

CENTERS FOR MEDICARE & MEDICAID SERVICES



Your Guide to Choosing a Nursing Home or Other Long-Term Services & Supports

This official government booklet explains:

- What Medicare pays for nursing home care
- How to find and compare nursing homes and other long-term care services and supports
- Alternatives to nursing home care
- Your rights as a nursing home resident





“Your Guide to Choosing a Nursing Home or Other Long-Term Services & Supports” isn’t a legal document. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

The information in this booklet describes the Medicare Program at the time this booklet was printed. Changes may occur after printing. Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227) to get the most current information. TTY users can call 1-877-486-2048.

This product was produced at U.S. taxpayer expense.

Table of contents

Section 1: Getting started	5
What's long-term care?	5
What's skilled nursing facility care?	6
If you have Medicare	6
If you have Medicaid	6
Section 2: How do I choose a nursing home?	7
Find nursing homes in your area.	7
Think about what's most important to you	7
Get help from local, regional, and national resources	8
Plan a visit.	8
What to expect when you visit.	8
What if I don't like a nursing home I visit?	9
What if I'm helping someone make a decision?	9
What can I expect after I choose a nursing home?	9
What if I'm in the hospital and don't like the nursing home that has an available space?	9
Transition to a nursing home that meets your needs	9
What should I do once I'm a resident?	12
Section 3: What are my other long-term care options?	17
Home- and Community-based services	17
Program of All-inclusive Care for the Elderly (PACE)	18
Accessory dwelling units (ADUs)	19
Continuing Care Retirement Communities (CCRCs)	19
Group living arrangements.	20
Subsidized senior housing.	20
Section 4: Paying for nursing home & other long-term care	21
Medicare	21
Medicaid	23
Long-term care insurance.	23
Personal resources	24
Section 5: Where can I get help?	25
Medicare.gov and 1-800-MEDICARE	25
Resources in your state	25
Administration for Community Living (ACL)	26
Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIOs)	27
Section 6: Definitions	29
CMS Accessible Communications	32



Section 1:

Getting started



Nursing homes can offer different types of care, like:

- Short-term care for people who need rehabilitation after surgery, like physical therapy after a hip or knee replacement.
- Short-term care for people who need skilled nursing to recover from an illness, like pneumonia.
- **Long-term care** for people who need help with activities of daily living, like bathing, dressing, or eating.
- Specialized care for people with Alzheimer’s disease and other types of dementia.

A nursing home is one of several settings that you may consider for short-term or long-term care, whether you’re planning ahead or need to make an unexpected decision.

What’s long-term care?

Long-term care includes medical and non-medical supports and services for people who are unable to perform basic daily living activities, like bathing or dressing. If you need or are considering long-term care, you can get it in different settings, like:

- Your home
- Your community
- An assisted-living facility
- A nursing home

For more information, see “What Are My Other Long-Term Care Options?” (Section 3).

What's skilled nursing facility care?

Skilled nursing facility care (sometimes called post-acute care or short-term rehab) is nursing and therapy care that's delivered by, or under the supervision of, professionals or technical personnel. It's health care given when you need skilled nursing care and related services and/or rehabilitation services to treat, manage, and observe your condition, as well as evaluate your care. Most nursing homes offer skilled nursing facility care.

If you have Medicare

Medicare Part A (Hospital Insurance) may cover medically-necessary **skilled care**. This includes:

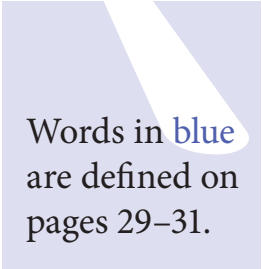
- Limited skilled nursing care or therapy in your home or in a residential setting, like assisted living.
- Short-term care that's provided in a Medicare-certified **skilled nursing facility**, following hospitalization. Most nursing homes include skilled nursing facility care.

Part A doesn't cover:

- **Custodial care**, like help with bathing or dressing, if that's the only care you need.
- **Long-term care** or stays in a nursing home.

