

NURSING HOME Information Guide



Provided by: *Ashland County Nursing Home Collaborative*

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Choosing a nursing home usually occurs during a difficult time, after you or your loved one has suffered from an accident, illness or elective surgery, and requires continued rehabilitative services and care.

This publication will provide you with the information you need to help you choose a facility that will meet you and your families' needs, and, provide information as to services that nursing homes provide. This guide will help answer questions that you may have and will guide you through the admission process.

In alphabetical order:

Brethren Care Village

419-289-1585

2000 Center Street, Ashland, Ohio 44805

Colonial Manor Health Care Center

419-994-4191

747 S. Mt. Vernon Avenue, Loudonville, Ohio 44842

Crystal Care Center of Ashland

419-281-9595

1251 E. Main Street, Ashland, Ohio 44805

Good Shepherd Rehabilitation and Healthcare Campus

419-289-3523

622 Center Street, Ashland, Ohio 44805

Kingston of Ashland Nursing & Rehabilitation Services

419-289-3859

20 Amberwood Parkway, Ashland, Ohio 44805

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Choosing a nursing home/skilled nursing facility

Nursing homes can be large or small, rural or urban. They vary widely in the nursing care plans, activities and services they offer. Also known as skilled nursing facilities, nursing homes provide care for people whose medical needs require the attention of licensed nurses, but not the more intensive care of a hospital. Admission requires a physician's order. Nurse's aides provide much of the day-to-day care. Social workers and case managers help seniors and their families with insurance issues and the coordination of nursing care plans. Dieticians, physical and occupational therapists and other health professionals help support and sustain seniors' physical and emotional well-being.

In the past, nursing homes were synonymous with convalescent homes – they provided **long-term custodial care** for patients who could no longer take care of themselves. Now, most admissions to nursing homes follow a brief hospitalization, whether planned (elective) or unplanned. These admissions are typically **short-term** stays for rehabilitation until a patient has recovered enough to be sent home to complete a recovery. They usually meet the skilled services qualifications for coverage by Medicare and many Managed Care plans.

The nursing home you choose could have a profound impact on you or your loved one's quality of life and sense of dignity. But, some aspects of selecting a nursing home depend on whether you or your loved one needs long-term care, or short-term recovery care. Hopefully, your decisions can be made with all relevant information, but many times these decisions are made in a time constrained environment. It is our hope that this Consumer Guide will be a beneficial tool in your decision making process. (For more information, please refer to www.medicare.gov).

So you need skilled nursing and rehabilitation – what's next?

After an admission and a short stay in an acute hospital, many individuals require and can benefit from a therapeutic rehabilitation stay in a skilled nursing and rehabilitation facility. To ease the transition from the hospital to a skilled rehabilitation facility to home, we have put together this “consumer guide” to assist and prepare you for what you need to know. The services provided in a skilled rehabilitation facility may include:

Skilled Nursing Services: Skilled nursing services are suitable for patients who may have suffered from a prolonged acute or chronic illness. Skilled nursing services may also be required by patients who may have been injured or recently undergone surgery.

Rehabilitative Services: Rehabilitation patients may require a wide-range of services, depending on their individual condition and diagnosis. Rehabilitation services include: Physical, Occupational and Speech Therapy.

Long-Term Custodial Care: Long-term custodial care may be an option if the return to a safe and quality enhanced living environment is no longer available. Long-term nursing home care provides for 24 hour care and medical assistance and management. Many people who choose to reside long-term in nursing homes end up stabilizing their fragile conditions and multiple illnesses, due to a consistent medical oversight of their health care needs.



Choosing a nursing home process

Choosing a nursing home for yourself or a loved one is a very important decision. Discuss the issue thoroughly with the individual involved and his or her personal physician. Consider what the travel limits are for those who will be visiting the person receiving services and identify the communities and nursing homes within those limits. For help and information on facility locations and specialized services you should reference the list of preferred skilled nursing and rehabilitation providers on the attached Resource List.

