

THE ESSENTIALS

CHOOSING A NURSING HOME



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The Essentials: Choosing a Nursing Home

Many of us feel certain that nursing home placement will never be an option for ourselves or our loved ones. However, nursing home care may well be the best option when it becomes difficult to provide high-quality, round-the-clock care at home. In the best of circumstances, the potential need for nursing home care will be a gradual process. This will allow time for research into the type of facility, location, and payment options best-suited to the needs of the individual and the family. This time can provide needed space for acceptance and adjustment on the part of both your family and the family member in need of care.

More often, there is an acute change in the physical or mental functioning of an individual that leaves the family no time to plan, or the individual needs to have rehabilitation in a nursing facility after hip or knee surgery. If the individual needing care has the capacity to make decisions and is able to make his or her wishes known, it is important to accommodate his or her requests and preferences to the extent possible. Individuals who have severe cognitive impairment or who are physically incapacitated to the point where they are unable to participate in making decisions will need family members to act on their behalf.

If there are questions or concerns regarding the care setting, it is often helpful to involve a professional such as the doctor or a social worker in the discussions. The decision regarding the care setting can be a very emotional one and can often involve differing opinions among family members. It can be especially difficult if the decision requires a lengthy or permanent move to a residential setting such as a nursing home. There may be no clear right or wrong option.

Whether you are considering nursing home care for yourself or a loved one, you need to trust your instincts as you, your family member in need of care, and others weigh the options available and come to a decision. If a selected setting does not meet the needs, another can be chosen in the future.

MetLife is pleased to offer this document as a useful tool in understanding nursing home care options as well as how to plan and budget for associated costs and how to research other, more complex questions you may have.

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General Information

Q. What Is a Nursing Home?

A. A nursing home is a residential care setting that provides room, meals, 24-hour nursing care, rehabilitative services, medical services, and protective supervision to its residents. A nursing home is not a hospital setting. The goal at the nursing home is to help its residents regain or maintain as much independent function as possible in a supportive environment. Nursing homes provide health oversight and management of medical problems, assistance with the activities of daily living, and recreational activities. They are certified and licensed by states and the Federal government to provide levels of care from custodial (maintenance of maximum function) to skilled nursing by trained professionals.

Sometimes a stay in a nursing home is a temporary one. For instance, if a family member has had a hospitalization for injuries obtained in car accident or surgery for a hip replacement, he or she may need to go to a skilled nursing facility for rehabilitation prior to returning home. However, for others, a nursing home stay will be a longer and possibly permanent move. Nursing homes provide a secure environment for someone with a long-term illness or condition that is not expected to improve, a condition that prevents an individual from living independently, or a condition that requires 24-hour supervision. The nursing home can provide an

array of services, including programs that meet the spiritual and social needs of the residents in addition to attending to physical needs.

Some nursing homes are non-profit corporations sponsored by religious or charitable organizations. Others are for-profit corporations and may be part of a chain of nursing home facilities.

Q. What Is a Skilled Nursing Facility?

A. Sometimes individuals require nursing home care following a hospitalization. Nursing homes that provide the type of short-term rehabilitation and skilled nursing services needed for recovery from acute illness or injury are often called skilled nursing facilities (SNFs). The care is intended to be shorter term, typically several weeks to several months, and provide such services as physical, speech, and occupational therapy and skilled nursing. Someone recovering from hip surgery, for example, may need skilled nursing rehabilitation and recuperation time before being able to return home to live independently. If an individual is in the hospital typically the social worker or discharge planner will work with the individual and/or his or her family to review options and arrange for any rehabilitative care that may be needed whether that be at home or in a skilled nursing facility. If you or a family member are in the hospital and may need follow-up care at home or in a skilled nursing facility, you should try to contact the discharge planner as soon as possible to begin the planning process and avoid confusion and concern at the time of discharge.

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Q. How Do I Go About Choosing a Nursing Home?

A. When considering nursing home care, it is essential to consider the individual who requires the care as well as whether the care needs are expected to be short- or long-term. Of course, basics including location, cost, quality of care, services, size, religious and cultural preferences, as well as accommodations for special care will all need to be considered. Make a list of the various needs, including types of therapy that may be required or a secure setting which permits individuals with dementia to be as independent as possible and at the same time receive the supervision needed to protect their safety.

