

CHECKLIST NURSING HOME DEFINITIONS

SKILLED NURSING

A skilled nursing facility or nursing home is for patients who need 24-hour nursing supervision, in order to ensure that their medical, psychological, or social needs are met. These facilities offer a full range of care including rehabilitation, and specialized nutritional, social service and activity programs. Skilled Nursing Facilities can be very helpful in gaining necessary rehabilitation and provide for a person's needs for both short and long term situations.

MEDICARE

Under certain limited conditions, Medicare will pay some nursing home costs for Medicare beneficiaries who require skilled nursing or rehabilitation services. To be covered, you must receive the services from a Medicare certified skilled nursing home after a qualifying hospital stay. A qualifying hospital stay is the amount of time spent in a hospital just prior to entering a nursing home. This is at least three days. To learn more about Medicare payment for skilled nursing home costs call 1-800-MEDICARE.

MEDICAID

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. Check your State's requirements to learn if you are eligible. Medicaid will pay only for nursing home care provided in a facility certified by the government to provide service to Medicaid recipients. For more information about Medicaid payments, call the SHIP for your State or call your State's Medicaid office.

PERSONAL RESOURCES

About half of all nursing home residents pay nursing home costs out of their own savings. After these savings

and other resources are spent, many people who stay in nursing homes for long periods eventually become eligible for Medicaid.

MANAGED CARE PLANS

A managed care plan will not help pay for care unless the nursing home has a contract with the plan. If the home is approved by your plan, learn if the plan also monitors the home for quality of nursing care.

MEDICARE SUPPLEMENTAL INSURANCE

This is private insurance. It's often called Medigap because it helps pay for gaps in Medicare coverage such as deductibles and co-insurances. Most Medigap plans will help pay for skilled nursing care, but only when that care is covered by Medicare. Some people use employer group health plans or long-term care insurance to help cover nursing home costs.

LONG TERM CARE INSURANCE

This is a private policy. The benefits and costs of these plans vary widely. For more information on these plans, contact the National Association of Insurance Commissioners (NAIC). It represents state health insurance regulators and has a free publication called "A Shopper's Guide to Long-Term Care Insurance." You also can get a copy of the Guide to Health Insurance for People with Medicare: by calling 1-800-MEDICARE.

COUNSELING AND ASSISTANCE

SHIPs have counselors who might be able to answer your questions about how to pay for nursing home care, the coverage you may already have, or whether there are any government programs that will help with your expenses. www.medicare.gov.



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