Step 1: Gather information and prepare for a personal visit to the nursing home

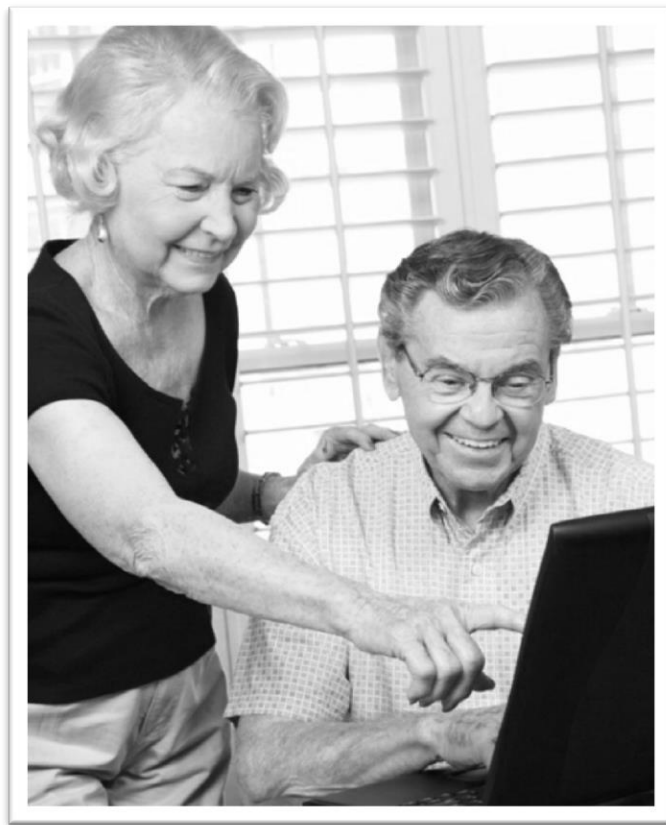
- Contact the facility's admissions representative to schedule an appointment for an informational meeting and tour of each facility. Ask for a copy of the facility's brochure, admissions policies, and the patient's bill of rights.
- You can reference the following websites for important information about nursing home care and specific facilities of interest:
 - Medicare.gov (www.medicare.gov)
 - Nursing Home Compare (www.medicare.gov/NHCompare)
 - Ohio Department of Aging Nursing Home Page (www.aging.ohio.gov/resources/nursinghomes)
 - Contact the Area Agency on Aging, Ohio District 5, serving North Central Ohio 419-525-4144 or (www.aaa5ohio.org/programs-longtermcare.asp)

Step 2: Visit each of the nursing homes

- Visit the nursing home and meet with the admissions representative or administrator.
- Tour the nursing home and observe staff interaction with patients.
- Take the time to speak with patients and family members about their experiences.
- Ask questions and make observations. For assistance with this please see our *frequently asked questions* section.

Step 3: Narrow your choices and make a selection

- Narrow your choices and revisit the facilities under consideration again at a different time of day if possible.
- Contact the admissions staff for advice about the admission process.
- If possible, ask to greet the administrator, director of nursing, and other key staff, and hopefully this can help to personalize your decision beyond aesthetics and amenities.
- Once you have made the decision you can ask to participate in care planning decisions.
- Be sure to visit often and remain involved in your loved one's ongoing care.



Frequently asked questions for Skilled Nursing Facility Placement

What should I bring?

- Medicare/Medicaid and/or Insurance cards, social security card, Photo ID, any Power of Attorney (health or finance) and/or Living Will information
- 3 days' worth of comfortable clothing
- Good walking shoes for therapy
- Special shampoo/soap that you prefer
- You may bring your own personal walker if you are more comfortable with it, otherwise the facility will provide a walker or non-motorized wheelchair

We can provide you with any toiletries that you need during your stay, but if there are personal items that make you feel more comfortable during your stay feel free to bring them along. Laundry services are provided at each facility at no additional charge. You may choose to do your own laundry, however we still need all items of clothing marked with your name. Please speak to the admissions director upon admission to the facility of your choice so they can assist you with this process.

Will I have a private room?

Each facility in Ashland County offers both private and semi-private rooms upon request and availability. Some private rooms do share a bathroom. We attempt to make you as comfortable as possible and try to accommodate your requests for private rooms as quickly as we can. Additional fees may apply for a private room. Please speak to the admissions director upon admission to the facility of your choice so they can assist you with this process.

