

# COMMUNITY PARTNERSHIP FOR IMPROVED LONG-TERM CARE

## Mission

The *Community Partnership for Improved Long-Term Care* brings together concerned individuals and groups to work for improved quality of care in long-term residential facilities in the City of Charlottesville and the Counties of Albemarle, Fluvanna, Greene, Louisa and Nelson (Region 10).

## Who We Serve

The Partnership provides information and assistance to and on behalf of, residents in long-term care facilities and their loved ones and to staff who seek help in overcoming obstacles to providing quality care.

## What We Do

The Partnership provides:

- Information, advocacy and referrals on long-term care issues.
- Advice and technical support to those starting family councils
- Advice and technical support to residents' councils
- Legal representation for low-income residents on issues such as:
  - ❖ Admissions contracts
  - ❖ Residents' rights in long-term care facilities
  - ❖ Quality and level of care
  - ❖ Abuse and neglect
  - ❖ Medical, rehabilitative and mental health services
  - ❖ Discharges and transfers
  - ❖ Medicaid eligibility and coverage
- Assistance to facility staff who experience obstacles to providing quality care.

## **INTRODUCTION**

There is an enormous amount of material available from a very wide range of sources for those trying to select a nursing home. Naturally there is a great deal of repetition in all this, leading to confusion and to time being wasted.

Consequently the Partnership has drawn up this brochure in an attempt to guide the user through the process in the most direct and efficient manner, leaving extraneous material to one side. The basic document used was a general one originally produced by AARP. This has been complemented by additional guiding notes added to the text, a fact sheet about the nursing homes in Region 10 and a short bibliography of only five web sites. We believe that the contents of this brochure will enable you to make an informed choice of nursing home in this region.

In the back pocket of the folder you will find additional documents, some of which are referred to in the text. We suggest that you have these beside you when reading through the brochure.

There is reference to information available on the Internet. If you do not have a computer and/or are not reasonably well-versed in the use of computers, you may go to your local library where computers are almost sure to be located for public use and you should find that the staff will be able to assist you.

We wish to acknowledge the base document entitled "Choosing Good Care: A Family Guide to Finding a Nursing Home" that was published by AARP who kindly agreed to our using it as a basis for our local effort.

Finally, when you have completed your search and have settled upon a home, we would be most grateful to receive any comments, both negative and positive, from you on the usefulness of this brochure so that we can make such improvements as may be necessary. Thank you.

We have tried to keep the brochure as short as possible and we sincerely hope that you will find it very helpful.

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## **INTRODUCTION TO TEXT**

Unfortunately the time at which a person is trying to select a good nursing home for a friend or relative is usually one of stress and distress. Few people choose to move into a nursing home. The decision is usually forced by a sudden decline in their health or mental ability or by a gradual realization that they can no longer receive the care they need at home. The decision-maker is usually a member of the family or a close friend. This brochure is intended to try to take some of the worry you may have that you will overlook something in selecting a home or in going through the admission process. It

will help you to look in the right places, ask the right questions and find local sources of help and information. Obviously there is no guarantee that the outcome will be wholly to your liking as only experience itself will tell just how satisfactory any nursing home actually is.

Although you may reach a decision on your preferred nursing home there is absolutely no guarantee that you will be accepted there. Nursing home beds are in generally short supply in Region 10. With nursing homes operating at close to full occupancy competition between homes for your business is limited. You should therefore make a list of your preferred facilities so that, if your first choice fails, you are ready to move down the list. However, please note that you can change nursing homes at any time provided that the desired home is in a position to accept you. This applies whether you are paying privately or are on Medicaid provided, of course, that a Medicaid bed is available. In this context please note the later comments on leaving a nursing home (page 14).

At any given time you may find nursing homes you feel you want to avoid. Others, however, will give you a sense that they will be perfectly suitable to your needs.

If possible, begin your search early. The more time you give yourself to find a nursing home, the better are your chances of making the right choice. If, however, the need for long-term care of this type has come unexpectedly and your loved one needs a nursing home right away, refer to page 10 of this brochure for tips on making the best decision when you have little time.

