

Choosing a Michigan Nursing Home



Mike Cox
Attorney General

Chapter 1

PLANNING FOR YOUR FUTURE

Here are five basic guidelines to consider:

1. Look at Your Future Realistically

When you plan your retirement, you probably look forward to spending more time with family and friends, taking it easy, or perhaps traveling. Nobody wants to think about illness or institutions. But it has been estimated that over 30% of men and over 50% of women, 65 years of age and older, will need some type of long-term care in their lifetimes.

2. Prevent a Crisis

Most people are forced to learn about nursing homes when they become ill. Time is short, money is needed quickly, and family members are upset. To prevent a crisis, find out ahead of time how nursing homes work. Learn about the laws that protect nursing home residents and their families. With this information, you can make better decisions when the time comes.

3. Talk to Your Family

If you become seriously ill or have an accident or stroke, who will take care of you? You may be surprised to learn how much care — or how little — your family would be able to provide for you at home. Let them know your feelings and what your wishes are.

4. Take a Hard Look at Your Finances

Nursing homes are expensive, but insurance seldom covers the cost. How will you manage to pay the bills? You may want to consult an attorney or accountant who specializes in Medicaid eligibility and nursing home law. An expert can help you plan for the future.

5. Learn What's Available

Michigan has resource people who can help you select a nursing facility or obtain nursing care in your own home. If you need their guidance, contact any (or all!) of the people and agencies listed in this publication.

What Kinds of Long Term Care are Available?

Different types of medical and nursing services are available to meet your needs. However, not all nursing homes provide all types or levels of care. You may hear the following terms used to describe different types of care:

Regulated Facilities

- **Home for the Aged** – Provides room and board and supervised personal care, aged 60+.
- **Adult Foster Care** – Provides protection, supervision, and personal care, in addition to room and board.
- **Skilled Nursing/Nursing Home** – Facilities or beds are licensed by the state. They are, therefore, classified as “nursing home” beds and are subject to all the laws and regulations (such as Michigan’s Patient Bill of Rights) that apply to other nursing homes.

Non-licensed Facilities

- **Assisted Living** – Used as a marketing term in Michigan.
- **Home Health Agencies** – Provide services that cover a broad range of care provided in the home environment.

It is important that you discuss with your doctor the type of care that you need and find a nursing home or other caregiver able to provide that level of care to you.

How Will I Pay for My Care?

Most people think that Medicare will pay the bills if they enter a nursing home. This is untrue. Medicare rarely covers the long-term cost of nursing homes. Likewise, “Medigap” policies and private health insurance rarely cover nursing homes. Even so-called nursing home insurance may not always comfortably cover nursing home services.

Many people start out by paying their own bills and then apply for Medicaid when their money runs short. Medicaid is a government program to help people pay their medical bills. If you expect to rely on Medicaid at some point, be sure to ask the nursing facility if it is certified to accept Medicaid payments.

Will I Qualify for a Nursing Home?

If you want Medicaid to pay for your care, your doctor must certify and the state must agree that your medical condition requires care in a nursing home. You must also meet stringent financial tests to be eligible for Medicaid.

Information regarding Medicaid eligibility can be found at – www.cms.hhs.gov/MedicaidEligibility or at www.michigan.gov/mdch/0,1607,7-132-2943_4860---,00.html, or contact the local Michigan Department of Human Services office in your county.

Is a Bed Available for Me?

To begin your search, you can look up homes online at www.medicare.gov/NHCompare. This service lists only nursing homes that are Medicare or Medicaid certified. These nursing homes provide nursing care; however, there are many other types of facilities that provide various levels of health care and assistance with activities of daily living.

If you will be entering a nursing home from a hospital, ask to speak to the hospital’s discharge planner or social worker, who can help you find a bed in a nursing home. All hospitals that treat Medicare patients must provide this service.

What if I am Turned Away?

If you believe that you have been unfairly turned away by a certified nursing home, contact a legal services program near you, the Department of Community Health, and the Long Term Care Ombudsman with the Michigan Office of Services to the Aging.

Chapter 2

NURSING HOME SERVICES

Today, over 40,000 Michigan residents live in nursing homes, at an average yearly cost of over \$60,000. Nursing home care is one of the biggest expenses you'll ever face. To get the high quality care you need and deserve, it's important to understand what you are buying.

