



Selecting a Nursing Home in New York State

A Guide for Consumers

**Division of Nursing Homes and ICF/IID Surveillance
Center for Health Care Provider Services and Oversight
Office of Primary Care and Health Systems Management**

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Nursing homes primarily provide three types of services: **Skilled Nursing** or medical care and related services; **Short-Term Rehabilitation** needed due to injury, disability or illness; and **Long-Term Care**, which is health-related care and services (above the level of room and board) not available in the community, needed regularly due to a mental or physical condition.

The New York State Department of Health (NYS DOH) supports a wide range of alternatives to nursing home care. Depending on your needs and resources, you may be able to get the services and supports you need in your own home (e.g., home care, home health care, meal programs) or in other types of community housing (e.g., Continuing Care Retirement Communities, Assisted Living, Adult Homes). Community services may also help with your personal care and activities to support you staying at home (e.g., adult day health care, senior centers, visitor programs). However, in some instances, the level of medical, nursing and psychosocial care that nursing homes provide may be the most appropriate to meet your needs. After you have explored the alternatives and you, your family and involved health care professionals agree that a nursing home is an appropriate care setting, it is important that you take care in selecting a facility that fits your needs.

Selecting a Nursing Home in New York State: A Guide for Consumers is intended to help you make informed decisions should nursing home care become necessary. The Guide is written for you as the prospective resident. NYS DOH strongly supports patient/resident participation in decision making. If someone else must organize the search and make the decisions, you should be as involved as much as possible in the process.

The information is presented in two sections:

- **Section I** provides general information about nursing homes.
- **Section II** provides information on what to look for when you visit a nursing home.

A **Glossary** of commonly used terms is also included.



This Guide provides general information about nursing homes. It does not present all applicable statutes, regulations and rulings, nor does it endorse any particular nursing home. The information in this Guide should be carefully considered with other information you gather about nursing homes.

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Glossary

Section I: General Information About Nursing Homes

What is a Nursing Home?

Nursing homes are places to live where care is available for people of all ages who need 24-hour nursing care and supervision outside of a hospital. Although all nursing homes must provide certain basic services, some provide specialized care. For example, some nursing homes provide services for people with neurobehavioral disorders, some for those who are ventilator-dependent and some for people with AIDS. Some nursing homes specialize in the care of children.

Exploring the Options

Finding a nursing home that will best meet your needs can be a difficult and time-consuming task. The more information you have, the easier the task will be and the more likely you will find the nursing home that is right for you. Making the decision that a nursing home is the right place for you and looking at different homes to identify those that best meet your needs, from the services they offer to their cultural environment, is important to do.

It is best to have several nursing homes in mind. Before it is time for you to be admitted to a nursing home, you should explore what options are available and research each facility. There are several ways to obtain information. With the help of your doctor and the hospital discharge planning staff (if you are hospitalized), realistically assess your medical, nursing and social needs and seek facilities that can best meet those needs. For example, a facility with a strong physical therapy department might be important if you are recovering from a stroke.

Discuss nursing home placement with your family so that all possibilities can be fully explored and your feelings are known. Watch for articles in newspapers and magazines and for television programs that discuss nursing homes. Pick up information on nursing homes from social service agencies or local aging and health departments. Contact community groups and advocacy groups. This Guide presents a number of State and voluntary agencies that may be able to help.

Visit the New York State Nursing Home Profile to obtain information on nursing homes in New York State and the quality of care they provide. The care the nursing homes provide can also be compared on the Federal Medicare website (Nursing Home Compare). Ask family and friends about their own experiences. If you know someone who is in a nursing home, visit that person and ask questions. Ask your doctor if he/she provides care at any

nursing homes so that you may be able to continue your relationship with him/her within the nursing home.

Ask questions of key personnel at the facilities you visit -- the nursing home administrator, admissions director, social work director, nursing director and medical director, for example. Make your own judgments. A caring nursing home should welcome both your desire to visit and the questions you ask.

Medical Need and Admission

A medical assessment must be performed before you can be admitted to a nursing home. This assessment is completed by a registered nurse who has been certified to conduct the assessment. The assessment is a two-step process and is specifically designed by NYS DOH to evaluate your functional status, as well as your appropriateness for a nursing home. The assessment is valid for 30 days for individuals who are hospitalized and 90 days for individuals who are in any other setting, including their home.

The nursing home administrator, admissions director or social work director will be able to explain arrangements for your admission to the nursing home. If you are receiving care in a hospital, your doctor and the hospital discharge planning staff will assist in making arrangements for your placement, hopefully in the nursing home of your choice.

New York State regulations require that a hospitalized patient who is on Medicaid and no longer needs inpatient hospital care, but requires nursing home care, be placed in the first available bed within 50 miles of the patient's home. By telling the hospital which nursing homes to apply to, you or your family can influence the location of your eventual placement.



Each nursing home is required to develop an admission policy and procedure that is in accordance with State and Federal regulations and does not unlawfully discriminate against applicants. However, nursing homes have discretion in making admission decisions and are not required to admit every applicant.

Admission Agreement

The admissions agreement (also called the financial agreement, admission contract or entrance contract) is a legal agreement between you and the nursing home to outline conditions for admission. The agreement should state the costs, services included and all of your legal responsibilities as the resident. Ideally, it should also include the care to be

provided (in accordance with the intensity of need), emergency procedures and standards of food service (e.g., availability of therapeutic diets, kosher diets).

Ask questions about the agreement. Ask your attorney and/or the nursing home administrator, admissions director or social work director to explain anything that is not clear. Call an advocacy group with questions. Resources for helpful information are shown throughout this document.

Paying for Nursing Home Care

Few people can afford to pay for nursing home care out of their own pocket for very long (costs can be \$10,000 or more a month). Most nursing home residents are (or become) reliant upon State and Federal subsidies.

