



Nursing Home Placement Handbook
Health Alliance Social Work Departments

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Introduction

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 handbook is made available to you as a guide to understanding what steps must be completed to transfer into a nursing home.

The Health Alliance realizes that the process of nursing home placement can be a very difficult and emotional experience. In order to assist you with the complex procedures of nursing home placement and to ease some of the stress involved, social workers are available to assist you and your family.

Social Work Departments

Each nursing unit has a social worker available. Services include:

- counseling you and your family on your acceptance and adjustment to nursing home placement
- explaining nursing home placement procedures
- presenting you with a list of area nursing homes
- answering any questions you may have about the nursing home placement process
- discussing and determining how the nursing home care will be paid for
- working with you and your family to locate a suitable nursing home
- coordinating the date and time of transfer to the nursing home with you, your family, your physician and the nursing home
- assisting with appropriate transportation arrangements.

Patient/Family Responsibility

It is important for the patient and family to become as active as possible in the process of nursing home placement by:

- visiting various nursing homes that are unfamiliar. Touring and experiencing the nursing home first hand is very important to the decision making process.
- filling out application/admission forms as required by the nursing home (Some nursing homes require that this be done ahead of time; others only require that this be done on the day of admission.)
- working with the social worker to decide the method of payment for nursing home placement (See section entitled Payment of Nursing Home Costs)
- appointing a legal representative who will follow your wishes and make decisions for you if/when you are unable to make these decisions for yourself (See section entitled Guardianship)
- applying for financial coverage if necessary (See section entitled Medicaid)
- making sure that someone completes the nursing home placement activities if the person handling the above steps for nursing home placement becomes unavailable due to vacation, work schedule or unexpected circumstances.

Note: Contact with nursing homes should begin immediately following your initial discussion with the social worker. If you are interested in a particular nursing home, there may not be an immediate opening. It is very important to begin steps toward nursing home placement as soon as there is a possibility that it may be needed. The longer you wait to contact and tour nursing homes, the less likely that your nursing home of choice will be available at the time of discharge from the hospital.

Emotional Factors in Nursing Home Placement

Nursing home placement can be a very stressful and emotional process. Change is hard for everyone. Giving up the comforts and independence of home can be particularly painful when added to the stress of a physical illness. The following suggestions should help with this difficult process:

- Make sure that you are realistic. Explore all of the alternatives to nursing home placement, but recognize that personal and financial limitations may make it difficult to be safely cared for at home.
- Remember, placement isn't always permanent. Some people are eventually able to return home.
- Communicate. Talk with your loved ones, friends or a social worker about the feelings and questions that you have.
- Think of the added care you can get when a nursing home and family work together.
- Channel your efforts into selecting the best possible home available. Good communication with the staff and administration at the nursing home can facilitate adjustment. If, after this effort, and after an initial adjustment period, the home does not work out, you can transfer to another home.
- It will help to recognize the positives that a nursing home can provide:
 - People can adjust well to nursing home placement.
 - Twenty-four hour care with medical assistance and physician visits and telephone consultation is available
 - Roommates and social activities can provide additional support and motivation to a person in a nursing home.
 - A sense of community and activity can provide enjoyment and combat feelings of depression and hopelessness.
 - Individualized physical, occupational and speech therapy are available.
 - Hot, nutritious meals are provided, and special diets can be accommodated.
 - Also, since family members no longer have the stress of routine care, they are able to have more energy and time to devote to the emotional needs of their family member. The relationship can be more relaxed and enjoyable.

One of the most difficult situations a family member can face is to move a loved one into a nursing home after having promised him/her they would never do so. If this is the case, it is important to take some time to separate what you feel about your decision from what you know. For example, even though you might feel as though keeping that kind of promise is very important, you might know that it is no longer safe for your family member to live alone. Remember, you

made a promise that no one can really make. You were reacting emotionally and not fully realizing how much care your loved one would one day need. Sometimes the best and only safe alternative is for the family and the nursing home to work together to care for the person. If you need assistance with the emotional aspects of nursing home placement, you may want to contact the nursing home social worker.