If you have Medicaid

Medicaid provides health care coverage to a variety of groups, including people with mental illnesses, intellectual or developmental disabilities, and/or physical disabilities. Medicaid may cover long-term stays in a nursing home. It also offers opportunities for people to get services in home- and community-based settings, like their own home or an assisted living facility. See page 17. Medicaid eligibility and services vary by state. Contact your state Medicaid agency to learn more.



Words in **blue** are defined on pages 29–31.

Find nursing homes in your area

Visit [Medicare.gov/care-compare](https://www.medicare.gov/care-compare) and select “Nursing homes” to find detailed information about every Medicare- and Medicaid-certified nursing home in the country. Search by your location or by facility names. Take notes or print and save information about each nursing home you’re considering. For example:

- View quality measures.
- See star ratings for care and staffing information that shows how well the nursing home cares for its residents.
- Learn how the nursing home performed on health and safety inspections.
- See if it’s had issues related to preventing abuse.

Think about what’s most important to you

Are you looking for a nursing home that offers transportation services? Would you like to see dining and fitness facilities, or learn more about health and safety precautions? Visit [Medicare.gov/what-medicare-covers/what-part-a-covers/visit-potential-nursing-homes](https://www.medicare.gov/what-medicare-covers/what-part-a-covers/visit-potential-nursing-homes) to download a nursing home checklist to help organize your information.

Before you select a nursing home:

- Ask people you can trust for their recommendations, like family members, friends, and neighbors.
- Contact your local senior and community activity center.
- Ask your doctor if they give care at any local nursing homes. You may still be able to get care from them while you’re in the nursing home.
- Ask about discharge planning early in your hospital stay (if you’re hospitalized). If you need to get care in a nursing home after you’re discharged, the hospital’s staff and social worker can help you transfer to a facility that meets your needs and preferences.

Looking for nursing homes that offer short-term skilled care?

Visit [Medicare.gov/care-compare](https://www.medicare.gov/care-compare), and select “nursing homes” as the provider type. When you get to the results page, you can filter your search results by selecting “More filters,” then “Accepts Medicare.”

Get help from local, regional, and national resources

- Use the [Eldercare Locator](#) or reach out to Aging and Disability Resource Centers (ADRCs). See page 26.
- Call your Long-Term Care Ombudsman program. See page 27.
- Call your state health department or state licensing agency to find out if your state offers information on the quality of care given in local nursing homes.

You can find contact information for your state health department at [CDC.gov/publichealthgateway/healthdirectories/healthdepartments](https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments).

Plan a visit

When you visit a nursing home, you’ll learn about the residents, staff, and nursing home setting. You can ask the nursing home staff questions and talk with residents and their family members.

It’s best to visit each nursing home that interests you before you make a final decision on which one meets your needs. You can also have someone you trust visit with you or for you.

What to expect when you visit

For your first visit, call ahead to schedule an appointment to meet with someone on the staff. You can also visit at other times without an appointment.

- Ask the staff to explain anything you see or hear that you don’t understand.
- If a resident or resident’s family agrees, you may talk to them about the care the facility offers and their experience.



What if I don't like a nursing home I visit?

You should look at other options, if available. Your happiness and the quality of your care is important.

What if I'm helping someone make a decision?

Keep the person you're helping involved in the decision-making process as much as possible. People who are involved from the beginning are better prepared when they move into a nursing home. If the person you're helping isn't alert or able to communicate well, keep their values and preferences in mind.

If you're helping someone make a financial decision or pay a bill, the nursing home can't ask you to pay with your own money, even if you have power of attorney.

What if I'm in the hospital and don't like the nursing home that has an available space?

Talk to the hospital discharge planner or your doctor. They may be able to help you find a more suitable nursing home, or arrange for other care, like short-term [home health care](#), until space is available at another nursing home you choose. But, you may be responsible for paying the bill for any additional days you stay in the hospital.

Transition to a nursing home that meets your needs

When you have all the information you need about the nursing homes you're considering, talk with people who understand your personal and health care needs. This may be your family, friends, doctor, clergy, spiritual advisor, hospital discharge planner, and/or social worker.

What can I expect after I choose a nursing home?

After choosing a nursing home, you'll need to make arrangements for admission. If you're in a hospital, a discharge planner will arrange this transfer.



How do I choose a nursing home?

