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Medicare Advocacy

MedicareAdvocacy.org

Medicare Coverage for Connecticut Residents in Skilled Nursing Facilities

February 23, 2022

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In Discussion With

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The Center for Medicare Advocacy, founded in CT in 1986, is a non-profit, non-partisan law organization that works to advance access to comprehensive Medicare, health equity, and quality health care.

Based in Connecticut and DC, with additional attorneys in CA, MA, NJ.

- Staffed by attorneys, advocates, communication and technical experts, nurse consultant
- Medicare-related education, legal analysis, writing, assistance, and advocacy
 - **Free for Connecticut residents**
- Medicare coverage and appeals expertise
- Systemic change – Policy/Litigation
 - Based on our experience with the problems of real people

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Connecticut LTC Ombudsman Program and Center for Medicare Advocacy Partnership

- Optimize the value of each organization's expertise and resources on behalf of CT's long term care facility residents, families and helpers.
- Share resources to maximize impact
- Participate in joint education efforts
- Provide information and referrals as appropriate for services available from each organization

Medicare Overview

- National health insurance enacted in 1965.
- People usually qualify based on age and paying into Social Security, not based on (low) income.
 - Unlike Medicaid/Title 19, which is based on income.
- Medicare covers people ≥ 65 , and certain people with disabilities or ESRD.
- Medicare covers hospital, nursing home, home health, doctors, durable medical equipment, prosthetics, orthotics, hospice, prescription medicine, some preventive services, some vaccines.
- Medicare available through the original/traditional program or private “Medicare Advantage” (MA) plans.
- MA should cover at least as much as “original” Medicare and follow the same coverage rules.
- Part D - Rx

Medicare: An Insurance Model

Covers *Some* of the Cost of *Some* Health Care

- When it is Reasonable and Necessary
- For an Illness or Injury
- Diagnosis, Treatment, Rehabilitation
- Some Preventive Coverage
- With Premiums, Deductibles, Co-Pays



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Medicare-Covered Care For Skilled Nursing Facility Residents

Skilled Nursing Facility (SNF) Medicare Coverage Criteria

- Physician must certify SNF level-of-care is required
- Generally, must have a prior 3-day qualifying hospital stay
 - Inpatient, Medicare-covered hospital stay
 - (Emergency room and “observation status” do not count)
 - Some Medicare Advantage plans waive 3-day stay
- Generally, must enter SNF w/in 30 days of hospital discharge
 - Unless it is not *medically appropriate* to begin a course of treatment until beyond 30 days)

Skilled Nursing Facility Medicare Coverage

- Up to 100 days of coverage per “Benefit Period”
- No deductible or co-payment for days 1-20
- Co-payment for days 21-100 (\$194.50/day in 2022)
- Medicare pays if individual receives daily skilled care:
 - Medically reasonable and necessary
 - Can be safely and effectively performed only by, or under the supervision of, professional or technical personnel
 - “Daily” = 7 days a week of skilled nursing and/or therapy
OR 5 days a week of therapy
- The federal Medicare/Medicaid agency monitors resident rights (including visitation)

Medicare “Benefit Period”

Related to Hospital & SNF Coverage

- The Medicare “Benefit Period” is known as the “Spell of Illness”
- A “Benefit Period” begins on the first day a beneficiary is admitted to the hospital
- A “Benefit Period” ends:
 - When a beneficiary has not been in a SNF or hospital for at least 60 days in a row, OR
 - If a beneficiary remains in a SNF, when there has not been skilled care in the SNF for at least 60 days in a row.
- A “Benefit Period” is not based on a specific condition.
- Can be more than one Benefit Period per year.

Skilled Nursing Facility (SNF) Coverage Criteria

Individual requires daily skilled care on an inpatient basis
(Nursing, PT, OT, SLP/ST)

- Dr orders SNF level of care
- **7 days/week** nursing or nursing & therapy combined, OR
- **5 days/week** therapy

Generally, must be admitted to SNF w/in 30 days of a 3-day inpatient hospital stay

- “Observation Status” doesn’t count”
- Prior hospital stay can be waived by MA plans

Up to 100 days of SNF coverage per benefit period / “Spell of Illness”

Skilled Nursing Facility Medicare Coverage

Improvement is **not** required:

The “restoration potential” of a patient is not the deciding factor in determining whether skilled services are needed. Even if full recovery or medical improvement is not possible, a patient may need skilled services to prevent further deterioration or preserve current capabilities.