## **“How do I start?”**

**Involve your loved one in making decisions.** This can help him or her more readily accept this major change in life and trust you as a caregiver and adviser.

**Involve other family members.** Share the responsibility with others as much as you can.

**Make a list of nursing homes close to family and friends who will visit often and oversee your loved one’s care.** Residents with frequent visitors usually get better care. Information about nursing homes in Region 10 is available from numerous local sources but we suggest the following as being the best places to start:

Long-term care Ombudsman at JABA, the Alzheimer’s Association, Partnership for Improved Long-Term Care, Senior Center and the Social Services offices for Charlottesville, Albemarle, Greene, Fluvanna, Louisa and Nelson.

**In case your loved one may not be able to pay out-of-pocket for as long as may be necessary, look for nursing homes that take Medicaid.** Medicaid helps pay the nursing home expenses of people whose income and savings do not cover the cost. If your loved one will need financial assistance, you should probably look only at nursing

homes that accept Medicaid. Most do. (See “Medicaid Coverage for Nursing Home Care” on page 14.) You should note that in 2005 the approximate average annual cost of a nursing home bed at the private pay rate is \$55/60,000 in our Region.

- **Consider homes that take Medicare even though Medicare does not pay for long-term nursing home care.** Medicare pays only for short periods of skilled nursing facility (SNF) care after a period of hospitalization. (See “Medicare Coverage for Skilled Nursing Facilities” later in this brochure.) You may, however want to consider a Medicare facility for other reasons. First, residents who can take advantage of the Medicare SNF benefit save their own money during the weeks they are recovering but note the restrictions. Second, in some areas, nursing homes that accept both Medicare and Medicaid give preference to applicants who are admitted first as Medicare patients. If your loved one is eligible for Medicaid, he or she may find it easier to get into a nursing home that accepts both kinds of payments.

**Note:** Nursing homes that are certified to accept Medicare/Medicaid patients are required to undergo periodic inspection for compliance with set standards of care. In the course of your inquiries into the standing of each home try to find out if it has ever been denied certification by Medicare/Medicaid or had such certification withdrawn. This is a matter of public record but it may be difficult to find out from the home itself. The local or state ombudsman should be able to verify certification status for each home. Denial or loss of certification could be a strong indicator of serious problems at a home. More than one nursing home in Region 10 has fallen into this category recently.

**There is a list of the nursing homes in Region 10 in the back of this brochure.** In addition there is a further list of these nursing homes showing certain facts and figures about them together with explanatory notes. This second list is current at the time of printing but please check the latest data with the Partnership or JABA for any updates and changes to the information.

## Who can I talk to?

**Talk to as many people as you can.**

- When visiting homes take time to talk to as many residents as possible about their experiences there. Try also to speak to family members who have had loved ones in the homes in which you are interested. A nursing home that is happy with its reputation should not be averse to your contact with its residents.
- Nursing home employees, especially the nursing assistants (CNAs) who have the closest contact with the residents
- Long-term care ombudsman. This program is run from JABA and most nursing homes have a volunteer long-term care ombudsman attached to them who would be only too pleased to talk to you.
- The Alzheimer’s Association for those concerned with Alzheimer’s disease or other dementia problems.
- The Partnership for Improved Long-Term Care

- Doctors, hospital social workers, clergy and other professionals who come into contact with nursing homes such as physical therapists.
- **Reputation** is often an excellent guide. By speaking to these people you will be able to obtain a broad impression of the nursing home from a number of different aspects.
- **Brochures** will be given to you by nursing homes giving details of their facilities and so forth. Remember that these are promotional materials and may not bear much resemblance to the realities of the situation in the nursing home.
- If you have access to the Internet, the federal government's *Nursing Home Compare* site ([www.medicare.gov/nursing/home.asp](http://www.medicare.gov/nursing/home.asp)), which is excellent, is easy to navigate and will enable you to compare every Medicare and Medicaid nursing home in the region. Please note, however, that as with all government statistics there is a time lag so it is not completely up-to-date at all times. (Details of this web site are included in the bibliography at the end of this brochure.)