Meet with an elder law attorney to get advice on estate planning, Medicare, Medicaid and long-term care insurance before you apply for admission to a nursing home. The New York State Bar Association's Lawyer Referral and Information Service (as well as many local bar associations) can provide you with a list of elder law attorneys. The Lawyer Referral and Information Service can be contacted at **800-342-3661** or lr@nysba.org.

Private Payment

Nursing homes charge a basic daily rate for the services they provide. These rates vary. Some nursing homes have all-inclusive rates; others have a rate for room and board, with additional charges for physician's services, laboratory tests, physical therapy, prescription drugs, etc.

Private pay rates are not regulated. Nursing homes may charge private pay residents whatever they choose. These rates can be expected to increase at least once a year. If you are planning to pay for nursing home care out of your own pocket, ask for a list of services that are covered by the basic daily rate. Also ask how the rates are adjusted and how residents are notified of adjustments. Under current regulations, notification must occur in writing 30 days prior to any upward adjustment in the daily rate for a service being implemented.

The basic daily rate must cover room and meals, general nursing care, personal care, recreation, medical records, housekeeping and linen. There may be extra charges for items that vary from resident to resident, such as physical therapy and medications. Discuss with the nursing home administrator, admissions director or social work director

what services are standard and what additional services might be required and what they cost.

Nursing homes are permitted to ask for a pre-payment or security deposit. However, no more than three months' pre-payment can be requested. The nursing home must deposit pre-payment used as a security in an interest-bearing account. If you leave the nursing home or die, any amount paid to the nursing home over and above the cost of services already provided must be refunded.

It is illegal for a nursing home to demand or accept donations (e.g., for a building fund) from family members to assure placement of a relative.

Most nursing homes require full financial disclosure from residents who will be paying privately. Since many nursing home residents who enter as private pay residents eventually exhaust their funds and go on Medicaid, the nursing home wants to know how long you will be able to pay privately and when to apply for Medicaid. Once you are eligible for Medicaid, you have the right to have Medicaid pay for your care (if the nursing home accepts Medicaid). When this happens, the nursing home should assist you in completing the necessary paperwork.

In New York State, you may not be moved out of a nursing home because you have exhausted your personal resources. Also, your spouse need not spend all of his/her personal resources for your care if you are institutionalized. However, transfer and discharge is permissible if you fail to pay for (or to have paid under Medicare, Medicaid or third party insurance) a stay at the nursing home.

Some nursing homes suggest that funds be placed in a trust that the nursing home controls or that your Social Security checks be made payable directly to the nursing home. The law guarantees you the right to control your own financial affairs as long as you are willing and able to do so, or to assign that responsibility to a friend or family member. The nursing home may be given control over your finances if no one else is willing to handle them.

Private Insurance

Private long-term care insurance policies are becoming more widely available. They are advertised as a possible alternative to Medicaid or as a way to avoid exhausting resources when/if nursing home care is needed. Policies vary in the coverage they provide and should be carefully examined before purchasing. In New York State, only a few policies are valid. The New York State Department of Financial Services (DFS)

publishes information about long-term care and the long-term care insurance policies available in New York State. For more information, call the DFS Consumer Hotline at **800-342-3736** or visit the DFS website at www.dfs.ny.gov.

The Federal government now permits New York State to authorize Medicaid without an individual exhausting his/her assets if that person first purchases a long-term care insurance policy sponsored by the State. These policies must cover at least three years of long-term care, six years of home care or an equivalent combination of both. Once an individual purchases such a policy and the benefits are exhausted, that person, if income qualified, will be eligible for Medicaid payment for long-term care for the remainder of his/her life without consideration of his/her assets. Most importantly, however, whatever assets that person has will be protected and will not have to be used to meet long-term care costs. You may hear this type of insurance referred to as a “partnership” long-term care policy.

The New York State Partnership for Long-Term Care is a unique NYS DOH program that combines private long-term care private insurance and Medicaid Extended Coverage to help New Yorkers prepare financially for the possibility of needing nursing home care or assisted living services someday. For more information, call **866-950-7526** or visit the Partnership website at www.nyspltc.org.

Medicare

Medicare is a Federal health insurance program for people aged 65 and older and disabled people. Medicare covers skilled nursing care in a nursing home under certain conditions for a limited time. However, the program is very specific about what services are included and under what circumstances. You should familiarize yourself with these specifics based on your own personal situation.

For more information, call **800-772-1213** or visit the Social Security website at www.ssa.gov. You may also visit your local Social Security office.

Medicaid

Medicaid was established by Congress in 1965 as a government health insurance program for people of all ages whose income is too low to provide for routine health care costs, or whose health care costs are too high to be covered by their income. This health insurance covers the cost of nursing home care for as long as the care is required if an individual is eligible.

A comprehensive application process is used to determine eligibility for the Medicaid program. This process requires that applicants provide detailed information and documentation regarding income and assets. A Medicaid applicant must be a citizen or permanent resident of the United States, meet New York State income and resource limitations and show medical need.

Currently, a Medicaid recipient in a nursing home is allowed to retain \$50 of monthly income as a personal needs allowance to meet expenses that are not covered by Medicaid.

Medicaid Managed Care and Managed Long Term Care

As part of New York State's Medicaid reforms, NYS DOH set a goal of having all Medicaid consumers served in care management by April 2018. This effort began in 2011 to improve quality of care and patient outcomes over the full range of health care, including mental health, substance use, and developmental disability services. This includes long term care. Effective February 1, 2015, for New York City, April 1, 2015 for Nassau, Suffolk, and Westchester Counties, and July 1, 2015 for the rest of the State, any Medicaid consumer aged 21 and older placed in a nursing home for a long-term stay must remain in, or join, a Medicaid Managed Care Plan or a Managed Long Term Care Plan. Medicaid consumers who also get Medicare must join a Managed Long Term Care Plan. Medicaid-only consumers must join a Medicaid Managed Care Plan unless they meet certain conditions. Rules of eligibility for long term care are the same.

For more information about Medicaid, including Medicaid Managed Care and Managed Long Term Care, visit the NYS DOH website at http://www.health.ny.gov/health_care/medicaid/ or contact your local Department of Social Services office.