The nursing home will work with you to develop a person-centered plan to address your individual needs and preferences. The plan will describe your need for medical and behavioral health services.

Gather information the nursing home will need from you

Be prepared with:

- Your health history, names and phone numbers for your doctors, and a list of any medications you're taking
- Insurance company names and policy numbers for any insurance you have that pays for nursing home care or health care

Prepare a health care advance directive

The nursing home may ask if you have a health care advance directive. This is a legal document that records your wishes about medical treatment at a future time if you aren't able to make decisions about your care. You can update your advance directive at any time. There are 2 common types:

- **A living will:** A legal document that tells which treatments you want if your life is threatened, like dialysis and breathing machines, resuscitation, and tube feeding. Usually, this document only comes into effect if you're unconscious.
- **A durable power of attorney for health care:** A legal document that names someone you trust to make health decisions on your behalf if you can't. This is also called a health care proxy.

If you don't have a health care advance directive and need help preparing one, or you need more information, talk to your health care provider. In some cases, they can provide an advance directive, if you want one, and help you fill it out. You can also get this help from a social worker, discharge planner, the nursing home staff, your local Area Agency on Aging, or your state health department.



Provide information about your insurance

You'll need to provide details about any insurance you have that pays for nursing home care or health care. You may have to pay a cash deposit before the nursing home admits you, if either Medicare or Medicaid won't cover your care, and the nursing home isn't limited to the rates Medicare or Medicaid allows.

If your stay is covered by Medicare or Medicaid, the nursing home may ask that you pay your Medicare **coinsurance** and other charges you would normally have to pay, but it can't require you to pay more than the rates Medicare or Medicaid allows for covered services. There may be charges for items or services that Medicare or Medicaid doesn't cover, but the nursing home can't require that you accept non-covered services as a condition of your continued stay.

When Medicare or Medicaid covers your nursing home care, it's best to pay charges once you get the bill, not in advance.

If you want Medicare to be able to give your personal information to someone other than you (an "authorized representative"), you'll need to fill out an "Authorization to Disclose Personal Health Information." To get this form, visit [Medicare.gov/forms-help-resources/contact-medicare](https://www.Medicare.gov/forms-help-resources/contact-medicare). Your state Medicaid agency may have a similar requirement if you're eligible for Medicaid.

To learn more about details you may have to give, see "Paying for Nursing Home Care" (Section 4).



How do I choose a nursing home?

What should I do once I'm a resident?

Look out for information the nursing home must give you

The nursing home must give you information about how to apply for and use Medicare and Medicaid benefits in the language and format you need. They must also give you information on how to get refunds for previous payments you may have made that these benefits cover.

Consider opening a personal needs account

You may want to open an account managed by the nursing home, although the nursing home can't require this. You can deposit money into the account for personal use. Check with the nursing home to find out what expenses you can use the account for and how they hold, safeguard, and manage the accounts.

Participate in your assessment & care plan

Once you become a resident, the nursing home staff will get your health information and review your health condition to prepare your care plan. The care plan is a strategy for how the staff will help you with everyday needs and preferences — both medical and non-medical. You have the right to take part in planning your care with the nursing home staff.

Your assessment begins on the day you're admitted and must be completed within 14 days. Staff will gather information about how well you function, your care needs, your personal preferences, and your general well-being. They'll also make sure that you're aware of home- and community-based care options that may be available to you. The nursing home staff will review your assessment at least every 90 days, and possibly more often if your medical status changes.



Depending on your needs, your care plan may include:

- The kind of personal or health care services you need
- The type of staff that should give you these services
- How often you need the services
- The kind of equipment or supplies you need (like a wheelchair or feeding tube)
- Activity preferences
- Your food preferences and dietary needs
- How your care plan will help you reach your goals
- Information on whether you plan to return to the community and, if so, a plan to help you meet that goal. For more information, visit [Medicare.gov/publications](https://www.medicare.gov/publications) to download and view these products:
 - Your Discharge Planning Checklist
 - Your Right to Get Information About Returning to the Community

Know your rights & protections

When you're in a Medicare- and/or Medicaid-certified nursing home, you have certain rights and protections under federal and state law to make sure you get the care and services you need. You have the right to be informed, make your own decisions, and have your personal information kept private.