If you or a loved one is hospitalized, the discharge planner or social worker should be able to assist you in determining the needs and requirements and what facilities might best meet those needs whether the stay will be short-term or a long-term placement. Whether you are speaking for yourself or advocating for a loved one, be sure to ask for clarification or assistance when you feel you need it. If time permits, you should always make on-site visits to prospective facilities before making a decision.

You don't need to go through this process alone. If your family member is at home, talk to health care professionals about their suggestions. If care is being provided through an agency or community program and nursing home is being considered,

ask the nurse or other professional who may be overseeing the care at home about available nursing homes or check with your local Area Agency on Aging. Ask for referrals from friends and families. Speak with the local Long-Term Care Ombudsman to get a directory of area facilities and check to see whether complaints have been filed. See www.ltombudsman.org or call 202-332-2275 to obtain an ombudsman in your state. The ombudsman can provide information about particular problems, strengths, and weaknesses a facility may have, but cannot recommend a specific one.

Q. What Should I Consider Regarding Size and Location of Facility?

A. Location is very important, particularly for nursing home care. You will likely want to be close to family if you require nursing home care. If it is a family member who requires the care, he or she will need your continued presence in his or her life. A 40-minute drive may seem within reach, but it may be a chore at the end of a long day or in inclement weather. It may also not be reasonable for friends and other family members to drive the distance. Facility size is equally important and should be gauged on the preferences and personality of the person who needs care, whether that be you or a family member. Is the person in need of care quiet and introverted or more outgoing? Will he or she thrive with lots of people around or with a smaller, close-knit community? Are there grounds for walking and getting outside? Are there activities as well as spaces for quiet for those who choose not to participate?

Q. What Types of Services Should I Look For?

A. Nursing home care can include many different types of services. Here are some areas to consider:

- Can therapies (physical, occupational, speech, respiratory) be provided in-house?
- What sort of end-of-life care is available?
- Is there palliative care (pain management, music therapy, counseling) for terminally ill patients?
- Are there resident activities designed with variety to serve multiple populations?
- Are their food choices to accommodate ethnic preferences?

See the **Nursing Home Assessment** tool.

Q. What Steps Should I Take in Trying to Make a Decision?

A. Once you have narrowed your search through referrals, you should call the nursing homes suggested to obtain basic information and determine if they seem able to meet your needs. For instance, if you or your family member has special needs such as intravenous therapy, dialysis, or a protective environment due to dementia, you would want to know if these needs can be accommodated by the facility.

After you have narrowed down the possibilities, it is important, where time permits, that you visit and if you are looking for a family member have that person visit as well if at all possible. You would want to have a scheduled visit with the admissions coordinator to go on a tour and have a longer

discussion about their services, costs, policies, and procedures. Ask to see any part of the facility that addresses specific therapeutic needs of your family member. Ask under what circumstances staff will contact family members. Will family be called if there is an injury or a change in status? Will family be notified if someone needs to go to the hospital? Can family members participate in care planning conferences? What if a family member is terminally ill? Does the facility have a philosophy on end-of-life care? Will they involve hospice services?

Also ask to tour the kitchen area and dietary section of the facility. You might also suggest before you go that you'd like to sample a meal there so you can see and taste the quality of the food. You will want to make certain you are able to get answers to any questions you may have. It is helpful to have a checklist with you that you can complete and compare with other facilities you may be visiting.

*See the **Nursing Home Assessment** tool.*

Q. Should I Visit More Than Once Before Making a Decision?

A. When time permits, in addition to the formal arranged visit, you should also make unannounced visits at different times of the day if possible, especially if you are seriously considering a facility. Always use your senses when visiting. Use your checklist to note what you observe. Some important things to observe include:

- Does the facility appear clean and well-maintained?
- Do you notice any disagreeable odors, for instance strong smells of urine or feces?

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- › Is it silent or is there noise and activity?
- › Are the residents dressed appropriately for the season?
- › Do residents appear well-cared for and well-groomed?
- › Is there communication and interaction among residents and staff?
- › Are call bells promptly answered?
- › Are activity areas busy and well used?
- › Does the staff seem to respond quickly to requests for assistance from the residents?
- › Do staff seem to interact in a pleasant and responsive way with the residents?
- › Do staff appear to work together and relate to each other in a positive way?
- › Do the residents appear to be engaged with each other and involved in activities?
- › Do meals being served in the dining room appear appetizing?
- › Are there outdoor grounds that the residents can enjoy?
- › Is there a schedule of activities posted and do the activities seem varied enough to accommodate different preferences?
- › Do the meal menus provide for choice?
- › Are the staff friendly and helpful if you ask a question?