Nursing Services

Nursing care is what nursing homes are all about. Nurses and aides keep you clean and comfortable, monitor your medical condition, give you medications, and look after your daily needs.

A registered nurse (RN) is a licensed nurse with at least 2 years of education at an accredited school of nursing. A licensed practical nurse (LPN) is a licensed nurse with at least 1 year of specialized training. RNs and LPNs supervise nursing services and provide intermediate and skilled care to residents.

In Michigan, nursing homes must have a registered nurse (RN) on duty during the day 7 days a week and a licensed nurse (LPN) on duty 24 hours a day.

Certified Nursing Assistants (CNAs) have completed a training course and passed tests. CNAs provide routine bedside care. CNAs work under the direction of RNs and LPNs. They help the residents bathe, get dressed, eat, and move about.

Medications

Some nursing home patients with chronic ailments take many different drugs each day. A pharmacist is required to work closely with the doctor and nursing staff to make sure you receive the right medication at the right time (with food, at bedtime, etc.). A pharmacist is required to review monthly all medications given to each resident. Medications should never be left on your bedside table unless your doctor has ordered that you can self-administer the medication. Otherwise, a nurse should watch you take your medication.

To avoid confusion, some facilities use the unit dose method of dispensing drugs. The pills are individually packaged and labeled for you, thus reducing errors.

Ask your doctor if you can use generic drugs, as they are less expensive than brand-name drugs. The cost of medication is not usually included in the basic fee for a nursing home. Many nursing homes contract with one pharmacy to provide the medicine needed by their residents. If you will need a lot of medicine, find out what the facility's pharmacy will charge you for it. If you want to select your own pharmacy, you need to discuss it with the facility. If you are a Medicaid recipient, Medicaid will pay for the prescription drugs the nursing home gives you.

Physician Services

Once in a nursing home, you must be under the care of a doctor, either your own physician or one from the nursing home. The doctor must visit you at least once a month during your first 90 days to evaluate your condition and review your medications. After that, the doctor can elect to visit every other month.

The principal physician in a nursing home is called the medical director. Under Michigan law, a nursing home must have a doctor available by phone or on hand 24 hours a day. The facility is also required to make arrangements for emergency transfers to a hospital.

You can keep your own family doctor when you enter a nursing home if your doctor is willing. Consult with your doctor about this. If you are a Medicaid recipient, then Medicaid will pay your doctor bills for participating physicians. If you are covered by Medicare, then Medicare will continue to pay its share of your doctor's fee and your doctor's office must handle all the paperwork.

Therapy

Patients who have difficulty moving around because of illness or injury may benefit from physical therapy. The *physical therapist* or aide uses exercise, massage, and special equipment such as whirlpool baths, heat packs, and parallel bars to help residents improve their strength and agility. They also teach you to use wheelchairs, braces, and artificial limbs. You should ask what equipment and services are available and actually used at a nursing home you are considering.

An *occupational therapist* helps people with illness or injury become as independent as possible through directed activities, exercises, and instruction in adaptive equipment.

A *speech and language therapist* helps residents speak clearly. This is especially important for people who are hard of hearing, have neuromuscular disorders, or have had a stroke. Therapeutic services may be covered by Medicare, private insurance, or Medicaid.

Social Services

Many people find it difficult to leave their family and friends and move to an unfamiliar place. A good nursing home provides extensive social services to both residents and their families. Family counseling, especially in the beginning, could be very beneficial. Every facility should offer activities to keep residents active and interested in life. The more social activities, the better.

Resident Council/Family Council

Many nursing homes have resident councils for residents and family councils for family members. These councils meet separately to discuss quality of care and quality of life issues. Some councils focus on social activities, while others advocate changes in the nursing home's policies.

Religious Services

A good nursing home will help residents attend religious services if they wish. Ministers, priests, and rabbis often visit the home if asked. Many facilities provide religious services on the premises, while others arrange transportation to and from local churches and synagogues.

Laundry

Every nursing home provides laundry service. If you are on Medicaid, the institution must do your personal laundry at no extra charge. If you are a private pay resident, ask whether laundry service is included in your basic monthly fee.

Chapter 3

TOURING A NURSING HOME

Try to visit the nursing home before you make a decision. If you are in the hospital, ask a family member or friend to tour the home. It takes only an hour or two to inspect the facility and interview the people who work there.

