak highly of the nursing home?
- Are residents dressed and clean?
- Is the home clean, safe and odor free?
- Do you see a lot of physical restraints or an over-emphasis on medication? What is the nursing home's philosophy on restraints?
- What is the food like? Is there a dietician on staff? Where do residents eat?
- Is there water provided in the room of each resident?
- What is the activities schedule like? Are there volunteers that help and visit? Are there activities for all residents, regardless of their abilities?
- Is there a resident and/or family council?
- Is the Resident Bill of Rights posted?
- Do the rooms seem comfortable and home-like? Can the resident decorate his/her own room and bring personal belongings?
- Does the nursing home provide proper equipment, such as grab bars, in the hallways and bathrooms?
- Are there fire equipment, sprinklers, and smoke detectors?

## APPENDIX II

### Checklist for the Medical Assistance Application Process

- Determine if a nursing home is needed after exploring all options.
- In Philadelphia, call Long Term Care Access (LTCA) at (215-765-6580) to start the nursing home grant application. Note date called and contact person. In other counties call CARIE for a referral (215-545-5728)
- Start looking for nursing homes in your area.
- Receive blank medical form (MA 51) from LTCA.
  - Provide the doctor with medical forms. Note date.
  - Collect medical forms from doctor:
  - Check for completion of forms and signatures on each form.
  - Make photocopies of medical forms.
  - Mail forms to LTCA. Note date.
- Prepare for LTCA interview by collecting financial information and making copies.
- Schedule LTCA interview. Note date and name of worker.
- Gather any financial information requested by LTCA worker:
- Make photocopies of information.
- Within nine days of the LTCA interview, mail the photocopied information to LTCA with name of applicant and LTCA worker clearly on information. If more than nine days have passed since the interview, mail the information directly to the County Assistance Office.
- Receive letter from LTCA indicating nursing home eligibility.
- Receive form PA 162 indicating eligibility for Medical Assistance for nursing home care. Note the expiration date for financial eligibility.
- Call nursing home with which you have already had contact and arrange for admission. You may want to get on several waiting lists to speed up admission.

## APPENDIX III

### Documentation Required for Medical Assistance Eligibility Determination

Have proof available on the following as it applies:

#### IDENTITY/MEDICAL RESOURCES

- Social Security Card
- Medicare Card
- Blue Cross/Blue Shield Card and **payment stubs**
- Medical Assistance Card

#### INCOME/WAGES

- Social Security Check (current)
- SSI Check (current)
- Statement of benefits from Social Security Administration
- VA Check
- Railroad Retirement Check
- Dividends/Interest Statements
- Black Lung Benefits
- Pensions
- Alimony/Child Support
- Support from Relatives
- Rental Income
- Other Income Source (specify) i.e. accident settlements, inheritance, endowment & trust income, etc.
- Unemployment benefits
- Disability benefits (non-SSI)

#### EXPENSES

- Rent or Mortgage
- Utility Bills
- Unpaid Medical Bills from last 3 months

#### ASSETS/RESOURCES

- Savings and/or Checking Account
  - statements for past 3 years
  - copy of bank book reflecting past 3 years
- Christmas/Vacation Club
- Bank Certificates
- Bonds
- Stocks
- Life Insurance Policies
  - face value (copy front of policy including policy number and beneficiary's name)
  - cash surrender value
- Burial Fund/Reserve
- Trust Fund (information from the past five years)
- Burial Plot
- Ownership of Property
  - deed
  - value of property
  - property tax receipt
- Sales agreement for property sold or transferred in past 3 years
- Cash on Hand

## APPENDIX IV

### Nursing Home Residents' Rights

1. You have the right to be informed in writing of your rights and the policies and procedures of the facility.
2. You have the right to know about services and charges.
3. You have the right to know about your medical condition.
4. You have the right to participate in your plan of care, including the right to refuse treatment.
5. You have the right to choose your own physician and to use the pharmacy of your choice.
6. You have the right to have your personal and medical records treated as confidential.
7. You have the right to manage your own personal finances.
8. You have the right to privacy and to be treated with dignity and respect.
9. You have the right to use your own clothing and possessions.
10. You have the right to be free from mental, physical and sexual abuse, exploitation, neglect and involuntary seclusion.
11. You have the right to be free from restraints.
12. You have the right to voice a grievance without retaliation.
13. You have the right not to be transferred or discharged, except for medical reasons, your own welfare or that of another resident, non-payment, or if the home ceases to operate.

If you have any questions feel free to contact CARIE at 215-545-5728.