



MICHIGAN LONG TERM CARE
OMBUDSMAN PROGRAM

Fact Sheet: **What Residents (and Families) Need to Know when Moving into a Nursing Home**

Do people living in a nursing home have rights as a resident?

Yes. Federal and state laws guarantee nursing home residents basic rights including, but not limited to, the right to dignity, respect, and freedom from abuse, the right to privacy and confidentiality, and the right to make independent decisions about care and daily activities. The laws require nursing homes to promote and protect the rights of each resident and place a strong emphasis on individual dignity and choice. People maintain the rights they had before coming to the nursing home including the right to vote. Rights may be limited if the resident has a court appointed guardian.

When can residents have visitors?

Residents have a right to receive visitors of their choosing at the time of their choosing as long as the visit does not impose upon the rights of another resident. The nursing home cannot set visiting hours or deny the resident's right to visitors.

Visiting often during the first few weeks can help ease the stress of moving to a nursing home for both the resident and family members. Visiting frequently is the best way to monitor care.

What can residents bring to the nursing home?

Nursing homes are to provide a home like environment for residents and allow residents to bring personal items to display in their room. The home must also provide space for resident clothing and other items. The home is required under law to provide a safe environment that is free from fire and other hazards. Due to these limitations, it is best to discuss with the home if larger sized items can be brought to the home.

Who will provide nursing home care?

- **Certified Nursing Assistants (CNAs)** provide 90% of the hands-on care in nursing homes. They take care of the day-to-day needs of residents including dressing, toileting, eating, and bathing.
- **Registered Nurses (RNs)** and **Licensed Practical Nurses (LPNs)** manage the care of residents, pass medications, and provide treatments.
- The **Director of Nursing (DON)**, **Social Worker**, **Dietary Manager**, and **Activities Director** all contribute to the care a resident gets.
- The **Administrator** oversees the operation of the home and is responsible for budgetary decisions.

Federal law requires any home receiving funding from Medicare and/or Medicaid to publicly post the number of RNs, LPNs, and CNAs providing direct care to residents every day on every shift. The nursing home must provide enough staff to meet residents' needs. Be sure to ask the staff where that information is located if you have concerns about the number of staff working at the home.

What is required for admission?

Depending on the resident's funding source, admission requirements can vary. Generally the following are required for admission to a nursing home:

- A physician order for nursing home care
- A history and physical
- A pre-admission screening for behavioral health services
- An assessment of the resident's risk for Tuberculosis (TB)

If the resident is Medicaid eligible or applying for Medicaid, the nursing home must also conduct a nursing facility level of care determination to assess the resident's functional ability for Medicaid to pay for nursing home care.

What is included in the nursing home admission contract?

The nursing home will review its **admission contract** with the resident or authorized representative and the resident or authorized representative will be asked to sign many documents within the contract. The home must inform the resident of its policies and procedures, covered services, and services that may cost extra if requested by the resident. The home will also explain the monthly cost for the nursing home stay. It is important to ask questions and fully understand the admission contract and possible charges before signing the contract documents.

What are important questions to ask before admission?

- How can residents continue to see their doctors in the community?
- Will the home provide transportation to and from medical appointments and is there a charge for the transportation?
- How do residents access their trust fund account?
- If the resident needs long term care and is approved for Medicaid, can the resident stay in the same bed or move to another bed in the nursing home?
- Are there any special care or services the home does or does not provide?
- How are residents involved in planning for their discharge?

Is nursing home care covered by insurance?

Most private insurance covers therapy or skilled care in a nursing home. Medicare will pay 100% for the first 20 days of therapy or skilled care in a nursing home. If Medicare services are needed for more than 20 days, the resident is responsible for a 20% co-pay which may be covered by supplemental insurance or Medicaid, if the resident is eligible. Once Medicare ends payment for services, a resident may pay privately or apply for Medicaid to pay for care. Long term care insurance may pay for nursing home care.

What is the Medicaid Patient Pay Amount?

The **Patient Pay Amount** is the amount of money the resident must pay to the nursing home each month to maintain Medicaid eligibility. The nursing home cannot charge the resident more than the Patient Pay Amount each month for nursing home care for covered Medicaid services. If the resident requests services not covered by Medicaid, the nursing home must inform the resident of the charges for those services.

Is an Advance Directive followed in a nursing home?

Yes. Any existing advance directive should be shared and discussed with the nursing home staff so that the wishes and care preferences of the resident are understood. The nursing home must discuss the resident's right to have an Advance Directive including a Do Not Resuscitate Order. The local ombudsman can provide a booklet on Advance Directives.

How does the nursing home plan for resident care?

The resident must have a comprehensive **assessment** within 14 days of admission to the nursing home to evaluate the resident's mental and physical condition.

Within 7 days of the assessment, the home must hold the **person-centered planning (PCP)** meeting (sometimes called the "care plan conference") to develop the person-centered care plan. The PCP process should focus on the resident's goals and allow the resident to decide what is or is not addressed in the care plan. The resident's personal preferences for schedules and daily routines should also be discussed. The care plan outlines how individual staff will assist the resident. The plan is updated every 90 days or with a significant change in the resident's condition.

It is very important that the resident and family members actively participate in the initial assessment and the PCP meetings to ensure that all of the resident's needs are adequately addressed and the resident's wishes are honored.

How does a resident or family member address concerns?

- Voice concerns to those directly involved.
- Respectfully raise concerns with staff supervisors.
- Follow the nursing home's grievance/complaint process.
- Work with the Resident or Family Council if available at the nursing home.
- File a complaint with the State by calling **800-882-6006**.
- Contact the Michigan Long Term Care Ombudsman Program to get free and confidential help from a local ombudsman.

Michigan Long Term Care Ombudsman Program

Free and Confidential Help

1-866-485-9393

Email: MLTCOP@meji.org

Website: MLTCOP.org