

❖ MEDICAID

Medicaid is a program mandated by Title XIX of the Social Security Act. It became law in 1965. It is jointly funded by our federal and state governments. Medicaid is the largest program currently providing health care to eligible Americans and is the largest insurer of long-term care. The federal program paid approximately 57 percent of the annual national expenses covered by Medicaid in the last reporting year, leaving 43 percent for the states to pay. Medicaid is shifting its support with other insurers to home care services and to community-based services.

Medicaid benefits are divided into two categories:

THOSE MANDATED BY THE FEDERAL GOVERNMENT

- Inpatient, Outpatient and Emergency Hospital Services
- Nursing Facility Care
- Rural Health Clinic Services
- Federally Qualified Health Center Clinic Services
- Laboratory and X-ray Services
- Physician Services
- Home Health Services (Nurse, Aide, Supplies and Treatment Services)
- Family Planning, Supplies and Nurse-Midwife Services
- Medicare Premiums/Hospital Insurance Part A and
- Supplemental Medical Insurance Part B for the Categorically Needy
- Transportation Services

and those that are optional, left up to each state.

Under Title XIX Virginia is allowed to establish eligibility requirements, the type and duration of services, the rate of payment for those services and to operate its program. Optional services may include prescription drugs, hospice care, personal care services, skilled nursing facility care, intermediate care facilities for the developmentally disabled and home and community-based services. Freedom-of-choice waivers allow States to enroll Medicaid beneficiaries in cost-effective managed care programs.

CURRENT SERVICES UNDER VIRGINIA MEDICAID INCLUDE:

- Clinic Services such as Rehabilitation Agencies, Ambulatory Surgical Centers, Renal Dialysis Clinics and Local Health Departments
- Skilled Nursing Facility Services for Persons Under 21 Years of Age
- Professionally licensed services such as Podiatrist, Optometrist and Clinical Psychologist Services
- Certified Pediatric Nurse and Family Nurse Practitioner Services
- Home Health Services including Physical, Occupational and Speech Therapy and Related Services
- Dental Services for Persons Under 21 Years of Age
- Prescribed Drugs
- Case Management Services
- Prosthetic Devices
- Mental Health and Mental Health Clinic Services
- Home and Community-Based Waiver Services including Personal Care, Respite Care, Adult Day Health Care and Private Duty Nursing Services.
- Hospice Services
- Medicare Premiums: Supplemental Medical Insurance Part B for the Medically Needy

Services for which Virginia has elected to provide partial coverage or to provide services for specially identified populations: chiropractor services, private duty nursing for AIDS/ARC patients and technology-assisted children, dentures, diagnostic services, screening services (mammograms are covered for women over age 35), preventive services for children, inpatient psychiatric facility services for children under 21, ambulatory prenatal care, respiratory care services, personal care services.

➤ SEE VIRGINIA, STATE OF
SOCIAL SERVICES
REGIONAL OFFICES LISTINGS

FOR MORE INFORMATION**TO APPLY FOR MEDICAID:**

- *To apply for Medicaid and you are not in a nursing facility, contact the Virginia Department of Social Services in the county or city in which you currently reside.*

- *To apply for Medicaid and you are currently in a nursing facility, contact the Virginia Department of Social Services in the county or city in which you were a resident before entering the nursing home.*

➤ SEE VIRGINIA, STATE OF
SOCIAL SERVICES, DEPARTMENT OF

For updated information on federal and Virginia Medicaid services, contact the Virginia Department of Medical Assistance Services.

**VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
(DMAS)**

On the web: www.cns.state.va.us/dmas

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
600 East Broad Street, Suite 1300
Richmond, VA 23219
Phone: 1 (804) 786-7933

➤ SEE ALSO VIRGINIA, STATE OF
MEDICAL ASSISTANCE SERVICES, DEPARTMENT OF

❖ MEDICARE

Medicare is a federal health insurance program for

- qualified people age 65 and over and
- certain disabled people under age 65.

The program is offered in two parts. Medicare Part A is premium-free hospital insurance for those who qualify. Medicare Part B is medical insurance for which there is a monthly premium. The premium is usually deducted from the enrollee's monthly Social Security or railroad retirement* check.

Because much of today's medical care is administered on an outpatient basis — and to ensure adequate coverage for all of your health needs — it is important to give strong consideration to enrollment in both Medicare Part A and Part B. Part B enrollment is also required if you want to elect a managed care program.