While visiting try to speak with some of the residents and their family members to see how their experience has been.

Q. What Should I Know About the Staff?

A. As you look at different facilities, you will want to also compare the staff members. The attitudes of staff members will tell you a lot about the residence itself. When you are with the admissions coordinator ask about the hiring procedures including background checks of potential staff, turnover rate of staff, and the training that is provided for new staff and on an ongoing basis. What is the ratio of nursing assistant to residents on each of the shifts? Are their nurses on every unit on every shift? What is the ratio of nurse to residents on each shift? If you visit during different times of day, you will be able to see how staff members balance the residents' needs with competing demands and how they carry out house rules and routines.

Q. What Other Follow-Up Should I Do After the Visit?

A. Following your nursing home visits, be sure to get written information about the facility and a contact name, phone number, and e-mail address for any follow-up questions you may have. You will most likely be asked to complete a survey regarding the prospective resident's financial status, potential methods of payment, and the admissions contract. Review them thoroughly. You may also want to have an elder law attorney review the information. If your family member has not yet established financial and health care

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power of attorney as well as a living will, these should be set up now if your family member has the capacity to execute these documents; consider these for yourself and your future well-being as well. If your family member does not have the capacity to make decisions, you may need to discuss a conservatorship with your attorney. A conservatorship is not always necessary but may need to be considered. This is an option of last resort as it is giving another person the right in many instances to make all health care decisions and financial decisions on behalf of another person.

*Also see **The Essentials: Legal Matters.***

Q. How Can I Find Out About the Quality of Care in the Nursing Homes I Am Visiting?

A. The observations you have made and the information you received from others will provide one measure of the quality of care. You can also check to see if the facility has any special certifications such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or the Commission on Accreditation of Rehabilitation Facilities (CARF). Certain standards must be met to achieve these certifications.

Additionally, the Centers for Medicare and Medicaid Services (CMS) has an agreement with state governments to do health and fire safety

inspections of all nursing facilities that care for clients in the Medicare and/or Medicaid programs and to investigate any complaints that may be made against these facilities. Every Medicare-certified skilled nursing facility in the country has a State Inspection Survey completed every 9–15 months. They may be surveyed more frequently if deficiencies, those areas the state investigators found lacking upon inspection, are identified. Facilities must develop and implement a plan to correct identified deficiencies, in order to continue to be certified.

Some results from the inspections at an individual facility can be viewed at www.medicare.gov/NHCompare/home.asp. Additionally, each nursing facility that provides services to people with Medicare or Medicaid is required to make the results of its last full inspection available at the nursing home for the public to review. It is important to keep in mind that the inspections measure whether the nursing home meets certain “minimum” standards. They do not identify facilities that deliver outstanding care. The Long Term Care Ombudsman in your state can provide up-to-date information about the state inspections and the most current information about nursing homes in his or her area. Visit www.ltombudsman.org or call 202-332-2275 to obtain an ombudsman in your state.

Paying for Nursing Home Care

Q. What Is the Cost of Nursing Home Care and Is It Similar Throughout the Country?

A. Costs for nursing home care vary dramatically depending upon where you live. The national average private-pay rate for nursing home care in a private room in 2011 is \$239 per day or \$87,235 annually, with average costs around the country from a low of \$141 per day in parts of Louisiana to an average high of \$655 per day in the state of Alaska. While the national average semi-private room rate in a nursing home is \$214 per day or \$78,110 annually, the average low semi-private rate of \$128 per day is in parts of Texas and the average high semi-private rate of \$678 per day is in the state of Alaska.

It is important to understand what the costs are in the area of the country where care is being delivered. You can find average costs for nursing home care in your area by visiting www.maturemarketinstitute.com. You should also call facilities in your local area that you may be considering to determine the actual costs. There can be variability in cost even within a small geographic area.

Q. Does Medical Insurance Cover Nursing Home Care?

A. Coverage for nursing home care is dependent upon the nature of the care that is being delivered and the reason it is needed. If you or a family member needs nursing home care it is important to understand the circumstances under which it may or may not be covered by insurance.