How to Get Started

First, try to locate facilities near family members and friends. Frequent visitors are more important to a nursing home resident than just about anything else. Next, call several facilities and ask the admissions director these questions:

1. Is your nursing home certified for Medicare?
2. Is your nursing home certified for Medicaid?
3. Are there any openings? If not, how long is the wait?
4. What is your nursing home's daily rate?
5. What services are covered by the daily rate? What services are extra?

If you have Alzheimer's disease or another illness, you will want to know what kinds of care the nursing home provides for people with your condition. Some nursing homes specialize in caring for patients with specific disabilities. Be sure to mention any special problems you have, and ask if the home is equipped to meet your needs.

Visiting the Nursing Home

The best time for your first visit is on a weekday during late morning or midday. Call the nursing home administrator or admissions director to make an appointment before you visit and ask him or her to show you around. That way someone in authority can answer your questions. Mention that you would also like to meet the director of nursing and the director of social services. Ask to see a meal being prepared and served, and find out if you can purchase lunch. In a notebook, keep detailed notes of this and all subsequent conversations with representatives of a nursing home. Use a checklist like the one at the end of this chapter.

Walk around the facility to see how it is maintained. Do the residents appear to be comfortable and cared for? Talk with them if possible. Are they enjoying recreational activities and social events? If residents appear docile and passive, it could mean they have been sedated with tranquilizers and other drugs. If physical restraints such as cuffs, belts, and vests are much in evidence, ask who decides when such restraints should be used. They should be used sparingly and only with a doctor's written order.

Observe whether the staff is conscientious and pleasant to the residents. Residents are happier in nursing homes that have trained, dedicated, and well-supervised staff. All employees, regardless of their role, interact with the residents. Watching these relationships can tell you a great deal about the quality of a nursing home.

Imagine yourself in a wheelchair. Could you pass through the doorways? Use the drinking fountains? Reach the light switches? Open and close the doors? Get from one floor to another?

For most residents, no part of the nursing home is more important than their own room. It means a great deal to have your favorite pictures on the wall, your own bedspread, your personal belongings on the shelves, and a TV or radio. When you tour the home, be sure to ask the administrator if theft is a problem, and what is done to prevent it.

The most common complaint of nursing home residents is the food. Naturally, your health and morale are affected by what you eat. Mealtime is also an opportunity to socialize. Be sure to ask the nursing home administrator how many meals a day are served, whether snacks are available, and what assistance is provided to those who need help eating. Ask if choices are provided if you don't want the prepared menu.

It's rare that a nursing home will be totally free of unpleasant odors, as some of the residents may have bladder control problems, etc. However, the nursing home should not have a strong urine smell throughout the facility. Also, strong chemical deodorants should not be used to cover up such smells. Instead, clothes and linens should be changed promptly. Heavy urine or chemical deodorant smells are a clear sign that conscientious care may not be provided. What's more, it's unhealthy for residents to breathe these fumes all day.

As you make your tour, be sure to ask the administrator and admissions director lots of questions. Don't worry about taking up their time. After all, meeting with you is part of their job. Verify any information you were told over the phone. Ask them again about the types of care offered, whether the facility is certified by Medicaid and Medicare, and if the home has any special services or programs.

As soon as possible after your visit, write down anything you saw or heard that was not already recorded on your check list. Place those notes and your completed check list in your notebook.

Younger Residents

A small but significant number of nursing home residents are between 21 and 55 years old. Some are disabled from birth, while others are victims of strokes or accidents. Ask the nursing home if it has special programs for younger adults.

Too often, younger residents have no one their own age to talk to. Traditional programs do little to meet the emotional needs of younger adults who must struggle in an environment designed for the elderly.

If the resident is younger, try to find a facility geared to younger adults.

A Second Visit

After you've narrowed your choice to two homes, visit them again—this time unannounced! The best time for a second visit is on the weekend or in the early evening when fewer staff are on duty.

Use your final visit to walk leisurely through the home. See if your first impression still holds. Take time to talk with the residents. Last of all, consider this: Would you look forward to living there or visiting? If your answer is yes, then the nursing home could be a good choice.

