

PUBLIC PAY RESOURCE GUIDE:

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

U.S. EDITION



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Introduction: **HOW TO USE THIS GUIDE**

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

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

This guide includes the following information:

- What Medicare and Medicaid each cover
- How to find and choose a senior care community that accepts Medicare and Medicaid
- How to manage the transition from hospital care to a nursing home or assisted living community
- How to arrange for home care services via a Medicaid Waiver program
- Checklists and worksheets to help you organize the selection and admission process

We hope that, armed with this guide, you'll be able to find affordable and reliable care for your loved ones.

Ch. 1: UNDERSTANDING MEDICARE & MEDICAID

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

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

After a medically necessary inpatient hospital stay of at least three full days, Medicare will cover short-term skilled nursing care related to a hospitalization for up to 100 days if your doctor recommends it. (After the first 20 days in skilled nursing care, patients are responsible for a co-pay of \$167.50 per day.)

Once rehabilitation is complete, Medicaid can help pay for any necessary ongoing care. Medicaid can also help pay for any costs that Medicare doesn’t cover during the initial short-term stay.

MEDICARE BENEFITS

Medicare has four components:

- Part A, Hospital Insurance: This helps pay for inpatient care in a hospital or skilled nursing facility (following a hospital stay), home health care and hospice care.
- Part B, Medical Insurance: This helps pay for services provided by doctors and other healthcare providers, outpatient care, many preventive care services, durable medical equipment and some home health care expenses.
- Part C, Medicare Advantage: These plans are available in many areas. People with Medicare Parts A and B can choose to receive all of their health care services, including Part D prescription drugs if a Medicare Advantage Prescription Drug Plan (MAPD) is selected, through one of these provider organizations under Part C.
- Part D, Prescription Drug Coverage: This helps pay for prescription medications.

It’s important to realize that Medicare covers only short-term, non-custodial care. This means you cannot use Medicare to cover long-term nursing home stays or assisted living. Medicare covers medically necessary skilled care at a nursing home if you need short-term skilled care for an illness or injury and you meet certain conditions.

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

Source: *Medicare & You*, CMS Product No. 10050, November 2017. www.medicare.gov/sites/default/files/2018-07/10050-medicare-and-you.pdf

MEDICAID BENEFITS

BENEFITS

The benefits covered for the elderly through Medicaid are different in each state, but certain benefits are covered in every Medicaid program. Mandatory Medicaid benefits required by federal law include:

- Inpatient and outpatient hospital services
- Nursing facility and home health services
- Early and periodic screening, diagnostic and testing services
- Transportation to medical care
- Physician, laboratory and X-ray services
- Rural health clinic and federally qualified health center services

To learn more about your state Medicaid program visit www.medicaid.gov/state-overviews/index.html

ELIGIBILITY

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

BUY-INS

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

AFFORDABLE CARE ACT

In states that participate in the Affordable Care Act's expansion of Medicaid, Medicaid may cover low-income adults who have disabilities but don't meet SSI disability requirements and other people whose income is below 133% of the federal poverty level. The Medicaid program continues to move toward providing more community-based care options as an alternative to nursing homes.

HOME AND COMMUNITY-BASED SERVICES (HCBS)

Home and community-based services (HCBS) allow Medicaid beneficiaries to get services at home or in assisted living communities. Seniors and younger adults with disabilities may be eligible for HCBS programs. Each state can create its own HCBS waiver programs to serve its Medicaid recipients.

MONEY FOLLOWS THE PERSON (MFP)

The "Money Follows the Person" Rebalancing Demonstration Program (MFP) helps states rebalance their long-term care systems by transitioning Medicaid recipients from institutional care to home- and community-based care. Forty-three states and the District of Columbia have implemented MFP programs, and as of the end of 2016, those programs have helped more than 75,000 people return to their homes and communities for care.

People who live in an institution for more than 90 consecutive days are eligible for the MFP program. Note that the number of days spent in short-term rehabilitative care in an institution doesn't count toward the 90-day total.

The stated goals of the MFP program are as follows:

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

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

Source: www.medicaid.gov/medicaid/ltss/money-follows-the-person/index.html

COMMUNITY FIRST CHOICE OPTION

The “Community First Choice Option” (CFC) allows states to provide home and community-based attendant services and supports to eligible Medicaid enrollees under their state plan. This state plan option was established under the Affordable Care Act of 2010. The purpose of the CFC option is to provide individuals who meet nursing home level of care the opportunity to receive necessary personal attendant services (PAS) and supports in a home and community-based setting. The CFC option expands Medicaid opportunities for the provision of home and community-based long-term services and supports (LTSS) and is an additional tool that states can use to facilitate community integration.

