



NURSING HOME PLACEMENT

A Guide to Understanding
the Process

NURSING HOME PLACEMENT

As a patient or family member of a patient considering nursing home placement, you probably have many questions about nursing homes and their admission procedures. This booklet has been developed by the departments of Sixty Plus Services and Patient Care Coordination of Piedmont Atlanta Hospital, with efforts from the Social Services Staff of Piedmont Fayette Hospital. This information has been provided as a guide to understanding the process of nursing home placement. Once you determine that nursing home placement is needed, it is best to begin the process as soon as possible. Nursing homes frequently do not have immediate openings. Placing your name on a waiting list early can make a big difference in obtaining the most suitable placement, but does not commit you to the home in any way.

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THE ROLE OF THE SOCIAL WORKER AND THE FAMILY

The decision to transfer a family member to a nursing home can be a difficult one. The many emotions arising from such a decision may be impacted further by a complex placement process. Piedmont social workers/case managers are available to assist you.

The family of a prospective nursing home resident is expected to play an active role in this process. It is the family's responsibility to explore facilities and to make decisions about which facilities can best meet the patient's financial, physical and social needs. It is more efficient for the family to appoint one person to act as a liaison between the social worker/case manager and the family.

First and foremost, determine if your family member is willing to go into a nursing home. It is the family's responsibility to discuss the subject of nursing home placement with the patient. If the patient is not willing to accept nursing home placement and (s)he is considered mentally competent, then (s)he is the final decision-maker about whether to pursue nursing home placement. **(For more information on this topic, see the Legal Issues Section on page 16).**

In addition, the family must determine the patient's financial situation. Your social worker/case manager can give you basic information about a patient's eligibility for Nursing Home Medicaid. However, the Department of Family and Children's Services makes the determination about Medicaid qualification. The patient's financial status will directly influence the choice of nursing homes because not all nursing homes accept Medicaid. Even if a patient will initially pay privately in a nursing home, a Medicaid facility should be sought if the patient will eventually be eligible for Medicaid. **(For more information on this topic, see the Financial Issues Section on page 12).**

Once the decision is made to pursue placement and the financial situation is clear, the family should review the list of local nursing homes provided by the social worker/case manager. It is recommended that families visit several facilities and choose a few that would be acceptable.

Often, there is no bed available at a particular facility at the time placement is needed. Therefore, it is imperative to have second and third choices. Discuss these choices with your social worker/case manager, but remember that it is frequently necessary to compromise choice for availability.

Certain documents must be completed before a patient can be admitted into any nursing home facility accepting Medicaid. These documents are known as the DMA-6 and Level 1. The information required on these forms enables the state of Georgia to certify patients as acceptable nursing home candidates. These documents are also the means by which nursing homes can review a patient's medical needs and the level of care a patient will require.

PLACEMENT FROM THE HOSPITAL

Your social worker/case manager is responsible for compiling the required information and forwarding the DMA-6 and Level 1 to the nursing homes. Once these documents and additional medical information have been forwarded to nursing homes, your social worker/case manager will contact admissions personnel to determine which ones have rooms available. The social worker/case manager will keep you informed of feedback received from the facilities. When availability is located, the family needs to visit those facilities to begin the decision-making process. **(Please note, if the social worker/case manager secures nursing home placement for the patient and the family does not accept the bed, the family will then be expected to locate alternative placement).**

Once nursing home placement has been secured, the family and the social worker/case manager will coordinate a discharge date from Piedmont with the physician and the nursing home. Your physician may refer to your condition as stable, which means continued care may be needed, but the care can be provided at the nursing facility. Your social worker/case manager will discuss transportation to the facility with you. Insurance and/or Medicare may or may not cover transportation cost, depending on authorization or criteria met. It is the patient or the family's responsibility to complete the admission paperwork for the nursing home. Some facilities require that the paperwork be completed by a family member the day before admission.

PLACEMENT FROM THE HOME

Placement from home also requires the completion of the DMA-6 and Level I forms. The patient's physician must complete the medical portions, including the physician's examination report, recommendations, medical history and information from the patient's last physical exam. The patient must also have results from a current TB test or a chest X-ray.

Please remember that it is more challenging to find a nursing home bed when the patient is at home, and not an inpatient in the hospital. Occasionally, patients or families will request a hospital admission so that after 72 hours the patient can be transferred to a nursing home; this cannot be accommodated and actually may be considered Medicare fraud. Patients can only be admitted into the hospital when they have a genuine acute medical need as determined by a physician.

However, if the patient and family are flexible, usually a bed can be found within a few weeks.