The nursing home must communicate these rights to you in the language and format you need. They must also explain in writing your rights, protections, and responsibilities while you're in the nursing home. This must be done before or at the time you're admitted, as well as during your stay. You must acknowledge in writing that you got this information.

How do I choose a nursing home?

Your rights and protections allow you to:

- Have your representative notified about your care
- Get proper medical care
- Be treated with respect
- Be free from restraints
- Participate in activities
- Spend time with visitors
- Form or participate in resident groups
- Manage your money
- Get information on services and fees
- Get proper privacy, property, and living arrangements
- Be free from discrimination
- Be free from abuse and neglect
- Exercise your rights as a U.S. citizen
- Be protected against involuntary transfer or discharge
- Make complaints

For a full list of your resident rights and protections, visit [Medicare.gov/basics/your-medicare-rights](https://www.medicare.gov/basics/your-medicare-rights).

Report & resolve problems

If you have a problem at the nursing home, talk to the staff involved. For example, if you have a problem with your care, talk to the nurse or Certified Nurse Assistant (CNA). The staff may not know there's a problem unless you tell them. If the problem isn't resolved, ask to talk with the supervisor, social worker, director of nursing, administrator, or your doctor.

Words in **blue**
are defined on
pages 29–31.

How do I choose a nursing home?



If the problem continues, follow the facility's grievance procedure for complaints. Resources are available in your state if you need help. Medicare- and/or Medicaid-certified nursing homes must post the name, address, and phone number of state resources like these:

- State Survey Agency
- State Licensure Office
- State Long-Term Care (LTC) Ombudsman program
- Protection and Advocacy Network
- Medicaid Fraud Control Unit

You can also call 1-800-MEDICARE (1-800-633-4227) to get resources that are available to you. TTY users can call 1-877-486-2048.

Consider other options for your care as needed.

If you don't like the nursing home you're currently living in, you can move to another facility where there's an opening, or transition to care in your community. Moving can be hard, but moving may be better for you than choosing to stay at a facility that isn't right for you.

The nursing home you leave may require that you let them know ahead of time that you're planning to leave. Talk to the nursing home staff about their rules for giving notice if you choose to move. If you don't follow the rules for giving notice, you may have to pay extra fees.

If you want information about living in the community, nursing homes are required to reach out to a local agency that can give you more information. Talk to the nursing home social worker or discharge planner about your plan to transition to the community.



What are my other long-term care options?

Several [long-term care](#) options (besides nursing home care) may be available to you, including at home, in the community, and in assisted living settings.

Talk to your family, your doctor or other health care provider, a person-centered counselor, or a social worker for help deciding what kind of long-term care you need.

If you're in a hospital, nursing home, or working with a home health agency, you can get support to help you understand your options or help you arrange care. You may need to factor in whether you have long-term care insurance, or Medicaid. Talk to:

- A discharge planner.
- A social worker.
- Organizations like an Aging and Disability Resource Center (ADRC), Area Agency on Aging (AAA), or Center for Independent Living (CIL). See page 26.

See page 25 for a list of resources to help you get more information. American Indians and Alaska Natives can contact their local Indian health care providers for more information.

Home- and Community-based services

[Long-term care](#) options may be available in the community to help with your personal care and activities.

Medicaid may cover some services, including:

- Home care (like cooking, cleaning, or help with other daily activities)
- Home health services (like physical therapy or skilled nursing care)
- Transportation to medical care
- Personal care
- Respite care
- [Hospice](#)
- Case management

What are my other long-term care options?

Medicaid programs vary by state, and may offer more services in your state than what's offered in other states. To get the phone number for your State Medical Assistance (Medicaid) office, visit [Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Other community sources, like volunteer groups that help with things like shopping or transportation, may be free or low-cost options (or may ask for a voluntary donation). Here are some examples of the services and programs that may be available in the community:

- Adult day services
- Adult day health care (which offers nursing and therapy)
- Care coordination and case management (including transition services to leave a nursing home)
- Home care (like cooking, cleaning, or help with other daily activities)
- Meal programs
- Senior centers
- Friendly visitor programs
- Help with shopping and transportation
- Help with legal questions, bill pay, and other financial matters

Program of All-inclusive Care for the Elderly (PACE)

PACE is a type of Medicare and Medicaid program offered in many states. PACE helps people who would otherwise need nursing home-level of care to stay in their community.