Nursing Home Administration

Nursing homes may be owned by state/local governments (public nursing homes), individuals, corporations and religious or charitable organizations. Most nursing homes are not-for-profit businesses (voluntary nursing homes) or businesses operated for profit (proprietary nursing homes). An individual or a nonprofit organization may own or operate more than one nursing home.

Responsibility for the operation of a nursing home lies with its governing body (voluntary nursing home) or owner (proprietary nursing home). The governing body (the board of directors or trustees) is legally responsible for the nursing home. The governing body meets

to set policies and adopt and enforce rules and regulations for the health care and safety of the residents. The type of ownership and management is not necessarily an indication of the quality of service that you would receive.

The person in charge of the day-to-day management of a nursing home is called the administrator. The administrator is appointed by the governing body or owner. Other key personnel include the admissions director, social work director, nursing services director and medical director.

The administrator of the nursing home must be licensed by New York State. The nursing services director must be a registered professional nurse. The medical director must be a New York State licensed physician. Speaking with each of these leaders should give you a good understanding of the nursing home's philosophy and operation.

Health Care Decisions

Illness and possibility of death are subjects few people find easy to discuss. Yet, these issues deserve consideration by both you and your family because they often involve decisions that may have to be made if life-sustaining procedures become necessary. This kind of decision does not have to be left to the family. Decide in advance with the help of your family. Any course of treatment for you will be much easier to determine if your wishes are known in advance.

Advance Directives are specific written or verbal instructions about treatment made by an adult. The right to decide about treatment also includes the right to decide about cardiopulmonary resuscitation (an emergency treatment to restart the heart and lungs when breathing or circulation stops). You and your doctor should decide in advance whether or not you want resuscitation measures taken. If you wish, the doctor will give the medical staff a "Do Not Resuscitate" (DNR) order. In accordance with the New York Health Care Proxy Law, adults may appoint someone they trust to decide about medical treatment should they become unable to decide on their own.

To complement the use of traditional advance directives and facilitate the communication of medical orders impacting end-of-life care for patients with advanced chronic or serious illness, the Medical Orders for Life-Sustaining Treatment (MOLST) program was created. The MOLST program is based on the belief that you have the right to make your own health care decisions, including decisions about life-sustaining treatment, to describe these wishes to health care providers and to receive comfort care while wishes are being honored.

For more information about Advance Directives and the New York Health Care Proxy Law, visit the NYS DOH website at www.health.ny.gov/professionals/patients/health_care_proxy/. DNR orders, including your rights under New York State law, can be found at www.health.ny.gov/publications/1449/section_3.htm#DECIDING. Information about the MOLST program can be found at http://www.health.ny.gov/professionals/patients/patient_rights/molst/.

Some nursing homes' moral or religious philosophy may conflict with your wishes about Advance Directives. Ask about the nursing home's policy regarding Advance Directives to determine if a particular nursing home is right for you.

Residents' Rights

Policies covering the rights of residents are established by State and Federal regulations. The nursing home must implement these policies and explain them to residents. The nursing home must also post a Residents' Bill of Rights in the building for easy reading. Be sure to notice it and ask any questions you have about its provisions.

Any person requiring nursing home care should be able to enter any nursing home and receive appropriate care, be treated with courtesy and enjoy continued civil and legal rights. As a nursing home resident, you have the right to:

- Dignity, respect and a comfortable living environment
- Quality of care and treatment without discrimination
- Freedom of choice to make your own, independent decisions
- The safeguard of your property and money
- Safeguards in admission transfer and discharge
- Privacy in communications
- Participate in organizations and activities of your choice
- An easy-to-use and responsive complaint procedure
- Exercise all of your rights without fear of reprisals

Ask the nursing home administrator for policies on residents' rights and for the booklet entitled *"Your Rights as a Nursing Home Resident in New York State and Nursing Home Responsibilities."*

Long Term Care Ombudsman Program

The Long Term Care Ombudsman Program (LTCOP) is a Federal advocacy program dedicated to protecting people living in long-term care facilities. In New York State, the Office for the Aging operates LTCOP through its Office of the State Long Term Care Ombudsman. LTCOP can help you throughout the nursing home placement process. The Program provides another source of information for selecting a nursing home, understanding the rights of residents and learning about good standards of care. However, the Program does not rate or recommend specific nursing homes and will not select a nursing home for a family or prospective resident.

LTCOP advocates for residents by investigating and resolving complaints made by or on behalf of residents; promoting the development of resident and family councils; and informing government agencies, providers and the general public about issues and concerns impacting residents of long-term care facilities.

For more information, call the New York State Senior Citizens' Helpline at **800-342- 9871** or visit the New York State Office of Long Term Care Ombudsman at www.ltcombudsman.ny.gov.

Nursing Home Complaints

NYS DOH operates a Nursing Home Complaint Hotline to receive complaints about nursing home care in New York State. The toll-free Hotline can be called 24 hours a day, seven days a week. The Hotline is staffed by clinical professionals who provide specific information about callers' concerns. NYS DOH surveyors then investigate the issue and make a determination on whether State or Federal regulations have been violated.

New York State Department of Health

Nursing Home Complaint Hotline

875 Central Avenue

Albany, New York 12206

888-201-4563

518-408-1157 (Fax)

www.health.ny.gov/facilities/nursing/complaints

New York State Office for the Aging

2 Empire State Plaza

Albany, New York 12223

800-342-9871 (General Assistance)

800-342-9871 (Senior Citizens' HelpLine)

www.aging.ny.gov

**New York State Justice Center for the
Protection of People with Special Needs**

161 Delaware Avenue

Delmar, New York 12054

518-549-0200 (General Phone)

TTY: Dial 7-1-1 for the NYS Relay and give the operator

1-518-549-0200

855-373-2122 (Report Abuse)

TTY: 1-855-373-2123

800-624-4143 (Information and Referral)

TTY: Dial 7-1-1 for the NYS Relay and give the operator

1-800-624-4143

www.justicecenter.ny.gov

Additional information about long-term care services and supports can be obtained from the Aging and Disability Resource Center (ADRC) at http://www.aoa.gov/AoA_programs/HCLTC/ADRC/ADRC_Program.aspx or locally through NY Connects: Choices for Long Term Care at <https://ny.getcare.com/nyprovider/consumer/indexNY.do>.