Is my room on the rehabilitation unit?

Each facility in Ashland County offers rehabilitation services. At any given time these units may be full. We always attempt to have placement on these units for each admission, but if rehabilitation census is full you can be assured that you will be moved to the rehabilitation unit as soon as an opening becomes available.

Do I have a TV and Phone or Wi-Fi access? Who pays for them?

Yes, TV's are available in every room with cable. Phone services are available in all facilities. Each facility has different arrangements with these services; please contact the admissions

director of your facility of choice for their individualized programs. You may bring your own cell phone if desired.

How long will I need to be there?

Each person recovers differently from surgery. Therapy is a very important part of your recovery. All local facilities work with an individualized plan for each person's goal to return home or to a lower level of care. Please make sure you are not only talking with your physician but also with your therapist, social workers and nurses at the facility of your choice when planning your discharge. A care conference to talk with the therapy department, social worker and your clinical nurse will be held with you within the first week of your admission to a skilled nursing facility.

Will I be seen by a physician?

If your primary physician does not follow in the skilled nursing facility of your choice, each facility has a medical director that will oversee your care during your stay. Seeing a physician during your stay at a facility will depend on your length of stay. Some facilities may offer a nurse practitioner to oversee your rehabilitation and care experience. You generally will have at least one follow-up appointment at your surgeon's office during your stay. Transportation will be provided by the facility.

Can I smoke?

If you are a smoker and choose to smoke during your stay, a smoking assessment will be completed upon admission to the facility of your choice. After the assessment, alternatives to smoking (i.e. nicotine patch) may be ordered by the physician. This assessment is to assure the safety of your ability to smoke on their grounds, if permitted. Each facility has their own regulations on the subject. Facilities may require that cigarettes be locked at the nurse's station for safekeeping. Please refer to the admission director for the individualized facility rules.

What are the visiting hours?

Your family and friends may visit 24 hours a day, 7 days a week. We encourage their support during your stay. They may attend therapy sessions with you as well as enjoy meals with you per your request. If visiting with a loved one becomes too much for you during your recovery,

please speak with your social worker at the skilled facility so they can assist you with this concern.

Will I require a deposit for my room?

Please speak to the business office manager at the facility you choose for your individualized financial plan. Pending Medicaid is accepted in all local facilities, but you may be responsible for a patient liability or a deposit if your stay is still in the pre-certification stage to cover the first few days until you stay has been officially authorized. Please speak to the business office manager as soon as possible when you have a pending Medicaid number.

Is therapy available seven days a week? How often will I have therapy?



Yes. The frequency depends on what is ordered by your physician upon discharge from the hospital. This may change during your stay at the skilled facility as you recover. This decision is individualized and will be discussed with you after the admission to the skilled nursing center. A typical patient with a knee or hip replacement usually receives physical and occupational therapy 5 to 7 days per week. Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST) address a variety of deficits which may include some of the following: PT addresses stair navigation, walker/gait training, strengthening/stretching and safety for home going. OT includes transfer for safe showers and toileting, activities of daily living and strengthening for safe home going. ST addresses swallowing and cognitive deficits.

Service Grid

In alphabetical order:

Amenities	Brethren Care Village	Colonial Manor Health Care Center	Crystal Care Center of Ashland	Good Shepherd Rehabilitation and Healthcare Campus	Kingston of Ashland Nursing & Rehabilitation Services
Alzheimer's/Dementia/Behavioral Care Unit	*	*		*	
Room/Board/General Nursing Care	*	*	*	*	*
Contracted Hospice	*	*	*	*	*
Rehabilitation Services PT, OT, ST 7 days per week (CPM, E-Stem, Ultrasound)	*	*	*	*	*
Aquatic Therapy					*
Individualized Social Services	*	*	*	*	*
Short-term stays for Respite	*	*	*	*	*
Skin/Wound Care	*	*	*	*	*
Private Rooms	*	*	*	*	*
Physician Choice	*	*	*	*	*
Admitting 7 days per week/24 hours per day availability	*	*	*	*	*
Unlimited Visiting Hours	*	*	*	*	*
Secure Outdoor Area	*	*	*	*	*
Cable	*	*	*	*	*
Phone Line Availability	*	*	*	*	*

Amenities (continued)	Brethren Care Village	Colonial Manor Health Care Center	Crystal Care Center of Ashland	Good Shepherd Rehabilitation and Healthcare Campus	Kingston of Ashland Nursing & Rehabilitation Services
Smoking			*		*
Nurse Practitioner / Physician Assistant	*		*	*	*
Religious Services	*	*	*	*	*
Salon Services	*	*	*	*	*
Specialized Diets	*	*	*	*	*

Can my pet visit?