To qualify for PACE, you must meet these conditions:

- You're 55 or older
- You live in the service area of a PACE organization
- Your state certifies that you need a nursing home-level of care
- At the time you join, you're able to live safely in the community with the help of PACE services

Words in blue are defined on pages 29–31.

What are my other long-term care options?

Accessory dwelling units (ADUs)

An ADU (sometimes called an “in-law apartment,” “accessory apartment,” or a “second unit”) is a second living space within a home or on a lot. It has a separate living and sleeping area, a place to cook, and a bathroom. If you or a loved one owns a single-family home, adding an ADU to an existing home may help you keep your independence.

Existing space, like an upper floor, basement, attic, or over a garage, may be turned into an ADU. Family members may be interested in living in an ADU in your home, or you may want to move into an ADU at a family member’s home.

Check with your local zoning office to be sure ADUs are allowed in your area, and to find out if there are any special rules. The cost of an ADU can vary widely, depending on many factors, like the size of the project.

Continuing Care Retirement Communities (CCRCs)

Some retirement communities offer different kinds of housing and levels of care. A single community could offer one or more of these options:

- Individual homes or apartments for people who live on their own
- An assisted living facility for people who need help with daily care
- A nursing home for people who require higher levels of care
- A program for people who need health care and supportive services related to dementia

Residents can move from one level to another based on their individual needs, but usually stay within the CCRC. If you’re considering a CCRC, be sure to check its nursing home quality information and inspection report. It’s posted in the facility, and also available at [Medicare.gov/care-compare](https://www.medicare.gov/care-compare).

What are my other long-term care options?

Group living arrangements

Residential care communities (sometimes called “adult foster/family homes” or “personal care homes”) and assisted living communities are types of group living arrangements. In some states, residential care and assisted living communities mean the same thing. Both can help with some of the activities of daily living, like bathing, dressing, using the bathroom, and meals. Whether they offer nursing services or help with medications varies by state.

In most cases, residents of these communities pay monthly rent and additional fees depending on the type of personal care services they get.

Subsidized senior housing

For some seniors with low to moderate incomes, state and federal programs can help pay for housing. They may also offer help with meals and other activities, like housekeeping, shopping, and doing the laundry. Residents usually live in their own apartments within an apartment building. Rent payments are usually based on a percentage of a person’s income. For more information, visit hud.gov/topics/information_for_senior_citizens.



Paying for nursing home & other long-term care

4

Nursing home care can be expensive. Medicare and Medigap plans may help pay for short stays to get [skilled care](#). For long-term stays, most people who enter nursing homes begin by paying for their care out of pocket. Those with [long-term care](#) insurance may use this coverage. As you use your resources (like bank accounts and stocks) over a period of time, you may eventually become eligible for Medicaid.

Medicare

Medicare generally doesn't cover long-term stays in a nursing home. Even if Medicare doesn't cover your nursing home care, you'll still need Medicare for hospital care, doctor services, and medical supplies while you're in the nursing home.

[Medicare Part A](#) (Hospital Insurance) covers certain medically-necessary skilled care that a [skilled nursing facility](#) provides for a limited time (up to 100 days in a benefit period). Most nursing homes offer skilled care as a Medicare benefit. It's sometimes called "rehabilitation" or "rehab." Only professionals or technical personnel can safely and effectively perform or supervise this nursing and therapy care. It's health care given when you need skilled nursing or skilled therapies to treat, manage, and observe your condition, and evaluate your care. For more information on Medicare's coverage of skilled nursing facility care (both in and outside nursing homes), visit [Medicare.gov/coverage/skilled-nursing-facility-snf-care](https://www.medicare.gov/coverage/skilled-nursing-facility-snf-care) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

There are 2 main ways to get your Medicare coverage

1. **Original Medicare:** There are 2 parts to Original Medicare: Part A (Hospital Insurance) and Part B (Medical Insurance). If you meet certain conditions, it covers short-term medically necessary skilled nursing and/or short-term rehabilitation care at a nursing home. But [Original Medicare](#) doesn't pay for most nursing home care. For more information on Medicare coverage of skilled nursing facility care or [home health care](#), visit [Medicare.gov](https://www.medicare.gov) or call 1-800-MEDICARE.