Levels of Care

The type of care that you require as you enter the nursing home is the major factor used by nursing homes to determine the appropriate level of care and method of payment.

(**Note:** Not all levels of care are available in all nursing homes) The three levels of care are:

Skilled

(referred to as Skilled Nursing Facility care or SNF) Some examples of qualifying services are:

- daily nursing care by a registered nurse (RN), not just custodial (bathing, feeding, dressing) care, or
- feeding tubes for total nutrition, or
- intravenous (I.V.) treatments, or
- decrease in level of functioning that would require physical, speech, and/or occupational therapy on a daily basis, or
- extensive wound or skin care.

Note: This is the type of care that Medicare, most Medicare HMO's and commercial insurance will cover if other factors are in place. (See next section on Medicare.) If you do not require any of the above services, and you meet financial criteria, Medicaid will pay for this level of care.

Intermediate

(referred to as Intermediate Care Facility care or ICF)

You need care that does not require a registered nurse (R.N.). The care can be provided by a licensed practical nurse (L.P.N.) or a nursing assistant under the supervision of a registered nurse (R.N.). Some examples of intermediate care needs are: assistance with combinations of bathing, dressing, feeding, walking, routine catheter care, oxygen, and bowel and/or bladder incontinence.

Note: Medicaid does cover intermediate care. Medicare, Medicare HMO's and most commercial insurances do not cover intermediate care.

Assisted Living

You are able to perform daily activities with supervision. Example: Mrs. Green has chronic arthritis. She manages most of her daily activities, yet help is available if needed. Medication is monitored. The amount of assistance varies among facilities.

Note: Medicare does not cover, and Medicaid rarely covers, the Assisted Living level of care. (See Residential State Supplement for Ohio Residents in the Community Resource section). Also, in Kentucky, some facilities offer Personal Care beds (paid for by Medicaid) for patients who do not require the intermediate or skilled levels of care but need more help than Assisted Living can provide.



Payment of Nursing Home Costs

The five types of financial coverage for nursing home costs are Medicare, Medicaid, Private Insurance, Personal Funds and Long Term Care Insurance.

Medicare

The Medicare Program is made up of two programs:

Part A or Hospital Insurance

This portion of the Medicare program pays for both hospitalization and some nursing home care. Nursing home coverage is provided if you meet strict medical criteria (you must require daily skilled care noted above under Levels of Care) as well as the following additional criteria:

- You must have been hospitalized for at least three consecutive days (the day of discharge is not counted) within the last 30 days prior to admission to a skilled nursing facility. (Some Managed Medicare policies do vary on this requirement.)
- The skilled services provided by the nursing home must be related to the reason for the hospital stay.
- The physician must verify that you require the types of treatment and intensity of care that meets Medicare criteria for skilled nursing facility care (see Levels of Care - Skilled above).

If you meet the above criteria and are admitted to a nursing home, you may be eligible for UP TO 100 days of coverage available under the Medicare program. The first 20 days are known as FULL days. This means that the Medicare program pays fully (100%) for the nursing care in a semi-private room for the first 20 days only if you meet the medical criteria for nursing home care. These criteria are listed under Levels of Care - Skilled in the previous section.

The next 80 days are known as COINSURANCE days.

This means you are responsible for paying a daily rate of \$119 for the nursing care in a semi-private room, while Medicare pays the remainder of the room rate if you continue to meet medical criteria. (This is the 2006 amount. This amount usually increases every Jan. 1.)

If you are in a Medicare Advantage plan (a Medicare HMO, PPO or PSO), the skilled nursing facility co-payments may not be the same as the traditional Medicare program's co-payments. In addition, these costs cannot be covered as they are under the traditional Medicare program by enrolling in a Medicare Supplemental Insurance plan. The Medicare Advantage managed care plan may also limit you to only those nursing homes that participate in their provider network.

You should review a Medicare Advantage plan's co-payment, deductible and provider network policies closely when choosing a Medicare HMO, PPO or PSO. Subject to these restrictions, the Medicare Advantage

plans are required to provide what they have agreed to as their SNF coverage if you need skilled nursing or skilled therapy services on a daily basis that can only be provided in a skilled nursing facility.