**Read the inspection report of the homes in which you are interested.** State officials inspect nursing homes for compliance with state licensing requirements. These periodic inspections are, at least in theory, random and unannounced. Nursing homes that accept Medicare and Medicaid also receive a state inspection, called a “survey”, about once a year to ensure that they are in compliance with federal requirements on quality of care, quality of life, safety and residents’ rights.

- Medicare and Medicaid facilities must show you their survey reports. Some facilities post them in the lobby or another common area. Be wary of a nursing home that will not show you its most recent report.
- The ombudsman may be able to provide you with a copy of the survey or suggest ways to get one. The Partnership maintains this information on file for all Region 10 nursing homes.
- The government's Nursing Home Compare Web site includes information about deficiencies that Medicare and Medicaid nursing homes were cited for during their most recent surveys. Again please remember that government reports have a time lag before publication.

You might think that survey reports are the perfect tool for choosing a nursing home, yet surveyors usually are in a facility only a few days a year. If the facility anticipated the surveyors’ visit, it may have temporarily corrected some problems to pass inspection. Alternatively, a normally good home could have experienced unusual problems at the time of the survey. Ask the ombudsman to help you to interpret the reports and compare the findings from different facilities. The ombudsman can also tell you what kinds of complaints these facilities receive and how many. Adult Protective Services should also be able to provide you with that information.

Unless you are convinced that a nursing home has improved since its last survey, be cautious if it has:

- Numerous violations (called “deficiencies”)

- Deficiencies that cause serious harm to residents.
- Bad surveys year after year
- Serious government sanctions, such as heavy fines, bans on new admissions or a threat to withdraw Medicare or Medicaid funds.

Be sure to note serious infractions, particularly the incidence of pressure ulcers (bed sores) and dehydration. Both conditions are usually avoidable with proper care. All facilities which are large enough must report these rates, and that information is available to the public. You should also check on the number of falls recorded.

You might also try to find out the system of background checks used by the home when recruiting new staff, including those in senior positions.

## “I Have a Short List of Nursing Homes. Now What?”

### Visit the nursing homes on your list.

You are the best judge of how many homes you can visit or how many you need to visit. Try to see at least three so that you can make comparisons. Ask the future resident and other family members to visit the homes with you, if possible.

Your visits will give you a chance to view care first-hand; talk to staff, residents and families; taste food and form important personal impressions. Include at least one unscheduled evening and weekend visit when any staffing problems will be more evident. Eat a few meals there.

### Director of Nursing

Talk to the Director of nursing about the kind of care your loved one needs and make sure that the facility can provide it. Note the following points:

- How do residents receive medical services? Is there transportation for residents to visit their own doctors? Residents have the right to choose their physician and may benefit from keeping their own doctor to serve as an independent check on the quality of care provided in the facility.
- Ask careful questions about any therapy your loved one requires. Will it be provided as long as the resident needs it?
- If your loved one has Alzheimer’s disease or other problems with memory and understanding, ask what special training staff have had and will receive to work with people with dementia. Are there special units, programs or services? (By units we mean are dementia patients in segregated areas of the home.)
- Ask about staff qualifications. How many *licensed* nurses are on duty on each shift (RNs and LPNs)? How many residents are assigned to each nursing assistant? What kind of training do nursing assistants receive?
- Observe carefully during your visit. Are all advertised services really provided – especially during the night and at weekends?