NOTE: To ascertain the portion of expense paid by Medicare Parts A and B and special qualifying conditions for the listed services that follow, contact Medicare 📞 for a copy of the most recently published *Medicare & You* handbook.

MEDICARE PART A: HOSPITAL INSURANCE

Generally, Medicare Part A is designed to cover medically necessary inpatient care in a hospital, skilled nursing facility, psychiatric hospital or hospice care facility.

When qualified, Part A provides coverage for:

- Inpatient Hospital Care
- Skilled Nursing Facility Care
- Home Health Care Services Including
- Durable medical equipment
- Hospice Care
- Blood

*If you are a retired railroad worker, it is also appropriate to contact the Railroad Retirement Board 📞 📞.

MEDICARE PART B: MEDICAL INSURANCE

Medicare Part B typically co-pays or pays all of a broad range of medical services that generally include

- Doctors' services
- Inpatient and outpatient medical and physical
- Diagnostic tests
- Durable medical equipment
- Blood as an outpatient
- Home Health Care

NOTE: Generally, there is no outpatient prescription drug coverage; however, there are allowances for certain physician-administered drugs.

Medicare Part B also helps pay for

- X-rays
- Artificial limbs and eyes
- Arm, leg, back and neck braces
- Kidney dialysis and kidney transplants
- Limited: Heart, lung, and liver transplants in a Medicare-approved facility
- Preventive services such as Screening Mammogram, Pap Smear, Pelvic Examination, Colorectal Cancer Screening, Diabetes Monitoring, Bone Mass Measurements and Vaccinations
- Emergency Care
- Some chiropractic services
- Medical supplies
- Breast Prostheses
- Ambulance services
- Services of clinical psychologists, clinical social workers and nurse practitioners
- Eyeglasses after cataract surgery with intraocular lens (one pair)

OTHER OPTIONS: MEDICARE MANAGED CARE

To make managed care plans available, the federal government contracts with managed care providers to expand the coverage choices such as diagnostic testing and preventive care. Any Medicare Part B enrollee, regardless of health, can sign up in their area for a managed care program that is enrolling new members as long as the enrollee: lives in the area served by the area's managed care plan or program and continues to pay Part B monthly premiums.

IMPORTANT: Medicare participants retain the right to return to fee-for-service Medicare after trying another Medicare plan.

PERSONAL MEDICARE SUPPLEMENTAL INSURANCE: MEDIGAP PLANS

Medicare supplemental insurance is specifically designed to supplement Medicare coverage by filling benefit "gaps" inherent in Medicare coverage. These supplemental policies are generally referred to as medigap plans and are offered through private insurance companies, a retiree's prior employer's plan, or union health plans. There are currently ten standard policies which vary in the benefits offered and in their premium costs. All insurance companies, if they choose to offer medigap-type insurance coverage in most states, must include certain benefits.

In addition to standardizing benefits for all medigap plans of the same type, state and federal laws provide the right to persons age 65 or older who are enrolled in Medicare Part B to be covered by a medigap policy. Enrollees may have the policy of their choice regardless of health problems, provided they join during an open medigap enrollment period.

Contact the State Corporation Commission, Bureau of Insurance , to verify which standard policies are offered in your area or to obtain their *Guide to Health Insurance for People with Medicare*, which lists medigap, select and Medicare HMOs.

MEDICARE SELECT is a special type of medigap policy that must comply with one of the 10 standard supplemental policies. To be eligible for full benefits, it may require you to use providers within a network. Since it has limitations, you may find the premium for this coverage to be lower than other medigap coverage.

FOR MORE INFORMATION

FOR MEDICARE HANDBOOK, FAQs and other information:

☎ Toll Free: 1-800-633-4227

➤ SEE UNITED STATES GOVERNMENT
SOCIAL SECURITY ADMINISTRATION

VIRGINIA HEALTH QUALITY CENTER (VHQC)

On the web: vhqc.org

Investigates Medicare quality of care facility complaints concerning Medicare patients.

VIRGINIA HEALTH QUALITY CENTER

1604 Santa Rosa Road, Suite 200

Richmond, VA 23229

Mailing Address:

P.O. Box K-70

Richmond, VA 23288-0070

☎ Toll Free: 1-800-545-3814

N

❖ NATIVE AMERICANS

NATIONAL INDIAN COUNCIL ON AGING (NICOA)

On the web: www.nicoa.org

NICOA works to bring about improved, comprehensive services to American Indian and Alaska Native elders to enhance communication and cooperation with service provider agencies, disseminate information on available resources to the Indian community and work with appropriate state agencies to ensure that elders have access to needed resources. Under federal grants, NICOA obtains Indian-specific health data from the Health Care Financing Administration (HCFA). The Indian Health Service (IHS) analyzes the data and provides summaries to Indian tribes, Indian health care providers and urban Indian health programs.