This option became available on October 1, 2011, and provides states with increased federal matching funds to provide care attendants and supports to Medicaid beneficiaries who would otherwise need to be served in a nursing home. Under the CFC, states must focus on an individual’s functional needs, rather than type of disability, when determining eligibility for services. Individuals who receive CFC services are not precluded from receiving other home and community-based long-term care services and supports available through their state Medicaid program.

States participating in CFC include: CA, MD, MT, OR and TX.

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

WHAT MEDICARE PART A COVERS

- 100% of the first 20 days in a Medicare approved skilled nursing facility after a three-night minimum inpatient hospitalization (Medicare must approve). If your loved one has Medicare Advantage, you will need to contact the insurer directly to determine the amount of skilled nursing coverage included in the policy.
- All but \$167.50 per day for days 21-100 in a Medicare-approved skilled nursing facility (Medicare must approve).

QUALIFYING STAYS

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

PRIVATE INSURANCE

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

WHAT MEDICAID COVERS

If you are unable to pay the Medicare co-pay for days 21-100, or pay for long-term care in the skilled nursing facility after rehabilitation is complete, Medicaid may be able to assist you. Medicare does not cover assisted living at the federal level; however, some states do participate in Medicaid waiver programs such as Home & Community Based Services and Money Follows the Person, which pay for long-term care in assisted living or at home.

A listing of Medicaid websites can be located on the A Place Mom website at www.aplaceformom.com/planning-and-advice/articles/directory-state-medicaid-websites and at www.medicaid.gov.

Ch. 3: SELECTING A SKILLED NURSING FACILITY

Step 1: REVIEW WEBSITES

Review information about local skilled nursing facilities on www.medicare.gov/nursinghomecompare/search.html and on nursinghomes.com. You can also call (1-866-KINDRED) or get live chat help at www.kindredhealthcare.com, a free resource staffed 24/7 by registered nurses who help families find healthcare solutions that best fit their needs.

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

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

Step 2: MAKE A LIST OF LONG-TERM CARE OPTIONS

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

Step 3: CALL TO DETERMINE AVAILABILITY AND SCHEDULE A TOUR

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

- If your loved one is in the hospital, be prepared to provide the Admissions Director with the name of the hospital, as well as the name of the hospital social worker or discharge planner you are working with.

- Ask if they have any openings or anticipate any openings soon.
- Ask if they can evaluate your loved one to determine if the skilled nursing facility can provide the necessary care required.
- If they have an opening, schedule a tour of the skilled nursing facility right away.

Step 4: GATHER ALL THE NECESSARY PAPERWORK

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

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

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

Step 5: COMMUNICATE WITH FAMILY

Involve other family members in the decision process. If siblings or other family members are able to assist, be sure to enlist their help in the decision-making process and notify them of the skilled nursing facilities you are considering. For tips on improving communication with family, visit: www.aplaceformom.com/planning-and-advice/articles/elder-care-planning.

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

Step 6: TOUR, TOUR, TOUR!

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

Step 7: **FIND OUT THE OUTCOME OF THE MEDICAL EVALUATION**

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

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

Here's what you'll need to find out next:

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

Step 8: **SIGN THE ADMISSION PAPERWORK**

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

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

Things to bring with you for admission:

- Medicare card
- All secondary insurance cards
- All paperwork given to you from the hospital or completed by your physician
- A copy of all legal paperwork, including Power of Attorney, Advanced Directive, living will and Do Not Resuscitate (DNR) orders
- A list of family members and phone numbers to contact in case of emergency

- A list of all doctors, dentists and professionals your loved one is seeing
- Clothing, toiletries and personal items (be sure to label everything)
- A few things to make your loved one's room more personal, such as photos, a favorite blanket, pillow or slippers
- Do not bring: clothing items requiring special care, valuables, jewelry, fragile items or family heirlooms

Step 9: **ATTEND THE CARE PLAN CONFERENCE**

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

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

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

Ch. 4: **SELECTING ASSISTED LIVING OR HOME CARE SERVICES**

Step 1: **REVIEW WEBSITES**

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

Step 2: **CONTACT YOUR LOCAL SOCIAL SERVICE AGENCY**

Start by contacting your local service agency. This could be a local Medicaid office, the department of aging or the department of elder affairs. Request a list of all the Medicaid programs in your state that your loved one may be eligible for.