While you are in a nursing home under Medicare Part A benefits, the following services are covered:

- a) Semi-private room
- b) Pharmacy
- c) Medical supplies
- d) Physical therapy
- e) Occupational therapy
- f) Speech therapy.

The illustration below is designed to graphically show you how many days may be available under the Medicare program:

1st-20th day = Medicare pays 100%

If you meet medical criteria (*2006 Guidelines*)

21st-100th day = You pay \$119 per day

80 Coinsurance Days

Medicare pays per day any amount over the amount you pay per day if you meet medical criteria (*2006 Guidelines*)

Note: Just because you are eligible for up to 100 days of Medicare Coverage in a nursing home does not mean you will receive the entire 100 days of benefit coverage. Remember, it is dependent on your receiving skilled nursing care as defined by Medicare guidelines. The Medicare Utilization Review Committee reviews your medical record to determine if you really are receiving skilled care. A person may need a lot of care, but if the care is custodial and not active medical intervention, it will probably not be covered.

If you are no longer receiving skilled care (you have achieved your goals or reached a point where no more progress can be readily achieved) the nursing home's Utilization Review person or committee may discontinue your coverage in the nursing home. This decision is made according to Medicare guidelines. The beneficiary has a right to a written notice of Medicare non-coverage from the nursing home, the right to have a claim submitted to Medicare for an initial Medicare determination and the right to appeal the decision.

Part B Insurance

You must apply for Social Security Retirement Medicare Part B three months before the month of your 65th birthday. If you apply the month of your 65th birthday or the three months after your birth month, coverage may be delayed by up to three months.

This portion of the Medicare program must be purchased through a deduction from your Social Security earnings. You will know the coverage is in force if the words “Medical Insurance” are typed on your Medicare card. If you medically qualify, this coverage pays for the following services:

- a) Physician services
- b) Some ambulance services
- c) Laboratory services
- d) Physical therapy
- e) Occupational therapy
- f) Speech therapy

Please make sure that the hospital has your most recent insurance information. If you have signed up for a managed Medicare plan, please point this out to admitting personnel.

Medicaid

Medicaid will help pay for nursing home care if:

- nursing home care is medically necessary, and
- the person's income falls below the Medicaid income level, and
- the person's resources (cash money on hand and in the bank, personal property, and real estate that a person or couple owns) meets certain guidelines.

Medical Necessity

In order for Medicaid to pay for nursing home care, the person must have medical problems that require around-the-clock care. This is determined by the Council on Aging in Ohio and by the Kentucky Peer Review Organization in Kentucky.

Income

A person's income must be below a certain level to be eligible for Medicaid. Because nursing home care is so expensive, the income level is fairly high. Usually the patient's monthly income goes directly to pay nursing home costs; however, the person is able to keep \$40/month for personal use. If the patient has a spouse, Medicaid does allow the spouse to keep a significant portion of the couple's income. The specific amount depends on a variety of factors.

Resources (Financial Assets)

The resources of a person applying for Medicaid and entering a nursing home must be within Medicaid guidelines. If a person going to a nursing home under Medicaid has a spouse, the resources (financial assets) are divided in half. The spouse who remains at home may keep half of the assets up to a maximum of \$99,540. The

spouse is also entitled to keep a minimum of \$19,908 in countable resources for Ohio and \$20,000 for Kentucky (2006 guidelines).

Resources are defined as cash money and any other personal or real property that a person or couple owns. Resources may include, but are not limited to: checking and savings accounts, stocks or bonds, certificates of deposit, automobiles, land, burial reserves and life insurance policies.

