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RESOURCE & REFERRAL DIRECTORY OF THE CAROLINAS

CHECKLIST

NURSING HOME FINANCIAL CONSIDERATIONS

Nursing Facilities (NF), often called Nursing Homes, provide extensive and professional medical care to people of all ages.

Admissions to Nursing Homes begin with those who need from an accident or illness resulting in damage to speech, ability to perform activities of daily living, walking, speech, etc. Resident who has at least a three day hospital stay prior to entering the nursing facility may qualify for Medicare coverage. It is important to communicate your wishes about short term and long term stays when you are working with the Admissions staff. However, there are certain rights that protect consumers from being discharged from NF beds that may apply, be sure to contact the Regional Ombudsman Program if you have questions or concerns.

The ADMISSION CONTRACT is an important document that indicates costs and responsibilities of the resident to ensure payments to the facility in exchange for services.

- ❍ Request a copy of the contract prior to admission to review the language and prepare questions.
- ❍ Keep a copy of the signed contract on hand.
- ❍ Facilities are obligated to make sure that residents and their representatives understand their rights, the language of the contract, the programs available to cover services and the limits of these programs.
- ❍ Facilities may not require a "responsible party" to co-sign the contract unless that person has legal authority to handle the resident's financial affairs.
- ❍ If a resident has been declared legally incompetent, a guardian or Power of Attorney will have to sign all of the necessary papers for admittance.

MEDICARE is a federal health insurance program available to older and disabled persons.

- ❍ The Medicare nursing home benefit is limited to residents admitted to skilled beds in a certified nursing facility - and then only following a three-day stay in a hospital and ONLY if Medicare requirements are met.
- ❍ The physician must determine that skilled nursing care is needed.
- ❍ If eligible, Medicare pays 100% of the cost the first twenty days. The resident pays a co-payment, which could be covered by supplemental insurance or Medicaid, beginning on day twenty-one up to day one hundred, and Medicare pays the remaining approved daily medical expenses. **THERE IS NO GUARANTEE THAT MEDICARE WILL PAY AT ALL!** You have a right to appeal the Medicare denial. Contact Medicare directly to learn more about these rights.

MEDICAID is a State and Federal program that will pay most nursing home costs for people with limited income and assets. Eligibility varies by State. Medicaid will pay only for nursing home care provided in a facility certified by the government to provide service to Medicaid recipients. If you have questions about Medicaid eligibility, the CARE-LINE (1-800-662-7030) operator can connect you with the Medicaid Eligibility Unit in the North Carolina Division of Medical Assistance. http://www.dhhs.state.nc.us/dma

- ❍ The resident pays the facility a "patient liability" payment based on their income. The amount is set by the County Department of Social Services.
- ❍ Residents eligible for Medicaid will receive a small Personal Needs Allowance to purchase personal items.
- ❍ Residents who are private pay may not be discharged from a facility certified to receive Medicaid simply because he or she becomes eligible for Medicaid to cover the daily rate.

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