

WAEPA GUIDE

Caring for
an Aging
Loved One



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2019 Caring for an Aging Loved One

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Thank you for downloading our 2019 Caring for an Aging Loved One Guide. This resource is intended to provide general information and shouldn't be considered health, legal, tax or financial advice. It's always a good idea to consult a professional advisor for specific information on how certain laws apply to your individual situation. The contents and information herein was last updated on January 2, 2019.

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Introduction

According to the U.S. Department of Health and Human Services, over 10 million Americans age 65 and over currently need long-term care – and that number rises *every* year.

Historically, the extended family group provided care when needed. But today’s families are smaller and often scattered across the country, adding an extra challenge to caring for an aging loved one. Despite these challenges, families and friends continue to provide a significant amount of long-term support and care.

According to a recent survey, over 45 million caregivers age 18 and older in the U.S. provide unpaid care to an adult family member or friend. Most, of these caregivers are also juggling family responsibilities and either full-time or part-time work.

It may or may not have crossed your mind that you may become a caregiver to a family member. Perhaps you have discussed changing needs with a loved one, have assumed more responsibilities for your aging parent or relative, or have even done some planning for the future. A more likely scenario is that an unexpected event – a visit to your loved one, or a call from a physician or neighbor – will alert you to the fact that assistance is needed.

The need for care may be related to a sudden event, such as a stroke, or to a gradual process, such as the onset of dementia. In either event, you may not be sure where to begin.

That’s why we published the **2019 Caring for an Aging Loved One Guide**. This publication describes ways to assess when a loved one needs outside care. It covers developing a care plan, organizing important documents, and what you can do to provide support. It also gives guidelines for providing home care for your loved one, finding and using services to assist older individuals, and options to consider when a person can no longer live at home. It emphasizes the importance of self-care for family caregivers and suggests ways that caregivers can take care of themselves.

The guide also helps you find and compare nursing homes. It can help you and your family make the best choice, whether you are planning ahead, or need to make an unexpected decision. It includes information about how to find and compare nursing homes in your area, and how to pay for nursing home care. It also provides contact information for organizations that can help answer your questions.

We hope that you – and your loved ones – find the **2019 WAEPA Caring for an Aging Loved One Guide** helpful.

– *The WAEPA Staff*

How Will You Know Your Loved One Need Assistance?

Decline in mental and physical capabilities is inevitable as we age. People are living longer and healthier now, so changes are likely to be slower and more subtle than they were for our grandparents. In some ways, this increased longevity and health makes adjusting to the normal process of aging easier; in others, it makes it more difficult. You may be wondering what you can do if someone you know needs additional care or support.

Ask without being patronizing. You're likely to notice a general slowdown—a cue to ask general questions. If you see specific things that worry you, talk them over. Explain your concern. Propose solutions—if needed. Better yet, ask your loved one what he or she thinks the solution might be. It may not be appropriate to insist on your approach unless there is a threat to his or her safety or to the safety of others.

Observe carefully. If you notice her clothes are not as clean as they used to be, you might ask, “Mom, can I help with the laundry? I'm usually here on the weekend. How about I throw in a couple of loads for you?”

Many older individuals dread losing their independence. If you notice your Dad's refrigerator is often empty, your instinct might be to tell him you'll be doing the shopping from now on. He may see that as an intrusion. Instead, talk with him. Try to determine why the fridge is empty. There are dozens of possible reasons. Perhaps he has little appetite. Maybe he is uncomfortable driving to the store because he needs new glasses.

Pay Attention. Your loved one might tell you about a problem or concern. Although it's not always the case, some older individuals are comfortable telling their family when they need help. If your Mom tells you the grocery bags are too heavy for her to carry, you can offer to shop for her or go shopping with her. You may feel you know just how to help if your Dad asks, “These eyes aren't what they used to be. Would you look over my checkbook and bills before I mail them?” Perhaps helping with the bills and scheduling an eye exam is appropriate. Possibly, however, your Dad is not concerned about his vision; maybe he is worried that his mental alertness is deteriorating. Listening sometimes means reading between the lines.

As you focus on the issues, you can speak with other family members and friends about your concerns. They may be a good source of insight, especially if they see your aging loved one regularly.

Look and Listen

If you regularly visit a friend or relative, you may see changes in mental and physical capabilities. You may notice changes in behavior, or you might see signs of a physical problem. For example, depression, a common condition for many older people, can appear as a physical problem (e.g., tiredness or insomnia), a cognitive problem (e.g., forgetfulness), or both. Remember, if an older adult seems forgetful or takes longer to do some tasks, it may be a normal part of the aging process. Paying a bill a week later is not the same as forgetting to pay bills for three consecutive months. The most important consideration is whether the changes you see pose a threat to your loved one's medical or physical safety. Some changes that may signal the need for help are:

Behavior changes:

- Changes in personal hygiene
- Change in tidiness or cleanliness of the home or yard
- Laundry piled up
- Mail and bills unopened or unpaid

- Odors (e.g. from spoiling food)
- Missed appointments
- Getting lost in familiar places
- Evidence of safety risks (e.g., burned pots in cabinet)
- Evidence that medications are not being taken properly

Physical symptoms:

- Weight gain or loss
- Unsteadiness when walking or getting up / down from chair
- Evidence of incontinence (e.g., odor of urine in the home)
- Unusual thirst
- Unusual fatigue

Symptoms of depression:

- Darkened house with the shades drawn when you arrive
- Decreased contact with family and friends
- More withdrawn, less conversational

When you have a concern, it may be tempting to rush to intercede. It's better, however, to avoid taking over. If your loved one is able to participate, don't make unilateral decisions and don't go over their head. Instead, discuss the issues that you've noticed and, if you have difficulty resolving problems, consider involving the professional community—a primary care physician, a gerontologist, or a senior care specialist. They are likely to ask you about your loved one's behavior. They may also ask about his or her cognitive status.

Questions you are likely to hear include:

- Is there difficulty with Activities of Daily Living (ADL) tasks such as bathing, dressing, toileting, eating, and transferring from place to place (e.g., bed to chair)?
- Are support tasks such as shopping, laundry, meal preparation, managing finances, housekeeping, and transportation being adequately managed?
- Are you noticing significant changes in memory, judgment, or ability to make decisions?

The objective is to jointly determine the cause of the problem(s) and decide on possible interventions. If an older person has an acute event, such as an illness or accident requiring hospitalization, the social worker or discharge planner may offer helpful guidance. You can begin to develop a care plan based on insights and considerations from your loved one, the medical community, friends, and relatives.

Developing a Care Plan

A care plan will define the services and support needed to provide appropriate care. Developing a care plan is a four-step process that you can adapt to your specific circumstances.

1. List the needs for support and additional care – these will generally fall into the areas shown below:

Areas of Support Older Individuals May Need:

- Housekeeping: laundry, shopping, and household paperwork
 - Social and safety needs: transportation services, companionship, and daily telephone checks
 - Nutrition: meal planning, cooking, and meal delivery
 - Health care: nursing, social work, physical and rehabilitative therapy, and medication monitoring
 - Personal care: assistance with personal hygiene, medical equipment, dressing, bathing, and exercise
2. Figure out who can devote the necessary time/attention to provide support (e.g., siblings, friends, etc.).
 3. Make a list of specific help needed (e.g., laundry once a week).
 4. Get specific commitments (e.g., Cousin Julius will do the shopping every Saturday, etc.). These commitments need to include, as appropriate, a statement of who, what, when, where, and how.

Depending on the person's needs, the plan may simply outline a schedule for house visits by you and other family members. Or it may identify community resources that will provide additional support, including meals (e.g., Meals on Wheels), transportation services, and visiting nurses. Consider whether you or a family member may be able to handle the responsibility. In some cases, you may want to consider seeking other forms of support; nutrition or preventive health services and caregiver support services that are funded in part through the Older Americans Act and administered by the U.S. Administration on Aging. For more information about local services, contact the Eldercare Locator at **(800) 677-1116** or at www.eldercare.gov. In some cases, you may need to employ a service to supply a live-in aide(s) to provide full-time care, or consider assisted living or nursing home placement.

You'll need to revise the care plan as needs change.

For example, you'll need to adjust the plan when:

- Your loved one's needs increase or decrease (e.g., recovery from a stroke).
- A caregiver quits or withdraws.
- Your life situation changes (divorce, birth of children or grandchildren, unemployment, retirement).

Organizing Documents and Paperwork

Encourage your loved one to organize important documents and medical information. Offer your help. It's critical that this be done while your loved one is medically and mentally capable of participating in this process. For example, if he or she has specific wishes for end-of-life care, they need to be documented before they're needed.

Important Documentation

The following documents should be assembled in one place so they're available when needed:

- Medicare card
- Social Security card
- All health insurance ID cards
- Copy of the birth certificate
- Names, phone numbers, and addresses of doctor(s). Note: If your loved one wants you to be able to discuss medical issues with a doctor, ask him or her to complete privacy release forms. Keep them on file with each doctor's office.
- List of health conditions
- List of current medications and the name and phone number of the corresponding pharmacy and prescribing physician.
- List of allergies to food or medications
- Will, Living Will, and Powers of Attorney: ask if you may make copies to retain. If these documents don't exist, encourage your loved one to prepare them. (See *Managing Your Loved One's Affairs*). If you're reluctant to do so, ask the doctor to discuss the medical issues and/or the attorney or financial advisor the other issues.
- Copies of insurance policies, including life insurance and long-term care insurance.
- Information about finances including the name and contact information for the tax preparer or accountant. Note: Ask your loved one where he or she keeps the financial records.