Skilled Nursing Facility Medicare Coverage

Maintenance therapy and nursing is covered:

Services which would qualify as skilled [include] maintenance therapy, when the specialized knowledge and judgment of a qualified therapist is required to design and establish a maintenance program.

Skilled Nursing Facility (SNF) Common Coverage Questions

- 1. Will Medicare pay for care in a SNF if you are admitted to the SNF from home?**

Maybe! Individual usually needs a prior 3-day inpatient hospital stay, but can sometimes wait up to 30 days to enter SNF after hospital discharge.

- 2. Will Medicare pay for care in a SNF if you only need help getting to and from the bathroom and remembering to take your medications?**

NO, individual must need and receive daily skilled services = nursing and/or or therapy.

- 3. Can Medicare pay for care in a SNF if your condition is chronic and unlikely to improve?**

Yes, if you need daily skilled care; the key is a need for skilled services, not the ability to improve.

- 4. Does Medicare pay for long term care in a SNF?**

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

Skilled Nursing Facility Related Medicare Coverage

- Therapy services (PT/OT/SLP) can be covered after 100 days of SNF coverage expires. (If the individual has Part B)
- Durable medical equipment (DME) is considered included in Medicare's payment to SNF, but it cannot be covered for someone in a SNF after 100 days of SNF coverage expires.
- Ambulance coverage for medically necessary transport to the nearest provider of services that are not available in the SNF can be covered.
- Hospice coverage can be available. For items, services, and drugs for pain relief, symptom management, counseling. Not for room & board.

Help Paying Medicare Costs: The Medicare Savings Program (MSP)

For CT Residents with incomes under
\$2,660/month (\$3,591/couple) - 2021*

(*Rates change each March)

Call Connecticut CHOICES at
1-800-994-9422

At no cost, CHOICES Counselors can review qualifications and help individuals apply for one of three **Medicare Savings Programs** available in CT to help pay some or all Medicare costs.





Links to Medicare Savings Program (MSP) Resources:

- [Medicare Savings Program Factsheet, February 2021](#)
 - Medicare Savings Program Factsheet – Spanish – [Los Programas de Ahorros de Medicare](#)
- [Basic MSP Flyer, February 2021](#)
 - Basic MSP Flyer – Spanish – [¿Necesita ayuda con los gastos de Medicare?](#)
- **Recorded Webinar:** [*Medicare Savings Programs for Connecticut Medicare Beneficiaries*](#)
- MSP Application: <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicare-Savings-Program/Medicare-Savings-Program>

CHOICES: A CT Partner Resource for Medicare Decision-Making

Call CHOICES at 1-800-994-9422

For a no-cost, unbiased review of unique individual circumstances and a knowledgeable review of Medicare public and private options in Connecticut, including screening for the Medicare Savings Program (MSP)





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Services Available for Connecticut Medicare Beneficiaries:

- Medicare-related case evaluation, legal assistance, advocacy
- Appeals of inappropriate Medicare denials
- CT resources and section on our website, [MedicareAdvocacy.org](https://www.MedicareAdvocacy.org)

<https://www.MedicareAdvocacy.org/medicare-info/connecticut-consumers-guide/>

(860)456-7790 / (800)262-4414



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Questions & Discussion

Call Us At

(860) 456-7790 or

(800) 262-4414



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CT LTCOP

Mairead Painter, State Long-Term Care Ombudsman



Long-Term Care Ombudsman

- ▶ The Long-Term Care Ombudsman Program (LTCOP) advocates for and protects the health, safety, welfare and rights of long-term care residents, bringing residents' concerns directly to public officials to ensure they are hearing about issues directly impacting the lives of residents. Bringing residents to the forefront to voice their concerns and supporting them in their quest to shape their own legislative agenda. The LTCOP also represents the residents' interests before governmental agencies.
- ▶ While the LTCOP sits within ADS, by federal statute LTCOP maintains autonomy and advocacy independence of their Department structure. This is unique within state government.