**Note:**

- At weekend visits it is worth noting whether residents remain in their night clothes in the middle of the afternoon or are properly dressed and groomed. This can be a telltale sign of staff shortage.
- How many hours nursing care is allotted per resident? A Federal study concluded that 4.1 hours per day are needed on average but this is not mandated.
- What is the staff retention record?
- Does staff remain for long periods in the same section of the home such that they are able to develop a good working relationship with the residents in that section? Constantly changing staff does harm to staff/resident relations.
- Are the Administrator and Director of Nursing readily available at weekends in case they are required?
- Is the Medical Director a regular attendee at the home? How many residents use their own physician?
- Try to get an idea of the degree of helpful supervision exercised by the RNs/LPNs over the nursing assistants in their charge.
- Are alarms and call bells answered promptly or is there an atmosphere of loud, ongoing alarms with little or no response from staff.

**Activities Director:**

- Is there an activities director?
  - Apart from the activities pursued to pass time, are there more mentally or physically stimulating activities available for those able to participate such as bridge, chess and other engaging activity?
  - Are attempts made to encourage residents with similar interests to get together to pursue those interests e.g. sport, collecting, history, nature, politics etc.?
- (See also below for signs of Good care).

**When you visit the nursing homes look for signs of **GOOD** care:**

- **Cleanliness.** A fresh appearance and smell. The facility should not smell unpleasant at all.
- **Dignity.** Staff treating all residents, including those with dementia, with friendliness, patience and respect.
- **Activity.** Residents participating in a variety of activities and exercise opportunities.
- **Good food.** Tasty, balanced, varied meals served in pleasant surroundings.
- **Helpfulness.** Staff responding quickly to call bells and helping residents who need assistance with eating.

- **Home-like environment.** Special signs that the administration regards this as a place to continue living, not a holding pattern preceding death. Can residents use furniture and decorations from home? Are there pets? Opportunities for residents to plant flowers, grow vegetables or do other things outdoors? Activities, like cookouts, that break up the usual routine? Community activities in the nursing home? Organized trips to outside events? Other physically and mentally stimulating activities?

When you visit nursing homes look for signs of **BAD** care:

- **Odors.** Pervasive odors of urine and feces indicate that there are not enough staff to assist residents to the bathroom or to keep residents and the facility clean.
- **Restraints.** Vests, wrist restraints, wheelchair bars, locked lap trays and other devices that force people to stay in their beds and wheelchairs are rarely medically indicated and can be dangerous and demeaning. They are another indication that a nursing home does not have enough staff or that staff are poorly trained. Good nursing homes seek alternatives to protect residents from falls and wandering.
- **Lack of privacy.** Residents should not be unclothed or partially clothed in rooms or hallways in view of guests and other residents. Staff should knock before entering rooms.
- **Disrespect.** No resident should be addressed roughly or disrespectfully.
- **Loneliness, boredom and inactivity.** People-watching is fun sometimes but residents should not spend hours on end sitting at the nurses' station or front door with nothing to do.
- **Lack of assistance with eating.** Residents who cannot feed themselves properly should not spend the mealtime with full trays in front of them. Staff should be present to help them with their food at the same time as their food arrives.

**Do not be fooled by pretty decorations that try to mask shortages of staff and other serious problems.**

## IN THE NURSING HOMES

While making these nursing home visits try to note these additional points and take the further steps noted to assist in making your eventual decision:

### **Catering:**

- Is there a resident registered dietician in charge? Talk to him/her and obtain some recent menus for all meals.
- Ask to eat some meals at the home – breakfast, lunch dinner – preferably at a time of your own choosing and unannounced. This enables you to note quality, presentation, suitability, variety, temperature and promptness of meals. Note availability of staff to feed those who need it, promptly.
- Visit kitchens and see food under preparation and note any hygiene concerns.



- Note proximity of kitchens to dining room. Is dining room separate from recreation rooms?

**Cleanliness:**

- Upon entry a home should smell pleasant. Odors indicate either inadequate cleanliness and/or a shortage of staff.
- Ask to look at bathrooms and toilets both in rooms and in common areas. Note cleanliness and suitability for disabled residents. If you are not able to see them on one visit for whatever reason persist on a subsequent visit until you are able to see them.
- Note the general cleanliness of all public areas and the freedom of corridors from all obstructions.

