

PUBLIC PAY RESOURCE GUIDE:

*Medicaid & Medicare Government Funding
for Senior Housing & Care*

U.S. EDITION



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INTRODUCTION: HOW TO USE THIS GUIDE

At A Place for Mom, we know that the cost of senior care can stretch family budgets to the breaking point. We also know that as difficult as it can be to get a true picture of a loved ones' needs and then match him or her with the perfect senior care community, it can be even more difficult to figure out how to finance needed care. Understanding Medicare, Medicaid and what aid your loved one is qualified to receive can provide a solid foundation for making key decisions surrounding these issues.

Unfortunately, while A Place for Mom can help simplify the process of finding a nursing home or assisted living facility, federal law prevents us from working with families who intend to use Medicare and/or Medicaid to pay for care. With this in mind, we've assembled this guide to help you independently find the right resources to help you find and pay for care using public funding.

This guide includes the following information:

- What Medicare and Medicaid each cover
- How to find and choose a senior care community that accepts Medicare and Medicaid
- How to manage the transition from hospital care to a nursing home or assisted living facility
- How to arrange for home care services via a Medicaid Waiver program
- Accompanying checklists and worksheets to help you organize the selection and admission process
- We hope that, armed with this guide, you'll be able to find good, affordable care for your loved ones.

Ch. 1: UNDERSTANDING MEDICARE & MEDICAID

Medicare and Medicaid play different, equally important roles in providing public funding for health care. According to Medicare.gov “Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease.” Meanwhile, Medicaid provides assistance for low-income seniors and other disadvantaged populations.

According to Medicaid.gov, “Medicaid provides health coverage to more than 4.6 million low-income seniors, nearly all of whom are also enrolled in Medicare...In total, 8.3 million people are “dually eligible” and enrolled in both Medicaid and Medicare.”

After a major health event and hospitalization, Medicare may pay for a short-term stay (typically between 20 and 100 days) at a skilled nursing facility that provides physical, occupational, speech or respiratory therapy. Once rehabilitation is complete, Medicaid can help pay for any necessary ongoing care. Medicaid can also help pay for any costs that Medicare doesn’t cover during the initial short-term stay.

MEDICARE BENEFITS & LIMITATIONS

Medicare has four components:

- Part A, Hospital Insurance: This helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), and/or some home health care and hospice care.
- Part B, Medical Insurance: This helps pay for doctors’ services and many other medical services and supplies that are not covered by hospital insurance.
- Part C, Medicare Advantage: These plans are available in many areas. People with Medicare Parts A and B can choose to receive all of their health care services through one of these provider organizations under Part C.
- Part D, Prescription Drug Coverage: This helps pay for medications doctors prescribe for treatment.

It’s important to realize that Medicare covers only short-term, non-custodial care. This means you cannot use Medicare to cover long-term nursing home stays or assisted living.

To get more detailed information about what Medicare covers, read “Medicare & You” (Publication No. CMS-10050). To receive a copy, call the Medicare toll-free number, 1-800-MEDICARE (1-800-633-4227), or go to www.medicare.gov/publications.

Source: Medicare – SSA Publication No. 05-10043, ICN 460000, July 2012

MEDICAID BENEFITS, ELIGIBILITY & EXPANDED PROGRAMS

BENEFITS

The benefits covered for the elderly through Medicaid are different in each state, but certain benefits are covered in every Medicaid program.

Typical services that are commonly covered by Medicaid include:

- Inpatient and outpatient hospital services not covered by Medicare
- Long-term care services and supports including nursing home care and nursing home alternatives
- Home health services
- Prescription drugs
- Physical, occupational or speech therapy
- Eye glasses and hearing aids
- Respite and other in-home long term care
- Personal care services
- Hospice

Source: <http://www.healthcare.gov/using-insurance/low-cost-care/medicaid/index.html>

To learn more about your state Medicaid program and other options available to you, visit www.finder.healthcare.gov or www.medicaid.gov.