Create a Laminated Reference Sheet

It is a good idea for every older adult to have a complete list of emergency telephone numbers and information. Laminate the list and put it in an obvious place (e.g., the refrigerator door, by the phone, in the top drawer of your desk, etc.) so it will be available for Emergency Medical Technicians (EMTs) or others who may need it.

The sheet should contain at least the following information:

- Name, address, and telephone number, his or her birth date, social security number, and medical insurance information (e.g., Medicare and supplemental insurance information).

- Name and contact information for primary care giver.
- Primary physician's name and contact information.
- A list of all medications and dosages.
- Phone number of pharmacy.
- Names and contact information for other caregivers, relatives.
- Specialist medical personnel and their contact information (e.g., Cardiologist).
- Whether your loved one has a living will and/or a durable power of attorney that allows another person(s) to make financial and/or medical decisions if your loved one is unable to do so (if so include contact information).

Managing Your Loved One's Affairs

Although you may not like to think about it, your loved one may become unable to act on his or her own behalf. This can happen when one is nearing death or as the result of a physical or cognitive condition that may be either permanent or temporary. Many people assume their spouses or children will automatically be allowed to make financial and/or medical decisions for them, but this is not necessarily so. There are important legal and end-of-life decisions that need to be made while your loved one has the capacity to make these decisions.

Powers of Attorney

A power of attorney is a legal document that allows one person (called the principal) to appoint someone else—called the agent or attorney in-fact—to act on his or her behalf. The powers that can be exercised by the agent can be broad or narrow; the principal stipulates them, in advance. Your loved one (the principal) might, for example, authorize you (the agent) to do a specific thing (e.g., sell the house). The principal can give the agent the authority to perform any legal act he or she would do. If an older person becomes incapacitated without having a power of attorney, the family may have to go through lengthy and expensive legal action so that someone can act on the individual's behalf.

The two main types of powers of attorney are:

1. A conventional power of attorney gives the agent whatever powers the principal chooses for a specific period of time (e.g., 30 days) beginning when it is signed.
2. A durable power of attorney stays in effect for the principal's lifetime—beginning when it is signed. This power of attorney must contain specific language stating the agent's power is to stay in effect even if the principal becomes incapacitated.

Signing a power of attorney does not mean a person gives up the right to act on his or her own behalf. The power of attorney assures the principal that the agent will be able to act when and how the principal directed, if it becomes necessary. Also, it's important to note that a person can revoke or cancel their power of attorney at any time.

Planning Medical Care and Treatment – Advance Directives

- Advance directives are written documents that tell doctors what kind of treatment is desired if a person becomes unable to make medical decisions (e.g., falls into a coma). They can take many forms, and it's a good idea to understand state laws before writing an advance directive. Federal law requires hospitals, nursing homes, and other institutions that receive Medicare or Medicaid funds to provide written information regarding advanced care directives to all patients upon admission.
- Living wills are a kind of advance directive that come into effect when a person is terminally ill. A living will does not give one the opportunity to select someone to make decisions, but it allows the person to specify the kind of treatment wanted in specific situations. For example, your loved one might specify that she or he doesn't want to be treated with antibiotics if death is imminent.
- A Do Not Resuscitate order (DNR) is a type of advance directive specifying that if a person's heart stops or if he or she stops breathing, cardiopulmonary resuscitation (CPR) is not to be given. Unless they are directed otherwise, hospital staff will try to help all patients who have stopped breathing or whose heart has stopped. A person can tell the doctor not to resuscitate and a DNR order will be entered on the medical chart.
- A durable power of attorney (sometimes called a durable medical power of attorney) names the person who is to make medical decisions for another person. It is activated any time the person is unconscious or unable to

make medical decisions. State laws vary, but most states disqualify anyone under the age of 18, the person's health care provider, or employees of the health care provider. The individual named as the agent must:

- Be willing to speak and advocate on the older person's behalf.
- Be willing to deal with conflict among friends and family members should it arise.
- Know the person well and understand his or her wishes.
- Be someone the individual trusts with his life.

Spiritual or religious beliefs may have bearing on the types of advance directives one chooses to prepare. Although death is often a difficult subject to raise, it is a good idea for you, your family members and your loved one to discuss these issues to ensure everyone understands the older person's values and beliefs. The more communication there is, the easier it will be for the family to respect your loved one's wishes.

Advance directives don't have to be complicated legal documents; they can be relatively short statements about what one wants done when one can't speak on their own behalf. Any advance directive must, however, comply with state laws. It's also a good idea to have written advance directives reviewed by the senior's doctor and lawyer to make sure that all instructions are understood as intended. Once advance directives are finalized, copies are distributed to the family, medical power of attorney agent, and the doctor.

When Your Loved One Needs Skilled Care

While, as discussed earlier, you may gradually notice changes in your loved one that lead to the need for long-term care, in other instances the need may arise without warning. Sometimes a sudden event, such as a hip fracture or stroke, will lead to the need for long-term care for an individual who had previously been independent. Sometimes the worsening of an existing medical condition, such as heart disease or diabetes, will result in the need for long-term care, where previously the individual required no assistance. In each instance, a loved one may first require "skilled care," which is care delivered by professional staff, such as nurses and therapists. Often a hospital stay followed by a period of rehabilitation or treatment in a short-term rehabilitation facility or nursing home is needed to treat and stabilize the medical condition or injury. For some, rehabilitation may take place at home. Medicare or other insurance may cover care for rehabilitation either at home or in a nursing facility. Services might include nursing care, therapy services and home health aide services as long as the person meets Medicare criteria for receiving skilled care. A referral for these services would likely be to a Medicare-certified home health care agency or skilled nursing facility.

When Your Loved One Needs Long-Term Care

Some individuals will return to independent living following a period of rehabilitation or treatment, but some will continue to need care with daily activities on an ongoing basis. This long-term care, often referred to as "custodial care" may be provided in one's home or at another location. Whether the need for custodial care arises gradually or suddenly following an episode of skilled care, the goal is to help the person remain as independent as possible with the help of supportive services. These may include help with the activities of daily living (ADLs) such as bathing, dressing, and toileting and/or assistance with what are called instrumental activities of daily living (IADLs) such as shopping, transportation, laundry and finances. These services may be provided by family members—who may require training for certain activities such as assistance with getting someone in and out of bed following a stroke—or by paid caregivers.

Decisions will need to be made based on family preferences and availability, the financial situation, and the amount and type of care needed. You will have to look at the costs for custodial care services and determine how they will be covered. Costs will vary depending upon the type of care your family member requires. Some agencies may have a

sliding fee schedule or there may be other resources in the community that would be available to provide some services. Medicare as well as most health insurance policies do not cover long-term care services.

It is important to understand that some individuals who need long-term custodial care may also need some skilled services on an ongoing basis. Others may need skilled care intermittently to treat an illness or injury. Their long-term care needs will continue to need to be addressed and perhaps reevaluated following episodes of skilled care, as needs may have changed. Needs may also gradually change over time and the care plan will need to be adjusted to meet them. Sometimes care providers who had been assisting may no longer be available.

If your loved one's need for care increases, you could find that informal caregivers are no longer able to meet all the care requirements. In this situation, you may need to increase the amount of service given by paid care providers. Or you may find that your loved one's needs may best be met in another location such as your home, an assisted living facility or a nursing home.

The various types of long-term care services and resources to help you locate needed care are described in this brochure. The information looks at what could be called a "continuum" of long-term care services which are available based on the needs of the individual requiring the care. It provides options to consider as your loved one's needs change over time.

Providing Home and Community-Based Care

When you know what support is needed, and who among family and friends can provide help, you and your loved one can begin developing the care plan. Most often, care for an older adult begins in the person's own home; he or she remains in a comfortable, familiar environment, and retains a measure of independence. This is what is often referred to as "aging in place."

Sometimes a supporting relative or friend will have unique qualifications. For example, if your sister Susie is a freelance writer working from home, she may be the best person to deal with unscheduled emergencies. If Aunt Sally, the nurse, is comfortable talking with the medical community, she might agree to be the medical liaison.

Your plan, of course, depends not only on the needs of your loved one, but also on your specific situation. Options are limited when a friend or relative doesn't live nearby. For example, if your friend Ellie (who lives 100 miles away) can no longer drive or handle her own housekeeping activities, you have few choices. In such situations, you may be able to assist by asking a friend of Ellie's to buy the groceries. Perhaps you can arrange for Ellie to employ a house cleaner or other service to do housekeeping tasks.

Home care includes a multitude of medical and personal services provided in your loved one's own home. Home assistance is available through some hospitals, home care agencies, and public health departments.

Arranging a home and community-based care program requires investigation and organization. The Eldercare Locator Service (800-677-1116) can connect you with the local Area Agency on Aging, which can provide information on most aspects of home care, including how to find competent caregivers. You may also want to ask for referrals from friends and relatives, physicians, and hospital discharge planners. You will probably have to coordinate services from more than one source.

Finding Community Resources

For additional assistance in locating community resources, check with a local senior center, local volunteer programs, or local and national disease associations such as the Alzheimer's Association.

