

# SINCE YOU CARE

A Series of Guides from MetLife in Cooperation with the National Alliance for Caregiving

## Making The Nursing Home Choice

### About the Subject

In many families, there is a wholehearted, confirmed agreement that nursing home placement will never be an option. We hold on staunchly to those promises we made to our loved ones, promises made with love and conviction, perhaps based more on feelings than on fact.

In the best of circumstances the potential need for a nursing home will be a gradual process. This will allow time for research into the type of facility, payment options and location that are best suited to the needs of the individual. It can also provide time for acceptance and adjustment on the part of both family and the person going into the facility. Too often there is an acute change in the physical or mental functioning of an older adult that leaves family and friends without time to plan.



**MetLife**

*Caregivers face many challenges as they search for information and make decisions about how best to provide care to their loved ones. To help meet their needs,*

*MetLife offers SinceYouCare® — a series of guides which provide practical suggestions and useful tools on a variety of specific care-related products.*

If the individual going into a nursing home is mentally competent, it is important to try and accommodate his or her preference of nursing facilities. If individuals have dementia and are incapable of making decisions, then families will need to act on their behalf. This is important as some facilities have special units and areas that are set up specifically for people with dementia.

Your family member's physical and mental changes, plus the various choices of care support, may help you to determine if nursing home placement is appropriate. There is no easy way to decide or guarantee if nursing home placement is the right decision, but do your homework and trust your instincts. And start planning early for this option if it appears that your relative may need it.

The nation's nursing homes provided care to 1.6 million people in 1999. One and a half million residents were over age 65.<sup>1</sup> Most of the population required assistance with bathing, dressing and toileting.<sup>2</sup> As we age, the chance of developing a dementia increases, with dementia the most common reason for placement in a nursing facility.<sup>3</sup> People over the age of 65 face a 40% lifetime risk of nursing home placement. Ten percent of those will stay at least five or more years.<sup>4</sup>

## Things You Need to Know

A nursing home is a residence that provides room, meals, nursing and rehabilitative care, medical services and protective supervision to its residents. While an individual coming from the hospital may require the services of many long-term care professionals such as nurses, therapists and social workers, a nursing home is not a hospital setting. The goal at a nursing home is to help the person regain as much of their independent function as possible in a supportive environment. Nursing homes provide assistance with the activities of daily living and recreational activities. They are certified and



licensed by states and the Federal government to provide levels of care ranging from custodial (maintenance of maximum function) to skilled nursing that can be delivered only by trained professionals.

Some individuals may need to go to a nursing home for additional care following a hospitalization. This care is intended to be short-term, typically several weeks to several months, and would involve therapy and/or skilled nursing services. For example, an individual who has fractured a hip may need to go to a nursing home for rehabilitation before being able to return home and live independently. Nursing homes that provide short-term rehabilitation services and skilled nursing services, which are needed for recovery from an acute illness, are often called skilled nursing facilities (SNFs).

For other individuals, the nursing home stay will be a longer and possibly a permanent move. They may have an illness or condition that is long-term and not expected to improve, a condition that prevents them from living independently and requires that they have 24-hour supervision and/or assistance. The nursing home provides a secure environment and an array of residential

services. This would include programs to meet the social and spiritual needs of its residents as well as their physical needs.

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

### **Choosing a Facility**

One of the first things to consider when making a nursing home choice is the needs of the older individual for whom you're providing care. Make a list of special care that may be needed, such as dementia care or various types of therapy.

If the person is hospitalized, the discharge planner and/or social worker can assist you in assessing the needs of the individual and locating an appropriate facility. Do not hesitate to speak up and ask for assistance or clarification. It will still be up to you to actually visit the facilities and make the final decision, but you don't have to go through the process alone.

