

Welcome! We are so glad that you have chosen us for your skilled nursing services. We have compiled a list of suggested items that you will want to bring with you that may make your stay more comfortable.

Admission

Upon arrival to the facility, we will complete admission paperwork. The items we will need for this process are:

- Insurance cards
- Durable Power of Attorney paperwork
- Living Will and/or Advance Directive
- List of people we should contact in an emergency, including addresses and phone numbers
- List of any physicians you see, including Cardiologist, Podiatrist, Ophthalmologist, etc.
- Funeral home you would use if necessary
- List of current medications, including over-the-counter medications

<u>During your stay</u>

- 3-5 comfortable outfits
- Comfortable shoes, such as tennis shoes or running shoes
- House shoes/slippers
- Socks and undergarments
- Cosmetics and toiletries
- Quilt or blanket if desired
- Electronic items, must be UL rated, and no extension cords
- Pictures or small decorations
- Books, puzzles, and/or games

Please clearly label all your belongings with your name in permanent marker. This helps us locate missing or misplaced items.

We recommend that you do not bring anything of significant value, family heirlooms or anything irreplaceable. While we do our best to ensure safety of your personal items, we cannot be liable for items that become missing or lost during your stay.

<u>Items not to bring</u>

- No scented plug ins or candles
- No lighters, sharp items or weapons of any kind
- Nothing of significant value

Medicare and Medicaid Coverage in a Skilled Nursing Facility

Medicare:

Medicare Part A does cover *skilled care* in a certified skilled nursing facility (SNF). You may qualify to use your Medicare Part A benefit after you've spent three consecutive midnights in the hospital. All three days must have been inpatient status, not observation, please clarify your status with the hospital staff. This benefit includes a semi-private room, meals, skilled nursing and rehabilitative services, prescription medication, and other services and supplies. It is important to note that this benefit is only eligible if you have a skilled nursing or therapy need as determined by Medicare guidelines. Coverage will continue as long as you qualify for skilled care with a maximum 100 day stay per benefit period.

For each benefit period, YOU PAY:

- Nothing for the first 20 days;
- Coinsurance of \$204* per day for days 21-100; and
- All costs beyond the 100th day in the benefit period.
- *You may have a Medicare supplemental insurance that will cover your coinsurance on days 21- 100 including Medicaid.
- *Coinsurance amounts may change each year. This amount is based on 2024 rates.

Managed Medicare:

If you have a managed Medicare plan, also known as a Medicare Advantage plan, your insurance plan will need to be checked by the skilled nursing facility. They will let you know what your benefit coverage is for their facility. These plans often require a

precertification and weekly updates to determine the allowable length of stay based off of medical and physical needs.

Medicaid:

Medicaid, also known as MO Health Net, will pay for care in a long-term care facility when you are unable to pay and meet eligibility guidelines. Payment includes room and board, medical care needs and prescriptions. You may also have prescription coverage with your Medicare Part D plan. However, not all facilities accept Medicaid.

Once you move into a Medicaid approved facility, your social security check and other monthly income must be used first to pay for your care, and Medicaid will pay the remainder. You will be able to keep \$50 per month as a personal needs allowance to use for whatever you need or want.

Even if you already have active Medicaid in the community, you will still need to complete a new application once you enter a nursing facility. The social services designee in each facility should help you with this process as this is necessary to switch your coverage to nursing home Medicaid, also known as vendor Medicaid.

Medicaid for Married Couples:

If you are married, your Medicaid application will likely include a 'division of assets'. The Family Support Division Office will divide your assets so that your spouse remaining in the community will not have to spend all your savings on long-term care. They may also be eligible to keep part of your income to help maintain the home and pay for living expenses.

Health Records and Legal Documents Needed for Admission

From Medical Providers

- Updated History and Physical from all physicians and specialists seen in past year
- Complete medication list including overthe-counter medications and supplements
- O Treatment and wound orders, if applicable
- O Recent lab work (CBC, BMP, CMP, Lipid Profile, TSH, etc.)
- O Vaccination history, including Pneumonia, Influenza, and COVID
- Dal24c Level One Nursing Facility\Pre-Admission Screening form to be signed by referring physician*
- O Physician order to admit to skilled nursing care
- O Physician order for all current medications and supplements

Insurance and Legal Documents

- o Advance Directives: Living Will, Health Care Directives, Durable Power of Attorney
- Copy of all Health Insurance cards (Insurance, Medicare, Medicaid, and supplements)
- o Copy of any long-term care policies

* Dal24c can be found online at https://health.mo.gov/seniors/nursinghomes/ pdf/580-2462.pdf

How You Can Help Stop Medicare and Medicaid Fraud

Keep a record of the healthcare services and products you receive, including names, dates and places.