Most facilities in the area do allow pets to visit during your stay. We realize you miss them as much as they miss you. Please check with the admissions director at the facility of your choice to make sure they allow for your furry friend to visit. All facilities do ask for you to provide proof of vaccinations before visiting with your pet.

**Do I need money?**

In most cases there is no need to bring cash along. The only items that you may need cash for are snacks from vending machines. A price list for salon services, as well as any other services, is available upon request. Locked drawers are available in each facility. If you have large amounts of money or valuables that need to be locked up, please inform the admissions director upon arrival to the facility so they can assist you by putting these things in their safe.

What should I wear...? What kind of clothes and shoes?

You should wear comfortable, loose fitting clothing. We want you up and dressed daily and getting back into your regular routine as quickly as possible. Good walking shoes with rubber soles are the best kind of foot wear. You may bring slippers if desired, but we do like them to have rubber soles and no slip grippers on the bottoms.

How will I get to and from the hospital and physician appointments after discharge from the hospital?

Transportation will be arranged through the hospital social worker and the skilled nursing facility to get to the facility of your choice. All of the facilities in the area provide transportation from the hospital to the nursing facility. If you are transported by Ambulette or wheelchair van there is no charge. If you need transportation by ambulance (stretcher), your insurance will be billed. Please check with the admissions director of the facility of your choice to see what their policy is on transportation to and from any local physician appointments. There may be a charge for this individualized service.

If I have a loved one at home that needs my help, what options are available for him/her while I'm recovering?

Respite stays at the same facility are a good option for loved ones that need some assistance while you are recovering. Respite stays are short-term nursing home stays that can take the worry out of your recovery and rehabilitation. While no facility can offer the exact care you can at home, local facilities can help by offering nursing care, good meals and a nice surrounding while you are getting back on your feet. Contact your preferred facility to discuss the option of arranging a respite stay.

Who do I talk to regarding insurance and billing questions at a skilled nursing facility?

Brethren Care Village	Kevin Hawk	419-289-1585
Colonial Manor Health Care Center	Penni Achamire	419-994-4191
Crystal Care Center of Ashland	Sue Tripp	419-281-9595
Good Shepherd Rehabilitation and Healthcare Campus	DiAnn Power	419-289-3523
Kingston of Ashland Nursing & Rehabilitation Services	Sandy Enderby	419-289-3859

What type of leisure activities do the skilled nursing facilities provide?

Group and individual leisure programs run 7 days a week in all area facilities and they will be happy to provide you with a copy of a recent activity calendar. Ask to speak to the facility activity director for other materials that are available for leisure pursuits and community outings.

What if I don't have a primary care physician? Who will follow me in the facility?

Facility

Brethren Care Village
Colonial Manor Health Care
Crystal Care Center of Ashland
Good Shepherd Rehabilitation and Healthcare Campus
Kingston of Ashland Nursing & Rehabilitation Services

Medical Director

Dr. Mehrdad Tavallee, MD
Dr. David Tomchak, MD
Dr. Michael Stencel, MD
Dr. Mehrdad Tavallee, MD
Dr. Michael Stencel, MD
& Dr. James Mooney, MD

What if I am discharged, but don't feel I am ready to go home: Can I appeal the order?

Discharge decisions are made by the insurance. And yes, you have the right to appeal this decision. You or your family will need to let your facility social worker know that you are not comfortable being discharged to home. The facility will help you with the insurance appeal. You may also be eligible for skilled in-home care as an option upon discharge to home. The facility social service department will assist you with this need upon discharge. If you do go home, you may not need to go through another hospital stay to return.