The nursing home will want to know how payment will be made. The patient is responsible for nursing home costs. Payment can be made privately, from the patient's own resources; from long term care insurance, if the patient has a policy with nursing home benefits; or from Medicaid, the state administered public assistance program. An application for Medicaid cannot be made until it is known what nursing home the patient will be moving into. Medicaid applications require detailed information about the patient's personal finances. In some cases, consultation with an elder law attorney is advised, for prudent planning of long term care costs.

If you are living at home and have questions or concerns about nursing home placement options, geriatric social workers at Sixty Plus Services can help. They are available to make home visits or office consultations if your physician is affiliated with Piedmont. Call the Aging Helpline at **404.605.3867** for more information.

For more specific information about finding a nursing home bed, please see the following information.

FINDING A NURSING HOME BED WHEN THE PATIENT IS AT HOME

Family caregivers often want their loved one to stay at home for as long as possible, until nursing home placement is necessary. Many patients will not be hospitalized when they need to make this change; they'll do it directly from home. But such a move requires considerable advanced planning. Families will need to do a lot of research and legwork. They will also need to work closely with the patient's primary care physician to ensure that all required paperwork is completed.* Here are some helpful tips for planning a nursing home admission:

1. Have thorough knowledge of the financial situation of the patient. Know about all assets, life insurance policies, long term care insurance, etc. It may be helpful to consult with an elder law attorney for further guidance in this area. Sixty Plus can refer you to local attorneys.
2. As soon as possible, bring the patient to the doctor's office or to a clinic to obtain a PPD/Tuberculin skin test or a chest X-ray; the patient may also need a complete physical examination by his/her primary care doctor if this has not happened for a while. Try to get a copy of the current "history and physical" report from the doctor as the nursing home will need it. Get a copy of the PPD or chest X-ray to keep with you. Keep this as the original and get copies made if needed.
3. The family will need to facilitate the completion of the DMA-6 and Level I forms. Sixty Plus staff can give these forms to the family.

** Hospitalist physicians who may have treated the patient during a past inpatient stay will not complete this paperwork.*

4. Take note that the DMA-6 and Level I forms are good for 30 days after the doctor has signed them. This means that you have two months in which to locate a nursing home bed and move the patient.
5. As you visit facilities, continue to refer to *Nursing Home Placement: A Guide to Understanding the Process*. It contains many excellent questions for you to ask as you visit each nursing home.
6. If the patient needs to enter a nursing home with Medicaid as the payment source, you may have to cast your net in a wider geographical area. Medicaid beds can be hard to find.
7. When you find a facility that you like, where there is an available bed, the process will move very quickly. The nursing home will want a copy of the DMA-6, Level I, the PPD or chest X-ray results, and the most recent history and physical report from the primary care physician. As soon as they obtain all this information, they'll decide if they can offer you the bed. If they do, they'll want you to move the patient immediately. When the move takes place, the nursing home will need original copies of the DMA-6 and Level I forms.
8. Remember that more frequent visits from family members usually means better care for the patient. Short, brief visits are fine, and even better if you go unannounced, at different times throughout the day and evening.
9. If you can get involved in nursing home life and get to know the staff, your family member will benefit. Most nursing home employees are dedicated to their work and they genuinely enjoy older adults. They appreciate it when they know that families share their interests and concerns.
10. Visit the Medicare website, www.medicare.gov, for important information about nursing home care, state inspection results, and other helpful consumer advice.

GETTING STARTED: FINDING A GOOD NURSING HOME

You have recognized that there is a need for assistance that you cannot provide at home. As a family member, you may feel guilty about making this decision, but it is important to acknowledge that when it is no longer safe for you or your loved one to remain at home, it is time to consider alternate living arrangements. When medical issues are the main reason that a loved one requires care, nursing home placement may be appropriate.

LEVELS OF CARE

There are two basic categories or levels of care available in nursing homes. Each level has a basic care requirement. Not all levels of care are available in all nursing homes.

The appropriate level of care is determined by the type of care required when you enter the nursing home. The method of payment (Medicare, Medicaid, private pay, private insurance and long-term care insurance) is based on the level of care required and financial resources.

Skilled Nursing Facility (SNF)

Provides skilled nursing and rehabilitative services to residents 24 hours a day. You must need 24-hour supervision and treatment by a registered nurse or other skilled professional to be eligible for this skilled level of care. The following procedures most likely would qualify you for skilled care:

- Newly-placed feeding tubes for total nutrition
- Intravenous (I.V.) treatments
- Decrease in level of functioning that requires daily physical or occupational therapy
- Extensive wound or skin care

This is the only type of care that Medicare covers in a nursing home. Coverage is for up to 100 days and under certain conditions. Medicaid may cover the cost indefinitely if the facility is Medicaid-certified and you continue to meet medical and financial eligibility.