Paying for nursing home & other long-term care

2. **Medicare Advantage Plans and other Medicare health plans:** If you have a [Medicare Advantage Plan](#) or other [Medicare health plan](#), check with your plan to learn their rules for covering nursing home care. Usually, plans don't help pay for this care unless the nursing home has a contract with the plan. Ask your plan about nursing home coverage before you make any arrangements to enter a nursing home. Visit [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) to see the star ratings of plans you may be considering.

Prescription drug coverage

If you live in a nursing home or other institution and get Medicare drug coverage (Part D) through a Medicare Advantage Plan, other Medicare health plan, or a Medicare drug plan:

- You'll get your covered prescriptions from a long-term care pharmacy that works with your plan.
- You can switch Medicare drug coverage at any time while you're living in the institution.

If you're getting [skilled nursing facility](#) care under Original Medicare, Part A generally covers your prescriptions while you're getting this care.

More about Medicare drug coverage (Part D):

- If you aren't able to join a plan on your own, your authorized representative can enroll you in a plan that meets your needs.
- You can switch Medicare drug coverage if you move in or out of a nursing home or other institution.

For more information on Medicare drug coverage, visit [Medicare.gov/drug-coverage-part-d](https://www.medicare.gov/drug-coverage-part-d).

Words in [blue](#)
are defined on
pages 29–31.

Medicaid

Medicaid is a joint federal and state program that helps with medical costs for some people with limited income and resources. Most health care costs are covered if you qualify for both Medicare and Medicaid. Most, but not all, nursing homes accept Medicaid payment. Even if you pay out of pocket or with long-term care insurance, you may eventually “spend down” your assets while you’re at the nursing home, so it’s important to know if the nursing home you choose accepts Medicaid.

Medicaid varies from state to state. Most often, your eligibility for Medicaid is based on your income and personal resources. Many states have higher Medicaid income limits for nursing home residents. You may be eligible for Medicaid coverage in a nursing home even if you haven’t qualified for other Medicaid services in the past.

To get more information on Medicaid eligibility in your state, call your state Medicaid Program. To get the phone number for your State Medical Assistance (Medicaid) office, visit [Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone) or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Long-term care insurance

This type of insurance policy can help pay for many types of [long-term care](#). Policies can vary widely. Be sure you know what your policy includes. Depending on your needs, you might want coverage for:

- Nursing home care
- Adult day care
- Assisted living
- Medical equipment
- Informal home care
- [Pre-existing conditions](#)

Call your insurance company if you have a long-term care policy but you aren’t sure what it covers. If you’re planning to buy this type of insurance, make sure the company is licensed in your state.

Personal resources

You can use your personal money and savings to pay for nursing home care. Some insurance companies let you use your life insurance policy to pay for [long-term care](#). Contact your insurance provider for more information on what your private insurance covers. You aren't alone when it comes to choosing and understanding how to pay for long-term care. If you're in a nursing home or another facility, there are resources in place to support your needs.



Section 5: Where can I get help?

5

Find information on Medicare.gov or call 1-800-MEDICARE

Get information about Medicare and Medicaid coverage, home- and community-based services, and other health-related topics. Visit [Medicare.gov](https://www.medicare.gov), or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Medicare.gov/care-compare

Find and compare information about nursing homes, rehabilitative services, home health services, inpatient rehabilitation facilities, long-term care hospitals, and other care options at [Medicare.gov/care-compare](https://www.medicare.gov/care-compare).

Resources in your state

Medicaid offices

Medicaid offices are state agencies that are in charge of the state's Medicaid Program. Your local Medicaid office can give you information about Medicaid eligibility and covered benefits, including coverage for institutional (nursing home) and home- and community-based long-term care services. You can also find this information on your state's Medicaid website.

State Health Insurance Assistance Programs (SHIPs)

SHIPs are state programs that get money from the federal government to give free, personalized health insurance counseling. Visit shiphelp.org or call 1-800-MEDICARE to get the phone number for the SHIP in your state.