ELIGIBILITY

Medicaid eligibility varies by state, but the federal government requires each state to cover certain populations. People with disabilities are eligible in every state. In some states, people with disabilities qualify automatically if they get Supplemental Security Income (SSI) benefits. Seniors who do not have disabilities, but are looking to finance long-term care with Medicaid may need to show both that care is needed and that their income will not cover the cost of care.

BUY-INS

Some states also have “buy-in” programs that allow people with disabilities with incomes above regular Medicaid limits to enroll in the Medicaid program.

AFFORDABLE CARE ACT

The recent Affordable Care Act expansion will help low-income adults who have disabilities, but don't meet the disability requirements of the SSI program. The expansion will also help those whose income is above their state's current eligibility levels. The Medicaid program continues to move toward providing more community-based care options as an alternative to nursing homes. There will be more opportunities for people of all ages who have a disability to get help with daily activities while remaining in their homes.

HOME AND COMMUNITY-BASED SERVICES “MEDICAID WAIVERS”

Home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or in assisted living communities. These programs serve a variety of targeted population groups, such as people with mental illnesses, intellectual disabilities and/or physical disabilities, and the elderly.

MONEY FOLLOWS THE PERSON (MFP)

The “Money Follows the Person” Rebalancing Demonstration Program (MFP) helps states rebalance their long-term care systems to transition people with Medicaid from institutions to home- and community-based services. Forty-three states and the District of Columbia have implemented MFP Programs. From spring 2008 through December 2010, nearly 12,000 people have transitioned back into the community through MFP Programs. The Affordable Care Act of 2010 strengthens and expands the “Money Follows the Person” Program to more states.

People that live in an institution for more than 90 consecutive days are eligible for the Money Follows the Person Program. (Exception: the number of days that a person was living in an institution for the sole purpose of getting short-term rehabilitation services reimbursed by Medicare don't count toward this 90-day period).

The stated goals of the MFP program are as follows:

- Increase the use of home and community-based services (HCBS) and reduce the use of institutionally-based services.
- Eliminate barriers in state law, state Medicaid plans, and state budgets that restrict the use of Medicaid funds to let people get long-term care in the settings of their choice.
- Strengthen the ability of Medicaid programs to provide HCBS to people who choose to transition out of institutions.
- Put procedures in place to provide quality assurance and improvement of HCBS.

States participating in MFP include: AR, CA CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, TN, TX, VA, VT, WA, WI, WV and the District of Columbia

Source: www.medicaid.gov

Ch. 2: **MEDICARE, MEDICAID & NURSING HOME STAYS**

WHAT MEDICARE COVERS

This is what Medicare covers:

- 100% of the first 20 days in a Medicare approved skilled nursing facility after a three night minimum inpatient hospitalization (Medicare must approve).
- 80% of days 21-100 in a Medicare-approved skilled nursing facility (Medicare must approve).

QUALIFYING STAYS

Not all three-night hospital stays automatically qualify for inpatient rehabilitation, and you are not guaranteed a full 100 days even if you do qualify. Talk to a doctor, social worker, discharge planner or case manager at the hospital to help determine if rehabilitation is the next best step for your loved one.

PRIVATE INSURANCE

If your loved one has other health insurance, such as Blue Cross or Aetna, you will need to contact the insurer directly to determine the amount of skilled nursing coverage included in the policy. If you are having difficulties determining coverage, ask the social worker, discharge planner or case manager at the hospital to assist you.

WHAT MEDICAID COVERS

If you are unable to pay the Medicare co-pay for days 21-100, or pay for long-term care in the skilled nursing facility after rehabilitation is complete, Medicaid may be able to assist you. Medicare never pays for assisted living; however, some states do participate in Medicaid waiver programs like Home & Community-Based Services, and Money Follows the Person, which pay for long-term care in assisted living or at home.

A listing of Medicaid websites can be located on the A Place Mom website at <http://www.aplaceformom.com/senior-care-resources/articles/directory-state-medicaid-websites> and at www.medicaid.gov.