Review your Medicare or MO HealthNet summary notices to see if they match your record. If the summary information doesn't look right:

- A. Call the health care provider.
- B. If you aren't satisfied with the provider's response, call the "carrier" or "fiscal intermediary" listed on your summary notice.
- C. If you still aren't satisfied with the response, call either the:

Missouri SMP (Senior Medicare Patrol) Program, which fights Medicare and Medicaid fraud, at

> 1-888-515-6565 or

the U.S. Department of Health & Human Services, which oversees the Medicare and Medicaid programs, at

1-800-HHS-TIPS (1-800-447-8477).

Volunteer Opportunities

Long-Term Care Ombudsman Program 1-800-309-3282

Be an ombudsman for long-term care residents in your community. Advocate for high quality of life and the rights of residents. Requires three or four hours of time each week.

CLAIM (Community Leaders Assisting the Insured of MO) 1-800-390-3330

Be a Medicare CLAIM counselor. Give one-on-one help to people in your community to help them understand their Medicare coverage and claims. Requires two or more hours of time per month.

Missouri SMP (Senior Medicare Patrol) 1-888-515-6565

Be a Missouri SMP counselor to help educate people in your community about Medicare/Medicaid fraud and abuse prevention. Requires two or more hours of time each month.

Training and supervision is provided for all programs.

For More Information

For additional copies or more information, please contact:

Long-Term Care Ombudsman Program

Missouri Department of Health and Senior Services P.O. Box 570 Jefferson City MO 65102 1-800-309-3282



Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services at 800-309-3282.

Hearing- and speech-impaired citizens can dial 711.

AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION EMPLOYER. Services provided on a nondiscriminatory basis.

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Who, What and Where of Medicare, MO HealthNet (Medicaid) and Veteran Benefits in Missouri

These programs can be complicated to understand. When you have a question, half the battle is finding someone who can give you the answer.

This guide is provided by the Missouri Department of Health and Senior Services to help you find the information you need.



Question or Complaint Where to Get Answers Telephone Number Website How to get or replace a Medicare card Social Security Administration 1-800-772-1213 www.medicare.gov Questions about general Medicare coverage, Medicare carrier • Carrier: Phone number on the Part D Prescription Drug coverage, or about CLAIM Medicare Summary Notice www.missouriclaim.org Medicare claims Centers for Medicare and Medicaid • CLAIM: 1-800-390-3330 Services (CMS) ● CMS: 1-800-633-4227 Finding doctors who participate in Medicare 1-800-633-4227 Medicare carrier www.medicare.gov Complaints about the quality of care provided Missouri Quality Improvement Organization 1-800-347-1016 www.primaris.org by Medicare-reimbursed service provider (in hospital or Medicare skilled nursing unit) Complaints when a hospital denies me Missouri Quality Improvement Organization 1-800-347-1016 www.primaris.org admission or wants me to leave before I'm Questions about MO HealthNet coverage in Missouri Department of Social Services/ 1-855-373-4636; Ask for your local www.dss.mo.gov/fsd Family Support Division county office phone number Questions about my MO HealthNet claim MO HealthNet Division (formerly Missouri 1-800-392-2161 www.dss.mo.gov/mhd Division of Medical Services) Complaints about an insurance company, Missouri Department of Insurance, Financial 1-800-726-7390 www.difp.mo.gov Institutions, and Professional Registration agent or agency Reports of abuse, neglect or exploitation of Missouri Department of Health and Senior 1-800-392-0210 www.health.mo.gov seniors or adults with disabilities Services / Elder Abuse and Neglect Hotline Information about services for seniors or Missouri Department of Health and Senior 1-866-835-3505 www.health.mo.gov adults with disabilities in Missouri Services / HCBS Call Center Questions about VA eligibility and assistance 1-866-VET-INFO (1-866-838-4636) Missouri Veterans Commission www.mvc.dps.mo.gov in obtaining and completing necessary forms Federal VA Health Benefits Service Center 1-877-222-VETS (1-877-222-8387) **Ouestions about Veterans Administration** www.va.gov Health Benefits Questions about general Veterans Benefits U.S. Veterans Administration 1-800-827-1000 www.va.gov