

0:03

Welcome, everyone. My name is Matt Shepard, and I'll be your moderator for today's Center for Medicare Advocacy Connecticut long-term Care Ombudsman Program presentation on Medicare Coverage for Nursing Home Residents, which is brought to you as part of our Innovative Legal Ombudsman Partnership supported by a grant from the point 32 Health Foundation and the Connecticut Department of Aging and Disability Services.

0:23

You'll hear a little bit more about this project later on from Judith ....

0:28

Today's webinar Will present, will be presented by that selfsame, Judith Stein, who's our Executive Director here at the center.

0:36

Our Associate Director, Cathy, Hope and create a good state long-term care, ombudsmen.

0:40

Moraine Painting will also be joined by the Center's lead on this project, Chaplain, Medicare and Health Policy Fellow sentiments, saint John.

0:47

We are going to go in a slightly different order than the slides that you received this afternoon because life happens and rate has to leave us a little earlier than planned to actually get some other work done. So, if you don't mind, we'll be starting with her once I'm done with my bladder.

1:05

But before we can start with her, please indulge me while I take a few moments of our time for a little housekeeping and surprise.

1:12

Give you a quiz so that we can see what we all know going in and compare it to what we know after the presentation.

1:19

First, the nuts and bolts for today.

1:21

If you can hear me great, you use the information in the e-mail you received after registering to successfully login and you've either dialed in by phone, you've got good quality working speakers, either of which is great.

1:33

Your audio quality is going to be at the whim of your hardware and your internet connection if you're using that computer audio. So do be aware that if you have issues, you can always dial in by phone to the number that was provided on your confirmation e-mail, which also appears in the audio tab, on the control panel at the right of your screen.

1:50

Also, please note that we have a couple of presenters. We're going to be pulling people up, and trading control here and there, which will take a moment.

1:58

A little bit more about the control panel that I mentioned, I'm sure that many of you are familiar with the setup at this point, particularly now that so much is being done electronically. But there are a couple of key features for our purposes.

2:11

There's a little orange arrow on the side that'll let you hide that panel. So it's not in your way.

2:15

There's little square that let you watch our presentation in full screen view.

2:20

And then, there's a little picture of a hand, and that's my favorite. That would be used to indicate that you have a question or comment. For the bulk of our presentation, we're gonna keep you all muted, but when we open it up for questions, at the end, you can use this icon to indicate you have something to say, at which point, I can unmute you.

2:37

Then, don't worry, if we find that your audio is not co-operating, or you decide you are too shy to ask your question out loud, you can always type stuff into the questions section of the control panel, which, I will then pass on to our presenters.

2:54

And now, as you were warned, a brief, just five questions quiz, if you've ever done a Zoom call, this should look pretty familiar to you. Question and some answer choices are gonna pop up on your screen. I'll give everyone a few seconds to choose an answer. We can share our results, and we'll move on to the next question.

3:15

So, here you go, question one for everybody. I'll read the question alone. To qualify for Medicare coverage, you please select one answer, must have a very low-income, must be at least 65 years or older have certain conditions, or need to be able to live independently.

3:47

68% have voted, come on, who hasn't voted yet.

3:56

76%.

4:04

All right, for over 80%, and of those people who voted, fantastic.

4:09

97% have said you must be at least 65 years old, or have certain conditions, 3% chose very low income difference between Medicare and Medicaid. We will talk about these things.

4:21

Moving on to question two.

4:28

Medicare covers nursing home care for up to 100 days at a time, for 20 days, for as long as you need nursing or therapy.

4:50

No surprise that people answered this one faster, I guess, given our audience.

4:55

Alright, with 90% of the folks having voted, it looks like our huge lead is 85% of people have chosen for up to 100 days at a time.

5:08

Question three.

5:13

Medicare coverage can be available if you're only getting better.

5:17

You need daily nursing or therapy to maintain your condition, or you never leave the nursing home.

5:45

Right.

5:46

90% of our audience voting, Kathy Judy, pay attention to this one, 71% said, you need daily nursing or therapy to maintain your condition, and 26% said, you're only getting better.

6:00

We'll close that.

6:03

Question four: The Center for Medicare Advocacy is hospitals, blue Curve ball for you. A non-profit organization helps with Medicare Problems, an agency that makes decisions about Medicare coverage or part of the State government.

6:28

Oh!

6:42

Right, with that 90% threshold that I use as my cutoff, and 74% of our respondents say we're a non-profit organization that helps with Medicare problems, and 17% say, an agency that makes decisions about Medicare, 9%, say, part of the state government. Very interesting answers. We will close that poll.

7:03

And our last question on the pretest.

7:07

Medicare coverage can be available for nursing home residents for physical therapy and other therapies even after the stairs.

7:13

And you meet like a walker from a supplier chosen by the resident, Books and movies.

7:50

one more thought, going into this one, I think, we get, we nudge it up to 90%.

7:59

Maybe not.

8:00

So, 71% of our respondents here have said PT and other therapies even after the status and covered in 31%. So DME, like a walker from a supplier chosen, either wetsuit.

8:12

So, there you go, Kathy, Keep, keep an eye on that one.

8:15

I will now close our last pretest question.

8:20

And with that, I will hope that everyone's brain is moving. We've got our baseline test. And I'm going to hand things over to Maria Painter.

8:32

To tell us a little bit about the Connecticut long-term Care Ombudsman Program and get us started for the afternoon.

8:37

Marie, let's pull your camera.

8:40

Here we go.

8:42

Good afternoon.

8:45

So, I'm Rick Painter, I'm the state long-term care ombudsman.

8:49

For some people, that's a new word or a word that they've only become more recently familiar with, once they're in a long-term care setting, Ombudsman is an advocate for long-term care residents.

9:01

Next slide, please.

9:06

So, our office advocates for the protection of health, safety, well-being, and rights of long-term care residents.

9:13

We bring issues and concerns that are important to them, to the forefront of decision makers, understanding, hoping that they hear what residents have to say, I do that at a policy level here with the state.

9:27

Then regional ombudsmen take direct concerns and complaints from residents, family members, friends, and sometimes even staff of long term care communities, in order for us to ensure that their rights are protected.

9:41

And at that, they're heard that there's resolution to their concerns.

9:48

And we address these concerns to whatever level the resident feels is most appropriate.

9:53

So we are not mandated reporters and if a family member or friend or other interested parties brings a complaint to our attention, we have to go and talk to the resident directly to see if they want us to address complaint and how they want us to do that.

10:09

Next slide, please.

10:14

It says, here, we respond to investigate complaints brought forward by residents, family members, and other individuals working on behalf of residents, um, everything is done in consultation with them.