If an individual needs a period of skilled care such as nursing care or therapy for rehabilitation or recovery following an illness, accident, or event, nursing home care may be covered by medical insurance including Medicare. Each plan will have its own requirements for what may be considered “skilled care” or “medically necessary.” It is important to understand what your policy covers. Examples of nursing home stays which might be covered might include a stay in a nursing home for rehabilitation following treatment in a hospital for:

- a hip fracture after a fall,
- injuries sustained in a car accident, or
- a stroke.

The medical insurance plan will likely have limits as to the amount of care that will be covered and the circumstances under which it will continue to be covered. Medicare has specific requirements which are covered in a subsequent question.

Medical insurance and Medicare are not designed to cover ongoing long-term care services or what is considered personal care or “custodial care.” If a person has a chronic illness such as Alzheimer’s disease or Parkinson’s disease that is worsening and he or she needs to move to a nursing home for ongoing care, this stay would not be covered by medical insurance. Sometimes care may be covered initially such as after a stroke. However, if a person reaches a point where he or she is no longer progressing but still needs nursing home care, that care will likely no longer be covered by medical insurance. Options for funding long-term care in a nursing home will be addressed in a subsequent question.

Q. What Are the Medicare Rules for Covering Care in a Nursing Home?

A. Medicare Part A pays for up to 100 days in a skilled nursing facility (SNF) as long as certain criteria are met:

- A hospital stay of 3 consecutive days must precede admission.
- The individual must enter a Medicare-certified skilled nursing facility for within a short time of leaving the hospital (typically within 30 days) and receive services for the condition that was treated in the hospital.
- His or her doctor must certify that skilled nursing facility care which requires the expertise of professional staff such as nurses, and physical, occupational, and speech therapists is needed.
- Skilled services must be provided on a daily basis (5 or 6 days a week qualifies); and they must be ones that as a practical matter can only be provided in an in-patient setting such as a skilled nursing facility.

If the above conditions are met Medicare will:

- cover 100% of the charges for the first 20 days in a Medicare-certified skilled nursing facility.
- cover costs on days 21–100 after a daily deductible (\$141.50 in 2011) which is subject to change annually.

If you have a Medigap plan or a retiree health plan from your employer they may cover the daily deductible on days 21–100. It is important to understand that the individual must continue to meet Medicare skilled criteria up to day 100. At the

point that an individual no longer meets the criteria benefits will cease. During each “Benefit Period” (Under Medicare, a benefit period begins the day an individual goes into a hospital or a skilled nursing facility (SNF) and ends when an individual has not received any in-patient hospital care or skilled care in a SNF for 60 days in a row.) Medicare will no longer reimburse care in a SNF after day 100 even if the individual would otherwise meet the criteria for skilled care.

If you are part of Medicare Advantage plan, you will need to ensure the facility is first approved as a participating provider for reimbursement. Please see www.medicare.gov for complete information and reimbursement schedules. Detailed information on Medicare SNF coverage can be found in the Centers for Medicare and Medicaid (CMS) publication *Medicare Coverage of Skilled Nursing Facility Care* at: <http://www.medicare.gov/Publications/Pubs/pdf/10153.pdf>.

Q. Are There Any Ways to Cover Long-Term Care in a Nursing Home?

A. As mentioned earlier unless there is a skilled need private medical insurance and Medicare will not cover long-term care in a SNF. Some veterans are eligible for benefits for long-term care nursing home services through the Veteran’s Administration. Veterans should check with the Veterans Administration to determine if they are eligible for benefits.

There are three ways that people cover long-term services in a nursing home:

- Personal funds
- Long-term care insurance—This is a private insurance that can assist in reimbursement for nursing home and other long-term care services

if the person meets the policy's eligibility criteria that are typically based on the need for assistance with the activities of daily living (bathing, dressing, eating, toileting, transferring (e.g., moving from bed to chair), and continence) or the need for substantial supervision due to a cognitive disorder such as Alzheimer's disease. This insurance is medically underwritten and cannot be purchased by someone that already needs long-term care. If the individual in need of care has a policy, he or she or someone acting on his or her behalf should call the insurance company to determine how it works.