Ch. 3: **SELECTING A SKILLED NURSING FACILITY THAT ACCEPTS MEDICARE OR MEDICAID**

Step 1: **REVIEW WEBSITES**

Review information about local skilled nursing facilities on <http://www.medicare.gov/NursingHomeCompare/search.aspx> and on nursinghomes.com. You can also call (1-855-Kindred) or email KindredNurseHelpline@kindred.com, a free resource staffed 24/7 by registered nurses who help individuals find healthcare solutions that best fit their needs.

When reviewing the Medicare website, it's important to know that nursing homes seldom receive five stars in every category. If you are concerned about a nursing home's rating, click the name of the community to learn more about the listed rating, such as the level of harm and how many residents were affected by a violation. If you're still concerned about a violation, ask the Admissions Director about it when you tour. What have they done to correct the violation? How will they prevent this from happening again in the future?

Ratings measure whether the nursing home meets certain "minimum" standards. If a nursing home has no deficiencies, this means that it has met the minimum standards at the time of inspection by state officials. Inspections do not identify nursing homes that give outstanding care. Keep in mind that the quality of a nursing home may change drastically in a short period of time. That is why it is always important to tour before making a final decision.

Step 2: **SELECT UP TO SIX LOCATIONS FOR THE LONG-TERM CARE OPTIONS**

Select up to six locations that may be a good match for your loved one. Jot down their information on the Long-Term Care Options Worksheet provided in this packet.

Step 3: **CALL TO DETERMINE AVAILABILITY AND SCHEDULE A TOUR**

Call the six locations you selected, and ask for the Admissions Director. If your loved one is in the hospital, let the Admissions Director know that you are searching for a skilled nursing facility that provides short-term Medicare Rehab. If your loved one is not hospitalized, let the Admissions Director know you are searching for a long-term care bed.

- If hospitalized, be prepared to provide the Admissions Director with the name of the hospital your loved one is in, as well as the name of the social worker or discharge planner you may be working with at the hospital.
- Ask if they have any openings or anticipate any openings soon.
- Ask if they can evaluate your loved one to determine if the skilled nursing facility can provide the necessary care required.
- If they have an opening, schedule a tour of the skilled nursing facility right away!

Step 4: GATHER ALL NECESSARY PAPERS FOR ADMISSION

If your loved one is in the hospital, notify the social worker, discharge planner or case manager at the hospital of any skilled nursing facilities you are considering and the dates and times you are scheduled to tour. Ask to have all relevant paperwork faxed to these skilled nursing facilities, including a list of diagnoses, doctor's notes, face sheets and any other paperwork required by your state (the social worker, discharge planner or case manager will know what paperwork to send).

If your loved one is not in the hospital, you will need to schedule a doctor's appointment to complete the necessary paperwork, including a TB test, history and physical, list of medications and any specific state-required documents. The Admissions Director at the skilled nursing facility can provide you a copy of all necessary paperwork.

The Admissions Director will be able to assist you with applying for Medicaid or will be able to provide you with the local contact information for the Medicaid office nearest you.

Step 5: COMMUNICATE WITH OTHER FAMILY MEMBERS & THE POTENTIAL RESIDENT

Involve other family members in the decision process. If siblings or other family members are able to assist, be sure to enlist their help in the decision-making process and notify them of the skilled nursing facilities you are considering. For tips on improving communication with siblings check out our blog, <http://www.aplaceformom.com/blog/when-siblings-clash-about-parents-care>.

If your loved one is well enough, be sure to ask for their input. You may even want to bring a laptop computer or camera to the hospital or their home to show them the skilled nursing facilities you have visited.

Step 6: TOUR, TOUR, TOUR!

Visit the skilled nursing facilities that have openings, and take a tour. A touring checklist is available on the Medicare website at <http://www.medicare.gov/files/nursing-home-checklist.pdf>, including what to look for and questions to ask when touring.