10:27

And there's a website at the bottom that talks about what we do and what to know about us.

10:33

Next slide.

10:37

So we represent the resident's rights. So, here are some of the rights that residents have, and at the bottom, again, there's a link.

10:45

So that you can review all of the rights residents in long term care settings.

10:50

I'm going to move quickly today, because I want to leave more time for the Center to go over Medicare, and some of the project highlights that we're working on together.

11:01

So we're talking about residents rights. We're talking about the rights that they have in long term care.

11:07

Communities Like to know what's happening with their health, and well being, to have privacy, to make decisions about their care and services. And these are all guaranteed by the federal 1987 nursing home reform law.

11:23

Next slide, please.

11:28

one of the things that I in my office have been working on over the past few years is inclusivity, and really working with all individuals to feel integrated into the communities in which they live and to be able to live authentically.

11:42

This is very important to us, and we want to ensure that no matter where an individual lives, they feel part of that community and can truly live in a way that represents who they are and their goals.

11:56

Next slide, please.

12:00

This is the vision statement, the mission, and the goals of our inclusive communities workgroup.

12:05

If this is something you're interested in, please reach out and let us know and I can get you more information on that.

12:11

Next slide, please.

12:15

Visitations, access and resident's rights. This is one, right that we've been working on a great deal this past year.

12:22

Um, with ovid, we know that residents had limitations related to the right to visitors and we want to ensure that people understand that right now they should have unimpeded access to the visitors that they're choosing.

12:37

Next slide please.

12:40

Involuntary discharges and residents rights This is another area where we spend a good deal of our time and we work with residents related to notices that they may receive.

12:52

And our office has to receive all notices of involuntary discharge for any resident where the discharge is promoted by the nursing home.

13:01

So it's not a resident who's kinda raised their hand and said, I'd like to leave that is a facility initiated discharge and something that we would work with them on and see if they wanted to appeal or change have addressed. Next slide, please.

13:19

Again, there's rights related to involuntary discharges. What needs to be included in the notice that's received, and that residents have a right to an appeal.

13:29

And they get to stay in the long term care community while that appeal is pending, unless it's been done for an emergency basis.

13:37

Next slide, please.

13:41

We have a new portal that we've launched, and that should make this process easier, and hopefully, all of the information will be more streamlined for residents and will be able to ensure that they have access to that information about appealing faster.

13:58

Next slide, please.

14:02

This is our contact information, and I want to encourage people to read, let us know if they have issues concerns.

14:09

Part of our job is to ensure that residents are fully informed of their rights, and to do education and outreach with residents, nursing homes, on staff, and also family members. We promote family councils, and we have one of the country's first statewide family councils, which is hoping to help row the only councils in our long term care communities. So, if you want more information about that, please reach out to us.

14:35

We'd love to connect you with some of the individuals from the statewide Family Council, and have them assist you in starting one in your home.

14:45

We really think it's important that every long-term care community has a family council that can help represent the needs of the residents who live there.

14:54

I want to give a special thanks to the Center for Medicare Advocacy for partnering with our program for always just being a phone call away, and really supporting the individuals that we're all here to serve.

15:05

So thank you. And with that, I will hand it back to you, Matt.

15:09

Actually, before we go, Maria, could we ask you one question to ask, When the Ombudsman Program program be the place to deal with a power of attorney for dementia patient, when there's a complaint, or concern, regarding, all right.

15:26

So, if it's, uh, complaint her concern regarding the power of attorney.

15:33

Um, yes, anything related to that, as long as a resident, want to look into that for the resident, we could do that.

15:44

Maybe the power of attorney has a concern, if the power of attorney had a concern, we would go to the president and see if they wanted that addressed by our office.

15:54

We could help tolle, the Power of Attorney, how to address things themselves.

16:00

We also, on our website, which, unfortunately, I don't know if there, but if you Google The long-term Care Ombudsman Program, you will see that we have a website.

16:09

On that website, there is a lot of information about how to file a complaint with the Department of Public Health, as well, deal with issues and concerns related to care and services.

16:21

But, again, if you are a resident that has a question about a power of attorney or concern related to a power of attorney, the regional ombudsman absolutely addressed that for you.

16:33

Fantastic. Thank you very much for that. Sorry to sort of sneak that question. That's free. I appreciate that.

16:40

And, like I said, permanent public health is also available for individuals. We have on our website. I just want to put a plug out there to look for our advocacy page. So if you want to advocate, there's, we're in the middle of session, and there's things coming up, so please look at that.

16:57

And we have our Facebook Live Education sessions once a month.

17:02

And my podcast as well, which is your care, your rights, your voice. So, I hope to hear from people, And thank you for joining us today! Thanks so much!

17:18

We will pull up Judith ... kit, Judy's Camera, going.

17:27

Hello? It looks like you're still muted.

17:34

OK, good afternoon.

17:38

It's lovely to hear from our partner, Morays at the just fabulous Connecticut long-term Care Ombudsman Program, and we'll be talking a little bit about our partnership that has just begun with the Ombudsman program. But first, I want to talk about the Center for Medicare Advocacy, and I will be joined in the presentation by the rest of the key team for this project, which includes Kathy Hoell, who's our Associate Director here in Connecticut and Cinnamon saint John, who is one of our Nursing home Resident Rights Experts. And there'll be available both for presentation, from Kathy and for, for our Question and Answer period by sediment. So, thank you Cinnamon and Cassie, for joining us today. I'm grateful for that.

18:27

The Center for Medicare Advocacy, as I'm happy to say many of you knew, is a non-profit organization that helps with Medicare problems.

18:38

Although indeed, we would be very happy to make Medicare coverage determinations.

18:43

That's not what we're able to do, because we are an independent organization independent of both the Federal and State government. And our job is to advocate on behalf of Medicare beneficiaries to make sure that they are able to get as best of our ability.

19:03

Proper coverage from the Medicare Program.

19:08

Center was founded in 19 86 and we're a non-profit, non partisan law organization. We work to advance access to prescription, to comprehensive Medicare coverage, health policy, equity, and quality healthcare.

19:24

We are based in Connecticut and Washington, DC. With additional attorneys in California, Massachusetts, and New Jersey.

19:33

We're staffed by attorneys, advocates, health policy experts, communication and text, technical experts, nurse, and a nurse consultant.

19:44

We provide Medicare related education, analysis, writing, assistance, and advocacy, and all these services are free, Bruce kinetic for Connecticut residence, thank you to the Connecticut Legislature, the Department of Aging and Disability Services, and zero point thirty two Health Foundation for making that possible.