If you are choosing a nursing facility for someone who is presently at home, ask for referrals from your physician,

friends and family. Your local Long-Term Care Ombudsman may be able to assist in providing a directory of area facilities. An ombudsman can supply information about any particular problems, strengths and weaknesses a facility may have, but cannot recommend a specific one. The number for your Long-Term Care Ombudsman can be found in the blue pages of the phone book, usually under Social Services. You can also obtain the number by calling the Eldercare Locator or visiting the website for the Long-Term Care Ombudsman program. (See the *Resources to Get You Started* section of this guide for more information on these contacts.)

Other factors such as location, cost, the quality of care, services, size, religious and cultural preferences and accommodations for special care need to be considered. Keep in mind the personality of the person needing care. Include the person, if at all possible, in the decision making process.

### **Location**

The facility's location is very important. Newly admitted residents will adjust more easily to their new environment when family and friends are frequent

visitors. So, while a 40 minute drive may not initially seem like an exhausting venture, traveling in all kinds of weather when you're tired or not feeling well may make visiting a chore.

Expect a period of adjustment with a range of feelings including anxiety, anger and depression. Understand that these are common responses to the situation. It is important that you continue to visit regularly and encourage your loved one to express his or her feelings. This will go a long way toward easing the adjustment. Always remember that your loved one needs your continued presence in his or her life.

## Size

Look at the size of the facility. A small close knit community may be just the ticket for one resident and the wrong choice for another. Remember the personality of the individual. Was he or she a doer or a sitter? Does the facility have grounds for walking and getting outside? Can residents get away from the everyday activity and still be safe, if that is what they desire?

## Types of Services

Check the services provided.

- Can therapies—physical, occupational, speech and

respiratory—be provided in-house? Are the therapists sub-contracted or employees of the facility?

- Can the facility maintain intravenous lines?
- Can they accommodate special populations such as dialysis patients or those with dementia?
- What sort of end-of-life care is available?
- Is there palliative care (e.g., pain management, music therapy, counseling for terminally ill patients)?

These are all areas to consider when formalizing plans for and making decisions about nursing home placement. There is a specific checklist under *Useful Tools* to assist you in facility-to-facility comparison as well as other helpful material under *Resources To Get You Started* in this pamphlet.

## Visiting a Facility

When you've located a few facilities that you'd like to consider more thoroughly, plan on visiting each one, both with scheduled and unscheduled visits, at different times and on different days of the week.

Should you choose to, you can check out the facility's latest state inspection survey prior to

visiting. This may assist you in your decision and help formulate questions for when you meet with the admission personnel.

The State Inspection Survey is done every 9-15 months. Deficiencies are those areas that the state found lacking upon inspection. Deficiencies are rated by how often a certain problem occurs and how seriously the problem impacts the health and safety of the residents.<sup>5</sup> You may obtain these inspection results from the Long Term Care Ombudsman or on the Internet at [www.medicare.gov/NHCompare/home.asp](http://www.medicare.gov/NHCompare/home.asp). This site is maintained by the federal government, and provides detailed results of Medicare and Medicaid facilities surveys by state. A facility itself must also post the results of the most recent survey results in an easily accessible, visible place within the residence.

## The Nursing Home Tour

If you choose to make your first visit a scheduled one, you will need to call the admissions director to make an appointment. You'll be given a formal tour of the facility on that day. If your loved one will need any therapy, ask to see these facilities as well. Ask if you can see the kitchen area and dietary sec-

tion of the facility. Suggest that you might like to have a meal there, particularly if it is around the lunch hour so that you can see and taste the food. As you are walking around, take note of what you see and hear.

- Is it silent?
- Is there activity?
- Is there interactive communication between residents and staff? How are the call bells being answered, or are they being answered?
- Is there any odor? There should not be any strong smell of urine or feces. With today's cleaning products, there is no reason for offensive smells.
- How clean does it look?
- Does it appear well-maintained?
- Are the residents dressed appropriately for the season?
- Do they appear well-groomed?
- Are activity areas busy and well used?
- Ask about the ratios of nurse to resident and aide to resident.
- What is the staff turnover rate?