Nursing Home Provider Associations

Nursing home provider associations also have useful information about nursing homes that are members. The following organizations represent and provide assistance to nursing homes in New York State:

Continuing Care Leadership Coalition

555 West 57th Street, Suite 1500
New York, New York 10019
212-258-5330
www.cclcnyc.org

Greater New York Health Care Facilities Association

519 Eighth Avenue, 16th Floor
New York, New York 10018
212-643-2828
www.gnyhcfa.org

Healthcare Association of New York State

One Empire Drive
Rensselaer, New York 12144
518-431-7600
www.hanys.org

Intercounty Health Facilities Association, Inc.

1615 Northern Boulevard, Suite 306
Manhasset, New York 11030
516-627-3131
www.intercountyhealth.com

LeadingAge New York

13 British American Boulevard, Suite 2
Latham, New York 12110
518-867-8383
www.leadingageny.org

New York State Association of Counties

540 Broadway, 5th Floor
Albany, New York 12207
518-465-1473
www.nysac.org

New York State Health Facilities Association

33 Elk Street, Suite 300
Albany, New York 12207
518-462-4800
www.nyshfa.org

Southern New York Association

39 Broadway, Suite 1710
New York, New York 10006
212-425-5050
www.snya.org

Section II: What to Look for When You Visit a Nursing Home

Visiting the Facility

You can find a great deal of information about a nursing home from the various resources and websites that are provided in this Guide. However, visiting any nursing home that you might consider as a future home is one of the best ways to determine if the facility is suitable for you. Call the nursing homes you are interested in and make an appointment to meet with the admissions staff.

Each nursing home has its own policies and procedures, but all must follow certain State and Federal regulations with respect to residents' rights. A copy of the nursing home's policies should be available upon request. Following is a list of some policies to check:

- the use of personal belongings and furniture
- the availability of ethnic foods or special diet preferences
- room assignments and changes
- reserving a bed if transferred to a hospital/therapeutic leave
- visiting hours (should cover a 10-hour period and two meal times)
- emergency procedures
- self-care
- phone calls
- leaving the facility for short visits with family or friends
- procedures for handling theft
- complaint procedures
- access to personal funds

When you visit a nursing home, look for its license to operate. The license should be prominently displayed, usually in the lobby. It is also very important to see firsthand what the environment of the home is like. This will also give you an opportunity to ask questions on the care and services that the nursing home provides and clarify any issues with regard to placing an individual in the nursing home. During the visit, be observant of the interaction between caregivers and residents and take a good look at everything! Some important areas to consider are as follows:

Physical Appearance

- [] Do residents have personal belongings decorating their rooms?
- [] Does each resident have at least one comfortable chair?

- [] Does each resident have his/her own dresser and closet space with a locked drawer or other secured compartment?
- [] Is there an out-of-doors area where residents can walk or sit and is it used?
- [] Does the equipment (wheelchairs, therapy devices, etc.) appear to be in good condition?
- [] Is there a lounge or other area where residents can entertain visitors privately?

Safety

State and Federal standards require that nursing homes provide a safe environment for residents whether they are mobile or in wheelchairs, whether they are confused or have poor eyesight. Look for:

- [] handrails in hallways and other critical places;
- [] wide, clear walking areas;
- [] hazards that might cause accidents;
- [] good lighting;
- [] telephones and large-print notices placed so that wheelchair-bound residents can make use of them;
- [] appropriate inside temperature and whether or not residents are dressed appropriately;
- [] clearly marked exits and well-lit elevators.

Find out if the local fire department participates in fire drills and how often drills are held in the nursing home.

Cleanliness

A good nursing home should be clean. Look in the corners of resident rooms, bathrooms, kitchens, nurses' stations, etc., as well as in the main visiting lounges. Look for cleanliness **EVERYWHERE**.

Unpleasant odors reflect problems. If there is an odor in a particular section of the nursing home, go back to see if it has been eliminated within a reasonable period of time. This will give you an idea of how long it takes the nursing home to deal with the cause of the unpleasant odor.

Daily Living/Socialization/Recreation

- [] Are residents out of bed?
- [] Are residents neatly dressed and do they appear to be wearing their own clothing?
- [] Are residents engaged in doing things or just sitting in a lounge or hallways?
- [] Is there activity in the corridors?
- [] Do residents socialize with each other?
- [] Do staff address the residents by name?
- [] Do staff interact with residents in a warm and friendly manner?
- [] Do staff respond to someone calling for help?
- [] Are people assisted in walking for the purpose of exercising or retraining?

Ask several residents how they keep occupied and what they particularly like to do at the nursing home.

Room Assignments

- [] Do residents share rooms? How many people to a room?
- [] Does the facility select compatible roommates?
- [] Are rooms assigned based on severity of illness?
- [] How does the facility deal with problems between roommates?

Food and Dining

Mealtime is an important part of the residents' day. Many facilities try to be less "institutional" and use tablecloths, china and silver to enhance mealtime. Try to visit during mealtime and observe the way food is served and how the staff and residents interact.

- [] Does the food appear to be appetizing and of good quality?
- [] Do residents have an alternative to the main menu?
- [] Are residents encouraged and assisted with eating (if necessary)?
- [] Is socializing encouraged during mealtime?
- [] Is the dining room clean, attractive and colorful?

Medical/Nursing Care

It is hard to observe medical/nursing practices, but you can ask questions.