20:09

We work in our expertise areas of Medicare coverage and appeals, and also related areas, such as nursing home resident rights.

20:21

Based on the problems that we hear about from real people every day, We build systemic change and policy initiatives, and sometimes spring litigation.

20:32

If we cannot solve that systemic problems, we identify in other ways, but everything is built off of our experience, with working with individuals, including many from Connecticut.

20:48

Next slide, please.

20:51

The Connecticut Long-term Care Ombudsman Program and the Center for Medicare Efficacy has entered into a formal project.

20:58

As Marae indicated, the goal of the project is to optimize the value of each organization's expertise and resources, on behalf of Connecticut's long-term care facility residents, families, and helpers, all with a goal to enhancing the lives of people who live in nursing facilities.

21:19

We will share resources to maximize the impact of each organization, such as presenting together on this and other webinars, and in person educational format for forums.

21:33

You will participate in such joint education efforts, build materials, and electronic opportunities together, both in show the materials will be both in print and on our website. And provide information and referrals, as appropriate from one program to the other show, as to make the services more available, both for the second shun, the Center for Medicare Efficacy and from the Connecticut long-term Care Ombudsman Program.

22:04

If you have a problem with Medicare coverage in a nursing home, please do feel free to contact the Center for Medicare Advocacy.

22:13

That's our role in the project.

22:15

If you have a problem with someone's quality of care or resident rights or family visitation, please do contact the Connecticut long-term Care Ombudsman Program. That's their role in this partnership.

22:31

If you have questions about who to contact, call either one of us and we'll help you figure it out.

22:36

Thank you. Next slide, please.

22:41

Now, let me provide you with an overview of Medicare.

22:46

Our area of expertise.

22:48

So, Medicare has existed in since 19 65, when it was enacted as the country's first national health insurance.

22:58

And at that time, it was for people, who are 65 or older.

23:05

People usually qualify, based on that age.

23:09

And because they have paid into Social Security.

23:13

And that those dollars, that they pay into Social Security, helps pay out the benefits, from Medicare and Social Security, to all people who qualify in those programs, Medicare is not, based on income.

23:29

People can have high incomes or low incomes, or moderate incomes and assets.

23:35

And none of that will keep people from qualifying for Medicare.

23:40

It is all unlike Medicaid, which in this state we sometimes called Title 19 or Husky, which is based on people having low-income. Medicare is not.

23:51

Medicare covers people who are equal to or over 65 years of age, and certain people who have very significant disabilities and are receiving Social Security Disability benefits.

24:06

And those who have end stage renal disease.

24:10

Medicare covers hospital care, nursing home care, home health care, doctors, durable medical equipment, prostheses, orthotics, hospice care, prescription medications, some preventive services, and some vaccines.

24:30

Medicare is available through the original or traditional Medicare program, which you many, many of you will know of, and is also available through Private Medicare Advantage plans, which are run by private insurance companies.

24:49

Please note that the Medicare Advantage plans must provide at least as much coverage as the traditional Medicare program.

25:00

They cannot offer more, but they cannot offer less and. They should be following the same coverage rules as traditional Medicare, in order to ensure that they provide the same, at least, and not less than the traditional program.

25:18

Now, Medicare also has one more part in that Part D and underpart D one can get prescription drug coverage all through individual private plans.

25:30

Next slide, please.

25:33

Medicare is based on an insurance model.

25:38

By that, I mean that it covers some of the cost of some health care. Not everything is covered. It's going to have rules and regulations and criteria.

25:50

The most general rule is that the care must be reasonable and necessary for an illness or injury.

26:00

And E must be to diagnose or rehabilitate an illness or injury.

26:09

Some preventive coverage is available under Medicare and that was significantly increased as a result of the Affordable Care Act at an Kluge things like Omar Graffiti, Screenings, prostate screenings, glaucoma, and other services that will help make sure to the best of our science ability. People know that they can to keep people well.

26:39

Also, because it is an insurance program, it has premiums, deductibles and co-pays.

26:46

People who have paid into the Social Security system for 40 to 10 will not have to pay a premium for Part A, which provides coverage for hospitals, nursing homes, some home care and hospice care.

27:01

But everyone who chooses to have Part B will have to pay a premium.

27:06

And there's a deductible under Part B, which covers physician services and outpatient services, and there is a deductible for hospital stays.

27:17

There are also co-pays for many of the services covered under Medicare.

27:23

And there is an insurance option called Medigap policies or supplemental Medicare policies, which one can purchase to help cover those premiums, deductibles, and co-pays.

27:37

Now, we're going to focus in on the most important coverage for this particular discussion.

27:44

Medicare covered care for skilled nursing facility residents, and for that, I'll turn the program over to Kathy Hoell.

27:54

Super. Thank you so much, Judy.

27:56

Hello, everyone. I'm moving ahead of myself. Yes, today we're going to cover the coverage for skilled nursing facility residents.

28:07

We're going to first look at the criteria that you need to have in order to be eligible for Medicare, nursing, home facility, resident coverage, and then we'll look at the, the coverage that you actually get once you meet that criteria.

28:25

So when you are covered in a skilled nursing facility, the physician must first certify that that SNF or skilled nursing facility level of care is required and write an order.

28:40

So you have that specificity from the physician that there's a necessity for the care.

28:48

Generally, you have to have a prior three day qualifying hospital stay before Medicare will cover skilled nursing facility.

29:00

What does that three day qualifying hospital stay require?

29:04

Inpatient, Medicare covered hospital stay.

29:08

Emergency room and observation status do not count toward that three day qualifying hospital stay.

29:17

Although we do know that some Medicare Advantage plans will waive the three day hospital stay, one should always check with their plan if they have a private Medicare plan.

29:28

Also, generally, you have to enter a skilled nursing facility within 30 days of hospital discharge, unless it's not medically appropriate to begin a course of treatment beyond 30 days.

29:42

So essentially, what we're saying here is that once you've finished with your hospital stay, you should go to the skilled nursing facility.

29:50

Now, many people will go directly from the hospital to the facility. Other people may need to recover.

29:58

So if, say, for instance, you've had surgery and you have wounds that need to heal, or you have had some kind of anesthesia that has to work out of its system before, you can go do the therapy that you may need to do in a skilled nursing facility. There may be a number of reasons.

30:18

That's why Medicare allows for someone to have 30 days to get from the hospital once discharge happens to the skilled nursing facility and be covered under Medicare sometimes. And this last bullet, when it's not medically appropriate, there are times when a doctor may say, this person is going to need at least two months before they're ready to have therapy, because they need to recover from the surgery. They need to recover from their wounds. And that would be an exception that's allowed under Medicare.