As you tour, look to see the inspection survey posting. If you have not yet asked questions, now would be a good time. Confirm any accreditation that the facility may have such as Joint Commission on Accreditation of Healthcare Organizations (JCAHO) or

Commission on Accreditation of Rehabilitation Facilities (CARF).

## Legal Concerns

At the end of the visit, you should get written information about the facility and a contact name for any follow up questions you may have. You will also be given information to complete regarding the prospective resident's financial status, prospective method of payment and the admissions contract. Review them thoroughly. You may want to have an elder law attorney review the information.

If your family member doesn't have a financial and health power of attorney, as well as a living will, you should strongly consider obtaining them now. If the individual entering the facility does not have the capacity to make decisions, you may need to discuss a conservatorship with an attorney.

## Paying for Care

When considering a nursing home, the financial resources of the prospective resident are always part of the decision. The national average cost of a nursing home stay is about



\$75,000 per year in a private room and over \$66,000 per year in a semi-private room. The average length of a nursing home stay is about 2 1/2 years.<sup>6</sup> This varies depending on the area of the country. There are various avenues to research for payment: Medicare, Medicaid, long-term care insurance, Veterans' benefits and private funding or out-of-pocket payment.

## Medicare

Medicare payments account for only about 1.2% of patient nursing home days of stay.<sup>7</sup> Medicare Part A pays for up to 100 days in a SNF in whole or in part as long as an individual meets certain criteria:

- A full three day hospital stay must precede the admission to a SNF.
- The services you need from the nursing home are related to the condition for which you were treated in the hospital.
- You require skilled nursing or formal therapies from a licensed professional on a daily basis.
- Your physician certifies that your care can only be provided on an inpatient basis.

Medicare pays for 100% of the charges for the first 20 days that a resident remains under Medicare criteria. From day 21-100 Medicare will pay costs



after a daily deductible which varies from year to year as long as an individual continues to meet Medicare criteria. If someone has a Medicare supplement plan, it may pick up the deductible amount for as long as Medicare Part A is billed first. Medicare will not continue to provide payment after day 100 even if an individual may still have need for skilled care. Remember to check with your carrier if you are part of Medicare Advantage. A facility will need to be an approved or participating provider for your reimbursement.

## Medicaid

Medicaid is the state and federal program that will pay most nursing home costs for people who have limited incomes and assets. Generally, the nursing home resident on Medicaid must spend down his or her assets to around \$2,000. There are variations from state to state regarding items such as income eligibility and spousal assets. It is best to check with your local Social Services agency regarding the application process and guidelines. Medicaid is the primary payor for 7 out of 10 nursing home residents.<sup>8</sup>



If you're anticipating having to use Medicare or Medicaid for nursing home costs, providing you meet stringent eligibility requirements, remember to pick a facility that is certified for that program. If it is not, then even if the resident is eligible, Medicaid and Medicare will not pay. In the case of Medicaid, if a person is on Medicaid and in an appropriate facility, if that facility ceases to participate in the program, the Nursing Home Resident Protection Amendment of 1999 requires that the facility

continue to care for its Medicaid recipients already in residence.<sup>9</sup>

## **Long-Term Care Insurance**

Long-term care insurance is private pay insurance that can assist in reimbursement for nursing home costs if an individual meets the eligibility criteria in the policy. This insurance is medically underwritten and cannot be purchased when someone already needs care. There are many different plans and it is always prudent to check with your carrier regarding eligibility criteria, deductibles and reimbursement.

## **Veterans' Benefits**

If the person is a veteran, check with the local bureau of Veterans' Affairs to see if they are eligible for veterans' benefits.

## **Personal Financing**

Often long-term nursing home stays are financed through the resident's or family's personal funds. Estate planning and management of those financial resources can be overwhelming. Sometimes enlisting the services of an elder law attorney can be helpful.