State Survey Agencies

Your State Survey Agency can help you with questions or complaints about the quality of care or the quality of life in a nursing home. State Survey Agencies oversee nursing homes that participate in the Medicare and/or Medicaid programs. State Survey Agencies inspect health care facilities and investigate complaints to ensure health and safety standards are met. To get the phone number for your State Survey Agency, call 1-800-MEDICARE.

Administration for Community Living (ACL)

ACL is a federal agency that provides funding to support programs in the community to maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers. ACL also partners with the Centers for Medicare & Medicaid Services (CMS), the Veterans Health Administration, and other federal agencies to streamline access to long-term care services and supports. Visit [acl.gov](https://www.acl.gov) to learn more. Some of the services ACL offers include:

Aging and Disability Resource Centers (ADRCs)

Older adults, people with disabilities, caregivers, and families can contact ADRCs to enter the long-term care services and supports system. ADRCs provide people and their families with person-centered counseling to:

- Identify their long-term care needs
- Understand their options, including the publicly funded programs available to them
- Get access to community-based organizations and resources
- Develop and activate a long-term care plan

For information about ADRCs in your area, visit eldercare.acl.gov or call the Eldercare Locator at 1-800-677-1116.

Centers for Independent Living (CILs)

CILs help people with disabilities find community living options and develop independent living skills. Visit [acl.gov/programs/aging-and-disability-networks/centers-independent-living](https://www.acl.gov/programs/aging-and-disability-networks/centers-independent-living) for the contact information of local services.

Eldercare Locator

The Eldercare Locator is a nationwide service that helps older adults and their caregivers connect to services, including long-term care services and supports like their local Area Agency on Aging. Visit eldercare.acl.gov, or call 1-800-677-1116.

Words in blue are defined on pages 29–31.

Long-Term Care Ombudsman

The Long-Term Care Ombudsman program advocates for people in nursing homes, group living arrangements, assisted living settings, and similar adult care facilities. They work to resolve residents' problems and to bring about changes at the local, state, and national levels that will improve residents' care and quality of life. These duties include:

- Visiting nursing homes and speaking with residents throughout the year to make sure residents' rights are protected
- Working with you to solve problems with your nursing home care, including abuse, rights, financial issues and quality of life
- Discussing general information with you about long-term care, resident's rights, and care
- Answering questions, like how many complaints they've gotten about a specific nursing home, what kind of complaints they were, and if the issues were resolved in a timely manner

ACL supports the National Ombudsman Resource Center, which has contact information for each state's Long-Term Care Ombudsman. To get the contact information for your local ombudsman program office, visit ltcombudsman.org.

Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIOs)

These organizations check and improve the care given to people with Medicare, working with practicing doctors and other health care experts. Your BFCC-QIO can help if you have questions or complaints about the quality of your care for a Medicare-covered service or if you think Medicare coverage for your service is ending too soon. You can get help and find information about your state's BFCC-QIO at qioprogram.org/locate-your-bfcc-qio. You can also call 1-800-MEDICARE (1-800-633-4227) to get their phone number. TTY users can call 1-877-486-2048.



Section 6:

Definitions

6

Coinsurance: An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Coinsurance is usually a percentage (for example, 20%).

Custodial care: Non-skilled personal care, like help with activities of daily living like bathing, dressing, eating, getting in or out of a bed or chair, moving around, and using the bathroom. It may also include the kind of health-related care that most people do themselves, like using eye drops. In most cases, Medicare doesn't pay for custodial care.

Home health care: Health care services and supplies a doctor decides you may receive in your home under a plan of care established by your doctor. Medicare only covers home health care on a limited basis as ordered by your doctor.

Hospice: A special way of caring for people who are terminally ill. Hospice care involves a team-oriented approach that addresses the medical, physical, social, emotional, and spiritual needs of the patient. Hospice also provides support to the patient's family or caregiver.

Long-term care: A range of services and support for your personal care needs. Most long-term care is help with basic personal tasks of everyday life like bathing, dressing, and using the bathroom, sometimes called "activities of daily living." It's not medical care. Medicare doesn't cover long-term care if that's the only care you need.