30:55

So now that we know the coverage criteria, that you have to have an order and a certification, you have to have a three day qualifying hospital stay.

31:04

Then enter the skilled nursing facility within 30 days of that hospital discharge.

31:10

What coverage do you get under Medicare?

31:16

So trying to move these slides forward, pardon me for just a second. There we go. So what is the coverage? It's up to 100 days of coverage per benefit period. And I'm going to explain how a benefit period is defined on the next slide.

31:34

There's no deductibles or co-payments for days 1 through 20.

31:39

Then the co-payment for days 21 to 100 is currently 194 dollars and 50% a day.

31:46

In 20 22, that will change every year.

31:51

Medicare will pay if the individual receives daily skilled care.

31:56

So what does that involve? It must, the care must be medically reasonable unnecessary.

32:02

It can be safely and effectively performed only by or under the supervision of a professional or technical personnel. Typically, that's a nurse.

32:14

A physical therapist, a speech language pathologist, would be an audiologist, could be even a licensed practical nurse.

32:24

And, and it must be performed daily and daily, as defined by Medicare, as seven days a week of skilled nursing, and, or therapy, or five days a week of therapy. Oftentimes, you may see a facility only offers therapy Monday through Friday.

32:42

The federal, Medicare, Medicaid agency also monitors resident rights, including visitation, as a duty and married have just discussed.

33:01

I'm sorry, for some reason I'm having difficulty moving these slides.

33:04

The Medicare benefit period is also known as the spell of illness.

33:09

So, remember, when I said that you get 100 days per benefit period? It's not like you sometimes would see an annual deductible and you get a deductible for a year, and once you've met that, this is a different, this is different. So you can have more than one benefit period in a year.

33:27

And the benefit period begins on the first day that the beneficiary, the Medicare beneficiary is admitted to the hospital.

33:35

And then the benefit period would end when a beneficiary has not been in a skilled nursing facility or hospital for at least 60 days in a row.

33:45

Or if a beneficiary remains in the skilled nursing facility, doesn't leave, doesn't go home, but there's been no skilled care for at least 60 days in a row.

33:56

Once the benefit period ends, that period of time of 60 days without skilled services, then if a person is re-admitted to the hospital, then they would get another hundred days of care even if they haven't.

34:12

Finally, finally, used all of the days in the previous benefit period, they would start a brand-new benefit period.

34:26

So, this is a summary of what we just discussed. It's in a little bit of a different format, but these are the coverage criteria.

34:33

So, the individual requires daily skilled care on an inpatient basis, so the doctor will order the care.

34:43

The Care will include seven days a week of nursing, or nursing and therapy combined, or five days a week of therapy, And these are the skilled services, nursing, physical therapy, occupational therapy, speech, language pathology, speech therapy.

34:59

Generally, you have to be admitted to a skilled nursing facility within 30 days of a three day inpatient hospital stay.

35:08

Remember, observation, status, meaning that you were not admitted to the hospital, but the hospital was observing you for your care and your condition, that doesn't count toward the three day hospital stay, and prior hospital stays can be waived if you're in one of the private Medicare Advantage plans.

35:28

So the benefit is up to 100 days of skilled nursing facility coverage per benefit period, or spell of illness.

35:39

Judy, do you want to take this next slide?

35:45

Certainly, one of the important messages we want you to take from this session is that if you meet the coverage criteria for Medicare, that Kathy just went over, you do not have to improve in order to get Medicare coverage.

36:08

That is, the program understands that some people will not have restoration potential, but rather we'll need the services to maintain or slow decline of their condition.

36:21

As a result, the law specifically notes that restoration potential of the patient is not to be the deciding factor in determining whether skilled services are needed.

36:34

And even if full recovery or medical improvement is not possible, a patient is recognized to possibly need skilled services, that nursing or therapy, that that Cathy described, to prevent further deterioration or to preserve current capabilities.

36:54

And if that's the case, Medicare coverage may still be available.

36:59

Next slide, please.

37:02

So, another way of putting that, in the positive is that maintenance, therapy and nursing therapy, or nursing to maintain the person's condition, is covered under Medicare, and services would qualify as skilled to maintain for maintenance therapy when the specialized knowledge and judgement of a qualified therapist or nurse is required to design and establish, and, or perform, a maintenance program.

37:37

Next slide, please.

37:40

Right, so, we have common coverage questions that often come to our office, so we thought we'd share with you those questions and the answers for those questions.

37:52

So one of them is, will Medicare pay for care in a skilled nursing facility if you are admitted to a skilled nursing facility from home?

38:01

And the answer is maybe. So usually, an individual requires a three day inpatient hospital stay.

38:10

But as we talked about in the last few slides, you can wait up to 30 days to enter a skilled nursing facility after a hospital discharge.

38:20

So in those cases, where you may have been in a hospital, met your three day hospital stay, but are not quite ready to go for rehabilitation or therapy, or are nursing, because you're healing, then you can go home. And within 30 days, go into the skilled nursing facility.

38:41

So another question.

38:43

Will Medicare pay for care and SNF if you only need help getting to and from the bathroom and remembering to take your medications?

38:52

Even if there isn't anyone else at home to take care of you? Unfortunately, no. The individual has to need and receive daily, skilled services, which are nursing and, or therapy.

39:06

Can Medicare pay for care in a skilled nursing facility, if you can, if your condition is chronic and unlikely to improve?

39:15

Yes, as Judy just described, if you need daily skilled care, the key is that you have a need for skilled services, not the ability to improve.

39:26

I was working just yesterday with an individual who was told he wasn't progressing, so that he could not stay in the skilled nursing facility. And I ask the question, will the person decline in their condition if they don't get therapy?

39:42

And the answer was an emphatic yes, in that case, even though he's not progressing, he certainly is in need of skilled services to maintain his condition, and prevent decline of his function.

39:57

Does Medicare pay for long term care in a skilled nursing facility?

40:02

No, Medicare covers up to 100 days per benefit period.

40:09

So there are some related coverages for skilled nursing facility that I also wanted to share, to make sure people were aware of.

40:18

Therapy services, Physical therapy, occupational therapy, speech language pathology, and audiology can be covered after 100 days of SNF coverage, when that expires, if the person has Medicare Part B coverage.

40:34

That is, other than that, coverage for all of that, everything that's basically non inpatient. So you have exhausted your 100 days, but you may be a resident of a skilled nursing facility and still need therapy services. So those are covered as outpatient. therapy services not covered through the skilled nursing facility.

40:59

Durable medical equipment is considered included and Medicare payment to the skilled nursing facility.

41:07

So when you're within that 100 days of coverage, and Medicare pays the skilled nursing bill, they are, including in that, anything that someone supposedly will need as far as durable medical equipment.