Some of the types of services available in many communities:

- Supportive services (handyman, chore, personal care, telephone reassurance, friendly visitors)
- Adult day services that provide respite care (i.e., to give family and friends time off)
- Transportation Services
- Meals (congregate and home delivered) and nutrition screening and counseling
- Preventive Health Service
- Home health care
- Hospice Care (e.g., local hospitals)
- Nursing and therapies

Most of these services are not free, although they may be covered by insurance and (or) Medicare. If your area caregiver, help may be available to you under the National Family Caregiver Support Program.

This program, which is part of the Older Americans Act, provides the following services:

- Information about available services
- Assistance in gaining access to services
- Counseling
- Support groups
- Caregiver training
- Respite care
- Supplemental Services

Help is available for finding the most appropriate resources through information and referral services like the Eldercare Locator service. Still, finding and coordinating services can be a challenging task. One possible option is to employ the services of a Geriatric Care Manager (GCM). A GCM is often a nurse or social worker who can help assess needs and arrange services for older people.

The GCM can make an initial assessment of care needs and suggest options for meeting those needs, including referrals to local resources. This may be especially helpful if your loved one is at home and you are uncertain what he or she needs, or what services are available. You may find a GCM through a local senior center, Area Agency on Aging, an elder care attorney, or a gerontologist. Be sure to check references. Verify that paid caregivers have the appropriate licenses or certifications. Determine the cost for the GCM's services and find out how they are billed.

Adult Day Care Centers

These programs are an adjunct to home care. They offer social and health services in a group setting to individuals who are frail, physically challenged, or cognitively impaired. They provide a safe, protective setting during daytime hours. Services may include medical care, rehabilitation therapies, nutrition therapy, and health monitoring. Adult day services are often a cost-effective option. The centers offer a respite to family and other caregivers, helping them avoid burnout and, perhaps, helping loved ones avoid admission to a residential care facility.

If your loved one is receiving care through a home care agency or another community resource such as an adult day center, keep the name and phone number of a supervisor available in case you have questions. Also, make certain the supervisor or nurse who will be overseeing your loved one's care has your phone number should there be an emergency or should any questions arise.

Maintaining Dignity

It's important to help your loved one maintain a sense of personal dignity. If they understand what is happening and can communicate, this may involve primarily being respectful and patient. In situations where an older adult has problems performing daily tasks, communicating or understanding due to either a physical condition such as a stroke or a cognitive disorder such as Alzheimer's disease, the most generous gift you can give may well be enabling him or her to maintain dignity.

Some of the things you might do to help preserve your loved one's dignity:

- Be patient and calm.
- If an older person has difficulty hearing, speak slightly slower and use a lower pitch. Use simple, short sentences, and let your loved one see your face and expressions when speaking. Repeat and clarify when necessary—without being patronizing.
- Encourage him or her to be as active and independent as possible; reading, hobbies and helping out around the house can be therapeutic.
- Welcome visitors and encourage continued participation in groups, clubs and organizations, card games and discussing memories.
- Be sensitive to feelings and preferences. Acknowledge his or her desires even if they are different from your own.
- Be aware that your efforts may not always be appreciated.
- Be honest if you have concerns, and don't make promises you can't keep; take your loved one's concerns seriously.
- No matter how helpless a loved one appears, don't reverse roles. Treating an aging loved one like a child can crush any remaining feelings of dignity and independence.

Monitoring Care

When an ailing, older person lives at home, it's important to monitor how things are going. This is true even if there is full-time home care in place.

- Get updates from neighbors or relatives who may be assisting or who visit on a regular basis.
- Communicate regularly with your loved one. Give him or her a chance to tell you who or what is wrong, even when signs of dementia are present.
- Make visits, both planned and unplanned, to see all aspects of his or her care (e.g., at meal time, at bed time, during recreational times).
- Talk with the individual care providers (e.g., the aides), and the agencies providing the services.
- Trust your instincts, especially if your loved one is unable to communicate what he or she needs or what may be wrong. If you are uncomfortable, or if your loved one complains about a specific person, it may be time for a change. Always err on the side of caution.

In certain situations, you may feel that more oversight is needed than you or nearby family members can provide. If you choose to work with a GCM, he or she can formally monitor your loved one's care.

Who Pays for Long-Term Care?

Long-term care is expensive. Even a temporary stay in a nursing home can derail years of careful financial planning. Although costs may vary significantly depending upon where you live, the average national cost for care in a nursing home is more than \$75,000 a year for a private room and more than \$66,000 for a semi-private room.

Medicare: What It Can and Can't Provide

Medicare is the federal government's health insurance program for the disabled and for people age 65 and over. Many Americans believe Medicare will pay their long-term care bills. In fact, Medicare pays only under certain conditions and only for a limited number of days. Currently, Medicare may cover skilled care in a nursing home for (up to) the first 20 days, and a portion of the cost for (up to) the next 80 days if admission follows (at least) a three-day hospital stay and the individual needs skilled care. The "need" for skilled care is determined according to specific Medicare criteria. To receive home care benefits from Medicare an individual must also meet specific Medicare guidelines.

The biggest gaps in Medicare coverage are:

- No coverage for "custodial" care, either at home or in a nursing home. (Care is considered custodial when an individual's condition is stable, care needs have not changed over a period, and care needs are not expected to change.)
- No coverage in a nursing home unless it immediately follows hospitalization of at least three days.
- No coverage for nursing home care after 100 days.
- Coverage only through a facility or home health care agency approved by Medicare.

Medicaid

Medicaid is a joint federal/state program that pays for health care for people with limited income and assets. The federal government has established broad national guidelines under which each state can establish its own eligibility standards. In order to receive Medicaid benefits, the recipient must meet the state's guidelines for income and asset eligibility. This means, for example, that most of your loved one's assets will need to be "spent down" or used up before he or she becomes eligible. To obtain information about the Medicaid program, contact your local Medicaid office or Department of Social Services.

When Your Loved One Can No Longer Live at Home

If a person's care needs cannot be met in his or her own home, a permanent change in living environment may be necessary. Moving to a new living situation will involve a period of adjustment for your loved one. This adjustment time will be needed regardless of whether he or she is moving to a nursing home, an assisted living facility, an apartment closer to you or into your home.

When a Loved One Moves in with You

If you've decided care in your home is appropriate, you'll probably need to make some changes around the house. Changes can be as complex as adding another bathroom or converting a first-floor den into a bedroom. Or changes could be as simple as attaching a safety rail to the shower or having an amplified receiver installed on the telephone. In addition to making necessary physical changes in your home, you'll want to make sure your loved one feels welcome in your home by displaying favorite possessions—particularly mementos and photographs—in plain sight.

Assisted Living Facilities

Those who need care beyond what they can receive at home but not requiring the level of care provided by a nursing home may find the help they need in assisted living facilities. Many of these residential facilities provide a home-like atmosphere, and some are structured so that individuals have their own apartments. Staff is available to assist twenty-four hours a day. Depending on specific needs, residents can receive assistance with housekeeping, meals, and personal care, including help with daily activities such as eating, bathing, and dressing. There are no federal regulations for assisted living facilities, and the licensing requirements vary from state to state. Assisted living facilities may be referred to by other names such as personal care home, residential care facility, and adult group living facility.

Nursing Homes *(please see later sections of this guide for more details)*

Nursing homes, also referred to as nursing facilities, are residential facilities that provide round-the-clock care and supervision. Nursing homes offer a range of services from skilled care for seriously ill people who require close supervision by a licensed nurse to custodial care, often provided by nursing assistants supervised by a nurse. All states have licensing requirements for nursing homes and perform surveys to evaluate the quality of care. Most states maintain databases you can access to get general information about a facility (e.g., number of beds), resident details (e.g., percent of residents who are physically restrained), and staffing details (e.g., staff hours/resident ratio). You can also see the results of state evaluations and often summaries of complaints lodged by residents and families. This information can provide a starting point for selecting a nursing home.

Choosing a Nursing Home or Assisted Living Facility *(please see later sections of this guide for more details)*

Before selecting a nursing home or assisted living facility, investigate several. You can use your state's database and get recommendations from friends. You can tell a lot about a facility by walking around and observing the residents and staff. You should also, where possible, try to speak with residents or their family members to see what their experience has been.

In addition to what you see, you'll need answers to many important questions to determine if a facility will meet your needs and expectations. There are excellent resources available to help you identify the information you need to evaluate a residential facility; some provide a checklist. One such resource is the National Citizens Coalition for Nursing Home Reform [website](#).

Choosing the Type of Care Needed

You need to think about whether a nursing home is the best choice. A nursing home provides care to people who cannot be cared for at home or in the community. For people who can't take care of themselves due to physical, emotional, or mental problems, nursing homes can provide a wide range of personal care and health services. For many people, this care generally is custodial, or non-skilled.

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

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

The long-term care choices listed below are some of the most common kinds (they may be called by other names in different states). The services and costs may vary between facilities as well. Call your local [Area Agency on Aging](#) for a list of long-term care choices in your state. Or, call the Eldercare Locator at **(800) 677-1116** and ask them for your local Area Agency on Aging telephone number – then ask for a list of long-term choices in your state.