Step 7: FIND OUT THE OUTCOME OF THE MEDICAL EVALUATION & COMMUNICATE WITH THE SOCIAL WORKER, DISCHARGE PLANNER OR CARE MANAGER

If your loved one is not in the hospital, you will need to contact the skilled nursing facility directly to find out the results of the medical evaluation.

If your loved one is in the hospital, call the social worker or discharge planner at the hospital and let him or her know your top two choices.

- Have they heard back from the two skilled nursing facilities you have selected regarding the outcome of the medical evaluation you requested when you initially contacted the facility?
- Can either of the two skilled nursing facilities accept your loved one?
- If they are able to accept them, when do they anticipate transferring them to the skilled nursing facility?
- If they are unable to meet their needs, did they indicate why?
- Does the social worker or discharge planner need anything else from you to ensure a smooth transition from the hospital to the skilled nursing facility?

Step 8: SIGN THE ADMISSION PAPERWORK

If your loved one is hospitalized, the hospital social worker or discharge planner will arrange transportation to the skilled nursing facility. If your loved one is at home and medically cannot travel in a car to the skilled nursing facility, ask the Admissions Director for references for non-emergency ambulance services.

If you have power of attorney, or your loved one is unable to sign the admission paperwork, you will need to make arrangements to sign the documents before or at the time of arrival.

Things to bring with you for admission:

- Medicare Card
- All secondary insurance cards
- All paperwork given to you from the hospital or completed by your physician
- A copy of all legal paperwork, including Power of Attorney, living will and Do Not Resuscitate (DNR) orders
- List of family members and phone numbers to contact in case of emergency
- A list of all doctors, dentists and professionals your loved one is seeing
- Clothing, toiletries and personal items (be sure to label everything)
- A few things to make your loved one's room more personal, such as photos, a favorite blanket, pillow or slippers
- Do not bring: clothing items requiring special care, valuables, jewelry, fragile items or family heirlooms

Step 9: ATTEND THE CARE PLAN CONFERENCE

Every skilled nursing facility that provides services under Medicare or Medicaid must complete an initial assessment and an initial Care Plan Conference.

A Care Plan Conference is a meeting typically attended by the nurse, social worker, therapists, activity director, dietician and other key members of the staff responsible for the care of your loved one. It is important that the patient (if able) and a family member also participate in the Care Plan Conference.

During this conference you will learn about the staff's medical and non-medical concerns and goals for rehabilitation. The staff will work with you to outline a care plan for your loved one and coordinate rehabilitation goals, including the length of the stay. These goals may change at a subsequent Care Plan Conference, dependent on your loved one's progression in therapy.

Ch. 4: **SELECTING ASSISTED LIVING OR HOME CARE SERVICES THROUGH A MEDICAID WAIVER PROGRAM**

Step 1: **REVIEW WEBSITES**

Review information online about Medicaid Waiver programs available in your state. A list of helpful links to state websites can be located on the A Place for Mom website at <http://www.aplaceformom.com/senior-care-resources/articles/directory-state-medicaidwebsites>. You can also learn more about Medicaid Waiver Programs by visiting www.medicaid.gov.

Step 2: **CONTACT YOUR LOCAL MEDICAID OFFICE, DEPARTMENT OF AGING, DEPARTMENT OF ELDER AFFAIRS, OR LOCAL SOCIAL SERVICE AGENCY**

- Request a list of all Medicaid programs in your state that your loved one may be eligible for.
- What is the process for applying for a Medicaid?
- Can they assign a case worker to assist you with the application process?
- Is there a waiting list? If so, how long is the waiting list? Are they currently adding individuals to the waiting list?
- What are the income and asset qualifications for Medicaid Waiver programs?
- Are there any programs that would provide services in your loved one's home?
- Are there any programs that would provide services in assisted living?
- Ask them to mail you a list of providers that participate in the Waiver Program you are interested in or to provide you a link to the information online.
- If your loved one is currently in a skilled nursing facility under Medicaid, ask if there are any programs available under Money Follows the Person program.