## **State Health Insurance Assistance Programs (SHIPS)**

SHIPS is a program administered by individual states and funded by the Center for Medicare & Medicaid Services (CMS). This program is intended to assist consumers with questions related to health insurance including Medicare, Medigap plans and long-term care insurance. The purpose is to provide education, outreach, counseling and information to Medicare beneficiaries, their families and caregivers. In some states, programs such as SHIPS are known by other names such as:

- SHIBA (Statewide Health Insurance Benefits Advisors)
- HIBAC (Health Insurance & Benefits Assistance Corporation)
- MMAP (Medicare Medicaid Assistance Program)<sup>10</sup>

## **Helpful Hints**

### **Protecting You and the Resident**

When you've finally decided upon a facility, you need to know your rights and those of your family member. Before you or the resident sign the admissions agreement, under-



stand what you're signing. Remember, this is a legal contract and outlines the facility's responsibilities and its relationship with the resident.

The admissions contract should, at a minimum, contain the daily room rate, items covered in the basic rate, reasons for discharge and transfer, and the policy regarding payment of the daily room rate if the resident goes to the hospital or the family takes the resident out for a vacation. The contract should also cover facility liability for resident injury and loss of personal property.

Do not sign any paperwork unless everything has fully been explained. A facility cannot require a family member or friend to sign as a "guarantor" or "responsible party." That can happen only if the family member or friend signs papers stating specifically that they intend to pay for the care. If you sign as Power of Attorney (POA) or guardian, attach that to your signature. Using "responsible party" or "guarantor" indicates personal liability for the cost of care; this is illegal for residents on Medicaid and unenforceable for privately paying residents.<sup>11</sup>

Make sure to ask for a copy of the patient's bill of rights. There are both state and federal statutes supporting this. Ask for a copy of the facility's grievance process. Inform the facility that you want a copy of the plan of care for the resident once completed. You will want to keep this and update it with future family care planning meetings.

## What's Covered and What's Not

- Know what is and is not covered in basic fees, and when a prepayment or deposits are required. Personal items, such as TV, phone and incontinence supplies, may cost extra.
- Physicians' visits are extra.
- Also, be sure to check on policies for holding a nursing home room when the person goes into the hospital for a period of time. Will there be an extra cost to hold the room?

## Handling Complaints

Even in the best of facilities, issues may arise that cause concern to residents and family members. Make certain if you are interceding on behalf of the resident that you fully understand the circumstances of the situation or incident. Sometimes it is just a misunderstanding, a lan-

guage barrier or even a personality conflict that can be easily resolved.

If you determine that indeed something needs further investigation, take the appropriate steps:

- Direct your concern to those staff members who are directly involved. Try to be non-confrontational. Make a note of the date/time/names of people involved.
- If direct staff communication is not productive, take the following steps: go to the charge nurse or director of nursing and be specific about the issue if they do not have a first-hand account of the complaint.
- Review the nursing home's formal grievance process and call the nursing home administrator.
- Contact your local Long-Term Care Ombudsman. The ombudsman has the power, based on federal law, to intervene on behalf of consumers having problems with nursing home care. The inquiry can be kept confidential.
- The State Survey Agency licenses and conducts annual inspections to monitor and evaluate the care the facility provides. This agency is

required to investigate complaints involving health and safety of patients within two working days.<sup>12</sup>

Always keep a written record of the information, who you spoke with and on what day, and the responses and proposed action and answers.

## Have You Made the Right Decision?

It will seem that you will never find the right facility with everything that you want for your family member. You'll question whether the choice of a nursing home is really the right decision. But once you've looked at a few facilities, compared them and really assessed the needs of your family member and the ability of each facility to meet them, then you will be ready to make your decision. Once you make your decision, you'll probably doubt yourself again. Give yourself time. Stay involved and visible in your family member's life. This will be beneficial to both of you. Speak up for what you feel is important; ask about what you don't understand. Stay open to suggestions, and don't be afraid to reassess the situation and make changes if you feel they are appropriate. Remember, you can do no more than your

best, and if you've done that, neither you nor your family member can ask any more of you.

## Resources to Get You Started

### *Books and Publications*

AARP makes available free pamphlets assisting in the nursing home choice and payment areas.