Long-Term Care Choices

Community Services. There are a variety of community services that might help you with your personal activities. Some services, like volunteer groups that help with things like shopping or transportation, may be free. Some services may be available for a cost that can vary depending on where you live and the services you need. Below is a list of some home services and programs that are found in most communities:

- Adult day care
- Meal programs (like Meals-on-Wheels)
- Senior centers
- Friendly visitor programs
- Help with shopping and transportation
- Help with legal questions, bill paying, or other financial matters

For information about community services, call your local [Area Agency on Aging](#). Or, you can call the Eldercare Locator at **(800) 677-1116** (weekdays 9:00 a.m. to 8:00 p.m. Eastern time) for your local Area Agency on Aging telephone number.

Home Care. Depending on your needs, you may be able to get help with your personal activities (for example, help with the laundry, shopping, cooking, and cleaning) at home from family members, friends, or volunteer groups. If you

think you need home care, talk to your family to see if they can help with your care or help arrange for other care providers.

There are also home health care agencies that give custodial and/or skilled nursing care in your home. Remember, Medicare only pays for home care if you meet certain conditions (see earlier section of this guide).

Accessory Dwelling Units (ADUs). If you or a loved one owns a single-family home, an accessory dwelling unit (ADU) may help you keep your independence. An ADU, sometimes called an “in-law apartment,” an “accessory apartment,” or a “second unit,” is a second living space within a home or on a lot. It has a separate living and sleeping area, a place to cook, and a bathroom. Space such as an upper floor, basement, attic, or space over a garage may be turned into an ADU. Family members might be interested in living in an ADU in your home, or, you may want to build a separate living space at your family member's home.

Check with your local zoning office to be sure ADUs are allowed in your area, and if there are special rules. The cost for an ADU can vary widely depending on how big it is, and how much it costs for building materials and workers.

Subsidized Senior Housing. There are Federal and State programs that help pay for housing for some older people with low to moderate incomes. Some of these housing programs also offer help with meals and other activities like housekeeping, shopping, and doing the laundry. Residents usually live in their own apartments in the complex. Rent payments are usually a percentage of your income.

Board and Care Homes. Board and care homes are group living arrangements designed to meet the needs of people who cannot live independently but do not need nursing home services. Most board and care homes provide help with some of the activities of daily living such as bathing, dressing, and using the bathroom. Board and care homes are sometimes called “group homes.” Many of these homes do not get payment from Medicare or Medicaid. The monthly charge is usually a percentage of your income.

Assisted Living Facilities. These facilities provide help with activities of daily living like bathing, dressing, and using the bathroom. They may also help with care most people do themselves like taking medicine or using eye drops and additional services like getting to appointments or preparing meals. Residents often live in their own room or apartment within a building or group of buildings and have some or all of their meals together. Social and recreational activities are usually provided. Some assisted living facilities have health services on site. In most cases, assisted living residents pay a regular monthly rent, and then pay additional fees for the services that they get. The term “Assisted Living” may mean different things in different facilities. Not all assisted living facilities provide the same services. It is important that you contact the facility and make sure they can provide you assistance to meet your needs.

Continuing Care Retirement Communities (CCRCs). CCRCs are retirement communities with more than one kind of housing and different levels of care. Where you live depends on the level of care you need. In the same community, there may be individual homes or apartments for residents who still live on their own, an assisted living facility for people who need some help with daily care, and a nursing home for those who require higher levels of care. Residents move from one level to another based on their needs, but stay within the CCRC.

If you are considering a CCRC, be sure to check the record of its nursing home. Your CCRC contract usually requires you to use the CCRC's nursing home if you need nursing home care. Some CCRC's will only admit people into their nursing home if they have previously lived in another section of the retirement community, such as their assisted living or an independent area. Also, many CCRCs generally require a large payment before you move in (called an entry fee) and charge monthly fees. You can also find out if a CCRC is accredited and get advice on selecting this type of community from Continuing Care Accreditation Commission at **(202) 783-7286**. Or you can [go to their website](#).

Another Type of Care Available

Hospice Care. Hospice is a special way of caring for people who are terminally ill, and for their family. This care includes physical care and counseling. The goal of hospice is to care for you and your family, not to cure your illness. If you qualify for hospice care, you can get medical and support services, including nursing care, medical social services, doctor services, counseling, homemaker services, and other types of services. You will have a team of doctors, nurses, home health aides, social workers, counselors and trained volunteers to help you and your family cope with your illness. In many cases, you and your family can stay together in the comfort of your home. Medicare covers hospice care if you qualify. Medicare does not pay for 24-hour assistance if you get hospice services at home. Depending on your condition, you may get hospice care in a hospice facility, hospital, or nursing home. Room and board are not covered if you get general hospice services while you are a resident of a nursing home or a hospice's residential facility. However, room and board are covered for inpatient respite care and during short-term hospital stays.

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

Choosing a Nursing Home

Choosing a nursing home is an important decision. Only you can decide if a nursing home is the right choice for you. There are steps you can take to find the nursing home that is best for you. It's important to plan ahead. Planning ahead will help you make a nursing home choice that meets your needs and gives you good quality care. Finding the right nursing home is important because it may be your home for a short or long period of time. You want to be comfortable, secure, and cared for properly.

The four steps to choosing a nursing home are:

1. Find out about the nursing homes in your area
2. Find out how nursing homes compare in quality
3. Visit the nursing homes you are interested in, or have someone visit for you
4. Choose the nursing home that best meets your needs.

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

To find out about the nursing homes in your area:

- You can find detailed information on nursing homes in your area by looking at the [“Nursing Home Compare”](#) section of the Medicare website.
- Ask the hospital's discharge planner or social worker for a list of local nursing homes, if you are in the hospital. They may help you find an available bed. Some nursing homes work together with hospitals, and some are independent.
- Visit or call your local social service agency or hospital. Ask to speak to a social worker or case manager who can help you find a nursing home in your area.
- Ask people you trust, like your doctor, family, friends, neighbors, or clergy if they have had personal experience with nursing homes. They may be able to give you the name of a nursing home where they had a good experience.
- Call your Area Agency on Aging. Their telephone number should be listed in your local telephone directory. This agency can give you information about the nursing homes in your area. You can get the telephone number of your local Area Agency on Aging by visiting [their site](#).
- Call the Eldercare Locator at 1-800-677-1116 (weekdays 9:00 a.m. to 8:00 p.m. Eastern time) for information about nursing homes in your area.

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

It can be a challenge to find quality care for your loved ones. Nursing homes are certified to make sure they meet certain Federal health and safety requirements. To find out how nursing homes compare in quality in your area, [visit the Medicare website](#). You can compare the State inspection reports of the nursing homes in your area and look at other information, such as resident characteristics and staffing levels.

For each nursing home you can see quality information on “Nursing Home Compare,” including:

- The Percentage of Residents Who Need More Help Doing Daily Activities than when their need for help was last assessed, like; 1) feeding oneself, 2) moving from one chair to another, 3) changing positions while in bed, and 4) going to the bathroom alone.
- The Percentage of Residents with Pressure (Bed) Sores. These are usually caused by constant pressure such as lying or sitting in one position for a very long time.
- The Percentage of Residents Who Lost Too Much Weight, which might be unhealthy.
- The Percentage of Residents with Pain. This is very bad pain that happens everyday, over the last 7 days, and is very bad or moderate.
- The Percentage of Residents with Infections. These include pneumonia, wound infections, urinary tract or a bladder infection.
- The Percentage of Residents in Physical Restraints. Physical restraints are any device that keeps a resident from moving freely, like ankle restraints, special types of vests, or chairs with lap trays.
- The Percentage of Short-Stay Residents (residents who stay for less than 90 days) who improved in walking. Short-stay residents are in the nursing home less than 90 days. Improvement in walking is an increase in a resident’s ability to walk with little or no help at all.
- The Percentage of Short-Stay Residents with Pain.
- The Percentage of Short-Stay Residents with Delirium, which is a mix of short-term problems with focusing or shifting attention, being confused and not being aware of one's surroundings. These symptoms may appear suddenly and can be reversible. (Note that delirium is not “senility,” which is more about learning and memory problems.)

Other ways to find out about nursing home quality:

- Ask friends and other people you know if they are or were satisfied with the quality of care.
- Call the local office of consumer affairs for your state. Ask if they have information on the quality of nursing homes (look in the blue pages of your telephone book for their telephone number).
- Call your State health department. Ask if they have information on the quality of nursing homes (look in the blue pages of your telephone book for their telephone number).
- Call your Long-Term Care Ombudsman. The Ombudsman program helps residents of nursing homes solve problems by acting on their behalf. Ombudsmen visit nursing homes and speak with residents throughout the year to make sure residents' rights are protected. They are a very good source of general information about nursing homes and can work to solve problems with your nursing home care, including financial issues. They may be able to help you compare the nursing home's strengths and weaknesses. Ask them questions like how many complaints they have gotten about a nursing home, what kind of complaints they were, and if the problems were resolved.

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

Before you make a decision about the nursing home, visit the nursing homes you are interested in. A visit gives you the chance to see the residents, staff, and facility. It also allows you to talk with nursing home staff, with the people who live and get care at the nursing home and their family members. Be sure to call the nursing home office and make an appointment to tour the nursing home before you visit.

If you can't visit the nursing home yourself, you may want to get a family member or friend to visit for you. If a family member or friend can't visit for you, you can call for information. However, a visit gives you a better way to see the quality of care and life the residents are getting.