For Membership: NICOA's voting membership consists of American Indian and Alaska Native elders age 55 and over, who are members of federally-recognized tribes.

For NICOA Publication: *Long-Term Health Care*

e-mail: dave@nicoa.org

- ✦ SEE UNITED STATES GOVERNMENT,
SOCIAL SECURITY SSI ASSISTANCE
- ✦ SEE VIRGINIA
HEALTH, DEPARTMENT OF
SOCIAL SERVICES, DEPARTMENT OF

❖ NURSING FACILITIES

TO LOCATE:

- ✦ SEE VHI'S *Long-Term Care Provider Directory*
- ✦ SEE THIS SECTION
NURSING FACILITY FEATURES AND OPTIONS CHECKLIST

To obtain a copy of the Virginia Department for the Aging's
Checklist For Choosing A Nursing Facility

☐ Toll Free: 1-800-552-3402

LICENSING AND CERTIFICATION

To operate in the state of Virginia a nursing facility must be *licensed* by the Virginia Department of Health. Certification is also the responsibility of the Virginia Department of Health. Under the federal Nursing Home Reform Act — OBRA '87/effective in 1990 — nursing homes are certified by the Virginia Department of Health as

- nursing facilities, those certified to accept Medicaid funds, and/or as
- skilled nursing facilities, those certified to accept Medicare funds.

NOTE: A nursing facility may be certified to accept Medicare funds, Medicaid funds, or both Medicare and Medicaid funds. The certification status of a skilled nursing facility (one certified to accept Medicare funds) is not altered by the fact that it is also certified to accept Medicaid funds; that is, if the facility is certified to accept Medicare funds, it is a skilled nursing facility.

Nursing facilities that accept neither Medicaid nor Medicare (they *do not participate* in federal or state plans) are referred to as

- non-participating facilities.

Even though they are non-participating facilities (not certified to accept Medicaid or Medicare funds), to operate in Virginia, they must be licensed by the Virginia Department of Health. You may contact the Licensing Section of the Virginia Department of Health 📍 for current information on the certification status of a Virginia facility you are considering.

COVERING THE COST OF NURSING FACILITY CARE

Most nursing homes in Virginia charge a day rate. The amount per day charged is affected by the intensity and type of care you receive. Some services and supplies are typically not included in the room rate. For example, additional charges may include but are not limited to:

- medications
- therapy services and supplies
- other special equipment and
- some specialized nursing services.

WHEN MEDICARE COVERAGE MAY APPLY

For your Medicare coverage to pay some of your costs in a nursing facility, the facility

- must be certified to accept Medicare payments and
- must be certified as a skilled nursing facility (often referred to as an SNF).

You must

- have been hospitalized for at least three days prior to admission to the skilled nursing facility (not including the day of discharge)
- and those three days must be within 30 days of the last day (from discharge date) of the hospitalization and
- have the need for continuous skilled nursing care or skilled rehabilitative services as certified by a physician.

If qualified, Medicare A pays the full cost of the first 20 covered days and a stipulated amount for days 21-100. Medicare A does not cover days beyond the 100th day in any one benefit period. See FOR MORE INFORMATION at the end of this section 📍.

WHEN MEDICAID COVERAGE MAY APPLY

About two-thirds of the residents in nursing facilities in Virginia are helped by the Medicaid program. If eligible for Medicaid assistance with nursing facility costs:

- residents must first apply all or some portion of their income from Social Security and retirement to facility fees; however,
- residents can retain or reserve (from those payments or assets) funds for spousal or other dependents' overhead and as a personal needs monthly allowance.
- Retroactive Medicaid benefits may be available to applicant.
- Pre-admission screening is required by Screening Team if Medicaid to pay for care.

PRIVATE HEALTH INSURANCE OPTIONS

Medigap Health Insurance Policies — Medigap policies are designed to pay some of those charges unpaid by Medicare Parts A and B. Medigap policies also usually cover some of the deductibles and co-payments not covered by Medicare. Medigap policies may only cover services and supplies provided by a certified Medicare skilled nursing facility.

Long-Term Care Insurance Policies — Long-term care insurance policies are specifically designed to cover the kinds of care provided in a nursing facility. Policies vary on requirements of Medicare and/or Medicaid certification.