41:20

And that's not considered something that Medicare will pay for separately.

41:27

But unfortunately, there is, within the statute an exclusion of payment to someone who resides in a skilled nursing facility, even if that's their only home, even after the 100 days expires, where Medicare will not cover the durable medical equipment needs of someone in who lives in a skilled nursing facility. That's one of our policy issues that we are trying to get changed because clearly that's that's very discriminatory and and and unfair to people who live in nursing homes and cannot get those durable medical equipment that every other Medicare beneficiary has access to.

42:12

Ambulance coverage for medically necessary transport can happen to the nearest provider of services that are not available in the skilled nursing facility.

42:22

So, I would say to that, that if there is no other safe transport, and the services are not available, that you can get ambulance transport to and from another provider, and Medicare should cover that.

42:38

And finally, a hospice coverage can be available for people living in skilled nursing facilities.

42:43

There are items services. Drugs for pain relief, symptom management, and counseling that are beyond what the skilled nursing facility might be able to provide.

42:54

However, Medicare does not pay for hospice related room and board in the skilled nursing facility.

43:06

I want to let you know about a program that helps people to pay their Medicare costs. Many people in Connecticut are not aware of this program, and it's a very generous, important program to help people pay for costs related to Medicare, as Judy described, the possibly the premiums, co-insurance, and the Co-payment.

43:30

So if you are a Connecticut resident, and you have incomes, that are currently, This will change, hopefully, within the next couple of weeks, but these are the 2021 numbers, \$2660 a month, or a 35, 91, a couple.

43:48

And the calculation of these inkatha of this income is a little bit tricky.

43:55

So I would say, if you are within a reasonable shouting distance of these numbers, call the Connecticut choices program, and at no cost, they will do a very brief financial screening to review whether or not you qualify for the Medicare Savings Programs.

44:15

Again, those can help pay significant costs of of premiums and out of pocket expenses and Medicare.

44:27

Here are some links to this Medicare savings program that we have on our website, Medicare, advocacy dot orci at the Center for Medicare Advocacy. We have some fact sheets in English and Spanish, and we have flyers. We have done a webinar, Medicare savings programs for Connecticut beneficiaries. That's available on our website.

44:48

And here's a link to them: the Medicare Savings Program application. The applications are done through the Department of Social Services. But, as I mentioned, the choices program, which is the program that helps people understand Medicare in Connecticut, and it's in Connecticut helps people understand the federal Medicare program.

45:10

Those are the folks that do the screening for all kinds of types of benefits that people may be eligible for.

45:19

And again, this is to give you that information about the choices program, in addition to helping to see if people qualify for the Medicare Savings Program. They will also do a very knowledgeable, unbiased review of Medicare public, and private options in Connecticut.

45:39

There are so many choices, two, that people have, about how they get their Medicare, Whether through the public program or through a private Medicare Advantage plan, as Judy described. And it's important to know that, that the choices program can help provide that direction that is unbiased and well informed.

46:06

In addition, there are services available for Connecticut beneficiaries. Through our website at [medicareadvocacy.org](http://medicareadvocacy.org).

46:15

There are medicare related case evaluations. As Judy mentioned, we provide legal assistance and advocacy. We also do information and referral.

46:24

And we are available Monday through Friday, 9 to five, and we pride ourselves in having an individual answer the phone.

46:34

And that individual will either provide brief information and referral to other sources, or we'll help you to, to guide you to the right person within our organization to help resolve your issue.

46:48

We do appeals of inappropriate Medicare denials.

46:52

So if you are at a place where you are being told that Medicare won't pay for your care in the future, and you believe it's medically reasonable unnecessary, and you have time left in your benefit period, please let us know. We will be happy to review the issues with you.

47:10

We also have Connecticut resources and a very specific Connecticut section on our website of [medicareadvocacy.org](http://medicareadvocacy.org), and here's our two phone numbers. You'll see them on multiple screens where you can reach us that, 800 number is a toll free number for anyone in Connecticut.

47:32

So, um, we're happy to take any questions, and we'd love to hear from our audience, Matt, except before we go to questions, test time.

47:44

And I'll leave you guys up. You can comment on the test answers that we get this time.

47:50

So same questions as before, but you should all know the answers. Now, we expect 100% correct answers Now.

47:57

I'm launching Question one, to qualify for Medicare coverage.

48:00

You must have a very low-income must be at least 65 years older, have certain conditions need to be able to live independently. What do we think?

48:29

Rich got three quarters of our folks voted at 30, so I can see here.

48:36

80%.

48:37

This is great, Loving these responses.

48:44

Gonna close this poll, 100% of people, Judean Cathy responded, must be at least 65 years old, or have certain conditions.

48:55

Fabulous.

48:59

Great, Post, test question two.

49:04

Medicare covers nursing home care for up to 100 days at a time, for 20 days, or for as long as you need there singer therapy.

49:48

Right. About three quarters of our votes, in. Interestingly, 80% say for up to 100 days at a time, and the remainder safer as long as you meet nursing or therapy.

50:01

I think that might have been a wording issue.

50:05

Yeah, it gets to that point in and we did talk about how you can get therapy of four met under Medicare Part B after your nursing home coverage ends.

50:17

But that's not the coverage for the skilled nursing facility itself, that is a separate kind of a la carte benefit under Medicare.

50:27

Right? It won't be covering after 100 days where the room and board and that full surface, as Kathy said.

50:35

So, if we confused you in the wording, We're sorry, but that's, that's the truth 100 days, full Medicare for the room and board, and all the care service you need if you've got daily, skilled nursing and or therapy, and after that time, you can pay, kind of, get coverage, like Kathy indicated, kind of our cart or therapy.

51:00

Exact clear setup.

51:03

Question three, Medicare coverage can be available if you're only getting better.

51:08

You need daily nursing or therapy to maintain your condition, or you never leaves a nursing home.

51:19

We're off to a Grand start.

51:30

Right, With three quarters of our audience having voted, we have 97% saying, you need daily nursing, a therapy to maintain your condition, and a little outlier there at, you can never leave the nursing home.

51:48

Know, that's an interesting point, let me just say that you can leave the nursing home, we often, at least once or twice a year, right, going home for the holidays.

51:59

As long as it's known that you can return, you're going to be returning to the nursing home relatively short period of time. You certainly can leave the nursing home to go spend time with your friends, friends and family. And come back to that to your bed at the nursing home.

52:17

And if there are specific questions about that, please do contact us or the long-term Care Ombudsman Program because you, um, shouldn't be completely unable to leave the nursing home.