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

Get Information

- Call About Services. What services does the nursing home provide?
- Call About Fees. Do they charge a basic fee for room, meals, and personal care? Do they charge extra for other services or care for special medical needs?
- See the Inspection Report. Get a copy of the nursing home inspection report from **“Nursing Home Compare.”** The inspection report tells you how well the nursing home meets Federal health and safety requirements. The nursing home must have the results of the most recent survey of the facility done by Federal or State surveyors available for you to look at.

Visit the Nursing Home

Review Information.

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

Take a Formal Tour.

- Make an appointment with the nursing home before you visit.
- Take a formal tour with a nursing home staff member.
- Ask questions during your tour, including questions about the quality measures from “Nursing Home Compare.”
- Look around to get a better picture of the services, activities, and quality of care and life for the residents.

Remember, take the Nursing Home Checklist (see later section of this guide) with you when you visit. Fill it out and use it to compare the nursing homes in your area.

Visit Again.

- Revisit the nursing home a second time, on a different day and at a different time of the day than when you first visited. Staffing can be different at different times of the day, and on weekends.
- Try to visit during the late morning or midday. This allows you to see the residents when they are out of bed, eating, and going to activities.

Go to Council Meetings.

- Ask a nursing home staff member if you can get permission from the resident’s or family council’s participants to attend a meeting of the nursing homes’ resident council and/or family council meeting. These councils are usually organized and managed by the resident's families to improve the quality of care and life for the residents and address concerns.

Ask Questions

Use the Nursing Home Checklist.

- Ask questions from the Nursing Home Checklist (see later section of this guide). The Nursing Home Checklist can help you to know what to look for and what questions to ask so you can compare nursing homes. This checklist has questions about basic information, resident appearance, nursing home living spaces, staff, residents' rooms, hallways, stairs, lounges, bathrooms, menus and food, activities, and safety and care.

For example:

- Is the nursing home certified by Medicare and Medicaid?
- Is there a bed available? (Is there a waiting list?)
- Is the nursing home easy to visit for family and friends?

Ask to see a copy of the nursing home's most recent inspection report. If any deficiencies were found, ask if they have been corrected and ask to see the plan correction.

Ask about Satisfaction.

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

Other Questions.

- Write down any questions you still have about the nursing home or how the nursing home will meet your needs.
- Ask the staff about the quality information from “[Nursing Home Compare](#).” This may help you compare nursing homes.
- Ask the staff to explain anything you see and hear that you don't understand. For example, a person may be calling out. It may be because they are confused, not because they are being hurt or neglected. Don't be afraid to ask questions.

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

Step 4: Choose the nursing home that best meets your needs.

When you have all the information about the nursing homes you are interested in, discuss it with your family, friends, doctor, clergy, spiritual advisor, or social worker. Talk with people who understand your personal and health care needs. They can help you make a choice that best meets your needs.

If you are helping someone who is about to go into a nursing home, get him or her involved in making the decision as much as possible. People who are involved from the beginning are better prepared when they move into a nursing home. If the person you are helping is not alert or able to communicate well, keep his or her values and preferences in mind. Finding a nursing home that has the right services, and a pleasant comfortable atmosphere, often requires a lot of planning.

If you find more than one nursing home you like with a bed available, use all the information you get to compare them. Trust your senses. If you don't like what you see on a visit, if the facility isn't clean, or if you weren't comfortable talking to the nursing home staff, you may want to choose another nursing home. If you feel that the residents are treated well, the facility is clean, and the staff is helpful, you might feel better about your decision. Remember that the appearance of a nursing home is not as important as the quality of care and life, and a friendly, caring atmosphere.

Important: If you visit a nursing home that you don't like, you don't have to choose to go there. Making a good choice for quality care is important. If you are in a hospital, talk to the hospital discharge planner or your doctor before you decide not to go to a nursing home that has an available bed. They may be able to help you find a more suitable nursing home, or arrange for other care, like short-term home care, until a bed is available at another nursing home you choose. You may be billed for any additional days you stay in the hospital.

Moving is difficult, so try not to move more than once. However, an extra move may be better for you than choosing to go to a facility that is not right for you. Be sure to explain to your doctor or discharge planner why you are not happy with a facility they may be recommending.

Once in the nursing home, if you find that you don't like the nursing home you chose, you can move to another facility with an available bed. The nursing home you leave may require that you let them know ahead of time that you are planning to leave. Talk to the nursing home staff about their rules for leaving. If you don't follow the rules for leaving, you may have to pay extra fees.

Some important things to think about when making your choice:

Each nursing home is different. Spend time with your family thinking about what is important to you. The list below can help you see how nursing homes may vary.

- Quality of Life. Does the staff treat residents in a respectful way? Are there a variety of social, recreational, religious, or cultural activities? Do the residents have choices over their schedule and living space? Do the residents have privacy for visits or personal care?
- Quality of Care. Are there enough staff? Are residents getting the care they need? Can residents still see their personal doctors? Does the nursing home have any quality of care deficiencies?
- Location. Is the nursing home close to family and friends so they can visit often? Frequent visits are the best way to make sure that you or your loved one does well in the nursing home. Having visitors can make the transition to the nursing home easier for you and your family. Visitors can also help support you or act on your behalf by bringing concerns to the nursing home's resident council and/or family council.
- Availability. Is a bed available now, or can you add your name to a waiting list? Remember, nursing homes do not have to accept all applicants, but they must comply with Civil Rights laws that prohibit discrimination based on race, color, national origin, disability, age, or religion under certain conditions.

- Staffing. Do the Certified Nursing Assistants (CNAs) work with a reasonable number of residents on the day shift? Is there a doctor available? Are therapy staff available?
- Religious and Cultural Preferences. Does the nursing home offer the religious or cultural support you need? Do they provide any special diet your faith practice requires?
- Language. Is your primary language spoken at the nursing home by staff or residents? Being able to communicate with others is important.
- Policies. Policies are rules that all residents must follow. They may be different in each nursing home. Are you comfortable with the policies? For example, smoking may not be allowed or may be restricted to certain areas of the nursing home.
- Services and Fees. Does the nursing home have the services you need? Nursing homes must tell you in writing about their services, charges, and fees before you move into the home. Get a copy of the fee schedule to find out which services are available, which are included in your monthly fee, and which services cost extra. Then you can compare the costs of different nursing homes.
- Security. Does the nursing home provide a safe environment? Is there a guard at the door? Is the nursing home locked at night? Are there special “Wander Guards” to help keep residents who may become confused in the facility?
- Preventive Care. Does the nursing home make sure that residents get preventive care to help keep them healthy? Does it have a screening program for immunizations such as Flu (influenza) and pneumonia?
- Hospitals. Does the nursing home have an arrangement with a nearby hospital for emergencies? Can your doctor care for you at that hospital?
- Accredited (accreditation). Is the nursing home accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO)? Being accredited is like having a “seal of approval.” It means the nursing home meets certain standards for care that JCAHO sets. You can find information on accreditation of nursing homes in your area [online](#).
- Licensed. Are the nursing home and current administrator required to be licensed in your State? If so, are they? This means that they have met certain standards set by a state or local government agency.
- Certified (certification). If you are getting skilled care, and Medicare or Medicaid are paying for your care, make sure the nursing home is Medicare and Medicaid certified. This means the nursing home has passed an inspection survey done by a state government agency. Medicare and Medicaid will only pay for care in a certified nursing home. Being certified is not the same as being accredited. Also, some nursing homes set aside only a few beds for Medicare or Medicaid residents.

Nursing Home Checklist

This checklist can help you look at and compare the nursing homes that you visit. Look at the checklist before you go on your nursing home visit or tour. This will give you an idea about the kinds of questions to ask and what you should look for as you tour the facility and see the staff and the residents. Some of these questions may be more personally important to you and your family, and some are more important for finding out about the quality of care the residents get. Use a new checklist for each nursing home you visit.

“[Nursing Home Compare](#)” on the Medicare website includes information such as:

- The number of beds at the facility, and how many are being used (occupied)
- The number of staff working at the facility
- Information about the residents (a profile)
- Nursing home inspection summary results
- Quality measures for each nursing home.

Nursing Home Checklist (page 1)

Name of Nursing Home: _____ Date of Visit: _____

Basic Information	Yes / No	Comments
• The nursing home is Medicare-certified.		
• The nursing home is Medicaid-certified.		
• The nursing home has the level of care you need (e.g. skilled, custodial), and a bed is available.		
• The nursing home has special services if needed in a separate unit (e.g. dementia, ventilator, or rehabilitation), and a bed is available.		
• The nursing home is located close enough for friends and family to visit.		

Resident Appearance

- Residents are clean, appropriately dressed for the season or time of day, and well groomed.

Nursing Home Living Spaces

- The nursing home is free from overwhelming unpleasant odors.
- The nursing home appears clean and well kept.
- The temperature in the nursing home is comfortable for residents.
- The nursing home has good lighting.
- Noise levels in the dining room and other common areas are comfortable.
- Smoking is not allowed or may be restricted to certain areas of the nursing home.
- Furnishings are sturdy, yet comfortable and attractive.