WHAT TO LOOK FOR CHECKLIST

Look at the Residents:

	YES	NO
Do they seem well cared for?	<input type="checkbox"/>	<input type="checkbox"/>
Are they dressed and involved in activities?	<input type="checkbox"/>	<input type="checkbox"/>
Are their clothes clean, shoes on, and nails clipped?	<input type="checkbox"/>	<input type="checkbox"/>
Is their hair combed? Are they clean shaven?	<input type="checkbox"/>	<input type="checkbox"/>
Are they up and moving? Are those in wheelchairs frequently moved from place to place?	<input type="checkbox"/>	<input type="checkbox"/>
Do they do more than just sit and stare at the walls or TV?	<input type="checkbox"/>	<input type="checkbox"/>
Are they talking among themselves?	<input type="checkbox"/>	<input type="checkbox"/>
Are physical restraints excessively used?	<input type="checkbox"/>	<input type="checkbox"/>

The Residents' Rooms:

	YES	NO
Are they bright and cheerful?	<input type="checkbox"/>	<input type="checkbox"/>
Is the home definitely clean?	<input type="checkbox"/>	<input type="checkbox"/>
Is the temperature comfortable? Do the rooms have good ventilation, air conditioning, and individual thermostats?	<input type="checkbox"/>	<input type="checkbox"/>
Is there counter space for personal items?	<input type="checkbox"/>	<input type="checkbox"/>
Are residents allowed to decorate their own rooms?	<input type="checkbox"/>	<input type="checkbox"/>
Are bathing and toilet areas private?	<input type="checkbox"/>	<input type="checkbox"/>
Are there grab bars on toilets and bathtubs?	<input type="checkbox"/>	<input type="checkbox"/>
Is fresh drinking water within easy reach of the bed?	<input type="checkbox"/>	<input type="checkbox"/>
Does each bed have a curtain or screen for privacy?	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate closet space? Can possessions be kept reasonably secure?	<input type="checkbox"/>	<input type="checkbox"/>
Does each resident have a sink and mirror or an adjoining bathroom?	<input type="checkbox"/>	<input type="checkbox"/>
Does each room have a private phone?	<input type="checkbox"/>	<input type="checkbox"/>
Are the rooms air conditioned?	<input type="checkbox"/>	<input type="checkbox"/>
Is the facility completely sprinkled for fire protection?	<input type="checkbox"/>	<input type="checkbox"/>
Is cable television available?	<input type="checkbox"/>	<input type="checkbox"/>

WHAT TO LOOK FOR CHECKLIST, cont.

Look at the Staff:

	YES	NO
Do employees show respect to the residents?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees only discuss residents' medical problems privately?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees know residents by name?	<input type="checkbox"/>	<input type="checkbox"/>
Are residents treated like adults?	<input type="checkbox"/>	<input type="checkbox"/>
Are enough nurses and aides on duty?	<input type="checkbox"/>	<input type="checkbox"/>
Is the administrator open to your questions?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees dressed neatly?	<input type="checkbox"/>	<input type="checkbox"/>
Do residents seem at ease with the staff?	<input type="checkbox"/>	<input type="checkbox"/>
Are the activity rooms filled with residents?	<input type="checkbox"/>	<input type="checkbox"/>
Are the staff members in sight?	<input type="checkbox"/>	<input type="checkbox"/>

The Residents' Safety:

	YES	NO
Are emergency exit doors well marked, unobstructed, and unlocked?	<input type="checkbox"/>	<input type="checkbox"/>
Are there wheelchair ramps?	<input type="checkbox"/>	<input type="checkbox"/>
Are there sufficient smoke detectors and sprinklers?	<input type="checkbox"/>	<input type="checkbox"/>
Are lobby and hallway floors clean?	<input type="checkbox"/>	<input type="checkbox"/>
Are patient areas well-lighted?	<input type="checkbox"/>	<input type="checkbox"/>
Do halls have handrails?	<input type="checkbox"/>	<input type="checkbox"/>
Are fire, evacuation, and disaster plans posted?	<input type="checkbox"/>	<input type="checkbox"/>
Do tubs have non-slip surfaces and grab bars?	<input type="checkbox"/>	<input type="checkbox"/>
Does each resident's bed have a call button within easy reach?	<input type="checkbox"/>	<input type="checkbox"/>
Are there no-smoking areas? If so, are the no-smoking rules enforced?	<input type="checkbox"/>	<input type="checkbox"/>
Are hallways wide enough for 2 wheelchairs to pass?	<input type="checkbox"/>	<input type="checkbox"/>
Are there press-down door handles rather than doorknobs?	<input type="checkbox"/>	<input type="checkbox"/>
Are there safe places to walk and sit outside?	<input type="checkbox"/>	<input type="checkbox"/>
Is the home free from unpleasant odors?	<input type="checkbox"/>	<input type="checkbox"/>

WHAT TO LOOK FOR CHECKLIST, cont.