**Councils:**

- Does the home have an active Residents' councils run by residents with staff member(s) only present by invitation from residents? (This is the ideal but is actually realized in very few homes).
- Does the facility encourage an active Family Council and are a significant number of families active participants? Again, is this independent of staff except by invitation?

Note: Each of these councils is a forum for trying to maintain and improve standards at the home. They can be used for both positive and negative communication with the management and staff. A good nursing home should always be prepared to take fair and reasonable criticism from its customers and act upon it and should not fear the councils.

**Therapy & Rehabilitation**

- Does the home offer therapies, preferably on site? If off-site, who pays for transportation to the therapist? What therapies are available?
- Does the home have its own rehabilitation center?

**General:**

- Common areas -- are there separate areas for dining, library, recreation, games or are some multi-purpose? Are these facilities good or barely adequate?
- Check into personal laundry procedures. Many are woefully inefficient in that, despite being marked, personal clothing gets mixed up and lost frequently. Many residents end up having their laundry done by friends and relatives.
- What smoking policies are in place.

THAT CONCLUDES THE TIPS AND ADVICE ON THE PROCEDURE FOR SELECTING A NURSING HOME. AT THE BACK OF THE BROCHURE YOU WILL FIND A COMPREHENSIVE CHECK LIST TO ASSIST YOU IN COMPARING NURSING HOMES AS YOU VISIT THEM. YOU SHOULD NOT SIMPLY TRUST TO MEMORY!

**NOW PLEASE READ THESE CONCLUDING SECTIONS VERY CAREFULLY AS WE CONSIDER THEM TO BE VERY IMPORTANT.**

## **“What If I Don’t Have Much Time to Look for a Nursing Home?”**

Sometimes the need for a nursing home arises suddenly and unexpectedly. Often the first indication comes when your loved one has been hospitalized with a serious medical condition or injury. Even if you have to narrow your search, the steps recommended in this brochure are still important.

### **Take time to:**

- Talk to the ombudsman, nursing home advocacy group, residents, families, your physician and others about the quality of the facilities available.
- Make sure the facilities you consider have the services your loved one needs.
- Visit each facility yourself.

## **“The Hospital Wants to Discharge My Loved One but We Haven’t Had Time to Investigate Any Nursing Homes.”**

Hospitals have financial incentives to discharge patients as soon as they can. The hospital may want to discharge your loved one before you have had time to consider your options carefully. It may find a placement in a nursing home that you believe is unacceptable. *Resist being rushed.*

Patient advocates suggest meeting with the hospital social worker as soon as you can after your loved one is admitted. That way you can learn early on what options you will have when the patient is discharged. You can also establish that you want to work with the social worker, the discharge planner or both to find the best placement when your loved one leaves the hospital. While you want to make the final decision, the discharge planner has information; resources and contacts that can make it easier to find a suitable facility and arrange admission. Try to win the discharge planner’s support for delaying the discharge by working actively with him or her to find good care.

Many families rely on private care managers to find appropriate long-term care. Although private care managers charge for their services, they can be knowledgeable about the long-term care system and a helpful resource. The Senior Center or JABA may be able to assist you in locating a care manager in the area.

## **“The Hospital has Found a Nursing Home that will take my Loved One. I Do Not Think It Is A Suitable Place. What Can I Do?”**

This is a good time to get advice from people with experience:

- The Long-Term Care Ombudsman
- JABA
- Partnership for Long-Term Care

If the hospital pressures you to discharge your loved one too soon or to a facility you find unacceptable, advocates suggest the following options:

- Be sure that the patient is ready to be discharged. If he or she is frail and still needs medical care you may successfully appeal the discharge. (See note at the end of this section). Discuss your concerns with the patient’s doctor. Try to get the physician’s support to delay the discharge. In most cases, if the doctor says the patient needs care, Medicare will pay for it.
- If the selected nursing home’s quality of care is unsuitable, present the evidence to the hospital. The hospital cannot discharge someone to an unsafe situation.
- If you believe that the nursing home cannot provide the kind of services your loved one needs, inform the hospital. Also question the facility about its ability to provide for your loved one. The nursing home may decline to take the patient if it decides it cannot give appropriate care.
- Consider home care, at least temporarily. If your family can provide necessary support at home, find out whether your loved one is eligible for Medicare home health services or Medicaid Personal Care Services. This will enable you to continue your search for an appropriate nursing home.
- Consult the ombudsman, a private lawyer or Legal Aid to find out whether you have a legal right to reject a placement. Your loved one, if over 60, may be eligible for assistance from a free legal service office.
- Also seek expert advice if you believe that other nursing homes may have rejected your loved one’s application because he or she is on Medicaid or on grounds of race, ethnicity or religion. They may have violated the law and you may be able to challenge the denial.

**Note: Appealing a Hospital Discharge:**

If your loved one has Medicare and you believe he or she is being discharged from the hospital too soon, you can appeal. The patient has a right to an immediate review by the Peer Review Organization (PRO), a physician organization that reviews hospital discharges when patients request it. Ask the discharge planner for a written discharge notice if you have not received one. The notice will give you instructions on how to contact the PRO. If you contact the PRO by noon on the day after you receive the written notice, your loved one will not be charged for his or her hospital stay while the PRO decides the appeal, even if the appeal is denied.

Your loved one may be eligible for legal assistance from a free legal service office. Contact the Legal Aid Justice Center in Charlottesville.

## “What Other Issues Should I Be Thinking About?”

If the hospital finds a vacancy in a nursing home that can provide adequate care, you may find you have to accept the placement if you cannot find an alternative. If you are not satisfied with the nursing home once your loved one is admitted, you may want to continue your search for good care in another facility.

### Nursing Home Contracts

When you have chosen a nursing home you are ready to go through the admissions procedure. This includes signing a contract. You should be as careful signing a nursing home contract as you would any other legal document. Sometimes these contracts are all in one and at other times seem to be divided up into various, separate documents that are cross-referenced. The result is the same. We strongly recommend that you obtain from the nursing home a full set of documents, **including the admissions contract,** to take home and study prior to the actual day of admission. This will give you the opportunity to know what you are signing and to obtain legal or expert advice on areas about which you may be uncertain. Please note that a minority of homes may refuse to give you a copy of the admissions contract in advance. There is no logical reason why they should and we recommend that you are insistent on this point. The following are most noteworthy:

- **Arbitration:** In particular we draw your attention to the Arbitration Clause, which many Admissions Contracts contain. These clauses more often than not remove the right of the resident to take legal action against the nursing home even for matters as serious as gross negligence and medical malpractice. Many nursing homes do not make the acceptance of this clause a condition of admission and we urge you to decline it. **Seek legal advice if you are required to sign an arbitration clause.**
- **Bed hold policy:** With certain exceptions Medicaid will not pay to hold a bed in a facility even if you are a resident temporarily in the hospital. This means that a family may have to pay the private pay rate to the facility in order to hold the bed.
- **Doctors and Pharmacies:** A resident can choose to keep his/her own doctor (if that doctor is willing to attend the nursing home) but the resident is asked to agree that the facility can call upon its own doctor in an emergency or in case the resident's own doctor does not respond “adequately”. Most nursing homes have what is termed a “uniform medication distribution system”, or something similar, to acquire medications from a single pharmacy. This is supposedly to ensure that medications are correctly supplied and administered. A resident has the right to use his/her own pharmacy provided that the supply satisfies the nursing home's requirements. You should weigh this option carefully given the very different prices for the same drug at different pharmacies.