Nursing Home Checklist (page 2)

Name of Nursing Home: _____ Date of Visit: _____

The Staff	Yes / No	Comments
<ul style="list-style-type: none"> The relationship between the staff and the residents appears to be warm, polite, and respectful. 		
<ul style="list-style-type: none"> All staff wear name tags. 		
<ul style="list-style-type: none"> Staff knock on the door before entering a resident's room and refer to residents by name. 		
<ul style="list-style-type: none"> The nursing home offers a training and continuing education program for all staff. 		
<ul style="list-style-type: none"> The nursing home does background checks on all staff. 		
<ul style="list-style-type: none"> The guide on your tour knows the residents by name and is recognized by them. 		
<ul style="list-style-type: none"> There is a full-time Registered Nurse (RN) in the nursing home at all times, other than the Administrator or Director of Nursing. 		
<ul style="list-style-type: none"> The same team of nurses and Certified Nursing Assistants (CNAs) work with the same resident 4 to 5 days per week. 		
<ul style="list-style-type: none"> CNAs work with a reasonable number of residents. 		
<ul style="list-style-type: none"> CNAs are involved in care planning meetings. 		
<ul style="list-style-type: none"> There is a full-time social worker on staff. 		
<ul style="list-style-type: none"> There is a licensed doctor on staff. Is he or she there daily? Can he or she be reached at all times? 		
<ul style="list-style-type: none"> The nursing home's management team has worked together for at least one year. 		



Nursing Home Checklist (page 3)

Name of Nursing Home: _____ Date of Visit: _____

Resident's Rooms	Yes / No	Comments
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- Residents may have personal belongings and/or furniture in their rooms.
- Each resident has storage space (closet and drawers) in his or her room.
- Each resident has a window in his or her bedroom.
- Residents have access to a personal telephone and television.
- Residents have a choice of roommates.
- Water pitchers can be reached by resident.
- There are policies and procedures to protect residents' possessions.

Hallways, Stairs, Lounges, and Bathrooms

- Exits are clearly marked.
- There are quiet areas where residents can visit with friends and family.
- The nursing home has smoke detectors and sprinklers.
- All common areas, resident rooms, and doorways are designed for wheelchair use.
- There are handrails in the hallways and grab bars in the bathrooms.

Nursing Home Checklist (page 4)

Name of Nursing Home: _____ Date of Visit: _____

Menus and Food	Yes / No	Comments
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- Residents have a choice of food items at each meal. (Ask if your favorite foods are served.)
- Nutritious snacks are available upon request.
- Staff help residents eat and drink at mealtimes if help is needed.

Activities

- Residents, including those who are unable to leave their rooms, may choose to take part in a variety of activities.
- The nursing home has outdoor areas for resident use and staff help residents go outside.
- The nursing home has an active volunteer program.

Safety and Care

- The nursing home has an emergency evacuation plan and holds regular fire drills.
- Residents get preventive care, like a yearly flu shot, to help keep them healthy.
- Residents may still see their personal doctors.
- The nursing home has an arrangement with a nearby hospital for emergencies.
- Care plan meetings are held at times that are convenient for residents and family members to attend whenever possible.
- The nursing home has corrected all deficiencies (failure to meet one or more Federal or State requirements) on its last state inspection report.

Making Arrangements to Enter a Nursing Home

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

Payment Information for Nursing Home Office Staff

- Insurance Information. Provide information about health care coverage and/or long-term care insurance you have that pays for nursing home and/or health care. This includes the name of the insurance company and the policy number.

Note: You may have to pay a cash deposit before you are admitted to a nursing home if your care will not be covered by either Medicare or Medicaid. If nursing home care will be covered by Medicare or Medicaid, the nursing home can't require you to pay a cash deposit. They may ask that you pay your Medicare coinsurance amounts and other charges you would normally have to pay for. It is best to pay these charges when they are billed, not in advance.

Information for Nursing Home Staff

- Information on Your Medical History. Your doctor may give the staff some of this information. This includes a list of any current or past health problems, past surgeries or treatments you have had, allergies you have to food or medicine, and shots you've had.
- Information on Your Current Health Status. Your doctor may give the staff some of this information. This includes a list of your current health problems, and any activities of daily living that might be difficult for you to do by yourself.
- A List of Your Current Medicines. Include the dose, how often you take it, and why you take it.
- A List of All Your Health Care Providers. Include names, addresses, and telephone numbers.
- A List of Family Members to Call in Case of an Emergency. Include names, addresses, and telephone numbers.

Health Care Advance Directives

You may be asked if you have a health care advance directive.

A health care advance directive is a written document that says how you want medical decisions to be made if you can't make decisions for yourself. The two most commonly prepared health care advance directives are:

- A Living Will is a written legal document that says what type of treatments you want or don't want in case you cannot speak for yourself. This document typically only comes into effect if you're terminally ill (usually if you have six months or less to live) or permanently unconscious and cannot speak for yourself. A Living Will doesn't let you name someone to make health care decisions for you.
- A Durable Power of Attorney for Health Care is a legal document that names someone else to make health care decisions for you if you become unable to make your own decisions.

If you don't have a health care advance directive and need help preparing one, or need more information, talk to a social worker, discharge planner, your doctor, or the nursing home staff. You can call your local Area Agency on Aging to find out if your state has any legal services that help with preparing these forms. You will find the telephone number in the blue pages of your local telephone book.

Personal Needs Account

You may wish to open an account managed by the nursing home. You can deposit money into the account for personal use. Check with the nursing home to see how they manage these accounts. You may only have access to the account at certain times.

Paying for Nursing Home Care and Other Health Care Costs

Nursing home care can be very expensive. Medicare generally does not cover nursing home care. There are many ways people can pay for nursing home care. For example, they can use their own money, may be able to get help from their state, or use long-term care insurance.

Nursing home care is not covered by many types of health insurance. Don't drop your health care coverage if you are in a nursing home. Even if it doesn't cover nursing home care, you will need health coverage for hospital or doctor services or supplies while you are in the nursing home.

Most people who enter nursing homes begin by paying for their care out of their own pocket. As they use up their resources over a period of time, they may eventually become eligible for Medicaid. Remember, Medicare does cover skilled nursing care after a qualifying hospital stay.

Personal Resources

You can use your savings to pay for nursing home care. Some insurance companies let you use your life insurance policy to pay for long-term care. Ask your insurance agent how this works.

Another option for homeowners is a "reverse mortgage." It allows some people to use their home as a source of income without losing ownership. It is a type of loan. Talk to a lawyer or financial advisor about the benefits and risks of a reverse mortgage.

Important: Be sure to get help before using either of these options. There are important issues you need to understand.

Help From Your State

Medicaid. Medicaid is a joint Federal and state program that pays for certain health services and nursing home care for older people with low incomes and limited assets. If you qualify, you may be able to get help to pay for nursing home care, or other health care costs. If you qualify for both Medicare and Medicaid, most health care costs are covered. But remember, not all nursing homes accept Medicaid payment. Check with the nursing home to see if they accept Medicaid, and if they have a Medicaid bed available. Who is eligible for Medicaid and what services are covered varies from state to state. Most often, eligibility is based on your income and personal resources. Sometimes you must reduce your personal resources before you qualify. Be sure to ask whether state law or nursing home policy will guarantee that you will be able to stay at that nursing home if your care is covered by Medicaid later. You may be moved to another room or another section of the nursing home when your care is paid by Medicaid. To get more information on Medicaid eligibility requirements in your state, call your state's Medical Assistance Office.

Some important things to know about Medicaid:

- The State cannot put a lien on your home (to recover benefits correctly paid) while you are living in a nursing home if there is a reasonable chance you will return home after getting nursing home care. Also, the State can't put a lien on your home (to recover benefits correctly paid) if you have a spouse or dependents living there.
- Most people who get Medicaid have to reduce their assets first. There are rules about what is counted as an asset and what isn't when determining Medicaid eligibility. There are also rules that mandate States to allow married couples separated because one of them is in an institution (like a nursing home) to protect a certain amount of assets and income for the spouse who isn't in an institution. For more information, call your State Medical Assistance Office. Or, you can call your local Area Agency on Aging to find out if your State has any

legal services that would help provide you with more information. You can also get free counseling from your State Health Insurance Assistance Program.

- You cannot give your assets away to family members or non-family members, rather than use your assets to pay for your nursing home care. If you give assets away within three years before the date you apply for Medicaid or after you apply, the assets given away will be counted as assets that should be used to pay for your nursing home care. Giving away assets can delay when you become eligible for Medicaid. There are some exceptions to this especially if you have a spouse, or a blind or disabled child.
- After a person who gets Medicaid nursing home benefits dies, in most cases the State must try to get whatever benefits it paid for that person back from their estate. However, they cannot recover this until after the person's spouse dies, or as long as there is a blind or disabled child or child under the age of 21 in the family.

Note: Federal law protects spouses of nursing home residents from losing all of their income and assets to pay for nursing home care for their spouse.

When one member of a couple enters a nursing home and applies for Medicaid, his or her eligibility is determined under what are called the “spousal impoverishment” rules. “Spousal impoverishment” helps make sure that the spouse still at home will have the money needed to pay for living expenses by protecting a certain amount of the couple’s resources, as well as at least a portion of the nursing home resident’s income, for the use of the spouse who is still at home. For more information about this protection, call your State Medical Assistance Office.