52:30

Come back in for continued care in your In the Bed And roomy left. Now. that could be different during pandemic times, but if there's questions about it, please do contact us.

52:43

Thanks very much for that.

52:46

A question for the Center for Medicare Advocacy, as most of you already knew is a non-profit organization helps with Medicare Problems Entity that makes decisions about Medicare coverage or part of the stake.

53:00

We won't even linger too long on this one, I think at this point.

53:05

NaN, three quarters of our audience, and almost everybody has said a non-profit organization that helps with Medicare problems.

53:15

Again, we have an outlier that's as part of the state government, which is not quite the case.

53:21

Know, we're not part of the state government or private entity. We rely on state funding, Federal Funding, grants, contracts, writing books, donations to continue to provide free legal assistance that's related to Medicare and Nursing Home residents or H for Connecticut residents. Our services are not necessarily free for people outside Connecticut, but always for people with and who live in our residents within the state.

53:51

Thank you very much. And, our last question, Medicare coverage, can be available for nursing home residents, for physical therapy and other therapies even after the stay is uncovered DME. Like a walker from a supplier chosen by the resident, not that I'm emphasizing that for any reason or books and movies.

54:14

Yeah.

54:32

So it's taking the longest again.

54:45

Right, Got a threshold there, who has voted, and of the voters, 80%, say, Physical therapy and other therapies, even after the stays and covered, Which I think we just touched on a few minutes ago, By 20% still see DME like a walker from a supplier chosen by the resident. So, again, kind of a trick question close this And let Cathy clear that up. That's not really a trick question as much as it is an unfortunate question. But I would say one of our recommendations to people. as they are thinking about having to go to a skilled nursing facility, particularly if you're going to stay for any length of time, is that you think about your durable medical equipment needs before you go if that's possible to get Medicare to pay for them.

55:30

Because once you become that, once you are in a skilled nursing facility, then Medicare's payment to the skilled nursing facilities.

55:39

And it's, it encompasses all the needs of someone who is in a nursing home, and you don't get to choose which, which mobility device you might need. You might not be able to get a wheelchair if you are in a and you have to use the wheelchair that the skilled nursing facility provides. So, it's, it's an unfortunate.

56:03

Policia of Medicare, and it's a law right now, as it's written, until that can be changed in the future, hopefully. So, the first, the first part of the durable medical equipment law covers.

56:18

Iron lungs, you know, because it was written at a time where, you know, 65 in 19 65, but 50 plus years ago, and it hasn't been updated since then. So, that's, that's an unfortunate part, but we try to make people aware of that. So, it's not a tremendous surprise when that happens.

56:42

Also, we have worked with people who have been trying to spend down, if they have to be in a skilled nursing facility for awhile.

56:50

And what is allowed in that spend down could include the very specific durable medical equipment. And it may be something that is very customized to the patient, such as a speech generating device, or a very specific wheelchair that's needed. So, those are kinds of things that are important to think about. But as far as Medicare coverage goes, Medicare will not cover durable medical equipment for someone in a skilled nursing facility.

57:22

I guess 1.

57:24

1 additional class on that, Kathy, is, if someone hasn't knowledge that they may need a nursing home stay prior because they're going in for four surgery or something and they they purchased DME a durable medical equipment, say, a particular wheelchair while they're still living at home.

57:48

Can they bring that wheelchair with them?

57:51

Should they need to become a nursing home resident?

57:55

That's a great question, Judy.

57:56

So if Medicare purchases that durable medical equipment for the individual, yes, the answer is yes, that belongs to them. That's there. That's their piece of equipment.

58:08

However, if Medicare rent that for them, then that's a different story, because they have a monthly rental. And once you go into the facility, net rental ends, then Medicare will not pay that rental.

58:23

So, oftentimes, if, especially if it's customized but and on many occasions, people can choose, benefit Medicare beneficiaries can choose if they want to rent an item or purchase an item, and yes, you have to pay the 20%.

58:40

Or you are your Medigap plan if you have a supplement plan, that pays your co-insurance because they pay durable medical equipment. under Medicare Part B, which often has a 20% co-insurance.

58:53

You still have to pay that, but then you own that item, and, and, and so that's why it's, it's, if you're, if you're planning ahead and you're trying to buy something, really ask that, that you purchase it through Medicare rather than rent it through Medicare, then it can go with you should have a need of being a nursing home Resident. That's right. The only, you know, the other kind of caveat would be if you don't think you're going to need the piece of equipment for very long, or it's not terribly important that it be a more customized and your choice. Because nursing homes are required to provide the durable medical equipment.

59:42

Oftentimes, they won't, however, spend that, that significant amount of money, it may be for a customized item, for someone.

59:52

That's the practicality of it.

59:55

But, but again, it depends on the situation. And we are happy to, you know, to, to discuss this and have a consultation with anyone who might be in that position, of trying to make a decision about which way to go with, with a piece of equipment, or or any kind of item that might have Medicare coverage.

1:00:14

Thank you for that extra news information.

1:00:18

Thank you, Corey.

1:00:20

Matt, do we have other questions from the audience? We do have a couple. Can we go over this issue one more time? Richard written this question in a long time ago, we've covered. I just want to ask cinnamon to come on screen in case we have some questions.

1:00:34

And everyone can meet the, the leadership of this particular project.

1:00:40

Thank you, Gentlemen. Thank you.

1:00:44

So, once again, so, say you're a private pay respite says, Richard, and you fall, and you need PT and OT to recover from your fall.

1:00:52

Can Medicare apply to that therapy?

1:00:58

Yes, if you meet the other qualifying criteria, so if you were in the traditional Medicare program, that individual will have to have had a prior three day inpatient hospital stay in order to qualify for coverage in the nursing home.

1:01:21

And then generally be discharged from the hospital to the nursing home, or within 30 days of the hospital discharge.

1:01:31

If the rehabilitation component of someone's care plan wasn't, they weren't ready for that.

1:01:39

So they went home first, for example, than they could either way, go to the nursing home, directly from or within 30 days.

1:01:49

You should have general rules, in order to participate in that rehabilitation, and Medicare would be available, if they needed five days a week of physical and occupational therapy. It's also true for speech language Pathology, sometimes known as Speech Therapy, if I understood Richard's question correctly. I believe that's the answer.

1:02:13

I think he was talking about private pay So to kind of continue judy's explanation, I would say once he acts once the 100 days is expired and he needs a skilled service of a of a of a therapist, then that would be done through an outpatient therapy.

1:02:37

That would, but typically come into the nursing home to provide that therapist.

1:02:43

Sometimes, there's an arrangement made for therapists within the nursing home that they care that the nursing home can be paid.