- **Medicaid**—This is a joint federal and state entitlement program for individuals with limited income and assets. It pays for long-term care in a nursing home for individuals who are eligible. Sometimes individuals receiving long-term care services in a nursing home are not initially eligible for Medicaid but become eligible after paying for care from their own funds for a period of time. Each state sets its own guidelines, but they all require that you spend down your assets to a certain limit before becoming eligible. To find out how it works in your state and if you or your loved one might qualify, you can call the Centers for Medicare and Medicaid Services at 1-800-633-4227 to obtain state specific contact information.

In addition to the daily charges in a nursing home there may be additional expenses such as personal items and charges to hold your bed if you are in the hospital. While the nursing home itself may not be covered under your medical plan, some other

expenses such as doctor visits and prescription drugs if you have drug coverage under your medical plan may be. When considering a nursing home, the financial resources of the prospective resident are always part of the decision. It is important that you understand what the total costs may be, when prepayments or deposits are required, and how the costs can be managed.

Q. Are There Resources I Can Turn to to Help Me Understand Whether Nursing Home Care Will Be Covered by Insurance and What My Options Are if I Need Nursing Home Care?

A. If you or your family member are in the hospital, the hospital social worker or discharge planner will be able to assist you in identifying whether the care at discharge will be considered skilled care. If so, he or she can also assist with the referrals to Medicare-certified SNFS. If not, the social worker certainly can assist you in referrals to nursing homes and should be able to provide you with state-specific information about Medicaid eligibility. He or she should be aware of how the program works, and about certain rules such as protection for spouses who will remain in the community and need to retain assets, including the home, if one member of a couple moves to a nursing home. Social workers or admission coordinators in the nursing home should also be well-versed in Medicaid rules. They can assist you if you are currently eligible or at some point in the future should become Medicaid-eligible.

Another resource that can help with questions is the SHIP program. The State Health Insurance Assistance Program (SHIP) is administered by individual states and funded by the Center for Medicare and Medicaid Services (CMS). This

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program is intended to assist consumers with questions related to health insurance including Medicare, Medigap plans, and long-term care insurance. The purpose is to provide education, outreach, counseling, and information to Medicare beneficiaries, their families, and caregivers. In some states, SHIP programs are known by other names, including:

- SHIBA (State Health Insurance Benefits Advisors)
- HIBAC (Health Insurance and Benefits Assistance Corporation)
- MMAP (Medicare/Medicaid Assistance Program)

Whenever you have questions about Medicare or Medicaid, including reimbursement for nursing home stays, contact SHIPS. The state program contact information can be found at: www.medicare.gov/contacts/organization-search-criteria.aspx. Search under the “Search by Organization Name” drop-down menu for “SHIP – State Health Insurance Assistance Program” and select your state.

Remaining Involved if a Loved One Is in a Nursing Home

Q. How Can I Protect My Loved One and His/Her Rights in a Nursing Home?

A. Before you sign an agreement with a nursing home, take time to understand the rights of the resident and the rights of his/her family members. You will sign a legal contract that outlines the facility's responsibilities and its relationship with the resident. At a minimum, this contract should state the daily room rate, all items covered in the basic rate, reasons for discharge and transfer, and the policy regarding payment of the daily rate if the resident must be hospitalized or if the family takes the resident out for a vacation or other reason. The contract should outline facility liability for resident injury and loss of personal property.

Do not sign any paperwork unless everything has been fully explained. A facility cannot require a family member or friend to sign as "guarantor" or "responsible party." That can happen only if the family member or friend signs papers stating they intend to pay for the care. If you sign as Power of Attorney (POA) or guardian, attach documentation to your signature. Using the terms "responsible party" or "guarantor" indicates personal liability for cost of care. It is illegal for residents on Medicaid and unenforceable for privately paying residents.

Also ask for a copy of the Patient's Bill of Rights. There are state and federal statutes supporting this. Ask for a copy of the facility grievance policy and process. The facility should provide you with a copy

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of the plan of care for the resident once completed; if not, ask for a copy. You will want to keep this and update it with future family care planning meetings with the facility managers.