Intermediate Nursing Facilities

Provides nursing assistance and help with skills of daily living. The care is provided by a licensed practical nurse (LPN) or a certified nursing assistant (CNA) under the supervision of a registered nurse (RN). Examples of intermediate care are:

- Assistance with personal care such as bathing, grooming, dressing, eating and walking
- Routine catheter care
- Oxygen, bowel and/or bladder incontinence
- Medicare does not cover intermediate care. Medicaid may cover the cost if the facility is Medicaid-certified and you meet medical and financial eligibility.
- Many facilities offer both levels of care. When both levels are available in the same place, transition from one level to another may be accomplished smoothly.

FINDING A GOOD NURSING HOME

In your search for a good nursing home, remember that you, the family member, are crucial to ensuring that your loved one will receive good care. The more you frequently visit your loved one's nursing home, the better care your family member is likely to receive.

To begin your search, make a list of nursing homes in your area. Begin to select those that will fit your loved one and your family the best. Here are some factors to consider:

- **Location** – Will the nursing home be easy for the family and friends to visit?
- **Payment source** – Will the patient be paying privately for care? Will there be short-term coverage through Medicare? Will there be the need for long-term custodial coverage paid by Medicaid?
- **Services** – Will the appropriate care be available, such as physical therapy?

FINDING A GOOD NURSING HOME

When you visit nursing homes, look for signs of GOOD care:

- **Dignity** – The staff treats all residents with friendliness, patience and respect. Calls for assistance are answered promptly.
- **Good food** – The meals are well balanced, varied, good tasting and served in pleasant surroundings.
- **Help with eating** – Residents in the dining room and in their own rooms promptly get help to eat, if they need it.
- **Activity** – The residents participate in a variety of activities, including activities where they are physically active. Do community groups come to the nursing home? Are there organized trips or events?
- **Home-like** – Can the residents use furniture and decorations from home? Are there pets around? Are there opportunities for the residents to plant flowers, grow vegetables, or do things outdoors? Are visitors welcomed, and is there a place outside of the resident’s room where they may meet?
- **Participation** – Is there an active resident council and family council?

Please see page 18 for more questions to consider.

Visit the nursing homes you are considering at various times during the day, different days of the week and on the weekend. Also, be sure to visit during mealtime and plan on eating a meal yourself.

Check sources of information about the nursing homes you are considering.

- Call the State of Georgia Long Term Care Ombudsman at **404.371.3800** or toll free at **888.454.5826**. This office acts as an advocate for nursing home residents and will know about complaints that may have been made.
- Visit the “Nursing Home Compare” section of the Medicare web site at medicare.gov to find detailed information regarding past performance records of all nursing homes nationwide. You may also ask for a copy of each facility’s state survey; Medicare and Medicaid

facilities are required by law to make these surveys available upon request.

- Check with Piedmont social workers/case managers who are familiar with nursing homes in the area.
- Talk with family members and friends of the residents who live in the nursing homes.
- Speak with the residents of the nursing homes.
- Talk with the nursing home employees, especially the nurse's aides who provide much of the direct routine care.

FINANCIAL ISSUES

Prior to beginning a nursing home search, it is imperative to determine the payment source for admission. The five types of nursing home payments are Medicare, Medicaid, private pay, private insurance and long-term care insurance.

MEDICARE

Part A Medicare pays for hospitalization and skilled nursing care. Medicare coverage is provided for nursing home residents who meet the following criteria:

- The individual must have been hospitalized for three consecutive days, not including the day of discharge.
- Admission to a nursing facility must occur within 30 days of the hospital discharge date.
- The skilled services that will be provided in the nursing home must be related to the reason for the hospital admission.
- The nursing home's Medicare Utilization Review Committee must determine that a patient's level of care meets the Medicare criteria for skilled care.

If the above criteria are met, the individual may be eligible for up to 100 days of Medicare coverage. However, the nursing home will conduct ongoing evaluations of the patient's eligibility for Medicare coverage.

Medicare will pay for the following services in a nursing home:

- A. Semi-private room
- B. Meals
- C. Regular nursing care
- D. Rehabilitation services
- E. Pharmacy
- F. Medical supplies
- G. Medical appliances

Days 1-20 are covered by Medicare at 100 percent. Days 21-100 are coinsurance days, which means that patients are responsible for a portion of the charges per day and Medicare pays the remainder of the nursing home charges. Medicare does not pay any amount of charges after 100 days.