1:02:52

The Medicare Part B Outpatient therapy rate.

1:02:58

So, either way, if there is a continued need for therapy, once an individual is in private pay status, then Medicare does allow for payment of reasonable and necessary therapy.

1:03:13

Yes.

1:03:13

For individuals who have Part B, cosette paid for under Part B?

1:03:19

correct.

1:03:20

All right, Thank you very much, We have a Brave hand razor.

1:03:25

Debbie, you are self muted.

1:03:28

If you would still like to ask your question, there we go. Yes, thank you.

1:03:34

I have a question regarding traditional Medicare and the Medicare Advantage plan.

1:03:40

Now, it's my understanding that the advantage plan covers everything traditional Medicare covers and more, so, what would be the distinguishing factor in deciding whether to take traditional Medicare or the advantage plan? Are there any disadvantages of taking the advantage plan?

1:04:00

I know with traditional Medicare, you have to have a supplemental to cover the 20% beyond that, because it's difficult to decide whether one.

1:04:12

should inventor into the advantage brand.

1:04:16

Yes, is it? I'll try my hand at that. It is very difficult.

1:04:22

So, let me say, Kathy, we might want to go back to that choicest slide, show folks where they can get advice on whether to be in Medicare Advantage. And if so, in what plan?

1:04:38

And in Connecticut, the program is called Choices.

1:04:41

We Partner with the Choices Program in a variety of ways, and you can reach them at 89949422, if, in fact, this is an important time to emphasize this.

1:04:54

Because between now and March 31st, people who are in a Medicare Advantage Plan have the ability to change either to another Medicare Advantage plan or to traditional Medicare.

1:05:11

Now, there are pros and cons, and there's a lot of information on our website, medicare advocacy dot org, about what to consider when choosing to be unmet at Traditional Medicare or in a Medicare Advantage plan.

1:05:27

I will say that it is somewhat easier to enroll in a Medicare Advantage plan on the Medicare plan finder, because wizard can come your prescription drug coverage.

1:05:37

For example, under part D, If you're in traditional Medicare, you cured, if you can afford it, to also choose a Medicare Part D prescription drug plan. And, as Deb said, you also need to, if at all possible, a Medigap plan to help cover to cover those Medicare costs, premiums and co-pays.

1:06:01

It is true that Medicare Advantage can cover things that Medicare traditionally does not cover like a meal after hot meals after a hospitalization, or perhaps some transportation.

1:06:17

But be aware that as a practical matter, we often find that when people are really ill or injured, that the traditional Medicare coverage is more smoothly, available, and with without as many bumps and barriers to getting the coverage that one is entitled to.

1:06:41

Particularly in nursing home coverage, we are currently working with a number of Connecticut residents who are in Medicare Advantage plans.

1:06:51

Who are finding that every well, one person is finding that they're being told they cannot go to the nursing home for from the hospital because the Medicare Advantage plan says that they're not progressing more often.

1:07:07

And quite often we hear that they can get two weeks of coverage.

1:07:12

And then on a kind of weekly basis, the coverage is reviewed and these kind of barriers to continued coverage and add stress, if nothing else to continued care.

1:07:31

We find this happen to glass in traditional Medicare, not that it's a panacea for everybody but it is somewhat easier and more fluid on coverage for people who need it for serious illness or injury.

1:07:48

And also remember that Medicare's traditional program is providing you with a network which is quite open in Connecticut and around the country.

1:08:00

You'll be able to choose from different nursing homes, different hospitals, and different health care providers.

1:08:06

Whereas, in Medicare Advantage, though, some of those other benefits, like a meal or transportation, may be available.

1:08:15

There may well be limitations on which nursing homes you can go to and where you can get your care.

1:08:22

throughout the state, Whether you can get the care throughout the state, or if you want to travel to, where your loved ones live. Because there are networks in Medicare Advantage that do not exist in traditional Medicare.

1:08:35

And finally, there is much more often, are requirement for prior authorization for care, which may be part of why that gentleman we're talking about can't get into a nursing home, because the prior authorization has been denied.

1:08:49

And that is not the norm in traditional Medicare.

1:08:54

So there are pros and cons, and you need to study this closely. And the choices program can help you do that.

1:09:01

Thank you so much.

1:09:02

Thank you.

1:09:04

Thank you, Debbie. Follow up question on MA versus traditional Medicare. Stephen asks, is there an annual out of pocket expense cap in traditional Medicare?

1:09:18

Unfortunately, currently there is not. There is one and that was proposed in the build back better bill for Part D for the prescription drugs.

1:09:29

There is an out of Pocket Capp and Medicare Advantage.

1:09:33

I'm afraid I'm losing track of what that is right now. Do you know what it is?

1:09:39

It's up to \$7750 as much as thank you.

1:09:45

And so it's quite high, but it does exist.

1:09:48

And it, that seven, \$7500, 7000, 700, 7000, 750. Yes. Thank you under Medicare Advantage.

1:10:01

And that's the blessing being about the Medigap plans that supplement plans that can be as low as \$50 a month in Connecticut.

1:10:14

For coverage of the co-insurance is the co-pays. And it also pays for an additional period of time. So everything that if you were in a skilled nursing facility after day 21 and you have that hundred and 94 dollars and 50% a day co-insurance most Medigap plans will cover that co-insurance that co-payment.

1:10:40

So, I would highly suggest that you look into them. The Medigap plans. If you're looking at traditional Medicare, as Judy said, it's, it may be easier to get into a Medicare Advantage plan. But it certainly provides a much broader coverage and peace of mind without having all these extra layers that are imposed by private Medicare Advantage plans in their Managed care.

1:11:09

That's what we have been finding with the work that we do with our clients.

1:11:15

It's almost like you're setting the next questions up with your comments. You mentioned the fantastic coverage of a Medigap plan.

1:11:23

However, Lynn asks, often clients will do the math on how much they're going to pay monthly, for Medigap drug coverage and they say, you know what?

1:11:32

I can be zero for this MA plan. I don't care.

1:11:35

I'm just gonna do that. How can we counter that counsel them, in terms of that, just looking at the bottom line?

1:11:45

Well, know, some people can't afford to do otherwise, It's expense, it's become expense of the two to pay the monthly Part B premiums to pay the monthly Medigap premiums.

1:12:00

We'd be lying if we didn't recognize that, But if you can afford the traditional Medicare program, it may well provide you with more latitude and more peace of mind if you should become truly ill or injured and we all get sick. And some of us get injured and teach and, you know, might you buy fire insurance in case your house burns, right? You buy health insurance in case you really get sick or injured.