Certain resources are exempt and are not considered in the Medicaid eligibility determination. These resources include but are not limited to:

- \$1,500 (for the use of the Ohio nursing home resident) or \$2000 (for the use of the Kentucky nursing home resident)
- the couple's home (if the applicant has been in a nursing home less than six months or if the home is occupied by a spouse, dependent or disabled child, or a sibling with an equity interest who has lived in it for at least a year). In Kentucky, there are no exemptions to home ownership.
- one vehicle, regardless of value, if there is a spouse living in the community or if used for the nursing home resident's employment or medical care
- the cash surrender value of the nursing home resident's life insurance policies (if the face values of all policies total \$1500 or less)
- an irrevocable pre-paid burial contract and burial plot
- non-business property in which equity does not exceed \$6,000 or other property that produces gross income of at least 6 percent of equity value or real or personal property essential to self support (Ohio only)
- a trust established by will or someone other than the nursing home resident or spouse (in certain circumstances)
- household goods and personal items are assumed to be of reasonable value and are exempt, i.e., television set, vacuum cleaner, radio, stereo and/or dining room set (examples)
- any resource not available to the nursing home resident.

Note: Medicaid law does not allow a person to transfer their money or other assets to someone else in order to become eligible for Medicaid. In Ohio, if you transfer your money or assets, you are penalized by being eligible only for Limited Medicaid. Limited Medicaid benefits only exclude payments made for nursing home care or home and community based waiver services i.e., PASSPORT. The penalty period lasts a certain number of months depending on the amount of money or value of assets transferred. In Kentucky, the time period can be up to five years.

Application Process

If a patient is not already receiving Medicaid, a family member will need to complete a brief application form prior to placement. The hospital social worker will have the form available. The patient applying may designate an authorized representative, i.e., family member, friend, social worker or attorney, to assist with the Medicaid application process. After the application form is submitted, Medicaid will mail the patient and/or authorized representative the appointment date and time to review eligibility. Application for Medicaid will be made with the Ohio Department of Job and Family Services or the Kentucky Department of Social Insurance.

Ohio

Hamilton County513-946-1000
Butler County513-887-4000
Clermont County513-732-7111
Clinton County.....937-382-0963
Warren County513-933-1420
Brown County.....937-378-6104

Kentucky

Campbell County859-292-6700
Boone County.....859-371-6900
Kenton County859-292-6600
Pendleton County859-654-6123
Grant County859-824-5202
Owen County.....859-484-3458

Note: Medicaid has a very complicated set of rules, so in some cases it may not be clear if you are eligible. For free legal advice regarding Medicaid, Medicare and other healthcare and legal issues and if you are an Ohio resident age 60 or over, call Pro Seniors' Legal Hotline for Older Ohioans at 513-345-4160 or 1-800-488-6070.

Paperwork Necessary When Applying for Medicaid

- a) Social Security card and some other form of ID
- b) Medicare claim card
- c) Health insurance card - You will need the amount of the premium paid and the method of paying (monthly, quarterly, etc.)
- d) Verification of income - A copy of your monthly check will be needed. If this is not available, you will need a letter from Social Security or other source of income. A letter from Social Security may be obtained by calling 1-800-772-1213 or by going to your local Social Security office.
- e) Bank statements - You will need bank statements from the three months preceding the present month OR a letter from the bank verifying checking and savings accounts.
- f) Record of other accounts - You will need to obtain a record of any Certificates of Deposit (CDs) or any other special accounts from your bank.
- g) Life insurance policies - You will need to obtain the policy or a copy of the policy along with a cash surrender statement.
- h) Burial policy - You will need to obtain the policy or a copy of the policy. You will also need to submit the burial plot(s) or a copy, if any.
- i) Birth certificate or other proof of birth date - Birth certificate information can be obtained by calling 513-326-4500 (Hamilton County) and 513-352-3120 (city of Cincinnati). In Kentucky, call 502-564-4212. Birth certificate information is obtained from the city or county of the place or hospital you were born.
- j) Other documents, if applicable - may include marriage certificate, proof of mortgage, irrevocable burial contract, etc.

Private Insurance Coverage

Some insurance plans may cover a portion of nursing home costs. Your policy will indicate the extent of your coverage or you may wish to call your insurance agent or company benefits manager to discuss details. The social worker can assist you if you are uncertain about how to proceed.