MEDICAID

If an individual does not qualify for Medicare coverage and does not have the resources to afford to pay privately, (s)he may apply for Nursing Home Medicaid. The Department of Family and Children's Services (DFCS) determines eligibility for Nursing Home Medicaid.

Medicaid assists eligible patients with the monthly cost in a facility for both skilled and intermediate care. The patient's monthly income is applied to the monthly cost of the nursing home. Patients may retain \$50 a month for personal use.

In order for individuals to qualify for Nursing Home Medicaid, their monthly income must not exceed \$2,163. In addition, the applicant may not have more than \$10,000 set aside for a prepaid burial and more than \$2,000 in assets. Personal property, such as household items, is not considered assets. If a patient's monthly income exceeds \$2,163 but is less than the monthly cost of the nursing home, the applicant may qualify for the "Qualified Income Trust," otherwise known as the "Miller Trust." **(Please see page 17 for more information regarding estate recovery.)**

If the applicant is married, the Spousal Impoverishment Act becomes effective. This provision allows for the community spouse to retain a certain amount of assets, receive a certain amount of assets, and receive a minimal level of income so

they can continue to live within the community without public assistance. Spouses are able to maintain \$117,240 in assets. It is important to realize that Medicaid has a complicated set of guidelines. Therefore, it is imperative to contact the county DFCS office for specific details about Medicaid eligibility.

To apply for Medicaid, individuals, family members or the patient's power of attorney must make an appointment with the DFCS office in the county in which the nursing home is located. To find out more about the Miller Trust, please contact Sixty Plus at **404.605.3867**.

Medicaid income eligibility requirements are subject to change so please visit the Department of Community Health for verification at: <http://dch.georgia.gov/eligibility-criteria-chart>.

LOCAL DEPARTMENTS OF FAMILY AND CHILDREN SERVICES

Cherokee County

105 Lamar Haley Parkway
Canton, Georgia 30169
770.720.3610

Clayton County

877 Battle Creek Road
Jonesboro, Georgia 30236
770.473.2300

Cobb County

325 Fairground Street, S.E.
Marietta, Georgia 30060
770.528.5000

Dekalb County

178 Sams Street
Decatur, Georgia 30030
404.370.5251

Douglas County

8473 Duralee Lane
Suite 100
Douglasville, Georgia 30134
770.489.3000

Fayette County

905 Highway 85 South
Fayetteville, Georgia 30214
770.460.2555

Fulton County

1249 Donald Lee Hollowell Pkwy.
Atlanta, Georgia 30318
404.206.5600

Gwinnett County

905 West Crogan St., N.W.
Suite 300
Lawrenceville, Georgia 30046
678.518.5500

Henry County

125 Henry Parkway
McDonough, Georgia 30253
770.954.2014

Rockdale County

975 Taylor Street, S.W.
Conyers, Georgia 30012
770.388.5025

PRIVATE PAY

If a prospective nursing home applicant's resources exceed the limit for Medicaid, private funds must be used to pay for the nursing home until the patient is financially eligible for Medicaid. Financial obligations and the cost of nursing home facilities must be discussed directly with the admissions coordinators at the nursing facilities.

PRIVATE INSURANCE COVERAGE

Some insurance plans cover a portion of nursing home costs. Insurance customer service representatives can verify nursing home coverage. Please note that some nursing homes will not bill private insurance. These nursing homes require an initial outlay of money from the patient, and insurance reimbursement goes directly to the patient.

LONG-TERM CARE INSURANCE

If the applicant has purchased long-term care insurance, it may cover the costs or part of the costs of a nursing home. Since many long term nursing home patients need custodial care and do not qualify for Medicare coverage, long-term care insurance can be a worthwhile and cost-effective purchase. Policies differ in restrictions and types of care, methods of payment and length of coverage. Every state has a health insurance counseling program sponsored by the Center for Medicare and Medicaid Services (CMS). This office may assist the applicant or family with understanding insurance coverage and an explanation of forms. In Georgia, the organization that provides this service is Georgia Cares, and the toll-free number for assistance is 1.800.669.8387.

LEGAL ISSUES

There are many questions that may arise regarding legal and financial responsibilities when exploring nursing home placement. Some common questions are:

Q: What if my family member does not want to enter a nursing home?