Step 3: SELECT UP TO SIX LOCATIONS FOR THE LONG-TERM CARE OPTIONS

Review the list or website provided by the Medicaid office. Select up to six locations that may be a good match for your loved one. Jot down their information on the Long-Term Care Options Worksheet provided in this packet.

Step 4: CALL TO DETERMINE AVAILABILITY AND SCHEDULE A TOUR

Call the six locations you selected and ask for the Admissions/Marketing Director.

- Ask if they have any openings or anticipate any openings soon.
- Let them know which Medicaid programs you are considering.
- Ask if they can evaluate your loved one to determine if the community can provide the necessary care.
- If they have an opening, schedule a tour of the community right away!

Step 5: GATHER ALL NECESSARY PAPERS FOR ADMISSION

If your loved one is in the hospital, notify the social worker, discharge planner or case manager at the hospital of any communities or service providers you are considering and the dates and times you are scheduled to tour. Ask to have all relevant paperwork faxed to these providers, including a list of diagnoses, doctor's notes, face sheets and any other paperwork required by your state (the social worker, discharge planner, or case manager will know what paperwork to send).

If your loved one is not in the hospital you will need to schedule a doctor's appointment to complete the necessary paperwork. The Admissions/Marketing Director at the can provide you a copy of all necessary paperwork.

Step 6: COMMUNICATE WITH OTHER FAMILY MEMBERS & THE POTENTIAL RESIDENT

Involve other family members in the decision process. If siblings or other family members are able to assist, be sure to enlist their help in the decision-making process, and notify them of the communities or service providers you are considering. For tips on improving communication with siblings check out the following article on our blog: <http://www.aplaceformom.com/blog/when-siblings-clash-about-parents-care>.

If your loved one is well enough, be sure to ask for their input. You may even want to bring a laptop computer or camera to the hospital or their home to show them the communities or service providers you have visited.

Step 7: TOUR, TOUR, TOUR!

Visit the communities that have openings, and take a tour. Visit the A Place for Mom website (<http://assisted-living.aplaceformom.com/articles/assisted-living-residence-checklist>) to print a touring checklist, including what to look for and questions to ask when touring.

If you are considering a home care provider, visit the following article for tips on choosing home care: <http://www.aplaceformom.com/senior-care-resources/articles/tips-for-choosing-home-care>.

Step 8: FIND OUT THE OUTCOME OF THE MEDICAL EVALUATION, AND COMMUNICATE WITH THE SOCIAL WORKER, DISCHARGE PLANNER, OR CARE MANAGER

If your loved one is in the hospital, call the social worker or discharge planner at the hospital and let him or her know your top two choices.

- Have they heard back from the two communities or service providers you have selected regarding the outcome of the medical evaluation you requested?
- Can either of the two accept your loved one?
- If they are able to accept them, when is the anticipated discharge from the hospital?
- If they are unable to meet their needs, did they indicate why?
- Does the discharge planner need anything else from you to ensure a smooth transition from the hospital to the next phase of care?

If your loved one is not in the hospital, you will need to contact the community or service provider directly to find out the results of the medical evaluation.

Step 9: SIGN THE ADMISSION PAPERWORK

If you have power of attorney, or your loved one is unable to sign the admission paperwork, you will need to make arrangements to sign the documents before or at the time of arrival.