- **Choosing Good Care: A Family Guide to Finding a Nursing Home** (D17064)
- **Solving Nursing Home Problems: A Guide for Families** (D17065)

They may be obtained by sending a request to: AARP Fulfillment, 601 E St., N.W., Washington, D.C. 20049. Please include the title, stock number and your mailing address. You may also call to order at 888-687-2277.

**Centers for Medicare and Medicaid Services** in conjunction with individual states oversees nursing home quality and certification. CMS offers two valuable consumer guides related to nursing home care. The first called *Guide to Choosing a Nursing Home* (Publication No. CMS-02174) contains information on finding and compar-

ing nursing homes, the rights of nursing home residents and resources to contact for further information. It can be accessed at <http://www.medicare.gov/Publications/Pubs/pdf/02174.pdf>. The second called *Medicare Coverage of Skilled Nursing Facility Care* (Publication No. CMS-10153) contains information specific to Medicare criteria for coverage and resources to provide answers to questions related to this coverage. It can be accessed at [http://www.ohca.com/docs/medicare\\_coverage.pdf](http://www.ohca.com/docs/medicare_coverage.pdf). Both can also be ordered by calling 1-800-633-4227.

### **When Someone You Love Needs Nursing Home, Assisted Living, or In-Home Care**

A comprehensive book, written by psychologists, that covers essential material in easy-to-understand language. Included are a comprehensive resource section, checklists and worksheets. Bornstein, R. and Languirand, M. (2002). New York, NY: Newmarket Press, \$16.95 ISBN: 1557045348

### *Internet Sites*

#### **American Health Care Association (AHCA)**

This organization was established in 1949 to monitor, promote and increase public and offi-

cial understanding of member nursing homes. Along with the National Center for Assisted Living (NCAL), AHCA provides a consumer information site related to long-term care living which includes discussions and resources related to nursing home care as well as a "Facility Finder" database to search for nursing homes in your local area. It can be accessed through the AHCA main site [www.ahca.org](http://www.ahca.org) and clicking on "consumer info" or directly at [www.longtermcareliving.com/](http://www.longtermcareliving.com/). The site also has a guide called *Choosing a Nursing Facility* at [www.longtermcareliving.com/pdf/nf\\_guide.pdf](http://www.longtermcareliving.com/pdf/nf_guide.pdf). This guide and others in a "Consumer's Guide Series" can also be ordered by calling 1-800-628-8140.

#### **American Association of Homes and Services for the Aging (AAHSA)**

AAHSA is a not-for-profit membership organization of facilities, home care providers and other community resources providing long-term care services. The site offers consumer information related to planning for long-term care, payment options and choosing services to meet one's needs. It allows links to other resources and a search for local resources among its member organizations and can be accessed at [www.aahsa.org](http://www.aahsa.org).

## Facility Checklist\*

Name of Facility \_\_\_\_\_

### Staffing

- What is the staff to resident ratio? \_\_\_\_\_
- What are the facility's hiring and staffing policies? \_\_\_\_\_
- How are prospective employees screened? \_\_\_\_\_
- What kind of training do new employees receive? \_\_\_\_\_

### Health Care and Services

- Can residents retain their personal physician if they wish? \_\_\_\_\_
- Will a resident be moved out of the facility if additional care is needed? \_\_\_\_\_
- Do residents have input in the development of care plans? \_\_\_\_\_
- Are rehabilitation programs and therapies offered, as appropriate? \_\_\_\_\_
- What are the policies on "do not resuscitate" and "advance directives"? \_\_\_\_\_
- If applicable, does the facility meet the Alzheimer's Association criteria? \_\_\_\_\_
- Does the facility offer specialized programs or services? \_\_\_\_\_