Medicare Advantage Plan (Part C): A type of Medicare health plan offered by a private company that contracts with Medicare. Medicare Advantage Plans provide all of your Part A and Part B benefits. Medicare Advantage Plans include:

- Health Maintenance Organizations
- Preferred Provider Organizations
- Private Fee-for-Service Plans
- Special Needs Plans
- Medicare Medical Savings Account Plans

If you have a Medicare Advantage Plan:

- Most Medicare services are covered through the plan
- Medicare services aren't paid for by Original Medicare
- Most Medicare Advantage Plans include prescription drug coverage

Medicare health plan: Generally, a plan offered by a private company that contracts with Medicare to provide Part A and Part B benefits to people with Medicare who enroll in the plan. Medicare health plans include all Medicare Advantage Plans, Medicare Cost Plans, and Demonstration/Pilot Programs. Programs of All-inclusive Care for the Elderly (PACE) organizations are special types of Medicare health plans that can be offered by public or private entities and provide Part D and other benefits in addition to Part A and Part B benefits.

Medicare Part A (Hospital Insurance): Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Medicare Part B (Medical Insurance): Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services.

Medicare Part D (drug coverage): Optional benefits for prescription drugs available to all people with Medicare for an additional charge. This coverage is offered by insurance companies and other private companies approved by Medicare.

Original Medicare: Original Medicare is a fee-for-service health plan that has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance). After you pay a deductible, Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance and deductibles).

Pre-existing condition: A health problem you had before the date that new health coverage starts.

Skilled care: Nursing and therapy care that can only be safely and effectively performed by, or under the supervision of, professionals or technical personnel. It's health care given when you need skilled nursing or skilled therapy to treat, manage, and observe your condition and evaluate your care.

Skilled nursing facility: A nursing facility with the staff and equipment to give skilled nursing care and, in most cases, skilled rehabilitative services and other related health services.

CMS Accessible Communications

The Centers for Medicare & Medicaid Services (CMS) provides free auxiliary aids and services, including information in accessible formats like braille, large print, data or audio files, relay services and TTY communications. If you request information in an accessible format from CMS, you won't be disadvantaged by any additional time necessary to provide it. This means you'll get extra time to take any action if there's a delay in fulfilling your request.

To request Medicare or Marketplace information in an accessible format, you can:

1. Call us:

For Medicare: 1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048

2. Send us a fax: 1-844-530-3676

3. Send us a letter:

Centers for Medicare & Medicaid Services
Offices of Hearings and Inquiries (OHI)
7500 Security Boulevard, Mail Stop S1-13-25
Baltimore, MD 21244-1850
Attn: Customer Accessibility Resource Staff

Your request should include your name, phone number, type of information you need (if known), and the mailing address where we should send the materials. We may contact you for additional information.

Note: If you're in a Medicare Advantage Plan or Medicare drug plan, contact your plan to request its information in an accessible format. For Medicaid, contact your State or local Medicaid office.

Nondiscrimination Notice

The Centers for Medicare & Medicaid Services (CMS) doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by CMS directly or through a contractor or any other entity with which CMS arranges to carry out its programs and activities.

You can contact CMS in any of the ways included in this notice if you have any concerns about getting information in a format that you can use.

You may also file a complaint if you think you've been subjected to discrimination in a CMS program or activity, including experiencing issues with getting information in an accessible format from any Medicare Advantage Plan, Medicare Prescription Drug Plan, state or local Medicaid office, or Marketplace Qualified Health Plans. There are three ways to file a complaint with the U.S. Department of Health & Human Services, Office for Civil Rights:

1. Online:

[hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html](https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html).

2. By phone

Call 1-800-368-1019. TTY users can call 1-800-537-7697.

3. In writing: Send information about your complaint to:

Office for Civil Rights

U.S. Department of Health & Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201



**U.S. DEPARTMENT OF HEALTH
& HUMAN SERVICES**

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business
Penalty for Private Use, \$300

CMS Product No. 02174
November 2022



This booklet is available in Spanish. To get your copy, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Esta publicación está disponible en Español. Para obtener una copia, llame al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY pueden llamar al 1-877-486-2048.