Note: Some nursing homes will not bill private insurance companies directly, but ask for payment from the patient. Reimbursement would then go directly to the patient from the insurance company.

Personal Funds/Private Pay

If you do not qualify for Medicare or Medicaid benefits, you may enter any nursing home on a private pay basis. If you intend to pay privately for nursing home care, please notify the social worker to assist you with transfer arrangements.

Long Term Care Insurance

Long term care insurance can be purchased to cover the cost of nursing home, and sometimes home health care not covered by the Medicare program. Policies are sold individually as well as through employers. Since many nursing home patients need custodial rather than skilled care (usually covered by Medicare), long term care insurance can be a good buy depending upon the particular policy and the age of the insured. Policies may vary in restrictions, types of care, methods of payment and length of coverage, making them difficult to compare. In Ohio, call the Ohio Department of Insurance at 1-800-686-1526 to obtain a free copy of "A Shopper's Guide to Long-Term Care Insurance." In Kentucky, further information can be obtained by calling 502-564-6034.

Some helpful questions to ask are:

- What restrictions exist for coverage, such as diagnosis, hospitalization prior to the payment of benefits, type of care, etc.?
- How long does the policy pay, six months, one year, two years?
- Does the policy have inflation protection?
- Do the payments increase over time?
- Does the policy cover home care as well as nursing home care?
- Does the policy pay for custodial care?
- Is the policy guaranteed to be renewable?
- How are benefits paid, i.e., daily rate, managed care style, lump sum annuity?
- Do premiums continue once coverage begins?
- Is the insurance company financially stable and highly rated?



Nursing Home Surveys

Each nursing home is surveyed by the Ohio Department of Health (Kentucky Cabinet for Health Services) on a yearly basis. The results of this survey must be made available to the public. Survey information should not be your sole reason to select a nursing home. It is important to note the severity as well as the type of deficiency and to ask the nursing home what steps have been taken to correct the problem(s). The phone number for the State Survey agency in Ohio is 1-800-342-0553 and in Kentucky is 502-564-2800.

For free help in understanding how these Ohio Department of Health inspection reports relate to your care needs, and how to use this as one tool to evaluate your options, please contact your local long term care ombudsman program at Pro Seniors 513-458-4160 or 1-800-466-6070. Ask for the Care Options desk.

Web sites that contain nursing home survey information are:

- www.ltcoho.org Long-Term Care Consumer Guide
- www.medicare.gov (Click on nursing home compare, select state, search by county, city, or zip code)

Nursing Home Selection Checklist

1st Home	2nd Home	3rd Home	Question:
			Is the home located near the family/friends who will be visiting?
			Does the home provide the level of care needed, i.e. skilled, intermediate, assisted?
			What specialized training does staff receive in working with dementia and/or wandering, combativeness, refusal of care, etc.?
			If needed, is the home certified for Medicare and/or Medicaid participation?
			Can residents stay if their status changes to Medicaid?
			Is there a waiting period for admittance?
			What are the meals like? Are they the appropriate temperature and served on time?
			Discuss the admission contract and all services and charges. Are financial and other important matters (refunds, etc.) specified?
			What are the visiting hours? Are there any restrictions for residents or visitors?
			What deficiencies were found at the annual license survey? Is there a plan for correction?
			Is the facility free of odor and generally clean, neat and well maintained?
			Are nurse and emergency call buttons located and operated at each resident's bed and bathroom facilities?
			How is the staff trained?
			Is there a lounge where residents can relax away from their own rooms?
			Do residents, other visitors and volunteers speak favorably about the home? (Feel free to ask residents and families visiting how they like the home.)
			Is the atmosphere and attitude of the staff warm and pleasant?
			Do residents look well cared for and generally content?
			Are residents allowed to wear their own clothes, decorate their rooms, and keep their own belongings?
			Does the home have adequately trained staff to respond to call buttons when residents need help?
			Is a program of physical and other therapies available for residents who need it?
			Does the home have a varied program of recreational activities for residents?
			Are activities offered for residents who are relatively inactive or confined to their rooms?
			Do residents have an opportunity to attend religious services and talk with clergy?