To apply for Medicaid, call your State Medical Assistance Office. They can tell you if you qualify for the Medicaid nursing home benefit, or other programs, such as the Programs of All-inclusive Care for the Elderly (PACE), or home and community based waiver programs.

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

PACE combines medical, social, and long-term care services for frail people. PACE is available only in states that have chosen to offer it under Medicaid. The goal of PACE is to help people stay independent and living in their community as long as possible, while getting the high quality care they need.

To be eligible for PACE, you must be age 55 or older, live in the service area of a PACE program, be certified as eligible for nursing home care by the appropriate State agency, and be able to live safely in the community.

To find out if there is a PACE program in your area, call the State Medical Assistance Office. Or, you can go to medicare.gov.

Home and Community Based Waiver Programs

If you are already eligible (or close to being eligible) for Medicaid, you may be able to get help with the costs of some home and community based services. States have home and community based waiver programs to help people keep their independence, while getting the care they need outside of an inpatient facility.

You can call the Area Agency on Aging. You can get the telephone number of your local Area Agency on Aging by going to **their site**. Select “About AoA and the Aging Network.” Then select “Area Agencies on Aging.” You can also call the Eldercare Locator at **(800) 677-1116** (weekdays 9:00 a.m. to 8:00 p.m. Eastern time) for your local Area Agency on Aging telephone number. Or, call your State Medical Assistance Office. Both can help with your Medicaid questions, or give you information about other programs to help pay for the costs of nursing home care or community and home services.

Long-Term Care Insurance

This type of private insurance policy can help pay for many types of care defined on long-term care, including both skilled and non-skilled care.

Long-term care insurance can vary widely. Some policies may cover only nursing home care. Others may include coverage for a whole range of services like care in an adult day care center, assisted living, medical equipment, and informal home care.

If you have long-term care insurance, check your policy or call the insurance company to find out if the care you need is covered. If you are shopping for long-term care insurance, find out which types of long-term care services and facilities the different policies cover. Also, check to see if your coverage could be limited because of a pre-existing condition. Make sure you buy from a reliable company that is licensed in your State.

Medicare

Medicare is a health insurance program for:

- People age 65 or older.
- Some people with disabilities under age 65.

You can get your Medicare health care in two ways:

- The Original Medicare Plan. The Original Medicare Plan does not pay for most nursing home care. Most nursing home care is custodial care to help with activities of daily living like bathing, dressing, and using the bathroom. Medicare covers very limited and medically-necessary skilled care or home health care if you need skilled care for an illness or injury and you meet certain conditions. For more information on Medicare coverage of skilled nursing facility care or home health care, go to [medicare.gov](https://www.medicare.gov).
- Other Medicare Health Plans. If you belong to a Medicare managed care plan or Medicare Private-Fee-for-Service plan, check with your plan to see if it covers nursing home care. Usually, plans do not help pay for this care unless the nursing home has a contract with the plan. Ask the health plan about nursing home coverage before you make any arrangements. If the nursing home has a contract with your health plan, ask the health plan if they check the home for quality of care.

Adjusting to a New Home

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

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

Reporting and Resolving Problems

If your loved one has a problem at the nursing home, talk to the staff involved. For example, if they have a problem with their care, talk to the nurse or Certified Nurse Assistant (CNA). The staff may not know there is a problem unless you tell them. If the problem is not resolved, ask to talk with the supervisor, the social worker, the Director of Nursing, or their doctor.

The facility must have a grievance procedure for complaints. If your problem is not resolved, follow the facility's grievance procedure. You may also want to bring the problem to the resident or family council.

The nursing home must post the name, address, and telephone number of state advocacy groups, such as the State Survey and Certification Agency, the State Licensure Office, the State Ombudsman Program, the Protection and Advocacy Network, and the Medicaid Fraud Control Unit.

If you feel you need outside help to resolve your problem, call the Long-Term Care Ombudsman or State Survey Agency for your area.

Care Plans

The nursing home staff will get your loved one's health information and review their health condition to prepare a care plan. Your loved one and their family (with permission), has the right to take part in planning care with the nursing home staff. A good care plan can help make sure that they are getting the care they need, and help make their stay more pleasant. Health assessments (a review of their health condition) must be done within 14 days of admission. They should expect to get a health assessment at least every 90 days after the first review, and possibly more often if their medical status changes.

The nursing home staff will assess their condition periodically to see if their health status has changed. They will adjust the care plan as needed.

Depending on needs, a care plan may include:

- What kind of personal or health care services they need,
- What type of staff should give them these services,

- How often they need the services,
- What kind of equipment or supplies they need (like a wheelchair or feeding tube),
- What kind of diet they need (if you need a special one),
- Their health goal (or goals), and
- How their care plan will help them reach those goals

Resident Rights and Protections

As a resident of a nursing home, your loved one has all the same rights and protections of all United States citizens. Nursing home residents have certain rights and protections under the law, but they can vary by state. The nursing home must provide you with a written description of their legal rights. Keep the information you get about those rights, admission and transfer policies, and any other information you get from the nursing home in case you need to look at them later.

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

- Freedom from Discrimination. Nursing homes do not have to accept all applicants, but they must comply with Civil Rights laws that do not allow discrimination based on race, color, national origin, disability, age, or religion under certain conditions. If you believe you have been discriminated against, call the Department of Health and Human Services, Office of Civil Rights at **1(800) 368-1019**.
- Respect: They have the right to be treated with dignity and respect. As long as it fits the care plan, they have the right to make their own schedule, including when they go to bed, rise in the morning, and eat meals. They also have the right to choose the activities they want to go to.
- Freedom from Abuse and Neglect. They have the right to be free from verbal, sexual, physical, and mental abuse, and involuntary seclusion by anyone. This includes, but is not limited to nursing home staff, other residents, consultants, volunteers, staff from other agencies, family members or legal guardians, friends, or other individuals. If you feel they have been abused or neglected (their needs not met), report this to the nursing home, your family, your local Long-Term Care Ombudsman, or State Survey Agency. It may be appropriate to report the incident of abuse to local law enforcement or the Medicaid Fraud Control Unit (their telephone number should be posted in the nursing home).
- Freedom from Restraints. Physical restraints are any manual method or physical or mechanical device, material, or equipment attached to or near your body so that you can't remove the restraint easily. They prevent freedom of movement or normal access to one's own body. A chemical restraint is a drug used to limit freedom of movement and is not needed to treat your medical symptoms. It is against the law for a nursing home to use physical or chemical restraints, unless it is necessary to treat medical symptoms. Restraints may not be used to punish nor for the convenience of the nursing home staff. They have the right to refuse restraint use except if they're at risk of harming themselves or others.
- Information on Services and Fees. They must be informed in writing about services and fees before they move into the nursing home. The nursing home cannot require a minimum entrance fee as a condition of residence.
- Money. They have the right to manage their own money or to choose someone to do this for them. If you ask the nursing home to manage personal funds, you must sign a written statement that allows the nursing home to do this. However, the nursing home must allow them access to their home, bank accounts, cash, and other financial

records. The nursing home must protect their funds from any loss by buying a bond or providing other similar protections.

- Privacy, Property, and Living Arrangements. They have the right to privacy, and to keep and use personal belongings and property as long as they don't interfere with the rights, health, or safety of others. Nursing home staff should never open mail unless they allow it. They have the right to use a telephone and talk privately. The nursing home must protect property from theft. This may include a safe in the facility or cabinets with locked doors in resident rooms. If spouses live in the same nursing home, they are entitled to share a room (if they both agree to do so).
- Medical Care. They have the right to be informed about their medical condition, medications, and to see their own doctor. They also have the right to refuse medications and treatments (but this could be harmful to health). They have the right to take part in developing a care plan, and the right to look at medical records and reports when they ask.
- Visitors. Your loved one has the right to spend private time with visitors at any reasonable hour. The nursing home must permit your family to visit at any time. They don't have to see any visitor they don't wish to see. Any person who gives them help with health or legal services may see them at any reasonable time. This includes their doctor, representative from the health department, their Long-Term Care Ombudsman, and others.
- Social Services. The nursing home must provide them with any needed social services, including counseling, help solving problems with other residents, help in contacting legal and financial professionals, and discharge planning.
- Leaving the Nursing Home. Living in a nursing home is your loved one's choice. They can choose to move to another place. However, the nursing home may have a policy that requires them to disclose this plan prior to leaving. If they don't, they may have to pay an extra fee. If they are going to another nursing home, make sure that there is a bed available.
If their health allows and doctor agrees, they can spend time away from the nursing home visiting friends or family during the day or overnight. Talk to the nursing home staff a few days ahead of time if they want to do this so medication and care instructions can be prepared.
Caution: If the nursing home care is covered by certain health insurance, they may not be able to leave for visits without losing coverage.
- Complaints. You have the right to make a complaint to the staff of the nursing home, or any other person, without fear of punishment. The nursing home must resolve the issue promptly.
- Protection Against Unfair Transfer or Discharge. They cannot be sent to another nursing home, or made to leave the nursing home unless:
 - It is necessary for the welfare, health, or safety of themselves or others,
 - Their health has declined to the point that the nursing home can not meet care needs,
 - Their health has improved to the point that nursing home care is no longer necessary,
 - The nursing home has not been paid for services received, or
 - The nursing home closes.

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

A nursing home cannot make them leave if they're waiting to get Medicaid. The nursing home should work with other state agencies to get payment if a family member or other individual is holding the money.