- [] Does the same nurse or aide care for the resident during each shift?
- [] Will your physician be able to care for you in the nursing home?
- [] If you do not have a physician, who will the physician be and what relationship will you or a family member have with this physician?
- [] How often will visits be made and how will medical emergencies be handled?
- [] Ask how often assessments are performed to attain information regarding resident information, including the Minimum Data Set (MDS) and Patient Review Instrument (PRI).
- [] If more than routine medical care is needed, can a specialist be called in? How is this done?

Special Therapies

If you might need speech, physical or special therapy, look at the therapy rooms. If possible, speak to the staff person in charge.

- [] How frequently is therapy offered?
- [] Can therapies be provided on an optional basis or a for-private-pay basis?
- [] Is the facility physician involved in assessing the therapy and your response to it?

Alzheimer's Disease and Other Dementias

The design and promotion of services for Alzheimer's Disease and other dementias are driven by the individual needs of each resident to maximize their physical and mental well-being (person-centered care). These services fall within general care standards. While a nursing home may assert to provide specialized services for Alzheimer's Disease and other dementias or operate a designated unit, NYS DOH does not license such services as a separate category. However, the Department partners with nursing homes to assure the highest quality of care for all residents, including those with Alzheimer's Disease and other dementias, as guided by Federal standards.



Consumers are encouraged to conduct due diligence in considering and selecting appropriate services. When evaluating services for Alzheimer's Disease and other dementias, be sure to ask the following questions:

- [] What specialized training does your staff receive to work with residents with Alzheimer's Disease and other dementias?
- [] What specialized services and activities do you offer these residents?
- [] Does staff from other areas of the nursing home fill in when staffing for this population is short?
- [] Is the physical space designed to ease agitation, confusion and difficult behaviors?
- [] Are specific precautions taken or safety features in place to guard against wandering out of the nursing home?
- [] Are there other types of safety features the nursing home offers?
- [] What are the nursing home's policies on toileting/incontinence care?
- [] Does the nursing home offer assistance or education related to Alzheimer's Disease and other dementias to family members?
- [] Is there a time or situation that my loved one would be required to leave the nursing home?

Mental Illness, Intellectual Disability and Developmental Disability Services

Anyone who applies for admission to a nursing home must be evaluated to determine if the nursing home can provide the services the individual needs. One of the tools that is used to conduct this evaluation is the Preadmission Screening and Resident Review (PASRR). The PASRR determines whether an individual seeking admission to a nursing home has a mental illness, intellectual disability and/or developmental disability.

The first step in the PASRR process is for the referring entity (e.g., a hospital or home health care agency) to complete what is known as a Level I screen. If there is no evidence of mental illness, intellectual disability and/or developmental disability, and the applicant is determined to be in need of nursing home care, the person may be admitted to a nursing home.

A Level II PASRR evaluation is completed when the Level I screen identifies the possible presence of mental illness, intellectual disability and/or developmental disability. A Level II PASRR evaluation may also be completed for individuals already residing in a nursing home who are suspected of having a significant change in their physical or mental condition.

If a Level II PASRR evaluation identifies the presence of mental illness, intellectual disability and/or developmental disability, a determination must be made whether the mental illness, intellectual disability and/or intellectual disability is severe enough to require specialized services or is less severe and requires less intense mental health

services (services of a lesser intensity). This determination is provided to the applicant in writing (letter of determination).

If a nursing home applicant or resident is determined to require specialized services for mental illness, he/she MAY NOT be admitted to or allowed to continue to reside in a nursing home. Specialized services must be provided on an inpatient basis by a mental health facility, such as a psychiatric hospital, psychiatric center or, in the case of a minor, a residential treatment facility.

If a nursing home applicant or resident requires specialized services or services of a lesser intensity for an intellectual/developmental disability, he/she may be admitted to a nursing home, provided that the admitting nursing home is equipped to provide the services required or makes arrangement for the services. Nursing home applicants or their legal representative may appeal the Level II determination, as defined in the letter of determination.

When reviewing nursing homes, ask the following questions regarding the provision of mental illness, intellectual disability and/or developmental disability services:

- [] What specialized training does your staff receive to work with patients with mental illness, intellectual disability and/or developmental disability?
- [] What is the PASRR procedure for patients with mental illness, intellectual disability and/or developmental disability?
- [] What specific types of mental illness, intellectual disability and/or developmental disability services does the nursing home provide?
- [] Does the nursing home provide these services in-house or are residents required to travel elsewhere to receive the services?
- [] Does the facility have psychiatrists or other mental illness, intellectual disability and/or developmental disability professionals onsite?
- [] What types of therapeutic activities does the nursing home offer to meet mental illness, intellectual disability and/or developmental disability needs? Ask for a calendar of activities.
- [] What kind of follow up does the nursing home have in place to ensure that required services are being received?

Pediatric Units

Certain nursing homes in New York State provide skilled nursing care to infants and children up to 21 years of age with diverse and complex medical, emotional and social problems. Pediatric nursing homes are required to meet all of the same State and

Federal regulations that other New York State nursing homes meet, in addition to meeting each child's educational, developmental, emotional and spiritual needs. If you are seeking admission to a pediatric nursing home, ask the following questions:

- [] Will the nursing home assist in admitting my child to the nursing home?
- [] What age children does the nursing home serve?
- [] Does the nursing home serve only pediatric residents?
- [] Are residents congregated based on age and clinical needs or by other definitions?
- [] Does the nursing home care for children that require mechanical ventilation?
- [] Does the nursing home care for children that require respiratory assistance at night (e.g., Bi-level Positive Airway Pressure [BiPAP] machine)?
- [] Can I bring in my child's medical equipment for use at the nursing home?
- [] What additional training does the staff receive to serve children?
- [] How many staff will be caring for my child?
- [] If there is a problem with my child, how quickly will I be notified?
- [] May I decide on which acute care hospital my child will be transported to in the event of an emergency?
- [] Will my pediatrician be allowed to maintain his/her professional relationship with my child during his/her stay at the nursing home?
- [] What services are offered?
- [] What are the age-specific activities?
- [] If my child has psychosocial needs, will a preadmission assessment be conducted?
- [] My child has a learning disability and many medical problems that contribute to his/her lack of coping. Does the nursing home offer assistance or programming to respond to these needs?
- [] Is there a pediatric respiratory therapist on staff? If so, how many hours a day is the therapist onsite?
- [] What safety checks are in place to ensure that the children are safe and being cared for by the staff?
- [] How does the nursing home assure that children will meet their education requirements?
- [] Do I have to pay for my child's education while in the nursing home?
- [] What are the visiting hours and rules for siblings and friends?
- [] Can I bring my child's clothes and will they be laundered for me?
- [] May I stay overnight with my child if I choose?
- [] How will my child be protected from other children, visitors and staff that may have behavioral problems and/or criminal backgrounds?
- [] Will the nursing home assist in my child's discharge to home?