The Day of Discharge

Prior to or on the day of discharge, the social worker will work with you on arranging a time as well as method (stretcher, wheelchair, automobile) of transportation for you to be transferred to the nursing home. Medicare coverage of ambulance transportation is very limited. Medicare will not cover the service if the patient can safely travel by wheelchair (vs. stretcher). If wheelchair transportation is not available and the patient cannot travel safely in a car, an ambulance bill may be incurred. The social worker will arrange for medical information and physician's orders to be sent along with you to the nursing home.

Selecting a Nursing Home Physician

All patients who are cared for at nursing homes have a physician in charge of their care. You will need to select a physician prior to transferring to the nursing home. Sometimes your current physician can follow your care at the nursing home, but not all physicians do follow patients at nursing facilities. If your current physician cannot continue to care for you, he or she may be able to recommend a physician who goes to the nursing home you have chosen.

Another consideration in selecting a physician is the hospital where the physician practices. If you do need to be re-admitted to the hospital, better continuity of care can be possible if you select a physician that can admit you back to the same hospital that has previously treated you.

Medically Ready for Discharge

Your physician determines when you are ready for discharge. He or she may refer to your condition as stable, which means that you may need continued care but not in a hospital setting.

If there are no nursing home beds available at the nursing home of your choice, your physician may advise you to wait for a nursing home vacancy at home. A social worker can assist you in arranging home health care services and/or appropriate medical equipment.

If home care is not appropriate and no local nursing home beds are available, a social worker can help you locate an alternate nursing home bed appropriate for your needs.

You have the Medicare right to appeal before you are discharged from a hospital. Medicare will review you or your family member's need for continued care in a hospital setting. If you have questions about your rights as a Medicare hospital patient, please refer to the Medicare rights that were presented to you upon admission to the hospital. You may also directly contact KePRO, Inc., the independent organization that contracts with Medicare to review hospital discharge decisions before patients leave the hospital. KePRO, Inc. can be reached at 1-800-589-7337.

Guardianship

At times it becomes necessary to be able to make decisions when the person we care for is no longer able to make those decisions. This is usually when guardianship may be indicated. Before seeking guardianship, alternatives such as representative payeeship, joint accounts or a living trust, should be considered.

If guardianship is still the preferred alternative, proceedings generally take at least several weeks and can be initiated when a person has been judged incompetent. The process is as follows:

The person who will be the guardian files an application in Probate Court, 230 East 9th Street, 9th and 10th floors, phone 513-946-3600 (for Hamilton County residents) or at the Courthouse of the county in which the person resides. In Kentucky, contact the Department of Public Advocacy Protection at 502-564-2967.

The fee is \$200.00. A Statement of Expert Evaluation is obtained and the applicant has this completed, usually by a psychiatrist but it can be completed by a licensed psychologist or a medical physician. The person must have been evaluated in the past 30 days.

This statement is presented to the Probate Court with the application for guardianship. There are two types of guardianship: person and property. If there is no estate such as property, bank accounts or other liquid assets, a guardian of person is granted. If there are assets involved, a guardian of property will be necessary and a lawyer will be needed to proceed.

An investigator from Probate Court will interview the applicant and patient to evaluate that the best interest of the patient is being upheld.

Guardianship is granted through the Probate Court. A guardian must live in the same state as his or her ward. The guardian has the responsibility to make all decisions that affect the life of the person including decisions about medical concerns and decisions regarding living arrangements.

Adjusting to the Nursing Home

Family members can help a person settle into a nursing home by remembering that they are moving into their new home. Taking familiar belongings and decorating the room can make the transition more pleasant.

The following personal items are suggested:

- Pajamas and bathrobe
- Comfortable, loose-fitting clothing that is easy to put on and take off (sweat pants or loose-fitting slacks are ideal)
- Undergarments (for at least one week)
- Socks and comfortable shoes with rubber soles (sneakers or slip-ons).

Valuables should be left at home or locked up in a secure place at the nursing home.