Note: www.keypro.info

What if I go home and decide I really do need skilled nursing help?

Medicare and some insurance plans allow for admission to a skilled nursing facility after hospitalization up to 30 days after the date of discharge following a qualifying (see page 13) 3-day hospital stay. Please call the facility of your choice and they can help you determine if your insurance allows for an admission to a skilled nursing facility from home.

What if I want to leave, but there is no discharge order? What are my rights?

You have the right to leave when you want to leave. Leaving a facility when there is not a discharge order means that you are leaving AMA (Against Medical Advice). When leaving AMA your insurance may not cover some of your care and treatments that you received while in the facility. The facility may not be able to arrange home care for you and your insurance may not cover your home health needs when you return home.

Can my family bring me meals during visits?

Yes. Your family has the right to bring meals or special food that you enjoy. All facilities do provide healthy snacks 3 or 4 times daily, but if you like special snack foods, bring them along or they can be purchased from vending machines located in the facility. A patient may order "take-out food" to be delivered to his/her room from the outside at his/her cost. You do agree to follow any special diet your physician orders for you during a stay at a skilled facility. If you choose to acquire dietary items that are not compliant with your physician's orders, you will sign a release upon admission stating that you will not hold the skilled nursing facility liable for your choice to go against your physician's orders.



Paying for Nursing Home Care (most common types of coverage)

Medicare Part A: Medicare will pay the following:

- Days 1-20 Medicare pays at 100% (some exceptions for non-medical services)
- Days 21-100 Medicare will pay for all but a daily co-pay that changes annually (some secondary insurance may cover this amount)

Under certain limited conditions, Medicare will pay some nursing home costs for Medicare beneficiaries who require skilled nursing or rehabilitation services. These services must be ordered by a physician and considered to be “medically necessary”. You must receive these 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 qualifying stay must be at least three consecutive midnights in the hospital. Facilities review your care plan every week to determine if the care still qualifies for Medicare payment coverage. When it is determined that you no longer meet medically necessary services or you have exhausted your coverage level, you will receive a formal notice that coverage will end. A provider is obligated to give you periodic updates during your Medicare covered stay. Regardless, if the Medicare services are for hospital or skilled nursing home, you are entitled to appeal any decision to cease your Medicare services.

Medicare Part B:

Medicare Part B may pay for services other than inpatient hospital or covered skilled nursing home care. It covers **medically-necessary** services like physician' services, outpatient care, durable medical equipment, home health services, and other medical services. While you are covered under your Medicare Part A as an inpatient at the skilled nursing facility, your Part B will not be billed for these services. Please see your Social Worker or Case Manager for further explanation.

Medicare Advantage (Part C):

A Medicare Advantage Plan (like an HMO or PPO) is another Medicare health plan choice you may have as part of Medicare. Medicare Advantage Plans, sometimes called “Part C” or “MA Plans,” are offered by private companies approved by Medicare.

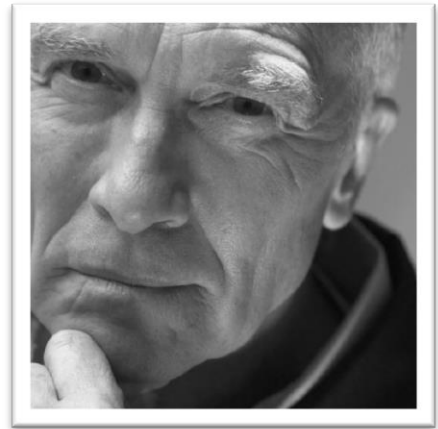
If you join a Medicare Advantage Plan, the plan will provide all of your Part A (Hospital Insurance) and Part B (Medical Insurance) coverage. Medicare Advantage Plans may offer extra coverage, such as vision, hearing, dental, and/or health and wellness programs. Most include Medicare prescription drug coverage (Part D). Each Medicare Advantage Plan can charge

different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or if you have to go to only physicians, facilities, or suppliers that belong to the plan for non-emergency or non-urgent care). These rules can change each year.