- [] If I need assistance, education or support after my child is discharged to home, will the nursing home be the contact for me?

Other items to look for in pediatric nursing homes:

- age-specific decorations
- bright colors
- room and other area space
- amount of clutter

Activities Program

All nursing homes are required to offer an ongoing program of activities for residents. As you visit nursing homes, you may find a great difference in the way activities are offered. The program of activities should be designed to meet the interests and the physical, mental and psychosocial well-being of each resident and made available on a daily basis at various times of the day, including weekends.

- [] Are residents taken out for events in the community? How often? Where do they go?
- [] Are people in wheelchairs allowed to participate?
- [] How often are outside events brought in to entertain residents?
- [] What activities are provided for bed-bound residents?

Staffing

- [] How many staff work on the unit where I will live?
- [] How many staff are on each shift?
- [] How does the nursing home ensure that the staff really know the resident to whom they are assigned?
- [] Is each resident cared for by the same staff?

Pastoral Care

- [] What religious denominations are served at the nursing home?
- [] What services are offered at the nursing home? How frequently?

Personal Property

- [] What system is in place for inventory of resident personal property?
- [] How is personal property safeguarded?

- [] Does the nursing home investigate missing items?
- [] Upon discharge, how is personal property handled and returned to the family?

Financial Arrangements

State law prohibits residents from being asked to pay more than three months in advance upon admission. (If you are admitted under Medicare, you do not have to pay anything in advance).

If you will be paying privately for care, ask about the fee schedule. What services and supplies are not included? What do these items cost? How often were fees increased in the past? What were the increases?

Nursing Home Quality of Service Delivery

Standards governing the operation of a nursing home are set by State regulation (10 NYCRR Part 415) and Federal regulation (42 CFR Part 483). These standards are intended to assure the highest possible quality of care and most meaningful quality of life for all residents in nursing homes. Standards cover a range of requirements including, but not limited to, residents' rights, clinical services (e.g., nursing, dietary, medical and rehabilitation services) and administrative services (e.g., quality assurance and physical environment). There are specific regulations that also address care for people with traumatic brain injuries, those who are ventilator-dependent, people with AIDS and those requiring adult day health care services.

The Centers for Medicare and Medicaid Services (CMS) has developed a National process for nursing home inspections to ensure quality care. In New York State, this is carried out by NYS DOH. It is the role of NYS DOH to ensure that facilities are in compliance with State and/or Federal regulatory requirements, and to investigate occurrences of abuse, neglect or mistreatment. Inspections of each nursing home that participates in Medicare and/or Medicaid are conducted about once a year.

Inspection survey teams most often include a nurse, dietician, sanitarian and social worker, but other health professionals, such as physicians, physical therapists and pharmacists, may also participate. State surveyors undergo training and mentoring with an experienced survey team for a period of at least six months prior to participating in mandatory CMS surveyor training, testing and certification. Surveyors also receive ongoing training, as well as evaluation by their supervisors and Federal surveyors. Surveyors spend most of their time evaluating the care and services residents receive. They observe meals, drug administration

and recreational activities and also speak with residents and their families regarding the treatment they receive and their opinions about the nursing home.

Inspection surveys include the following steps:

- touring the facility
- meeting with administrators and staff
- meeting with members of the resident council and/or other residents
- assessing the safety of the building
- observing meals
- interviewing residents
- examining medical records and observing clinical procedures
- summarizing the results and reporting findings to the nursing home administrator

When an inspection survey team finds that a nursing home does not meet a specific regulation, it issues a deficiency citation through a formal written report known as a Statement of Deficiencies (SOD). If the need arises, inspection survey staff may visit a nursing home more often to respond to complaints by residents or families or to monitor the progress in correcting deficiencies.

Based on the results of the inspection and the seriousness of problems noted, NYS DOH decides whether to take enforcement action. Repeat problems can result in fines and, in extreme cases, closure.

Nursing homes are required to make accessible in a public place the most recent NYS DOH inspection report. Look for the most recent report to see if the nursing home met the State and Federal standards.

Remember, deficiencies are not necessarily the only indication of the quality of care and administration of the home. Ask to look at the results of a few inspection surveys so you can see if there is a pattern of deficiencies in certain areas.

The New York State Nursing Home Profile on the NYS DOH website also makes information available about nursing homes in New York State and the quality of care they provide, including inspection information. For more information, visit the DOH website at www.nursinghomes.nyhealth.gov. Information can also be obtained from CMS at www.medicare.gov/nursinghomecompare.

New York State Department of Health

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Advance Directive

An Advance Directive is an instruction plan that is prepared in writing or orally in advance of an incapacitating illness or injury. The plan ensures that the resident's wishes about treatment will be followed. This includes, but is not limited to, a Health Care Proxy, a "Do Not Resuscitate" order (DNR) recorded in the resident's medical record and a living will.