NURSING FACILITIES PATIENTS' RIGHTS

The federal Nursing Home Reform Act — OBRA 1987, effective October 1, 1990 — put increased emphasis on the rights of nursing home residents. The right to dignity, choice and self-determination was also emphasized. A summary of the rights as outlined by OBRA and the Virginia Department for the Aging follow:

Personal Choice/Freedom/Privacy To

- choose a personal attending physician
- be fully informed/participate in advance of care/treatment and of changes in care or treatment; make decision regarding own medical care including the right to accept or refuse treatment and to be informed of this right on admission; refuse treatment involved with experimental research
- be fully informed in a language that you understand of your total health status, including your medical condition

- choose activities/schedules/care of personal importance
- self-administer medications unless unsafe to do so
- keep/use personal property as space allows
- manage personal financial affairs
- be free from chemical/physical restraints ➤ used for punishment or discipline, involuntary seclusion and/or staff convenience
- to be free from psychopharmacologic drugs except on physician order and with annual review, when included in annual care plan and when medically needed to eliminate or change symptoms
- be treated with dignity, individuality, privacy ➤ including privacy in your room, privacy where care/treatment being provided, when using telephone, when receiving visitors, when family or groups of nursing facility residents meet
- have personal and medical records treated with confidentiality
- have individual needs/preferences accommodated (within reason)
- receive notice before being moved to another room
- receive notice before roommate is changed
- share a room with your spouse in same facility
- organize and take part in resident groups
- meet and talk with persons in the community in or out of facility, participate in social, religious and community activities
- receive visits from your immediate family/other relative you wish to see; have family meet families of other residents
- receive visits with your consent from personal physician, representatives of state and federal agencies, state Ombudsman, organizations and individuals who provide health, social, legal or other services and any other visitors you wish to see
- receive a written description of how the facility will protect your personal funds

ADVANCE DIRECTIVES AS PERSONAL CHOICE TO

- receive information at admission on Virginia's law regarding advance directives (living wills, medical power of attorney)
- execute an advance directive but not be required to execute an advance directive as a condition of admission

FREEDOM FROM ABUSE/RIGHTS TO PRIVACY, GRIEVANCES TO

- have access to stationery, postage and writing implements
- receive mail that has not been opened
- be free from mental, verbal, sexual, or physical abuse and physical punishment

- not be required to perform services for the facility
- receive a requested copy of your medical record and have an Ombudsman review medical record with your written consent

RIGHT TO COMPLAIN/FILE GRIEVANCE/REVIEW RECORDS TO

- voice complaints regarding care or treatment without discrimination or retaliation
- be informed in writing by the facility about how to file a complaint with the facility
- be informed in writing by the facility that you may file a complaint with the Virginia Department of Health regarding abuse and/or neglect; mishandling and/or theft of property
- be informed in writing how to file a complaint with the Long Term Care Ombudsman
- receive prompt action by the facility to resolve the complaints
- review/purchase photocopies of all your nursing facility records within 2 working day of your request
- review report of most recent federal/state survey of the facility and review facility's plan of correction if one required

ADMISSION RIGHTS TO

- have equal access to quality care regardless of race, color or national origin in all nursing homes
- have equal access to quality care, regardless of payment source
- not be required to have a responsible/third party guarantor of payment as a condition of admission/expedited admission or continued stay in the facility
- receive information about the facility's admissions policies including disclosure of any preferences given/made by facility
- disclosure by facility of number of persons on the waiting list, applicant's status in relation to admission preferences of the facility and dates persons were placed on the waiting list

NOTIFICATION OF RIGHTS & TRANSFER-DISCHARGE RIGHTS TO

- be informed orally and in writing in a language you understand prior or at the time you are admitted to the facility of your legal rights during your stay at the facility
- receive a written statement of your rights
- be informed in writing before or at the time you are admitted and periodically during your stay of services available in the facility and of the charges for services

And if you have lived at the facility for at least 30 days be allowed to remain in the facility and not be transferred or discharged unless:

- transfer/discharge necessary to meet your or others' welfare
- health has improved so that you no longer need the services provided by the facility
- health or safety of other residents is in danger
- with reasonable time allowances, you have failed to pay or Medicaid/Medicare has failed to pay for your stay in the facility
- the facility ceases to operate
- you have received at least a 30-day notice in advance of transfer/discharge telling you and a family member and/or your legal representative of the transfer/discharge and reasons for it
- your improved health allows an earlier transfer/discharge
- your medical needs require an urgent transfer/discharge