Food:	YES	NO
Are the dining room and kitchen clean?	<input type="checkbox"/>	<input type="checkbox"/>
Are they reasonably odor-free and without the smell of heavy insecticides?	<input type="checkbox"/>	<input type="checkbox"/>
Do residents appear to like the food?	<input type="checkbox"/>	<input type="checkbox"/>
Does the staff feed the residents who can't feed themselves?	<input type="checkbox"/>	<input type="checkbox"/>
Will the home provide special diets such as low cholesterol or low salt?	<input type="checkbox"/>	<input type="checkbox"/>
Are the tables easily accessible to wheelchairs?	<input type="checkbox"/>	<input type="checkbox"/>
Can residents eat in their rooms if they prefer?	<input type="checkbox"/>	<input type="checkbox"/>
Can snacks be brought into the home?	<input type="checkbox"/>	<input type="checkbox"/>
Services and Programs:	YES	NO
Does the facility have arrangements with a nearby hospital to transfer residents in an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have arrangements with a nearby pharmacy to deliver medications for residents?	<input type="checkbox"/>	<input type="checkbox"/>
Can you continue to use your current pharmacy?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an adequate physical therapy program?	<input type="checkbox"/>	<input type="checkbox"/>
Is the unit dose method of dispensing drugs used?	<input type="checkbox"/>	<input type="checkbox"/>
Is a social worker on staff and what training does that person have?	<input type="checkbox"/>	<input type="checkbox"/>
Does the home have a resident council or family council?	<input type="checkbox"/>	<input type="checkbox"/>
Is it possible to attend religious services?	<input type="checkbox"/>	<input type="checkbox"/>
Is personal laundry done regularly?	<input type="checkbox"/>	<input type="checkbox"/>
Are special events or holiday parties held for the residents?	<input type="checkbox"/>	<input type="checkbox"/>
Is transportation available for residents who want to participate in social, religious, or community activities outside the facility?	<input type="checkbox"/>	<input type="checkbox"/>
Is this transportation wheelchair accessible?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility organize activities and field trips which take into account residents' interests?	<input type="checkbox"/>	<input type="checkbox"/>
Does the facility have private areas for residents to meet with family, visitors, or doctors?	<input type="checkbox"/>	<input type="checkbox"/>

Chapter 4

JUDGING THE QUALITY OF A NURSING HOME

Even the best nursing homes can experience problems now and then, yet still provide good care. Keep this in mind when you visit or enter a nursing home.

Inspections by the State

All nursing homes in Michigan must have a state license to operate and must meet strict standards for patient care, safety, personnel, and physical environment. In addition, if a nursing home meets other requirements, then it can receive funds from Medicaid and Medicare to cover the expenses of patients who live there.

Of course, some facilities provide much more than the bare minimum, which is a plus for people who seek high-quality care. But if a home doesn't meet even basic standards, the State of Michigan will step in and require the home to correct its problems.

The Michigan Department of Community Health (MDCH) is responsible for monitoring approximately 420 nursing homes. The MDCH inspects these facilities regularly. If the MDCH finds any health or safety violations, it will require the home to correct the problems. Also, the MDCH can revoke the home's license to operate.

Investigative teams survey each nursing home in Michigan at least once every 12-18 months. These teams include registered nurses, dietitians, fire safety inspectors, and sanitation experts. Physicians are also available for consultation. To make sure the institution meets all requirements, state inspectors look at everything from infection control, patient care, housekeeping, fire protection, physical safety and maintenance to staffing patterns and staff training. The MDCH also inspects a nursing home when it receives a complaint.

The inspections are unannounced. In this way, the MDCH gets to see how a facility operates on an average day

The most important thing to look for in a deficiency list is repeated complaints about the same type of violation.

Deficiency Lists

If you want to find out about health and safety violations at a particular nursing home, you can read the inspection reports. They are available at the facility, from MDCH, or online at www.medicare.gov/NHCompare.

The Inspection Reports provide a detailed history of a nursing home's problems and the facility's efforts to correct them. It takes patience and determination to fully understand these materials.

Some deficiencies are more serious than others. A facility with a lot of minor deficiencies may actually provide better care than one with fewer but more serious violations. So don't be fooled by numbers. It's the severity of the problem that counts. When touring a nursing home, see if you notice any of the same problems on the deficiency lists.