It is very helpful to make a list of all personal items brought in for the resident's use and to provide a copy of this list to the facility. Also, it is important to update this list as new items are brought in and others taken home. All clothing should be labeled with a permanent laundry marker.

Remember, moving to a nursing home is a big change. Adjusting is a process that could take several weeks to several months.

Encourage your family member to get to know other residents and participate in the activities. It is also important for the resident and family to get to know the staff at the nursing home. Ask questions and take your concerns to the person in charge. Become familiar with the facility grievance procedure, and find out when and where the resident council and family council meet, so that you can be an active part of this community.

Expect good care but also be understanding. Recognize that nursing home staff may be assisting other residents when you push your call button, and they may not be able to respond immediately to your requests. Make your request enough in advance of the need, if possible. If you have questions or concerns, you may contact the Long-Term Care Ombudsman for advice or assistance at 513-345-4160 or 1-800-488-6070.

Advance Directives and Hospice Care

Many patients in nursing facilities choose to complete Advance Directives (Living Will and Health Care Power of Attorney). If you have any of these documents completed, please give copies to the nursing facility staff as soon as possible. If you are interested in receiving more information about these, please ask at the hospital prior to discharge or ask at the nursing facility.

Also, forms for Ohio can be found at www.proseniors.org (click on Law Library). For Kentucky, they can be found at www.hospicebg.com.

It is not uncommon for nursing home residents to ask their physicians to issue a Do Not Attempt Resuscitation order. This should be requested to be present on the nursing home resident's chart prior to admission or as soon after admission as possible.

It is possible for patients in nursing facilities to choose to receive hospice care while living in a nursing home. Care providers from the hospice agency will come in to the facility and supplement the care that the staff is providing. You can ask the staff at the nursing facility for more information about this.

What If I'm Not Ready Yet?

It is understandable that many people want to stay in their own homes as long as possible. Safety and avoiding serious injury need to be considered in making this decision. If you decide to stay in your own home, there are many helpful phone numbers at the end of this guide. It is a good idea to ask your physician if you qualify for any skilled (Medicare reimbursed) home care services. You can also pay privately for home care services.

If you do think you or your family member may eventually need a nursing home, remember, planning ahead often pays off. Touring several nursing homes and having one in mind can avoid needing to make decisions in an emergency, especially if there is a fall or rapid decline in health. The admissions director at the nursing home can guide you in this process. Another valuable resource in planning ahead for long term care is the Care Options program at 513-345-4160 or 1-800-488-6070. The staff at Care Options provides consultation, information and telephone support in making informed decisions about home care, assisted living and nursing home options.

Community Resources

Alzheimer's Association

800-621-0379

Greater Cincinnati Chapter

513-721-4284

Audiology Evaluations (hearing aids)

513-686-5165 (Jewish Hospital)

513-475-8443 (University Hospital)

Better Housing League (home repairs and winterization)

513-721-6855

Butler County Senior Citizens Inc.

513-867-1998

Butler County Elderly Services Program

513-868-9281

Cancer Family Care

513-731-3346

Caregiver Assistance Network

513-929-4483 (GIVE)

1-800-606-2560 (Butler County)

Care Options (assistance with future long term health care options)

513-345-4160

1-800-488-6070

Chatline @ CedarVillage (telephone reassurance)

513-754-3100, ext. 508

Cincinnati Area Senior Services (publishes a community resource guide for Seniors)

513-721-4330

Cincinnati Association for the Blind

513-221-8558

Clermont Senior Services Caregiver Resource Center (Clermont County)

513-724-1255

Consumer Protection

513-352-3971

Council on Aging of the Cincinnati Area

513-721-7670

Crisis Hotline

513-281-CARE (2273)

Elder Abuse Hotline

513-421-LIFE (5433) (Ohio)

859-292-6506 (Kentucky)

Eldercare Locator (nationwide)

800-677-1116

Elderly Services Program (home care for the elderly)

513-868-9281 (Butler County)

937-382-1848 (Clinton County)

513-721-7670 (Hamilton County)

513-695-2235 (Warren County)