Baseline Services

Baseline services are those services that are included in the daily nursing home rate. At the time of admission, a written copy of the following basic services must be made available to the resident:

- the daily, weekly or monthly rate;
- board, including therapeutic or modified diets, as prescribed by a physician;
- lodging -- a clean, healthful, sheltered environment, properly outfitted;
- dietary services;
- 24-hour-per-day nursing care;
- pharmacy services;
- diagnostic services;
- the use of all equipment, medical supplies and modalities used in the care of nursing home residents, including but not limited to catheters, hypodermic syringes and needles, irrigation outfits, dressings and pads, etc.;
- fresh bed linen, as required, changed at least twice weekly, including sufficient quantities of necessary bed linen or appropriate substitutes changed as often as required for incontinent residents;
- hospital gowns or pajamas as required by the clinical condition of the resident, unless the resident, family member or designated representative elects to furnish them, and laundry services for these and other launderable personal clothing items;
- general household medicine cabinet supplies, including but not limited to nonprescription medications, materials for routine skin care, dental hygiene, care of hair, etc., except when specific items are medically indicated and prescribed for exceptional use for a specific resident;
- assistance and/or supervision, when required, with activities of daily living, including but not limited to toileting, bathing, feeding and assistance with getting from place to place;
- services, in the daily performance of their assigned duties, by members of the nursing home staff assigned to resident care;

- use of customarily stocked equipment, including but not limited to crutches, walkers, wheelchairs or other supportive equipment, including training in their use when necessary, unless such items are prescribed by a physician for regular and sole use by a specific resident;
- activities program, including but not limited to a planned schedule of recreational, motivational, social and other activities together with the necessary materials and supplies to make the resident's life more meaningful;
- social services as needed;
- provision of optician and optometrist services;
- physical therapy, occupational therapy, speech pathology services audiology services and dental services, on either a staff or fee-for-services basis, as prescribed by a physician, administered by or under the direct supervision of a licensed and currently registered physical therapist, occupational therapist, speech pathologist, qualified audiologist or registered dentist.

Designated Representative

A designated representative is the individual(s) designated to receive information and to assist and/or act on behalf of a resident to the extent permitted by New York State law. The representation occurs by a court of law if sought; by the resident if he/she has the capacity to make such a designation; or by family members and others who have an interest in the well-being of the resident. The name of the designated representative must be noted in the resident's clinical record at the facility.

The designated representative: (1) receives any written and verbal information required to be provided to the resident if the resident lacks the capacity to understand or make use of the information, and receives any information required to be provided to both the resident and the designated representative; (2) participates (to the extent authorized by New York State law) in decisions and choices regarding the care, treatment and well-being of the resident if such resident lacks the capacity to make decisions and choices. These decisions are not the same as those made by a health care agent, unless the same person has been appointed both the designated representative and the health care agent.

Health Care Agent

A Health Care Agent is a person appointed by the resident to decide about treatment if the resident becomes incapable of making decisions for him/herself. The resident has the right to appoint a Health Care Agent by completing a Health Care Proxy.

Health Care Proxy

A Health Care Proxy is a document that delegates the authority to another individual (known as a Health Care Agent) to make health care decisions on behalf of the resident when that resident is incapacitated.

Medical Orders for Life-Sustaining Treatment

To complement the use of traditional advance directives and facilitate the communication of medical orders impacting end-of-life care for patients with advanced chronic or serious illness, the Medical Orders for Life-Sustaining Treatment (MOLST) program was created. The MOLST program is based on the belief that patients have the right to make their own health care decisions, including decisions about life-sustaining treatment, to describe these wishes to health care providers and to receive comfort care while wishes are being honored.

Minimum Data Set

The Minimum Data Set (MDS) is a Federal government tool for facilitating care management in nursing homes. The MDS includes a core set of screening and assessment elements that is part of a Resident Assessment Instrument (RAI). The RAI provides a comprehensive and standardized assessment of each resident's functional capabilities and helps staff to identify health problems and formulate each resident's individualized plan of care. This assessment is performed on every resident in a Medicare and/or Medicaid-certified nursing home within specific guidelines and time frames. MDS information is handled confidentially. Regulations governing MDS are found in the Code of Federal Regulations, Title 42, Part 483, Subpart C, at www.ecfr.gov/.

Nursing Home

Nursing homes are places to live where care is available for people of all ages who need 24-hour nursing care and supervision outside of a hospital pursuant to Article 28 of the New York State Public Health Law.

Patient Review Instrument

The Patient Review Instrument (PRI) is an assessment tool developed by NYS DOH to assess selected physical, medical and cognitive characteristics of all nursing home residents, as well as to document selected services they may receive.

Person-Centered Care

Person-centered care means that nursing home residents are supported in achieving the level of physical, mental and psychosocial well-being that is individually practicable. This goal honors the importance of keeping the person at the center of the care planning and decision-making process. In person-centered care, staff places a premium on active listening and observing, so staff can adapt to each resident's changing needs regardless of cognitive abilities.

Pre-Admission Screening and Resident Review

The Pre-Admission Screening and Resident Review (PASRR) is a Federal government tool for determining if prospective a nursing home resident has a possible mental illness, intellectual disability and/or developmental disability. Any individual that applies for admission to a nursing home must be evaluated to determine if the nursing home can provide the services so the individual is not inappropriately placed. Regulations governing PASRR are found in the Code of Federal Regulations, primarily at 42 CFR 483, Subpart C.

Resident

A resident is an individual who has been admitted to and resides in a long-term care facility (nursing home) and is entitled to receive care, treatment and services required by New York State law.

Special Services

Special services are those that may be offered in addition to those which are considered standard.

- **Adult Day Health Care** -- Adult Day Health Care programs provide health care services and activities for individuals who are not residents of a residential health care facility, but are functionally impaired and not homebound and require supervision, monitoring, preventive, diagnostic, therapeutic, rehabilitative or palliative care services. Adult Day Health Care services help participants maintain their health status and enable them to remain in the community.

- **AIDS** -- AIDS programs provide comprehensive and coordinated health services; provide or make arrangements for case management services, substance abuse services (if appropriate), mental health services, HIV prevention and counseling

services, pastoral counseling, TB screening and ongoing follow up, and specialized medical services, including gynecology (as needed).