Q. How Do I Know Whether I've Made the Right Choice if the Decision Is Being Made for Someone Other Than Myself?

A. Doubt is a common feeling during the process of choosing a nursing home. Once you've looked at several facilities and compared them and once you have considered the needs of the family member who needs the care, you'll be ready to make your decision and will hopefully feel it is the right one. Stay involved and visible in your family member's life and seek his or her feedback on how well the setting is meeting his or her needs. Participate if possible in care-planning conferences. An involved family member can lead to higher quality care for a loved one. In some instances you may need to serve as his or her voice. Maintain contact with the staff on the unit to keep apprised as to how your family member is doing and have a contact person to whom you can go for information or to voice concerns. Speak up about what you feel is important, and ask about things you don't understand. Follow up on complaints to be sure your family member is being well-cared for. Be sure to also acknowledge staff and thank them for the care they are providing to your family member when things are going well. Don't be afraid to

reassess the situation and make changes if you feel they are appropriate. If you're doing your very best, neither you nor your family member can expect more of you.

Q. How Do I Handle Complaints?

A. Even in the best facilities issues might arise that concern residents and family members. If you intercede on behalf of your family member, be sure you fully understand the circumstances and details of the incident. Sometimes an issue may be a simple misunderstanding, a language barrier, or even a personality conflict that can be easily resolved. If you determine that something merits further investigation, take these steps:

- Direct concern to staff members who are directly involved if it appears there may be a misunderstanding or that the direct communication can resolve the concern.
- Be non-confrontational.
- Make a note of the date/time/names of people involved.
- When direct communication is unproductive or if you have concerns about speaking directly with the staff member involved, you may need to speak with the charge nurse on the floor or director of nursing if it involves a care issue, the head of the department which relates to the concerns e.g., dietary, the social worker, or the administrator. Be specific about the issue if the individual you speak with does not yet have a first-hand account of the complaint.

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- You may also contact the Long-Term Care Ombudsman who has the power to intervene on behalf of consumers with nursing home care issues should you not be able to resolve your concerns at the facility level. The inquiry can be kept confidential.
- You may also contact the State Survey Agency, which licenses and conducts annual inspections. The agency is required to investigate complaints involving health and safety of patients.
- Keep a written record of all information, including with whom you spoke, the dates and times, and the responses and proposed actions.

Resources for You

AARP

www.aarp.org

The AARP Web site includes a section for caregivers that covers a variety of long-term care service options. It provides information specific to nursing homes at http://assets.aarp.org/external/sites/caregiving/options/nursing_homes.html.

Administration on Aging (AOA)

www.aoa.gov

The AOA is maintained by the U.S. Department of Health and Human Services, and publishes resources, news and developments, and information for older adults. AOA funds the ElderCare Locator, a service administered by the National Association of Area Agencies on Aging (N4A). This can be found at www.eldercare.gov or by calling 1-800-677-1116 anytime Monday through Friday from 9 a.m. to 8 p.m. ET. The Eldercare Locator can provide you with direction in locating services in your local area. There is no charge for their service.

American Health Care Association (AHCA)

www.ahcancal.org

The AHCA is an organization that monitors, promotes, and increases public and official understanding of member nursing homes. Along with the National Center for Assisted Living (NCAL), AHCA provides a consumer information site to assist individuals with making decisions related to care options including nursing homes at: www.careconversations.org/home.aspx.

LeadingAge

www.leadingage.org

LeadingAge is a not-for-profit member organization of facilities, home care providers, and other community resources for long-term care services. On their Web site, they have consumer information related to planning for long-term care, payment options, and choosing services that best meet your needs.

Centers for Medicare and Medicaid Services (CMS)

www.medicare.gov

CMS offers useful publications that can be viewed online or printed. To find specific information related to nursing facilities select Resource Locator tab and then choose the Nursing Homes section link. You'll find valuable resources including a search tool to find and compare nursing homes and printable resources such as Medicare's Guide to Choosing a Nursing Home, the Nursing Home Checklist, Your Rights As a Nursing Home Resident, and others.

National Academy of Elder Law Attorneys (NAELA)

www.naela.org

You can locate elder law attorneys who specialize in issues of older adults and the disabled. NAELA attorneys assist with estate planning, long-term care issues, power of attorney, wills, and trusts. There is a search field on their Web site to find an attorney in your area. There is also a helpful question-and-answer section to assist you.

The National Long-Term Care Ombudsman Resource Center

www.ltcombudsman.org

Funded by the National Citizens' Coalition for Nursing Home Reform (NCCNHR) in cooperation with the National Association of State Units on Aging (NASAU) provides support, assistance, and training to the 53 state Long-Term Care Ombudsman programs. You can find an Ombudsman in all 50 states.

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