REGARDLESS OF REASON FOR TRANSFER OR DISCHARGE THE REASONS MUST BE DOCUMENTED IN YOUR MEDICAL RECORDS

- in writing
- reason for transfer/discharge
- effective date of transfer/discharge
- location to which you are being/were transferred/discharged
- a statement of your rights to appeal
- name, mailing address and telephone number of State Long-Term Care Ombudsman
- if appropriate, name, mailing address and telephone number of the Protection and Advocacy Program for Developmentally Disabled or Mentally Ill Individuals

RIGHTS RELATED TO MEDICAID-ELIGIBLE RESIDENTS TO

- be informed at admission (or no later than at Medicaid eligibility) of the items/services that are paid by Medicaid and included in the rate charged by the facility
- be informed of items/services facility offers which are not covered by Medicaid and the amount of the charges for those items and services for which you will be required to pay
- be informed of any changes in items/services/charges
- not be charged or asked to give any gift, money, donation or other financially-related consideration in addition to Medicaid as a precondition of admission/expedited admission/continued stay in the facility
- apply for and receive Medicaid (if eligible) without restriction

- not be required to fulfill a specified period of residency in the facility before applying for Medicaid
- not be presented with or expected to negotiate a contract or agreement that requires a deposit/prepayment by Medicaid recipients
- not exclude retroactive (3 months) Medicaid benefits/payment
- have Medicaid pay the nursing facility to hold your bed for up to 18 overnights a year for therapeutic leave for visits with family or friends or admission to a rehabilitation facility for an evaluation. Exception: If you want your bed held for hospitalization leave, you must pay the private room rate with your own money. The nursing facility is required to readmit you to the first available semi-private room bed even if you do not pay to hold your bed.

PROTECTION OF RESIDENT'S PERSONAL FUNDS

You may choose to have the nursing facility staff manage your personal funds. If you do, the facility must:

- keep funds over \$50 in an interest bearing account, separate from the facility's account
- keep funds under \$50 in a separate account/petty cash fund
- establish/maintain full/complete/separate accounting of your funds
- make your financial records available to you/to your legal representative when asked
- purchase a surety bond to secure resident funds in its keeping
- not combine your funds with any other funds

IF YOU ARE A MEDICAID RESIDENT, THE FACILITY MUST

- notify you when your balance comes within \$200 of the Medicaid resource limit
- advise you of any effect this balance may have on your Medicaid continued eligibility
- turn over any funds in their keeping to your trustee if you die

RIGHTS OF LEGALLY INCOMPETENT RESIDENTS

You have the right to have your rights executed by your legally appointed guardian ♣ and to have your guardian act in your behalf.

♣ SEE GUARDIANSHIP, ADULT
VIRGINIA, CODE OF
PATIENT RESTRAINT
PATIENT RECORD PRIVACY

ETHNIC CONSIDERATIONS

- Provides for Language Barriers Yes No
Provides for Special Ethnic/Religious Factors
 Special Menus Holy Day Services
Married couples Can Cannot share room
Alzheimer's Unit Yes No

LOCATION

- Convenient for family friends
Convenient to personal physician specialists/dentist

CORPORATE BACKGROUND

- Owned/Operated
 by large corporation by nonprofit organization
 has religious affiliation has no religious affiliation

LTC OMBUDSMAN INFORMATION

- Latest survey report on this facility passed failed
 noted: _____

Complaints against this nursing facility?

- No Yes If yes, what: _____

Number and nature of complaints for the past year

- None 1-5 more than 5

Results and conclusions of the investigation into complaints

- Resolved Not Resolved Investigation Pending

Requested most recent Virginia Department of Health
***Yearly Performance Report on Medicare/Medicaid
Certified Nursing Facilities***

- Received report Reviewed this facility in report
Findings: Excellent Good Fair

OTHERS CONTACTED FOR OPINION/RATING

- Friends have used and consider it
 Excellent Good Fair

Contacted local community/teaching hospital social services

Excellent Good Fair

Made suggestion of other option

Contacted Family Physician

Excellent Good Fair

Made suggestion of other option

Contacted Church/Synagogue Seniors Program Coordinator

Excellent Good Fair

Made suggestion of other option

CONTACTED VOLUNTEER ORGANIZATION

(Meals on Wheels, American Red Cross, etc.)