Things to bring with you for admission:

- Medicare Card
- All secondary insurance cards
- All paperwork given to you from the hospital or the admission paperwork filled out by the doctor
- A copy of all legal paperwork including Power of Attorney, living will, and Do Not Resuscitate (DNR) orders
- List of family members and phone numbers to contact in case of emergency
- A list of all doctors, dentists, and professionals your loved one is seeing
- Clothing, toiletries, and personal items (be sure to label everything)
- A few things to make your loved one's room more personal, such as photos, a favorite blanket, pillow, or slippers
- Do not bring: clothing items requiring special care, valuables, jewelry, fragile items or family heirlooms

Checklist: **SELECTING A SKILLED NURSING FACILITY**

- STEP 1:** Review websites
- STEP 2:** Select up to six locations for the Long-term Care Options Worksheet
- STEP 3:** Call communities to determine availability, schedule a tour and request a medical evaluation
- STEP 4:** Gather all of the necessary paperwork for admission
- STEP 5:** Communicate with other family members and the potential resident
- STEP 6:** Tour, tour, tour! Visit each location and ask questions
- STEP 7:** Find out the results of the medical evaluation and communicate with the social worker, discharge planner, or care manager at the hospital if hospitalized
- STEP 8:** Sign the admission paperwork
- STEP 9:** Attend the Care Plan conference

Checklist: **SELECTING ASSISTED LIVING OR HOME CARE SERVICES THROUGH A MEDICAID WAIVER PROGRAM**

- STEP 1:** Review websites
- STEP 2:** Contact your local Medicaid Office, Department of Aging, Department of Elder Affairs or local Social Service Agency
- STEP 3:** Select up to six locations for the Long-Term Care Options Worksheet
- STEP 4:** Call communities or service providers to determine availability, schedule a tour and request a medical evaluation
- STEP 5:** Gather all of the necessary paperwork for admission
- STEP 6:** Communicate with other family members and the potential resident
- STEP 7:** Tour, tour, tour! Visit each location and ask questions
- STEP 8:** Find out the results of the medical evaluation and communicate with the social worker, discharge planner, or care manager at the hospital if hospitalized
- STEP 9:** Sign the admission paperwork

LONG-TERM CARE OPTIONS WORKSHEET

OPTION 1

Skilled Nursing Facility:	Name of person you are talking to:
Address:	Beds available?
Telephone	Tour date/time:

OPTION 2

Skilled Nursing Facility:	Name of person you are talking to:
Address:	Beds available?
Telephone	Tour date/time:

OPTION 3

Skilled Nursing Facility:	Name of person you are talking to:
Address:	Beds available?
Telephone	Tour date/time:

OPTION 4

Skilled Nursing Facility:	Name of person you are talking to:
Address:	Beds available?
Telephone	Tour date/time:

OPTION 5

Skilled Nursing Facility:	Name of person you are talking to:
Address:	Beds available?
Telephone	Tour date/time:

OPTION 6

Skilled Nursing Facility:	Name of person you are talking to:
Address:	Beds available?
Telephone	Tour date/time:

OTHER RESOURCES:

The following government resources offer information and additional links to helpful federal, national and local programs that benefit seniors.

- Medicaid (www.medicaid.gov): Visit this website to learn more about federal Medicaid, how to apply and the types of medical expenses the program may cover. To locate specific links to your state website, select your state in the State Profiles section of the home page.
- Administration on Aging (www.aoa.gov): The “Elders and Families” section of the AoA is particularly useful for accessing links to information regarding state and local services for older adults and their families, public and private benefits programs, Medicare and long-term care planning
- Eldercare.gov (www.eldercare.gov): This helpful website offers fact sheets, booklets and links to federal websites.
- U.S. Department of Housing and Urban Development (www.hud.gov): Here you can find information on affordable housing for seniors and rental assistance, among other things.
- The National Council on Aging (www.ncoa.org): This site provides a list of federal and state assistance programs.
- Department of Veterans Affairs (www.va.gov): Veterans benefits provide those who have served their country with financial assistance during their retirement years. To learn if you are eligible, visit this website and review the information under “Veteran Services.”
- Disability.gov (www.disabilityinfo.gov): A comprehensive guide on disability programs and services, including Social Security benefits and affordable, accessible housing, this website provides links to more than 14,000 resources from federal, state and local government agencies; academic institutions; and nonprofit organizations.
- Mental illness (www.nami.org): – The National Alliance on Mental Illness; this website has a link that can direct to your State NAMI office and website which provides additional support for families.