### Accommodations

- Is there adequate privacy and space in resident rooms? \_\_\_\_\_
- What personal possessions are permitted in resident rooms? \_\_\_\_\_
- How are items protected from theft? \_\_\_\_\_
- If rooms are shared, how are roommates selected? \_\_\_\_\_
- What happens if roommates are not compatible? \_\_\_\_\_
- What are the policies on transfer and relocation of residents? \_\_\_\_\_
- Are there activity rooms and lounge areas for resident use? \_\_\_\_\_
- Are the bathing and food preparation areas clean and accessible? \_\_\_\_\_

### Meals and Resident Activities

- Are meals served in an appealing manner and at proper temperature? \_\_\_\_\_
- Can you sample a meal? \_\_\_\_\_
- Are there food choices? \_\_\_\_\_
- Are there accommodations for special diets? \_\_\_\_\_
- Are snacks and drinks available between meals? \_\_\_\_\_
- Is there an active residents' council? \_\_\_\_\_
- Are special events held at or outside the facility and what is scheduled? \_\_\_\_\_
- Are there religious or cultural activities offered? \_\_\_\_\_

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## Family Visits

- What are the facility's policies concerning family visits? \_\_\_\_\_
- Are there designated visiting hours? \_\_\_\_\_
- What space is available for visits? \_\_\_\_\_
- Are there limitations on the number of visitors or frequency of visits? \_\_\_\_\_
- Are family members permitted to join relatives for occasional meals? \_\_\_\_\_

## Payment Policies

- Is the facility approved to accept Medicare or Medicaid patients? \_\_\_\_\_
- What is the billing and payment policy? \_\_\_\_\_
- What is included in the daily/monthly rate? \_\_\_\_\_
- Are there any additional charges? \_\_\_\_\_
- How long will the bed be held if the resident is hospitalized? \_\_\_\_\_

## Facility Environment

- Do the residents appear to be well cared for, properly groomed, and dressed appropriately for the season and time of day? \_\_\_\_\_
- Do staff seem to be friendly, caring and accommodating to residents, visitors and others?  
\_\_\_\_\_
- Do staff members respond promptly to resident's requests? \_\_\_\_\_
- Is the facility clean? \_\_\_\_\_
- Are there strong odors in the facility? \_\_\_\_\_
- Is the facility well maintained, pleasing and cheerful? \_\_\_\_\_
- Are the exits clearly marked and accessible? \_\_\_\_\_

## Survey Reports

- When was the facility's last survey conducted? \_\_\_\_\_
- Is the most recent survey report available in the facility? If so, where? \_\_\_\_\_
- Have cited deficiencies been corrected? \_\_\_\_\_
- If corrected, when and how were they corrected? \_\_\_\_\_
- How will the facility prevent them from recurring? \_\_\_\_\_
- If deficiencies are not yet corrected, what is the facility's plan for correcting? \_\_\_\_\_

\* This checklist is adapted in part from: *Guide to Choosing a Nursing Home*, Centers for Medicare & Medicaid Services, Department of Health & Human Services, 2004.

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**Administration on Aging (AOA)**  
AOA is maintained by the U.S. Department of Health and Human Services, and provides resources, news and developments, and information for older adults. AOA funds the **Eldercare Locator**, a service administered by the National Association of Area Agencies on Aging (N4A) that gives information to callers about state and community resources which provide assistance to older persons and their caregivers. The AOA's home page may be accessed at: [www.aoa.gov](http://www.aoa.gov). The **Eldercare Locator** may be accessed at: [www.eldercare.gov](http://www.eldercare.gov), or by calling 1-800-677-1116, M-F, 9 a.m.-8 p.m. EST.

**National Academy of Elder Law Attorneys, Inc. (NAELA)**  
This is the Web site for attorneys that deal with the many issues facing older adults and the disabled. NAELA attorneys can assist their clients with estate planning, long-term care issues, power-of-attorney, wills and trusts. Within the site is a search field to find an elder law attorney in your area. There is also a very helpful question and answer section that will assist in the search for an elder law attorney. Access the main site at [www.naela.org](http://www.naela.org) and the specific question and answer site at [www.naela.com/public/index.htm](http://www.naela.com/public/index.htm). If you do not have

access to a computer you may reach NAELA by phone at 520-881-4005 or via mail at: NAELA, 1604 N. Country Club Road, Tucson, AZ 85716-3102.