The Ombudsman Program

Michigan is also served by a Long Term Care Ombudsman employed by the State of Michigan. An ombudsman is an advocate to help people resolve nursing home problems. Local ombudsmen, often working with trained volunteers, visit nursing homes and respond to complaints from residents and their families. The ombudsman program is not an enforcement agency but uses negotiation and mediation to try to resolve disputes.

The ombudsman is especially interested in problems affecting the health, safety, welfare, and legal rights of nursing home residents. As a result, he or she has a good working knowledge of the living conditions at most facilities. Be sure to check with the nursing home ombudsman if you want up-to-date information about local nursing homes.

Chapter 5

HOW TO PAY FOR A NURSING HOME

This chapter describes the various ways to pay for a nursing home: Medicare, nursing home insurance, private pay, and Medicaid. The rules governing Medicaid are very complicated; you should not wait until all of your funds are exhausted before you apply.

MEDICARE

Medicare is the federal program that helps pay your doctor and hospital bills if you are over age 65 or disabled. Almost everyone who receives Social Security is covered by Medicare.

Unfortunately, Medicare coverage for nursing homes is limited. Medicare will pay only for skilled nursing care, and only for a limited time. But very few nursing home residents ever need or receive such care.

Nonetheless, if you are seriously ill and need to be in a nursing home, Medicare may pay part of your bill. It's important to know Medicare's requirements so that you and your doctor can discuss whether skilled nursing care and/or rehabilitation services are needed.

Here's how Medicare works:

1. Medicare will pay only for skilled nursing care and rehabilitation services in an approved facility. Most nursing homes in Michigan are Medicare approved, but some are not. Be sure to ask the home you choose if it is Medicare approved. Otherwise, Medicare will not pay your bills.
2. Medicare will pay only for skilled nursing care or rehabilitation services provided by licensed registered nurses (RNs) or qualified physical, speech, and occupational therapists. This kind of care may involve medications that must be monitored by a doctor, IVs, tube feedings, physical and speech therapy, and changing wound dressings after major surgery.
3. Medicare will pay only if your doctor orders skilled nursing care and/or rehabilitation services.
4. Your admission to a nursing facility must occur within 30 days following a 3-day hospital stay, not including the day of discharge.
5. Your transfer to a nursing facility must be to receive care for the same condition for which you were hospitalized.
6. You are not required to meet the 3-day prior hospitalization requirement if you are readmitted to the nursing facility for the same condition within 30 days of your discharge from the facility.
7. Medicare will pay only if it approves coverage for your stay at the facility.
8. Medicare Part A can help pay for up to 100 days in each benefit period. Medicare Part A pays for all covered services for the first 20 days of your approved stay in a nursing facility. You will be required to pay a high copayment for the remaining 80 days of a covered stay.
9. Once Medicare decides you no longer need skilled nursing care or rehabilitation services, Medicare stops paying.

Only the nursing home can submit a Medicare claim for you. If the nursing home anticipates that Medicare will not pay for the service, it must give you a written notice. You have the right to demand that the nursing home submit the claim. It is best to let Medicare, not the

nursing home, decide whether you are covered. Until Medicare determines the care is not covered, the nursing home cannot collect a deposit from you.

Of course, if you have Medicare coverage for doctor's services, Medicare will continue to cover your reasonable and necessary doctor bills for needed services while you are in a nursing home, even if it does not pay the nursing home bill.

To learn more about Medicare coverage of nursing home expenses, and about how to appeal a Medicare denial of payment, contact the Medicare/Medicaid Assistance Program (MMAP) www.mymmap.org or call (800-803-7174).

NURSING HOME INSURANCE

Before buying nursing home insurance, study the policies very carefully and seek the advice of an organization that analyzes long-term-care policies. You may wish to contact the State of Michigan Office of Financial and Insurance Regulation (OFIR), www.michigan.gov/ofir or call (877-999-6442). And, the Area Agencies on Aging Association of Michigan (AAAAM), www.mi-seniors.net, or a local Area Office on Aging, may also be able to refer you to a health insurance counselor.