- **Fund management service:** This is a form of in-house banking service offered by the facility to residents. Consider it carefully. Residents cannot be required to participate.
- **Grievance procedure:** This should be noted. Keep a copy of the grievance procedure.
- **Nursing Home's Liability for Injury and Personal Property:** Nursing homes routinely disclaim responsibility in these areas but you should seek legal advice if harm or loss is suffered.
- **Services and supplies NOT covered by the daily rate:** You should note these as sometimes people are surprised by some of the exclusions.
- **Responsible Party:** The nursing home may want you or another family member to sign certain parts as the "responsible party". This is in order if the intention is that you are the person who is to be called in an emergency. It is **NOT** permitted to require you to guarantee any payments whatsoever. Family members are not personally obligated to pay for a loved one's care even if they have legal guardianship or power of attorney.
- **Termination:** The reasons for which a facility can discharge a resident are limited by law to non-payment, no further need for care, disruptive or dangerous behavior OR because the facility can no longer "meet the "resident's needs". This last provision can be wide open to interpretation as it is based on the judgment of the facility itself. It is best to seek the assistance of the ombudsman or an attorney immediately if involuntary discharge is threatened. A resident may leave a nursing home whenever he or she pleases. Some homes only require the account to be settled up-to-date, others require 5 or 7 days notice. The notice simply means that though the resident may leave when he/she wishes, that resident will owe the facility for the room for the notice period whether it was used or not. Homes will usually insist that all monies due are settled before the resident leaves the premises. Homes that are all private pay, especially those with continuing care contracts in multi-level retirement communities often have terms that differ from those illustrated here.
- **Keep a copy of all documents given to you during the admissions process, especially those documents that you have signed.**

## **Medicare Coverage for Skilled Nursing Facilities**

Medicare pays the full cost of up to 20 days of skilled nursing facility care for patients who need continued nursing care and therapy immediately upon leaving the hospital subject to a series of other criteria. Thereafter the patient has to pay \$109.50 per day for the next 80 days i.e days 21 to 100 and thereafter the cost falls entirely on the patient. (Few patients actually receive approval for this many days.) These figures are for 2005. To receive Medicare coverage you must choose a Medicare certified nursing home.

## Medicaid Coverage for Nursing Home Care

The average cost of a nursing home today in Region 10 is about \$55/60,000 a year (2005). Between one-third and one-half of nursing home residents can afford monthly nursing home charges when they are first admitted. When private resources are exhausted, Medicaid pays the nursing home costs that their income will not cover, plus some toiletries; over-the-counter medications; prescription drugs and other services not covered by Medicare. In Virginia, Medicaid recipients are allowed to keep only \$2,000 in savings and \$30 a month income for personal needs. *However, you should be aware that just what Medicaid will pay depends quite a lot on each individual case.*

If you think your loved one will need Medicaid, even months or years from now, get *information about eligibility as soon as possible*. Learning early about Medicaid's requirements can ensure that your loved one is eligible when help is needed. Getting information early is particularly important for married nursing home residents. Spouses can keep some assets, including income, savings and their home, as they need to continue living in the community but the rules are complex and you will need to obtain information from your local Social Services office and possibly legal advice to plan properly.

Medicaid beneficiaries have a right to the same basic care and services as private pay residents. Most states, however, let nursing homes limit the number of people on Medicaid that they admit. Consequently, your loved one could have a problem finding a Medicaid placement. (Sometimes people who are eligible for Medicaid have an easier time getting into a nursing home if they qualify for Medicare coverage at the time they are admitted.) Get advice from the ombudsman or an attorney if your loved one is denied admission to a nursing home because he/she is eligible for Medicaid. You may be able to challenge the nursing home's decision. The law guarantees Medicaid beneficiaries certain rights. Nursing homes cannot:

- Make residents agree to pay privately for a period of time before they apply for Medicaid or make a "donation" in order to be admitted.
- Require a third party (for example a son or daughter) to guarantee to pay for the resident's care.
- Discharge a resident because he/she becomes eligible for Medicaid.

The local Social Services office, the Alzheimer's Association, the Partnership and the state Medicaid department are all sources of information about Medicaid (the Department of Medical Assistance Services (DMAS)). The Medicaid Hotline ([www.Medicaid.gov](http://www.Medicaid.gov)) is a useful website to visit as Medicaid is not only complicated but also very individual,