In all types of Medicare Advantage Plans, you're always covered for emergency and urgent care. Medicare Advantage Plans must cover all of the services that Original Medicare covers except hospice care. (Original Medicare covers hospice care even if you're in a Medicare Advantage Plan.) **Most Medicare Advantage plans do not require a 3 midnight hospital stay that is required with traditional Medicare.** Medicare Advantage Plans aren't supplemental coverage and may also require pre-certification to approve your stay at a skilled nursing facility.

A Few Extra Things You Should Know about Medicare Advantage Plans:

- You may only be able to join a plan at certain times during the year. Please inquire as to enrollment and disenrollment if so desired.
- As with Original Medicare, you still have Medicare rights and protections, including the right to appeal.
- Most Medicare Advantage Plans do not require a 3 midnight hospital stay that is required with traditional Medicare. (please consult your Social Worker or Case Manager)
- Check with the plan before you get a service to find out whether they will cover the service and what your costs may be.
- You may have specific plan rules, like getting a referral to see a specialist or getting prior approval for certain procedures to avoid higher costs. Check with the plan.
- You can join a Medicare Advantage Plan even if you have a pre-existing condition, except for End-Stage Renal Disease.
- If you go to a physician, facility, or supplier that doesn't belong to the plan, your services may not be covered, or your costs could be higher, depending on the type of Medicare Advantage Plan.
- If the plan decides to stop participating in Medicare, you'll have to join another Medicare health plan or return to Original Medicare.



Medicaid:

- Medicaid pays a daily room and board rate for as long as you remain eligible.
- You must pay the nursing home your monthly “patient liability”. This amount is usually equal to your monthly Social Security payment and any other pension checks received (this amount will be determined by Medicaid).

Medicaid is a State and Federal program that will pay most nursing home costs for the people with limited income and assets. You must meet certain requirements to qualify for eligibility. 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 coverage and payments ask the admission representative from the facilities you are interested in. These facilities can assist you with your application and process. You can contact the Ashland County Department of Job and Family Services (www.ashlandjfs.org) for Medicaid eligibility information.

Medicaid Managed Care Plans:

The Ohio Medicaid Managed Care Program: Ohio Medicaid contracts with many Managed Care Plans (MCPs) to provide quality health care to many Ohio Medicaid consumers.

A managed care plan is a private health insurance company that is licensed through the Ohio Department of Insurance (ODI) and has a provider agreement with the Ohio Department of Job and Family Services (ODJFS) to provide health care to you. They do this through contracts with physicians, specialists, hospitals and other health care providers in your region.

Please call ODJFS to see if plans are available. **East Central Region**, which includes **Ashland, Carroll, Holmes, Portage, Richland, Stark, Summit, Tuscarawas and Wayne counties**, includes but is not limited to the following (MCPs):

- Buckeye Community Health Plan
- CareSource
- United Healthcare Community Plan of Ohio (aka; Unison Health Plan)

You can call the ODJFS **Managed Care Enrollment Center** toll-free at **1-800-605-3040, 1-800-292-3572 (TTY) or 1-800-605-3040 (en Espanol)** or go online and visit www.ohiomcec.com. An enrollment counselor will answer your questions and help you change from one MCP to another if you meet one of the reasons above.

Secondary (or Supplemental) Insurance:

Although you may qualify and have coverage for your Skilled Nursing inpatient stay, however, that does not mean that your entire cost of the care is covered. Many times a Secondary insurance will provide coverage for the deductibles and co-pays that are part of the Medicare Parts A and B and most Managed Care Plans. Types of coverage may include:

Managed Care Plans (Private Insurance):

Care can be covered at various levels by an active managed care plan. These service levels vary and continued coverage **is on a case by case basis and subject to prior approval/certification and weekly or bi-weekly recurrent certification by the nursing home case management staff.** Some plans require certain facilities to have a provider contract with the private insurance company.

Personal Resources:

When services are not medically necessary for Medicare or Managed Care (private insurance) and if you do not qualify for long-term Medicaid coverage, than you will be required to pay your nursing home care with your own funds and savings. After these resources are exhausted to a certain level, you may choose to stay in the nursing home and apply for Medicaid coverage. Please discuss this with your social worker or case manager.