Nursing Home Insurance Checklist

1. Does the policy cover alternatives such as home health, day care, and custodial care?
2. Does the policy renew automatically every year?
3. How long is the waiting period for pre-existing conditions?
4. Does the policy have a deductible, or a number of days before coverage begins?
5. Does the policy's daily benefits rate compare favorably with the costs of care in your area?
6. Do those benefits cover enough days to assure you coverage for a 3-year nursing home stay?
7. Is there a provision to allow the benefits to go up with inflation?

PRIVATE PAY

People who pay for a nursing home with their own money are known as private pay residents. There are more nursing homes to choose from if you can pay your bills with your own resources. The waiting lists may be shorter and beds may be available sooner for private pay patients. Many people in nursing homes start out as private pay residents, but eventually turn to Medicaid for help. Applying for Medicaid is a time-consuming process – get started well before your money runs out.

MEDICAID

If your nursing home bills exceed your monthly income and you have little or no savings, Medicaid may be the answer. Because nursing homes can cost more than \$60,000 a year, most families sooner or later need financial supplements from Medicaid.

How Do I Qualify for Medicaid?

Medicaid rules are very complicated. They also change frequently. Slight differences in people's circumstances can lead to opposite results. The rules are different for married couples and single people. Each person's situation is different.

You must apply for Medicaid at the local Department of Human Services. The staff there may be able to answer your questions. You can also contact the Michigan Medicare Medicaid Assistance Program (MMAP) at www.mymmap.org or call 1-800-803-7174. MMAP's mission is to educate, counsel, and empower beneficiaries and those who serve them so that they can make informed health benefit decisions. MMAP can help with supplemental ("Medigap") insurance evaluation and comparison, billing concerns, Medicare Health Plan Options, long-term care insurance evaluation and comparison, Medicaid assistance, including application, Medicare appeals process, and prescription drug assistance, including EPIC (Elder Prescription Insurance Coverage) Program.

Chapter 6

YOUR RIGHTS UNDER THE LAW

As a nursing home resident, you have many rights under federal and state law. The more you know about your rights, the more secure you and your family will feel. This chapter highlights some of your most important rights.

Fees

You are entitled to receive each month from the facility an itemized statement of your account with the nursing home.

Managing Your Money

You have the right to manage your own money or have someone else do it for you. If you allow the nursing home to hold money for you, it is responsible for safely depositing it.

Your Belongings

You have the right to keep and use your own clothing and other personal belongings. The nursing home is responsible for security and safekeeping of personal effects, funds, and other property, if requested.

Your Well Being

You have the right to be treated with consideration and respect, to be free from mental and physical abuse and restraints, and to participate in the planning of your own medical treatment. You may refuse medication or treatment. You have the right to private telephone conversations and to see visitors privately. Staff should knock before entering your room.

Resident Assessment and Comprehensive Care Program

Federal law requires nursing homes to provide care and services that enable you to reach and maintain your highest possible level of physical and mental well-being. In addition, if you are mentally retarded or mentally impaired, you may qualify for specialized services. The nursing home must assess your needs within 14 days of admission and whenever your condition changes.

The assessment is used to develop, review, and revise your plan of care. This plan of care must describe your medical, nursing, and social needs and how those needs will be met. It should include goals, approaches, timeframes, and who is responsible for each approach. Your treatment team must review and update your assessment and care plan every three months. You and your family should be at care plan meetings. You have the right to have anyone else you choose attend.

Accommodations to Your Needs and Preferences

Staff should ask you and your family about your likes and dislikes and should be aware of your routines and activities. The nursing home must make a reasonable effort to provide care.

Quality of Care

The facility must ensure that your condition does not worsen unless the nursing home can demonstrate it was unavoidable. Your condition includes your ability to bathe, toilet, dress, groom, eat, and walk. If you develop a problem, the nursing home must provide services to correct it and try to ensure that it does not happen again.

Room Change

A nursing home must notify you, your legal representative, or family member of any planned change in your room or roommate.

Restraints

You have the right to be free from physical and chemical restraints unless they are ordered by your doctor for your health or safety. They should never be used for discipline or convenience of the staff. The decision to use restraints can be made only after less restrictive means to treat your problem have been attempted. Use of restraints is also covered by Michigan Law, MCL 333.20201 (Patient Bill of Rights) and MCL 333.21734.

Physical restraints are devices to prevent you from moving freely or having access to your body. Physical restraints include ties, belts, bed rails, and chairs that restrict your movements. Your plan of care ought to include a schedule for gradually removing restraints.