Long-Term Care Ombudsman

- ▶ The LTCOP responds to, and investigates complaints brought forward by residents, family members, and/or other individuals acting on their behalf. Ombudsmen offer information and consultation to consumers and providers, monitor state and federal laws and regulations, and make recommendations for improvement.
- ▶ All Ombudsman activity is performed on behalf of, and at the direction of residents. All communication with the residents, their family members or legal guardians, as applicable, is strictly confidential.
- ▶ <https://ltcombudsman.org/uploads/files/library/long-term-care-ombudsman-program-what-you-must-know.pdf>

Residents Rights

- ▶ Residents' Rights are guaranteed by the federal 1987 Nursing Home Reform Law.
 - ▶ The law requires nursing homes to “promote and protect the rights of each resident” and places a strong emphasis on individual dignity and self-determination.
 - ▶ Nursing homes must meet federal residents' rights requirements if they participate in Medicare and Medicaid.
 - ▶ Some states have residents' rights in state law or regulation for nursing homes, licensed assisted living, adult care homes, and other board and care facilities.
 - ▶ A person living in a long-term care facility maintains the same rights as an individual in the larger community.
- ▶ <https://ltcombudsman.org/uploads/files/issues/residents-rights-factsheet.pdf>

Inclusivity

Integration of independent goals and the ability to live authentically

- ▶ Integration of independent goals and the ability to live authentically
- ▶ The Connecticut Long Term Care Ombudsman Program developed the Inclusive Communities work group after working with the LGBT Aging Advocacy Group.
- ▶ We heard that there was a need for education and outreach, to support people identifying as part of many different marginalized groups and from that the inclusive communities' workgroup was developed.
- ▶ The Ombudsman program found that this is not only an LGBT issue, but an overall a human rights issue affecting people who identify with one or more of these disadvantaged or marginalized groups.

▶ Vision Statement

- ▶ A diverse group of providers, advocates, government agencies, professionals, and individuals that works collaboratively to strengthen the long-term care continuum to be inclusive, accepting and welcoming for all individuals so they may invariably be their authentic selves.

▶ Mission

- ▶ To cultivate communities that care for one another and build bridges of common humanity while maintaining respect for every individual. To give voice, identity and specific attention to individuals who identify with one or more marginalized or disempowered group.

▶ Goal

- ▶ Create an educational toolkit and video series offered to residents, family members, and staff members of LTC facilities to help create and cultivate inclusive LTC communities. This toolkit will include educational materials as well as application techniques broken down into specific subchapters relating to various marginalized groups and how to ensure that all individuals within the community are able to be their Authentic Selves

Visitation/Access: Resident Rights

- ▶ Nursing Home Reform Law Regulations
 - ▶ Right to Receive Visitors of his/her choosing at the time of his/her choosing so long as visitation is not done in a manner that imposes on the rights of another resident. 42 CFR 483.10(f)(4)
 - ▶ Immediate Access: Representative of State, LTCO, physician, immediate family, visitors, resident representative, and individual providing health, social legal or other services. 42 CFR 483.10(f)(4)(i)-(iv)

Involuntary Discharge: Resident Rights

- ▶ Residents have the right to remain in the facility unless transfer or discharge:
 - ▶ Is necessary for the resident's welfare and the resident's needs cannot met in the facility;
 - ▶ The resident no longer needs the services provided in the facility;
 - ▶ Safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;
 - ▶ The health of individuals in the facility would otherwise be endangered;
 - ▶ Failure to pay; or
 - ▶ Facility closure. 42 CFR 483.15(c)

Involuntary Discharge: Resident Rights (cont.)

- ▶ Must receive written notice, in a language and manner that the Resident or Resident's representative can understand, 30 days before eviction
 - ▶ Reason for the transfer or discharge
 - ▶ Effective date of discharge
 - ▶ Location to which the resident will be transferred or discharged
 - ▶ Right to appeal
 - ▶ Name, address, and phone number of LTCO Office
- ▶ May remain in facility while appeal is pending

Involuntary Discharge Portal for SNF's

- ▶ Welcome to The Connecticut Long Term Care Involuntary Discharge Web Portal. On this site you will be able to upload and submit all of your routine monthly discharge notifications as well as your involuntary 30-day discharge notifications. To get started click “Nursing Facility” on the top menu to create and access your nursing facility. To Access the User Manual Please click [here](#).
- ▶ Link to Current User Manual: <https://portal.ct.gov/-/media/LTCOP/PDF/WEBPORTAL/LTCOP-INV-Transfer-Website-Help-Manual-For-Facility-Staff-V1-11-2-21.pdf>

Contact Information

Mairead Painter, Long-term Care Ombudsman

Long-term Care Ombudsman's Office

1(860)424-5200

1(866)388-1888

Coalition for Elder Justice in Connecticut

www.elderjusticect.org