Here are some questions to ask:

- What is the process for applying for Medicaid?
- Can they assign a case worker to assist you with the application process?
- Is there a waiting list? If so, how long is the waiting list? Are they currently adding individuals to the waiting list?
- What are the income and asset qualifications for Medicaid Waiver programs? If your loved one qualifies, ask them to send you a list of providers that participate in the waiver program or provide links to them online.
- Are there any programs that would provide services in your loved one's home?
- Are there any programs that would provide services in assisted living?
- If your loved one is currently in a skilled nursing facility under Medicaid, ask if there are any programs available under the Community First Choice Option or Money Follows the Person programs.

Step 3: MAKE A LIST OF LONG-TERM CARE OPTIONS

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

Step 4: CALL TO DETERMINE AVAILABILITY & SCHEDULE A TOUR

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

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

Step 5: GATHER THE NECESSARY PAPERWORK

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

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

Step 6: COMMUNICATE WITH FAMILY

Involve other family members in the decision process. If siblings or other family members are able to assist, be sure to enlist their help in the decision-making process, and notify them of the communities or service providers you are considering. For tips on improving communication with siblings, visit: www.aplaceformom.com/planning-and-advice/articles/elder-care-planning.

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

Step 7: TOUR, TOUR, TOUR!

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

If you are considering a home care provider, visit: www.aplaceformom.com/planning-and-advice/articles/tips-for-choosing-home-care for information about what to look for when choosing home care.

Step 8: FIND OUT THE OUTCOME OF THE MEDICAL EVALUATION & COMMUNICATE

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

Here's what you'll need to find out next:

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

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

Step 9: SIGN THE ADMISSION PAPERWORK

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

Things to bring with you for admission:

- Medicare card
- State Medicaid card

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

APPENDIX

Checklist: **SELECTING A SKILLED NURSING FACILITY**

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

Checklist: **SELECTING ASSISTED LIVING OR HOME CARE SERVICES**

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

LONG-TERM CARE OPTIONS WORKSHEET

OPTION 1

Skilled Nursing Facility:

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Address:

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Telephone:

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Name of person you are talking to:

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Beds available?

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Tour date/time:

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OPTION 2

Skilled Nursing Facility:

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Address:

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Telephone:

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Name of person you are talking to:

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Beds available?

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Tour date/time:

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OPTION 3

Skilled Nursing Facility:

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Address:

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Telephone:

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Name of person you are talking to:

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Beds available?

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Tour date/time:

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OPTION 4

Skilled Nursing Facility:

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Address:

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Telephone:

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Name of person you are talking to:

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Beds available?

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Tour date/time:

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OPTION 5

Skilled Nursing Facility:

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Address:

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Telephone:

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Name of person you are talking to:

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Beds available?

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Tour date/time:

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OPTION 6

Skilled Nursing Facility:

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Address:

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Telephone:

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Name of person you are talking to:

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Beds available?

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Tour date/time:

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OTHER RESOURCES

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

- Medicaid (www.medicaid.gov): Visit this website to learn more about federal Medicaid, how to apply and the types of medical expenses the program may cover. To locate specific links to your state website, select your state in the State Profiles section of the home page.
- Administration for Community Living (www.acl.gov): Formerly the Administration on Aging, this site has links to an extensive list of programs like state and local aging services, caregiver support, elder abuse prevention and much more.
- Eldercare Locator (www.eldercare.acl.gov): This helpful website has a search tool for finding nearby care options, plus tips on care planning.
- U.S. Department of Housing and Urban Development (www.hud.gov): Here you can find information on affordable housing for seniors and rental assistance, reverse mortgages and housing counseling.
- National Council on Aging (www.ncoa.org): This site provides a list of federal and state assistance programs.
- Department of Veterans Affairs (www.va.gov): Veterans benefits provide those who have served their country with financial assistance during their retirement years. To learn if you are eligible, visit the VA website and review the information under “Benefits.”
- National Alliance on Mental Illness (www.nami.org): – This website can direct you to your local NAMI office. It also provides resources and support for families.

Another good resource to check out is NursingHomes.com (www.nursinghomes.com). It provides in-depth information on nursing homes, including information on care, Medicare ratings and information from families about their experiences.