Bed Hold

If you are a private pay resident, and you go to the hospital, the facility must hold the bed as long as you continue to pay for it. If you are on Medicaid, the facility will hold a bed for up to 10 days or 18 days, and Medicaid will pay for it, if the absence is for emergency medical treatment or a physician-approved therapeutic reason. Medicare and most private insurers may not pay for a bed hold.

Moving Out

Living in a nursing home is voluntary. You don't have to stay there if you don't want to. You are free to move to another nursing home or any other place, if you wish.

However, the nursing home admissions contract that you signed may require you to notify the facility in advance. If you fail to do this and just move out, you still may have to pay for a number of days after your move.

Can A Home Discharge or Move Me Against My Wishes?

A nursing home can discharge or transfer you against your wishes for the following reasons:

- Medical reasons.
- Your welfare.
- The welfare of other patients or nursing home employees.
- Your nursing home bills are not being paid.

Except in emergencies, the nursing home must give you and your family 30 days written notice of its intention to discharge or transfer you. The notice must state the reason for the discharge or transfer and inform you of your right to ask for a hearing and consult with counsel.

You may appeal this discharge or transfer. The hearing is held before an independent administrative law judge of the Department of Labor and Economic Growth.

Prior to discharging or transferring you, the nursing home shall develop a plan to effectuate the orderly and safe transfer or discharge of a resident. The resident, family, and/or a representative shall be consulted in choosing another facility. Also, a resident shall receive counseling services before the move to minimize any transfer trauma.

Chapter 7

HOW TO COMPLAIN WHEN QUALITY OF CARE IS LACKING

If you have concerns about your rights or care in a nursing home, go first to the nurse in charge of your unit. If the problem is so urgent that your health or life is at stake, then by all means contact the director of nursing, administrator, or the medical director. Michigan nursing homes are required to post the name, title, location, and telephone number of an individual in the nursing home responsible for receiving complaints and conducting complaint investigations. Someone in the nursing home should be on duty 24 hours a day, 7 days a week to respond to complaints.

If the nursing home doesn't seem to take your complaint seriously or if you are afraid to complain to the home, it's best to contact the Michigan Department of Community Health, Bureau of Health Systems, Division of Operations, Complaint Investigation Unit, PO Box 30664, 611 W. Ottawa Street, Lansing, MI, 48909, or call the Hotline toll free at (800) 882-6006, or use an online complaint form at www.michigan.gov/bhs.

You can also complain to the State of Michigan Long Term Care (LTC) Ombudsman. The LTC Ombudsman is an employee of the Michigan Office of Services for the Aging who is available at www.michigan.gov/miseniors or toll free at (866) 485-9393 to investigate complaints, suggest remedies, and assist with resident rights, payments, issues, guardianship, and nursing home placement. Your complaint will be kept confidential.

Residents and their families can be extremely helpful to all the residents of a nursing facility by reporting specific incidents to state or county authorities. Your complaint helps assure better care for everyone.

Patient Abuse

Allegations of patient abuse are few, perhaps because residents often fear retaliation if they do complain. Abuse includes hitting and pushing, sexual assault, theft of funds or property, and other actions causing physical pain or injury to a nursing home resident. Neglect includes the failure to provide the resident adequate food, clothing, toileting, medical treatment, supervision, or other necessary help with the resident's needs.

Family members and friends are often the first to discover that a nursing home resident has been physically abused or neglected. In Michigan, physical abuse and neglect of nursing home residents is a crime. When abuse is suspected, families should immediately call the local police and the nursing home administrator. They should also consider calling:

- 1) Michigan Department of Community Health/Bureau of Health Systems at (800) 882-6006
- 2) State of Michigan Long Term Care Ombudsman at (866) 485-9393
- 3) Health Care Fraud Division of the Attorney General's Office at (800) 242-2873; and
- 4) Citizens for Better Care at (800) 292-7852.

The nursing home should notify the Michigan Department of Community Health and the local ombudsman. The nursing home should also take the steps necessary to prevent any further abuse from occurring. If abuse is found, any employee involved may also be referred to the appropriate licensing board for possible disciplinary action.

What Family and Friends Can Do To Ensure Quality Care

Family members and friends can contribute to the quality of care at a nursing home by visiting often. By visiting frequently and at various times of day, family members and friends can monitor the quality of care you receive. As a result, nurses and aides may actually pay more attention to you than to those residents whose families and friends visit the home less frequently