1:12:34

And it's when, when hard things happen to people, that traditional Medicare is there for you, and it will allow you choice that you would not have in Medicare Advantage.

1:12:49

But there are pros and cons, and there are people who are limited in income, and that is the reality that we must face.

1:13:01

And that's why we usually say to folks, look at whether or not you could qualify for a Medicare Savings Program.

1:13:07

Because if you can qualify for that, then you can, you can get help with paying for your co-insurance and your and your premiums, everyone and Medicare, that that wants to be on Medicare, whether they're in Medicare Part B Medicare, traditional Medicare, or a Medicare Advantage plan have to pay the Part B premium.

1:13:29

So that's an equalizer and this year it's currently 170 dollars and 10% a month. That's a lot of money. I will say one of the things I didn't mention about the Medicare Savings Program is the state of Connecticut does not count assets.

1:13:44

So if you're worried about if people are worried that if they qualify for this program, they're going to have to divest themselves of all assets in the same way that they do if they're trying to get on the Medicaid program. That that that is not the case. Assets aren't resources or assets are not considered when looking at. it's purely income. And even then they don't count all income, there are some disregards, which is why it's important to be screened.

1:14:14

But once you have that information of whether or not you could qualify for any of that cost assistance, then it becomes easier to determine, do I want to spend that extra money instead of paying a zero premium for a plan that has limited networks and prior authorization and all of the things that Judy discussed or do I want to pay into? The the Medigap plan? We were just talking about out of pocket expenses, but if you have a Medigap plan, for instance, plan G, what's known as plant G, There's a variety of about 10 different plans you can choose that will cover different cost sharing, or out of pocket costs. if you have a plan.

1:14:58

If you have a plan G, all you have to pay is the Medicare Part B deductible. Which is about \$200 \$208 I think this year.

1:15:11

So that's your out of pocket. other than that all you know what all your costs are going to be, no matter how sick you get.

1:15:17

So that's, there are so many things to weigh, as Judy said and articulated so well, But it's a, it's an important conversation.

1:15:27

And those folks at the choices Program, we do the training for them in the state of Connecticut says they have been, and it's a 16 hour training. So they are well informed, based on their own experience, that they gather, plus the, the training that we provide to them about how to help people make those choices.

1:15:50

Alright, thank you. We are just a minute over, but we have one more hand raised. Judith, if you have a quick question, we hope maybe we can address that before we close out. Click Yourself Muted.

1:16:04

There we go. OK.

1:16:07

I'm being lately a caregiver for an 89 year old woman who has Medicare and supplementary insurance through Yale where she worked.

1:16:19

And she was in the hospital recently, for about a week and about a week in skilled nursing care.

1:16:30

She had many, many health issues, but she went in as pneumonia patient.

1:16:36

Um, we really felt like she was not in shape to go home.

1:16:42

Um, there were two appeals for insurance, and I'm not sure whether it was Medicare on the supplement to insurance.

1:16:52

Turned her down twice.

1:16:56

And I just wonder what that criteria was for doing that. It just seemed so obvious to me that she wasn't ready to go home.

1:17:06

She was also anemic.

1:17:08

Um, and I haven't seen any follow up for CTE or anything in home. So I just wondered how that all works. Who, Who orders the PT?

1:17:20

Is it the nursing home?

1:17:21

They say her private doctor, How does that work?

1:17:27

It could be, if Sheesh, in the nursing home, it could be ordered by the, the nursing home, staff physician, or it could be her attending physician in the community. And if, do you know if this woman is in a Medicare Advantage Plan or in traditional Medicare?

1:17:53

Might be maybe you can't hear the follow up questions, but I can I can, I just I think she's in regular, regular Medicare and I just didn't understand the 100 day thing.

1:18:08

It seemed like \*\*\*\*.

1:18:10

Did she receive 100 days of covered now?

1:18:13

She shot all you got booted out after about a week and I just didn't understand that.

1:18:20

Well, a channel like you may well be right community for her to call us.

1:18:25

That's exactly the type of work that we would do.

1:18:29

We would, we would have found out what her medical records, say, what was her, you know, get, get the advocacy from the doctors, from the clinicians, and, and fight with the not fight, but, you know, make that make the appeals on her behalf. So, it's scary when you're by yourself, and you're, you're trying to navigate something, and people are telling you different. But that's a perfect example of how it would have been great for, for her to call us. And one of our advocates are. attorneys would have looked into this further to get more information, to see how we could help her stay in the facility with the care that she needs.

1:19:12

Oh. Thank you very much. I appreciate it. Yes.

1:19:16

Do call us and we'll see if it was She's home. Yeah.

1:19:21

She's home, but it just seemed like a climb at that time, you know.

1:19:25

Is she getting home health care through Medicare at home?

1:19:30

Yeah. Yeah. So I think she does she her physician on Monday. So perhaps that will be ordered for her.

1:19:40

If she, if she needs not daily skilled therapy are nursing at home but but part time or intermittent what's called. Then definitely she should ask the doctor for an order for those services. And again, we'd be happy to consult with her if she wanted to give us a call.

1:20:01

OK, thank you, Brian.

1:20:03

OK.

1:20:05

All right, thank you, Judith.

1:20:07

Now, we are well and truly over our time. Unless there are closing remarks from our panel.

1:20:15

That was your cue.

1:20:17

Well, I'll just say, I hope you've learned from this session and we'll call the Center for Medicare Advocacy with questions such as Judith just raised, about someone when they're still in the nursing home.

1:20:32

As it sounds like they, if they haven't had 100 days of coverage, and it sounds like they still need to be there, and the physical therapist, or, as a therapist, should, physicians and nurses think that they need to be there, too?

1:20:46

We can help look at the case and evaluate it, and see whether Medicare coverage seems to be an order. Also, if there are problems of care or support in the nursing home, our partner at the Long Term Care Ombudsman's office can help out. And Kathy Cinnamon and I, and others on our staff are available to sink through these problems for you with regard to resident rights and Medicare rights. And so we thank you very much and look forward to working with you and married and her whole team.

1:21:19

Thank you. Thank you Judy and thank you to you, Cathy Moraine and Sentiment for putting together this presentation. Look forward to the next one. Thanks, once again, to the point 32 Health Foundation and the Connecticut Department of Aging and Disability Services for their support. And now shameless plug time has mentioned, be on the lookout for the next in this Virtual Education series. And, in the meantime, you can go and register for the Center for Medicare Efficacies next regularly scheduled Webinar, which will be a Medicare home health and DME update on April 28th.

1:21:53

You can register for that right now and Medicare advocacy dot org backslash webinars want to thank everyone once again and I will now conclude today's virtual Education session.

1:22:04

Thank you.