
NURSING HOMES: REHABILITATION UNITS OR LONG TERM CARE

Q1. Why do I have to leave the hospital so quickly? I don't know which nursing home to go to...

Medicare pays hospitals a fixed amount of money that is based upon your specific diagnosis and the number of days they believe you should be in the hospital. If you stay past the date when Medicare and your doctor believe you are ready for discharge, Medicare can discontinue paying the hospital for your stay. The hospital then has the right to charge you privately for this extended care. If ongoing care is needed, and you don't know where to go, the hospital can help you fill out required forms and locate a nursing home in your area. See below for additional information.

Q2. How do I find a “good” nursing home on such short notice? What should I look for? Do I have a choice?

Unfortunately, it is very difficult to get into the nursing home of your choice on short notice. The hospital will recommend a nursing home that happens to have a bed available. Beds open up more quickly in a rehabilitation unit than they do in long term care units. Under an exception to State law, you can sometimes get into your first choice if you are willing to pay privately at the nursing home for a short period of time (generally 6 months). If you need nursing home care right away and can't take advantage of the above exception, you can go to the nursing home the hospital recommends and place your name on the waiting lists of 2 or 3 nursing homes that you prefer. When a bed becomes available at one of these nursing homes and if your name is next on the waiting list, you can then transfer to that nursing home. Clearly, if you think you or a loved one may need nursing home care in the near future, it is better to take your time looking at different nursing home and assisted living options and to place your name on 2 or 3 nursing home waiting lists now—before a health crisis hits.



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Q3. The nursing home wants all kinds of financial information. Why? Should I give it to them?

The nursing home (or the hospital as part of its discharge planning to assist you in entering a nursing home) needs financial information so they can determine whether you will qualify for Medicaid benefits if necessary. Medicaid generally pays the nursing home for patients who are there for a long period of time. The nursing home needs to know whether you have the ability (if you do not qualify for Medicare or Medicaid benefits) to pay them from your personal funds or private insurance. They are not being nosy. You should give them this information to speed your admission to the nursing facility.

Q4. How much does a nursing home cost?

In Connecticut, a nursing home costs on average about \$311/day for a semiprivate room, or \$112,000/year. Some nursing homes are more, some are less. Assisted Living services and Independent Living arrangements generally cost less, but must be paid for privately—Medicare, Medicaid and private insurance do not yet pay for this level of care, although Connecticut is experimenting on a limited basis with Medicaid payment for a portion of assisted living monthly costs. Medicare and some private insurance will pay for limited home care. Nursing homes bill their residents monthly and usually require that the first month be paid in advance if you are paying from your personal funds.

Q5. Will there be a lot of paperwork?

Yes. The hospital and nursing home staff dislike this as much as you do, but unfortunately most of the paperwork is required by State and Federal regulations. It is well intentioned—much of it is designed to protect you and to inform you of your rights as a nursing home resident and if there will be any Medicaid, Medicare or private insurance coverage. It is also



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needed to determine your care plan based on your illness. It can be overwhelming. Part of the paperwork will be your contract with the nursing home (called an Admission Agreement) setting forth what the nursing home will provide to you and what is expected of you in return.

Q6. Must my child guaranty payment to the nursing home on my behalf?

It is illegal to require anyone, including a child or spouse, to provide a payment guaranty as a condition for admission. A child or spouse can be asked to be a “Responsible Party” requiring that they assist in filing for Medicaid and other matters and a Responsible Party should take their responsibility seriously to ensure there is no disruption in payments to the nursing home, or potential liability to themselves.

Q7. Where can I get further information on selecting a nursing home?

For a quick review of nursing home survey reports, staffing levels and available health programs and services, log onto www.medicare.gov/nhcompare/home.asp

Q8. Can a nursing home kick me out?

Yes, but only in limited circumstances where you do not pay the nursing home’s bill or where your stay at the nursing home endangers your well being or the well being of other residents. Involuntary discharges very seldom occur.

Q9. Can I choose to transfer to another nursing home?

Yes, at anytime provided the other facility agrees to admit you.