Excellent Good Fair

Made suggestion of other option

CONTACTED VIRGINIA HEALTH QUALITY CENTER

(1-800-545-3814)

Excellent Good Fair

Made suggestion of other option

FACILITY VISIT FINDINGS

visited Family member/friend visited

Family member/friend and I visited together

Made one scheduled visit Made second, drop-in visit

Visited on one day only two different days

Met with Facility Administrator Admissions Director

Visited in the morning at lunch early evening

Morning findings:

residents out of bed

residents having breakfast

they liked didn't like meal

Lunchtime findings:

had late morning activities

had balanced lunch

general mood content, happy

moved to afternoon activities

food preparation/serving staff helpful

offered help in feeding

Evening findings:

- activities planned
- residents left to TV viewing
- evening meal nutritious
- bedtime relaxed
- residents transitioned well

Overall:

- Balanced ethnic population in facility
- Open, friendly attitude generally
- Staff and residents appear happy, relaxed
- No overwhelming odors or unpleasant odors
- Many Some No patients physically restrained

STAFF BEHAVIOR

- Nursing assistants spoke slowly, clearly
- Nursing assistants moved in front of resident so that resident could see assistant while talking
- Inappropriate behavior corrected in caring but firm manner; handled smoothly
- Staff trained to deal effectively, caringly with
 - Alzheimer's patients
 - Speech impaired
 - Deaf/hard of hearing
 - Thought, expression impaired
- Overall, staff showed active interest in residents
- Staff showed affection for residents
- There were signs that real connections had been formed between certain staffers, their patients
- Appeared to be sufficient total staffing to allow staff to help with individual needs
- Assistants/Aides offered one-on-one encouragement to residents to participate in activities
- Staff courteous, helpful toward families and visitors

NURSING STAFF

How many residents is each

- nurse aide/assistant/CNA assigned? _____
- licensed practical nurse/LPN assigned? _____
- registered nurse/RN assigned? _____
- certified/licensed specialty nurse or certified nurse practitioner/NP-C assigned? _____

- Registered nurse/RN on duty 24 hours a day
- Registered nurse/RN works one 8-hour shift every 24-hours
- Licensed practical nurse/LPN on duty 24 hours a day
- Only has nurses aides on duty 24 hours a day

All aides are CNAs (Certified Nursing Aides)? Yes No
 Registered nurse/RN supervises all nursing staff

ADMINISTRATOR

- Licensed Nursing Facility Administrator available to residents and families during all weekday business hours
- Licensed Nursing Facility Administrator available to residents and families evenings weekends
 - by staff request only has emergency paging service
 - has answering service for emergencies
- Licensed Nursing Facility Administrator takes calls directly from residents' families in emergencies

OTHER STAFF

- Has Medical Director Director of Nursing Services
- Met Did not meet Medical Director
- Met Did not meet Director of Nursing Services
- Provides physician if resident's physician unavailable
- Social Worker is consultant part-time staff full-time staff

PHYSICAL AMENITIES/SAFETY FEATURES

COMMON AREAS: DAYROOM, DINING ROOM, GROUNDS

- Rooms and hall well lighted
- Free of hazards on floors
- Chairs sturdy, not easily tipped
- Non-slip surfacing on halls bath floors
- Handrails in hallways
- Grab bars in bathroom toilet tubs showers
- Fire detection sprinkler system
- Easily understood postings for emergency escape

- Exit doors clearly marked
- Stairways enclosed
- Doors to stairways closed
- Doors not blocked or locked if emergency exit
- Toilet facilities easy to use for disabled
 - wheelchair accessible
- Nurse call bells in halls, toilets, bedrooms
- Comfortable chairs and tables for activities, games
- Snack area clean, comfortable
- Areas attractive; freshly painted, clean and bright
- Grounds well kept
- Secure outside area for residents with dementia
- Has special infirmary for residents with contagious illnesses
- Rooms and common area are air conditioned
- Large, well-designed signs for residents and visitors

PRIVATE AREAS/BEDROOMS

- Open into hall
- Drinking water by bed
- Have windows
- Visitors' chairs in room
- Are bright, airy
- Reading light by bed
- Bed easily accessible
- Private closet area
- Bed has day coverlet
- Personal chest of drawers
- Nurse call bell by bed
- Wheelchair accessible

ABOUT NURSING CREDENTIALS

There was a day when most of us could quickly identify the degree of training a nurse had completed by two or three typical credentialing initials — RN or LPN for example. The nursing profession has become

much more committed in recent years to providing expanded levels of training for nurses and nurse aides. Some of the special educational certification credentials you may see today are:

Clinical Nurse Specialist (requires at least a master's degree)	CNP
Family and Adult Nurse Practitioners (requires at least a master's degree)	NP-C
Registered Nurse (graduate of accredited nursing program)	RN
Licensed Practical Nurse	LPN
Certified Nurse Aide	CNA

General duty, private duty, scrub and wet nurse are descriptive of the nurse's function. They are not educational or licensing certifications.