### **National Long-Term Care Ombudsman Resource Center (ORC)**

The ORC, funded by the Administration on Aging and administered by the National Citizens' Coalition for Nursing Home Reform (NCCNHR) in cooperation with the National Association of State Units on Aging (NASUA), provides support, assistance and training to the 53 state Long-Term Care Ombudsman programs. The website provides information for consumers about the Ombudsman Program and an "Ombudsman Locator" for all 50 states. It can be accessed at [www.ltombudsman.org](http://www.ltombudsman.org).

## **Useful Tools**

Here is a tool to help you evaluate nursing homes you may be considering.

- Facility Checklist

### Endnotes

- <sup>1</sup> *The National Nursing Home Survey: 1999 Summary*, Vital and Health Statistics, Series 13, Number 152, Department of Health and Human Services.
- <sup>2</sup> Ibid.
- <sup>3</sup> Burke, J.R., and Morgenlander, J.C., *Managing Common Behavioral Problems in Dementia: How to Improve Quality of Life for Patients and Families*, Postgrad Medicine 106(5): 131-140, 1999.
- <sup>4</sup> *Guide to Choosing a Nursing Home*, Centers for Medicare & Medicaid Services, Department of Health & Human Services, 2001.
- <sup>5</sup> Ibid.
- <sup>6</sup> *MetLife Market Survey on Nursing Home and Home Care Costs 2004* MetLife Mature Market Institute, 2004.
- <sup>7</sup> Jones, A., *The National Nursing Home Survey: 1999 Summary*, The National Nursing Home Survey, National Center for Health Statistics Vital Health Stat 13(152). 2002.
- <sup>8</sup> *Guide to Choosing a Nursing Home*, U.S. Department of Health & Human Services Centers for Medicare & Medicaid Services, Baltimore, MD, September 2004.
- <sup>9</sup> Fact Sheets: *Involuntary Transfer and Discharge*, A Consumer Guide to Choosing a Nursing Home, National Citizens Coalition for Nursing Home, Washington, D.C. 2002.
- <sup>10</sup> Fact Sheet - *What is Arizona SHIP?*, Arizona Department of Economic Security, Accessed 9/9/02.
- <sup>11</sup> *Nursing Home Admission Contracts*, AARP, Washington, D.C., 2002.
- <sup>12</sup> Fact Sheets: *Involuntary Transfer and Discharge*, A Consumer Guide to Choosing a Nursing Home, National Citizens Coalition for Nursing Home, Washington, D.C. 2002.



## *About the Authors of Since You Care®*

*Since You Care* guides are prepared by the MetLife Mature Market Institute in cooperation with the National Alliance for Caregiving and MetLife's Nurse Care Managers.

**MetLife Mature Market Institute®** is the company's information and policy resource center on issues related to aging, retirement, long-term care and the mature market. The Institute, staffed by gerontologists, provides research, training and education, consultation and information to support Metropolitan Life Insurance Company, its corporate customers and business partners. MetLife, a subsidiary of MetLife, Inc. (NYSE: MET), is a leading provider of insurance and other financial services to individual and institutional customers.

**MetLife Nurse Care Managers** are available to MetLife's long-term care customers and their caregivers to help identify and resolve caregiving questions and concerns through counseling and referral.

## **National Alliance for Caregiving**

Established in 1996, the National Alliance for Caregiving is a nonprofit coalition of national organizations that focuses on issues of family caregiving across the life span. The Alliance was created to conduct research, do policy analysis, develop national programs and increase public awareness of family caregiving issues.

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## **National Alliance for Caregiving**

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*This booklet offers general advice, however, it is not a substitute for consultation with an appropriate professional. Please see a health care professional, attorney, or other appropriate professional when determining how the information and recommendations discussed in this booklet apply to your specific situation.*