- Your Family and Friends. Family members and legal guardians may meet with the families of other residents and may participate in family councils.

By law, nursing homes must develop a plan of care for each resident. Your loved one has the right to take part in this process, and family members can help with the care plan (with permission). If your loved one has designated a family member as a legal guardian, he or she has the right to look at all medical records and has the right to make important decisions on their behalf.

Family and friends can help make sure the person in question gets high quality care.

Taking Care of You

If you are to be the coordinator, the primary care giver for a loved one, it can be a big job! Many of the demands on you could be unscheduled and could disrupt your normal routine. When Uncle Harvey can't make it to Mom's, you'll have to go. If Dad calls you when he falls and sprains his ankle, you'll be the one to take him to the doctor or hospital. If a paid caregiver is unsatisfactory or quits, you may have to sleep at your loved one's house until you can find a replacement. Beyond the unexpected, you may also have extensive routine responsibilities. You may need to manage finances or deal with medical, legal, community, or government bureaucracies. It can be a big job. Although, as a family caregiver, you may often be under a huge strain, you can do things to ease the pressure.

Balancing Caregiving and Other Responsibilities

Most caregivers juggle work responsibilities as well as two households. It can be especially difficult if your loved one doesn't live near you. Below are some things to think about as you figure out how to balance these responsibilities.

Your Household. As you plan, implement, and monitor care for your loved one, don't forget to plan for your own household.

- Keep your family informed about your caregiving responsibilities and how it may impact them
- Try to provide your home family with at least a general schedule of your caregiving commitments.
- If you find yourself spending a lot of unscheduled or additional time as a caregiver, figure out how you'll fill the gap in your responsibilities (e.g., can your spouse help the children with homework, carpool, etc.)?

Your Job. The responsibilities of caregiving can have a significant impact on work obligations, sometimes more than anticipated. Caregivers may be concerned that requesting changes to work schedules and obligations can threaten job security. Many times, however, creativity and flexibility on the job are necessary to fulfill caregiver and employee responsibilities.

Employers are finding that the caregiving responsibilities of their employees impact productivity in the workplace. Today, an employer may have programs in place to assist employees in caregiving roles. As a caregiver, you may want to research what is available to you in your workplace.

Some options might be:

- Flex time. You may be able to work part-time or to work longer hours on some days and shorter hours on others.
- Telecommuting. Your employer may have a program for working from home one or two days a week.
- Employee Assistance Programs. These programs provide information and support for employees. Some employers have Eldercare Referral programs which provide employees with access to a Geriatric Care Manager to assist them in locating resources and services for their loved one. Usually the Human Resources Department can provide information on this.

Finding Time for Yourself

All too often, caregivers focus on everything but their own needs. At any given moment, it may be the kids, the job, the care recipient, or the family finances. Rarely does a caregiver step back to see how he or she is doing, and all too

frequently a caregiver's family and friends forget to ask. As selfish as it may seem, and even as guilty as it may make you feel, take time for yourself. Caring for you is not being selfish. The following list has some important things for you as a caregiver to think about:

- Sometimes it's helpful to speak with others in situations similar to yours. You may want to consider a support group either online or in person. As awkward or reluctant as you may feel at first, you will find that most support group participants are experiencing or have experienced many of the emotions and frustrations that you may be feeling. Caregiver.org provides a link where you may search for both local caregiver support groups and community resources by state, county and zip code. They also offer an online caregiver discussion group.
- Take care of your physical health. Don't ignore physical symptoms such as continual headaches, backaches, or stomach pains.
- Your emotional health is as important as your physical health. Give yourself credit for what you are doing. Recognize what you can and can't change and act on what you can.
- Be aware of your diet, and work exercise into your life. Exercise can help reduce stress and ward off depression.
- Set limits and learn to say no—to friends, family and your loved one.
- Don't let yourself become isolated from friends, family and activities that you've always enjoyed. If necessary, let people know that you need them to include you, and not to be put off if you decline an invitation.
- Check with a health care professional or counselor if you have concerns about either your physical or emotional health, or if others are voicing concerns about you.

Taking good care of yourself is important not only for you, but also for your aging loved one.

Helpful Websites and Words to Know

Helpful Websites

[Centers for Medicare and Medicaid Services](#) (formerly Health Care Finance Administration) has information about the Medicare and Medicaid Programs.

[The Alzheimer’s Association](#) offers information and supportive services to families and individuals dealing with Alzheimer’s disease.

[The Alzheimer’s Disease Education and Referral \(ADEAR\) Center](#) is a service of the National Institutes of Health. The Center provides information to patients, families, and professionals about Alzheimer’s disease and services.

[The Alzheimer’s Foundation of America \(AFA\)](#) provides information about brain health, Alzheimer’s disease, and other forms of dementia. It gives tips for caregivers, as well as information about local resources to assist individuals with Alzheimer’s disease and their families.

[The Benefits Checkup](#) site was developed by the National Council on Aging (NCOA) to assist seniors and their families in determining benefit eligibility for services in their area.

[The National Alliance for Caregiving](#) is a non-profit coalition of national organizations focusing on issues of family caregiving. The website includes helpful information and resources for caregivers.

[The American Association of Homes and Services for the Aging](#) website contains a consumer section with information about long-term care services, a searchable service provider directory for both home care and facility care and links to other important resources for caregivers.

Founded in 1977, [Family Caregiver Alliance \(FCA\)](#) serves as a public voice for caregivers, illuminating the daily challenges they face, and offering them assistance. The website has information related to a variety of caregiving topics and a state by state searchable resource directory.

[The National Citizens’ Coalition for Nursing Home Reform \(NCCNHR\)](#) was formed because of public concern about substandard care in nursing homes. The website includes the ability to search for the nursing home ombudsman in your area should you have questions or concerns about nursing facilities in your area.

[AARP](#) provides information on caregiving, long-term care, and many other topics related to aging.

The official government [Medicare site](#) includes many topics important to Medicare beneficiaries including planning for long-term care, and a nursing-home search tool and comparison guide. It also has consumer publications related to many of the aspects of Medicare as well as useful tools and calculators to help when making Medicare decisions.

[Administration on Aging \(AOA\)](#) is maintained by the U.S. Department of Health and Human Services, and provides resources, news, and information for older adults as well as links to the Eldercare Locator and the National Long-Term Care Clearinghouse, which contains important information related to planning for long-term care.

Funded by the Administration on Aging, the [Eldercare Locator](#) assists older persons and their caregivers with access to support services in the geographic area in which they live (1-800-677-1116).

Words to Know

Activities of Daily Living (ADLs). These are activities that are normally done during the course of the day, including getting in and out of bed, dressing, eating and using the bathroom.

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

Coinsurance. The percent of the Medicare-approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the approved amount for the service (like 20%).

Custodial Care. Nonskilled, personal care, such as help with activities of daily living like bathing, dressing, eating, getting in and out of bed or a chair, moving around, and using the bathroom. It may also include care that people do themselves, like using eye drops. Medicare does not pay for custodial care.

End-Stage Renal Disease (ESRD). Kidney failure severe enough to need lifetime dialysis or a kidney transplant.

Long-Term Care Ombudsman. An independent advocate (supporter) for nursing home and assisted living facility residents who works to solve problems between residents and nursing homes or assisted living facilities.

Medicaid. A joint Federal and State program that helps with medical costs for some people with low incomes and limited resources. Medicaid programs vary from state to state, but most health care costs are covered if you qualify for both Medicare and Medicaid.

Medicare. The Federal health insurance program for: people 65 years of age or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD).

Medicare Managed Care Plan. These are health care choices in some areas of the country. In most plans, you can only go to doctors, specialists, or hospitals on the plan's list. Plans must cover all Medicare Part A and Part B health care. Some plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Medicare Private Fee-for-Service Plan. A private insurance plan that accepts people with Medicare. You may go to any Medicare-approved doctor or hospital that accepts the plan's payment. The insurance plan, rather than the Medicare program, decides how much it will pay and what you pay for the services you get. You may pay more for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan does not cover.

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

Quality Improvement Organizations (QIOs). Groups of practicing doctors and other health care experts. They are paid by the Federal government to check and improve the care given to Medicare patients. They must review your complaints about the quality of care given by: inpatient hospitals, hospital outpatient departments, hospital emergency rooms, skilled nursing facilities, home health agencies, Medicare Private Fee-for Service plans, and ambulatory surgical centers.

Restraints. Physical restraints are any manual method or physical or mechanical device, material, or equipment attached to or adjacent to the resident's body that the individual cannot remove easily which restricts freedom of

movement or normal access to ones body. Chemical restraints are any drug used for discipline or convenience and not required to treat medical symptoms.

Skilled Nursing Care. This level of care is when all needs are taken care of and must be supervised or given by Registered Nurses. Some examples are: changing sterile dressings on a wound, receiving intravenous injections, tube feeding, or managing oxygen to help you breathe. Any other service that can normally be done by a non-medical person – without the help or supervision of a Registered Nurse – is not considered skilled care.

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

State Health Insurance Assistance Program. A State program that gets money from the Federal Government to give free health insurance counseling and assistance to people with Medicare.

State Medical Assistance Office. A State agency that is in charge of the State's Medicaid program and can provide information about programs to help pay medical bills for people with low incomes. Also provides help with prescription drug coverage.