FOR MORE INFORMATION

VIRGINIA NURSES ASSOCIATION
On the web: www.virginiannurses.com
7113 Three Chopt Road, Suite 204
Richmond, VA 23226
Phone: 1 (804) 282-1808
☎Toll Free: 1-800-868-6877

O

❖ OMBUDSMAN PROGRAMS

- SEE VIRGINIA, STATE OF
LONG-TERM CARE OMBUDSMAN,
OFFICE OF THE STATE
STATE CORPORATION COMMISSION
OMBUDSMAN
- SEE MEDICAID
MEDICARE
MEDIGAP
LONG-TERM CARE INSURANCE
INSURANCE, HEALTH
- SEE VHI's *Health Insurance Options: A Consumer's Guide*
For a Free Copy: Call VHI at 1-877-VHI-INFO

❖ PATIENT RECORDS/PRIVACY CONCERNS

REQUEST FOR RELEASE OF PATIENT'S RECORDS

The following sample is a copy of a release suggested in the Code of Virginia. You may alter this example for your use; however, it has been designed to meet the requirements delineated under the Code. Use of this form as a guide does not necessarily guarantee release of patient records nor does it preclude debate of the release. If you do plan to use this release, you may want to make a copy of the form from the guide so that you will have a clean original for future use.

CONSENT TO RELEASE OF CONFIDENTIAL HEALTH CARE INFORMATION

Patient Name _____

Provider Name _____

Person/agency/provider to whom disclosure to be made:

Information or Records to be disclosed:

As the person signing this consent, I understand that I am giving my permission to the above-named provider or other named third party for disclosure of confidential health care records. I also understand that I have the right to revoke this consent, but that my revocation is not effective until delivered in writing to the person who is in possession of my records. A copy of this consent and a notation concerning the persons or agencies to whom disclosure was made shall be included with my original records. The person who receives the records to which this consent pertains may not redisclose them to anyone else without my separate written consent unless such recipient is a provider who makes a disclosure permitted by law.

This consent expires on (date) _____

Signature of Patient

Date

FOR MORE INFORMATION

- ▶ SEE VIRGINIA, CODE OF
PRIVACY OF PATIENT HEALTH RECORDS

❖ PATIENT RESTRAINTS

- ▶ SEE VIRGINIA, CODE OF
NURSING FACILITIES PATIENTS' RIGHTS

FOR MORE INFORMATION

VIRGINIA COALITION FOR THE PREVENTION OF ELDER ABUSE

P.O. Box 10166
Richmond, VA 23240
Phone: 1 (804) 828-1525

❖ PHYSICIANS (ALSO DOCTORS)

AMERICAN BOARD OF MEDICAL SPECIALTIES®

On the web: www.abms.org

The Certified Doctor Locator and Verification Service allows public to verify the board certification status of any physician who is certified by one or more of the 24 member boards of the ABMS and who has subscribed to be listed. This service also allows the public to locate a board certified physician in his or her area (by zip code).

Or questions may be directed to:

THE ABMS PUBLIC EDUCATION PROGRAM
1007 Church Street, Suite 404
Evanston, IL 60201-5913
☎ Toll Free: 1-866-ASK-ABMS

Q NO LISTINGS

❖ RAILROAD RETIREMENT BOARD

The Railroad Retirement Board helps the Health Care Financing Administration administer Medicare for railroad retirement beneficiaries. LOCATE YOUR NEAREST OFFICE BY CALLING

☎ Toll Free: 1-800-808-0772

www.rrb.gov

❖ RESIDENTIAL CARE

- ☛ SEE ASSISTED LIVING FACILITIES
- CONTINUING CARE RETIREMENT
- COMMUNITIES (CCRCs)
- NURSING FACILITIES

FOR MORE INFORMATION

AMERICAN ASSOCIATION OF HOMES AND SERVICES FOR THE AGING (AAHSA)

On the web: www.aahsa.org

Represents not-for-profit organizations that provide health care, housing and services to the elderly. Its membership includes 5,000 not-for-profit nursing homes, continuing care retirement communities, senior housing facilities, assisted living and community services. It strives to enhance the professionalism of practitioners and facilities through the Certification Program for Retirement Housing Professionals and the Continuing Care Accreditation Commission.