Geriatric Evaluation Center of The University Hospital

513-782-2730

Handicapped Parking Card

513-563-1420

614-752-7800

Health Insurance Counseling Program

800-686-1578 (Ohio)

877-293-7447 (Kentucky)

Information and Referral Hotline

211 or 513-721-7900

Jewish Family Services

513-469-1188

Legal Aid

513-241-9400

1-800-488-6070 (Ohio legal hotline)

859-431-8200 (Kentucky)

Meals on Wheels

513-721-7670 (Ohio)

859-491-0522 (Kentucky)

513-867-4025 (Hamilton, Ohio)

Medicare Hotline

800-282-0530

800-589-7337

Medication Assistance

(State of Ohio)

1-866-923-7879 (1-866-9BESTRX)

Mental Health Access Point (referrals to mental health programs)

513-558-8888

Mobile Crisis Unit (mental health)

513-584-8577

Northern Kentucky Legal Aid

859-431-8200

1-800-888-8189

Nursing Home Ombudsman

513-345-4160 (Ohio)

859-292-7968 (Kentucky)

800-488-6070

Passport Program (home care for the elderly)

513-721-7670

**People Working Cooperatively
(home repairs and winterization)**
513-351-7921

Pro Seniors (legal issues)
513-345-4160
1-800-488-6070

**Personal Emergency Response
System Lifeline**
513-585-6465 (Ohio & Kentucky)

**Residential State Supplement
(assisted living housing
supplement)**
513-721-7670 (Select option 1 on
voice menu)

**Senior Behavioral Medicine of the
Health Alliance (Care for seniors
with mental health needs)**
513-585-1894

**Senior Care Preferred Plus of
the Health Alliance (Senior
membership program)**
513-585-6462

**Senior Services of Northern
Kentucky**
859-491-0522

Social Security Administration
800-772-1213 (Medicare)

**University Center for Alzheimer's
Care (primary care for patients with
memory loss)**
513-782-2731

Warren County Adult Protective
513-695-1449 (Lebanon)
513-420-4449 (Franklin)
513-925-1449 (Cincinnati)

**Warren County Community
Services**
513-423-0876 ext. 2237 (Franklin)
513-932-6301 or 695-2237
(Lebanon, Mason, Morrow)
513-925-2237 (Maineville)

**Wellness Community (emotional
support and education for cancer
patients)**
513-791-4060

Wesley Community Services
(outreach, home health, and adult
day services for Southwestern
Cincinnati)
513-251-5683

Visit us on the Web:

www.health-alliance.com

We now have a special link to other senior related sites you may want to check out.

Other helpful Web sites:

www.aarp.org
(American Association of Retired Persons)

www.careguide.com
(Caregiver information)

www.goldenbuckeye.com
(Cincinnati Department of Aging)

www.help4seniors.org
(Cincinnati Council on Aging)

www.medicare.gov
(Medicare, click on Nursing Home, Compare, to obtain nursing home survey information)

www.ohpco.org
(Ohio Hospice and Palliative Care Organization)

www.proseniors.org
(Help older persons with legal and long-term care problems)

www.reversemortgage.org
(Monthly income generated from the sale of your house)

www.roadtorecovery.com
(Community resource and nursing home information.)

www.rxforohio.org
(Prescription assistance)

www.senserv.org
(Cincinnati Area Senior Services)

Conclusion

Thank you for taking time to read this handbook. Hopefully, it has answered many of your questions about nursing home placement. Please feel free to call the Social Work Department to discuss any further questions.

You may reach a social worker by asking your nurse to contact the social worker on your nursing unit or by calling the Social Work Department.

Christ Hospital	513-585-2427
Drake Hospital.....	513-948-2500
Fort Hamilton Hospital	513-867-2880
Jewish Hospital.....	513-686-5341
St. Luke Hospitals.....	East: 859-572-3207 West: 859-962-5290
University Hospital	513-584-4314

www.health-alliance.com

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Fort Hamilton Hospital • Drake Center • West Chester Medical Center • Alliance Primary Care