

ADMISSION TO CORTLAND ACRES

Thank you for your interest and inquiry into the services of Cortland Acres, a non-profit corporation having a purpose to provide long-term as well as short-term nursing care and rehabilitation for residents of Tucker County and surrounding communities.

We are interested in the whole person, in providing the highest quality of patient care and in responding to the individual needs of the resident.

The following information will guide you through the process of obtaining admission to Cortland Acres:

1. Contact a Social Worker at Cortland Acres. You may obtain an application at Cortland Acres or one can be mailed to you. Also, the information can be taken over the phone.
2. The applicant's most recent medical information will be requested. If the applicant is currently in a hospital, the admitting history, physical and discharge summary will provide most of the needed medical information. If the applicant is at home, information from recent hospitalizations or physician visits will be helpful.
3. West Virginia requires that all applicants have a medical assessment completed by a doctor and recorded on a form called a PAS-2000. This form can be initiated in the hospital or doctor's office. Blank forms are always available at Cortland Acres; one is provided in this packet.
4. Certain tests are required at the time of admission. They will also be considered current if completed within 30 days prior to the date of admission. The tests include: Chest x-ray report, complete blood count, and urinalysis. Other tests may be required depending on the diagnosis of applicant.
5. There are several physicians available to oversee the care of a resident. You may contact any one of them at their respective phone numbers:

Margaret Kaiser, M.D.

(301) 334-8600

Ed Rader, M.D.

(304) 463-3331

Steven Toney, M.D.

(304) 636-2696

Andrew Foy, M.D.

(304) 735-3155

6. All applicants are invited to designate someone who would be authorized to make health care and /or financial decisions on their behalf. A Medical Power of Attorney, a Durable Power of Attorney, a Court Appointed Committee, or a Surrogate Health Care Decision Maker may be appointed. Contact Social Services at Cortland Acres for more information regarding these documents.

The staff of Cortland Acres are eager to answer any questions and to assist you in any way possible through this important and sometimes difficult process.

GENERAL POLICY STATEMENT

Cortland Acres is a non-profit, skilled nursing facility for the aging, operated by a volunteer board of directors from the surrounding community.

We believe that most persons desire to live in their home and their communities as long as this is practicable. When this is no longer possible or desirable, nursing care and or rehabilitation services are considered. We are interested in the whole person, in providing the highest quality of patient care and in responding to the individual needs of the resident.

Cortland Acres agrees to comply with the provisions of the Federal Civil Rights Act of 1964 and the West Virginia Human Relations Act, and all requirements imposed pursuant hereto, to the end that no person shall, on the grounds of race, color, national origin, ancestry, sex, or religious creed be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination in the provision of any care of service.

Approval for admission is dependent on the following factors:

- A. Current medical condition.
- B. Present condition of living arrangements.
- C. Families ability to care for and assist individual in present situation.
- D. Financial situation/eligibility for Medicare, Medicaid or other benefits..
- E. Adaptability to group living.
- F. Appointment of Health Care Decision maker (if necessary).
- G. Completion of admission forms and admission requirements.

Factors influencing order of placement:

- 1. Appropriate opening.
- 2. County residency of applicant.
- 3. Order of application.
- 4. Level of care required.

MEDICARE COVERAGE FOR SKILLED NURSING FACILITY CARE

If after being discharged from the hospital, you need to go to a skilled nursing facility, Medicare will help pay for your care for up to 100 days in a benefit period.

Part A pays the full cost of covered services for the first 20 days. All covered services for the next 80 days are paid by Medicare except a daily coinsurance amount of \$148.00 in 2013. (Co-insurance may be covered by private insurance policy.) You are responsible for all charges beginning with the 101st day.

What happens if you are discharged from a skilled nursing facility and later must be readmitted? If you are still in the same benefit period, Medicare will continue to help pay for your care until you have used up your 100 days of coverage. The care must be for a condition treated during your previous stay.

If you have been out of the skilled nursing facility 60 or more days and the benefit period has ended, another three-day hospitalization will be required before your skilled nursing facility care benefits are renewed.

A skilled nursing facility is a special kind of facility that primarily furnishes skilled nursing and rehabilitation services. The care must be either performed by or provided under the supervision of licensed nursing personnel.

Not all nursing homes are skilled nursing facilities. Some nursing homes primarily offer custodial care such as help in eating, bathing, taking medicine, and toileting. Medicare does not cover custodial care if that is the only care needed.

If you're in doubt about whether your stay in a skilled nursing facility will be covered by Medicare, ask your doctor or someone in the facility's business office. Keep in mind that a skilled nursing facility cannot require you to pay a cash deposit as a condition of admission unless it is clear that your care will not be covered by Medicare.

Qualifying for Skilled Nursing Facility Care: Medicare pays for care in a skilled nursing facility when these five conditions are met:

1. Daily skilled nursing or rehabilitation services that can only be provided in a skilled nursing facility is required.
2. You were in the hospital three days in a row, not counting the day of discharge, before entering the skilled nursing facility.
3. Admission to the facility occurs within a short period of time (generally 30 days) after leaving the hospital.
4. The condition for which you are receiving skilled nursing care was treated in the hospital or arose while you were receiving care for a condition treated in the hospital.
5. A medical professional certifies that skilled nursing care is necessary.

**INFORMATION RE:
WEST VIRGINIA MEDICAID**

1) Apply at any county Division of Health and Human Resources office. (In Tucker County it is located on Rt. 219 in Bretz Community North of Parsons; the mailing address is 9346 Seneca Trail, Parsons, WV 26287. The phone number is (304) 478-3212.

2) In order to qualify for benefits:

Asset level for individuals is \$2,000.00 or less. You will be asked to verify amounts of:

- bonds
- burial trust account
- Certificates of Deposits
- checking accounts
- credit union accounts
- Individual Retirement Accounts
- real estate
- savings account – (including Christmas Clubs)
- trusts
- stocks
- proof of income (any money or checks received on a regular basis)

If you have a spouse at home, assets are computed differently. You should contact the local Department of Human Resources for a calculation of countable assets.

3) Other information that you will be asked to furnish includes:

- Deeds for Cemetery Plots
- Deeds for Real Estate
- Health Insurance Premium Amount, Policy Name and Number
- Life Insurance Policies
- Medicare Card
- Social Security Card
- Vehicle Registrations
- Verification of assets transferred in the past 3 years

4) Your property may be subject to estate recovery by the Department of Human Services. The amount subject to recovery is individualized. More information can be obtained at the local Department of Human Services. (At the above address).

5) A pre-admission medical screening is required for all persons applying for Medicaid for Nursing Home Care. Specific forms are provided for this medical assessment. The form is called PAS-2000. These are available in many physicians' offices, hospitals, and nursing homes. The information provided on this form is considered current for 60 days from the date the physician signed the form. If nursing home admission is not obtained in this 60-day period, a new form must be completed.

6) West Virginia Division of Health and Human Resources will determine the monthly amount the applicant, if eligible, must pay to the nursing home.
The above information is provided to help familiarize you with the Medicaid application process. The Department of Health and Human Resources may ask for information not included in the above. Cortland Acres has no responsibility in the determination of benefits. Eligibility for benefits is determined solely by personnel of the Department of Health and Human Resources.