AMERICAN ASSOCIATION OF HOMES AND SERVICES
FOR THE AGING
2519 Connecticut Ave., NW
Washington, D.C. 20008
Phone: 1 (202) 783-2242
www.aahsa.org

S

❖ SOCIAL SECURITY ADMINISTRATION

On the web: www.ssa.gov

- SEE UNITED STATES GOVERNMENT
SOCIAL SECURITY ADMINISTRATION

T

❖ TAX RELIEF

- SEE VIRGINIA, STATE OF
TAXATION, DEPARTMENT OF

❖ TRANSPORTATION, SPECIALIZED

- SEE VIRGINIA, STATE OF
MEDICAL ASSISTANCE SERVICES, DEPARTMENT OF
REHABILITATIVE SERVICES, DEPARTMENT OF
SOCIAL SERVICES, DEPARTMENT OF
TRANSPORTATION, DEPARTMENT OF RAIL AND PUBLIC

U

❖ UNITED STATES GOVERNMENT

ADMINISTRATIVE SERVICES AND PROGRAMS

❖ ADMINISTRATION ON AGING (AOA)

On the web: www.aoa.gov

- U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING
1 Massachusetts Avenue, Suite 410
Washington, D.C. 20201
Phone: 1 (202) 619-0724

- ✦ SEE VIRGINIA, STATE OF
AGING, DEPARTMENT FOR THE
AREA AGENCIES ON AGING - AAAs

❖ **CENTERS FOR MEDICAID AND MEDICARE SERVICES (CMS)**

On the web: www.cms.hhs.gov

- Centers of Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244-1850
☎ 1-877-267-2323
☎ TTY 1-866-226-1819
✦ SEE M Listings: Medicare and Medicaid

❖ **HEALTH AND HUMAN SERVICES**

- 330 Independence Ave., SW
Washington, D.C. 20201
Phone: 1 (202) 619-0724

❖ **MEDICAID**

- ✦ SEE M Listings: Medicaid

❖ **MEDICARE**

- ✦ SEE M Listings: Medicare

❖ **SOCIAL SECURITY ADMINISTRATION (SSA)**

On the web: www.ssa.gov

FOR SOCIAL SECURITY BENEFITS:

To receive answers by phone, call the toll-free number shown below or use your local telephone directory to locate the SSA Regional Office nearest you.

- ☎ Toll Free: 1-800-772-1213 24 hours a day

SUPPLEMENTAL SECURITY INCOME (SSI)

For persons age 65 or older, blind or disabled with limited income and resources, apply at the SOCIAL SECURITY OFFICE NEAREST YOU.

❖ VETERANS ADMINISTRATION AND MEDICAL CENTERS (VA)

On the web: www.va.gov

VA MEDICAL CENTERS — Veterans and their families may receive financial assistance for care in the Veterans Administration Medical Centers in Hampton, Salem, Richmond and in Virginia nursing facilities under contract with the VA. For VA Medical Center Information and other benefits within Virginia, call:

☎ Toll Free: 1-800-827-1000

VA HEALTH INSURANCE

TRICARE is a program of health care insurance benefits and options managed by the Department of Defense for active duty service members, their families, retirees and their families or survivors (see CHAMPVA below). TRICARE is a blend of the military's direct care system of hospitals and clinics, a system of managed care providers and the original CHAMPUS program.

TRICARE offers the following options

- TRICARE Standard, the unchanged CHAMPUS program with all its benefits and costs
- TRICARE Extra, a network provider program with covered services the same as TRICARE Standard but having some cost benefits and
- TRICARE Prime, an HMO product offering preventive care benefits.

CHAMPVA: A VA Health Care Benefits Program for Dependents and Survivors of Veterans

- Spouse or child of veteran who has been rated by VA as having a total and permanent disability
- Surviving spouse or child of veteran who died from VA service-connected conditions
- Surviving spouse or child of veteran who at the time of his/her death was permanently and totally disabled from a VA service-connected condition
- Surviving spouse or child of persons who died honorably in the line of duty

CHAMPVA is separate from TRICARE; there are distinct differences between them. CHAMPVA is a secondary payer to Medicare. Medicare Parts A and B are required for eligibility in CHAMPVA program.