- ***AIDS Adult Day Health Care*** -- AIDS Adult Day Health Care programs are designed to assist individuals with HIV disease to live more independently in the community or eliminate the need for residential health care services. AIDS Adult Day Health Care programs provide comprehensive and coordinated health services; provide or make arrangements for case management services, substance abuse services (if appropriate), mental health services, HIV prevention and counseling services, pastoral counseling, TB screening and ongoing follow up, and specialized medical services, including gynecology (as needed).

- ***Alzheimer's Disease and Other Dementias*** -- The design and promotion of services for Alzheimer's Disease and other dementias are driven by the individual needs of each resident to maximize their physical and mental well-being (person-centered care). These services fall within general care standards. While a nursing home may assert to provide specialized services for Alzheimer's Disease and other dementias or operate a designated unit, NYS DOH does not license such services as a separate category. However, the Department partners with nursing homes to assure the highest quality of care for all residents, including those with Alzheimer's Disease and other dementias, as guided by Federal standards. This may include specialized staff training, services and activities, physical space and safety features.

- ***Behavioral Intervention*** -- The facility has a discrete unit with a planned combination of services with staffing, equipment and physical facilities designed to serve individuals whose severe behavior cannot be managed in a less-restrictive setting. The program provides goal-directed, comprehensive and interdisciplinary services directed at attaining or maintaining the individual at the highest practicable level of physical, affective, behavioral and cognitive functioning.

- ***Clinical Laboratory*** -- The facility provides microbiological, serological, chemical, hematological, biophysical, cytological or pathological examination of materials derived from the human body, for the purposes of obtaining information for the diagnosis, prevention or treatment of disease or the assessment of a health condition.

- ***Coma Recovery*** -- The facility provides a planned combination of services to medically stable, traumatically brain-injured individuals. Goal-oriented, comprehensive, interdisciplinary and coordinated services are directed at restoring the individual to the optimal level of physical, cognitive and behavioral functioning.

- **Diagnostic Radiology** -- Radiographic procedures requiring the use of contrast media or fluoroscopic interpretation and control are performed with the active participation of a qualified specialist in diagnostic radiology or a physician qualified in a medical specialty related to the radiographic procedure.

- **Hospice** -- A coordinated program of home and inpatient care which treat the terminally ill patient and family as a unit, employing an interdisciplinary team acting under the direction of an autonomous hospice administration. The program provides palliative and supportive care to meet the special needs arising out of physical, psychological, spiritual, social and economic stresses, which are experienced during the final stages of illness and during dying and bereavement. A resident of a nursing home who becomes terminally ill may receive hospice services. In order to establish eligibility for hospice care, the resident's physician and the hospice medical director must certify that the resident is terminally ill. The resident (or authorized representative) must elect the hospice benefit in writing, and a hospice plan of care must be established. Terminal illness is defined as a medical life expectancy of six months or less if the illness runs its normal course.

- **Limited Transfusion** -- The facility transfuses blood and may temporarily store blood and distribute it within its own organization, but relies on a blood bank holding a permit in blood services transfusion to perform laboratory tests.

- **Outpatient Services**
 - **Occupational Therapy** -- Teaches manual skills and independence in personal care to stimulate mental and emotional activity. This includes the utilization of modalities and tests of occupational therapy and rehabilitative nursing in a coordinated and integrated program of services under the direction of a physician. This consists of instructing patients in prescribed academic subjects to prevent mental deconditioning, improving patients' mental and physical conditions and aiding in the attainment of knowledge and skills that will further patients' progress toward vocational objectives.

 - **Physical Therapy** -- Employs therapeutic exercises and massage and utilizing effective properties of heat, light, cold water and electricity for diagnosis and rehabilitation of patients with neuromuscular, orthopedic and other impairments. Such services are provided in a coordinated and integrated program under the direction and prescription of a physician or a registered physical therapist. Additional activities include, but are not limited to the provision of clinical and

consultative services; the direction of patients in the use, function and care of braces, artificial limbs and other devices; prescribing therapeutic exercises; counseling patients and their relatives; organizing and conducting medically prescribed physical therapy programs; applying diagnostic muscle tests; administering whirlpool and compact baths; changing linen on physical therapy department beds and treatment tables; assisting patients in changing clothes and other personal needs and participating in discharge coordination.

- **Speech Language Pathology** -- Identifies individuals with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills; referral for medical or other professional services necessary for the habilitation or rehabilitation of individuals with communicative or oropharyngeal disorders and delays in development of communication skills; and provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.
- **Pediatric** -- Provides extensive age-specific nursing, medical, psychological and counseling support to infants and children up to 21 years of age with diverse and complex medical, emotional and social problems in a program recognized and approved by NYS DOH to provide these services.
- **Respite Care (Short-Term)** -- Provides temporary relief to the caregiver(s) while providing nursing home care for the resident. Schedules for short-term care are generally pre-arranged and limited to one or more periods of from one to 30 days, and shall not exceed 42 days in any one year except in extraordinary circumstances.
- **Traumatic Brain Injury (TBI)** -- A program designed to serve medically stable, traumatically brain-injured individuals with an expected length of stay from three to 12 months. Goal-oriented, comprehensive, interdisciplinary and coordinated services are directed at restoring the individual to the optimal level of physical, cognitive and behavioral functioning. The program is not targeted to individuals with degenerative, structural brain damage resulting in residual deficits and disability or those who are determined to be a danger to self or others. An individual admitted for long-term rehabilitation is a person who has suffered a traumatic brain injury with structural non-degenerative brain damage, is medically stable, is not in a persistent vegetative state, demonstrates potential for physical, behavioral and cognitive rehabilitation and may evidence moderate to severe behavior abnormalities. The resident must be capable of exhibiting at least localized responses by reacting

specifically, but inconsistently, to stimuli. Education and counseling services are available and offered to the residents and families.

- ***Ventilator Dependent*** -- A program intended to serve residents who require nursing home care and continuous or intermittent use of a ventilator. Services are directed at restoring each resident to his/her optimal level of functioning and assisting each resident to achieve maximum independence from mechanical ventilation.