A: No matter how unsafe an individual's home situation is, (s)he cannot be forced to enter a nursing home against his/her will. Financial and Medical Power of Attorney do not grant authority to place an uncooperative family member in a nursing facility. If concern exists that an individual is no longer able to make decisions for him/herself, then the family may wish to pursue guardianship. Guardianship allows an individual to make all decisions for another individual who is deemed incompetent by a judge in Probate Court. Those seeking guardianship must complete an application in Probate Court. The process of obtaining guardianship can be a lengthy one, lasting from several weeks to several months.

Q: What does a Power of Attorney mean?

A: There are two common types of Power of Attorney:

- Financial Power of Attorney allows a person to appoint someone to do routine business transactions for them, such as writing checks, selling property or paying taxes.
- Durable Medical Power of Attorney for Healthcare appoints a person to make medical decisions about medical care when they become unable to make their own decisions.

Q: If Medicaid is paying for nursing home care, what will happen to my home and possessions at the time of my death?

A: The Estate Recovery Act is a state law that allows the Georgia Medical Care Foundation (Medicaid) to attempt to recover all subsidies of nursing home, hospital and prescription drug costs incurred since October 1, 1993, from the estate of the person who received Medicaid.

Q: Can I transfer money to my family so that I may enter the nursing home under Medicaid?

A: Some transfers under the Spousal Impoverishment Act are allowed, while other transactions delay approval of Medicaid. The Department of Family and Children Services reviews records from the previous 60 months in determining eligibility. If a transfer of money or assets has taken place during that time, approval for Medicaid may be delayed.

Q: What is the “Miller Trust”?

A: Many people have an income higher than this cap, but their income is much less than the monthly cost of nursing home care. In this case, a Miller Trust may be set up to funnel some of the Social Security and/or pension funds each month. The funds within the trust do not count against Medicaid eligibility requirements. It is best to consult with an elder law attorney or with an attorney well experienced in Medicaid law if you foresee that you or your family member may one day be in this “in-between” financial situation.

SOME HELPFUL RESOURCES

Georgia Senior Legal Hotline	404.657.9915
Senior Citizens Law Project	404.524.5811 atlantalegalaid.org
Basic legal information	lawhelp.org
National Senior Citizens Law Center	nsclc.org

QUESTIONS TO CONSIDER

The following is a suggested list of questions to ask yourself as you consider a particular nursing home for placement. This list is to be used only as a guide. You may wish to include several more questions as you consider each home. Be certain to note both your additional questions and the responses. You may also access the “Nursing Home Compare” section of the Medicare website at medicare.gov to find detailed information regarding past performance records of all nursing homes nationwide.

Name of nursing home: _____

Address: _____

Basic Questions

1. Is the facility Medicare-certified?
2. Is the facility Medicaid-certified?
3. What levels of care are available, skilled or intermediate?
4. Is the facility accepting new patients?
5. Is there a waiting period for admission and how long is it?

Review of State Regulatory Offices

1. What issues have been noted by the inspection offices?
2. What is the staff-to-resident ratio?
3. What are the average daily hours the Certified Nursing Assistants (CNAs) provide per resident? (Medicaid requires at least 2.5 hours of care each day for each patient.)

Quality of Care

1. Are the residents clean, appropriately dressed and groomed?
2. Are the meals appropriate to the resident’s needs, i.e. low-fat, diabetic, etc.?
3. Does the staff assist residents who need help feeding themselves?
4. Is the food attractive, appealing?
5. Are there activities in which the resident would want to participate?
6. Are there unpleasant odors in the building?
7. Are the staff levels on the weekend sufficient?

Safety

1. Are there handrails in the hallways and grab bars in the bathroom?
2. Is the facility well lighted, with easily passable walkways?
3. Are there clearly marked exits?
4. Are there enough staff members to assist residents in an emergency?

SIXTY PLUS SERVICES

The programs and support provided to older adults and their families through Sixty Plus Services are made possible by the generosity of our donors. The program operates with no private insurance support. All donations are used exclusively for our work with older adults and their caregivers. Piedmont Healthcare is a 501c.3, not-for-profit institution. Private gifts to Piedmont Healthcare Sixty Plus Services are tax deductible.

To make a gift, visit donate.piedmont.org or call 404.605.2130.

Contact Us

Piedmont Healthcare's Sixty Plus Aging Helpline
404.605.3867 or email sixty_plus.email@piedmont.org

Services are also offered through Sixty Plus Services at Piedmont Fayette Hospital by calling **770.719.7214**, Piedmont Mountainside Hospital by calling **706.299.5059** and at Piedmont Newnan Hospital by calling **770.400.2010**.

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