Planning for Nursing Home Care in Johnson County

1) **Talk to people you trust** who can help you make a good decision: family, friends, and health professionals such as doctors, social workers, and hospital discharge planners. Share your values and preferences with someone for times when you may not be as alert. Set up powers-of-attorney for someone to act in your behalf in these circumstances. Couples may want to discuss dividing assets and income to protect the healthier spouse’s income if he or she remains at home. Contact Kansas Legal Services at 913-621-0200 for legal assistance provided on a donation basis or see appointments at [http://www.jocogov.org/dept/human-services/area-agency-aging/legal-services](http://www.jocogov.org/dept/human-services/area-agency-aging/legal-services).

2) **Look at the options**: If you are considering nursing home care in Johnson County, you may schedule a CARE assessment by calling 913-715-8857. This assessment is designed to consider a person’s need for nursing facility placement and alternate options for assistance. For an overview of options, you may call an Aging Information Specialist at 913-715-8861.

3) **Gather information**: Gather information about the nursing facilities in your area of choice.


**Kansas Advocates for Better Care (KABC)** publishes a Consumer’s Guide to Kansas Nursing Homes, FIND Fact Sheets on Individual Nursing Homes covering state enforcement actions, occupancy rates, hours of licensed nursing care, staffing ratios, and more...available for a nominal fee. KABC advocates for quality long term care in Kansas and provides consumer information on choosing a home, rights, care standards, negotiating problems, reporting neglect or abuse, and legislative action to improve care.

KABC advocates for high-quality long-term care for all older adults at home or in facilities. KABC is a statewide 501 c3 non-profit organization has provided guidance, education and advocacy for consumers since 1975. KABC’s Board of Directors is made up of volunteers from a variety of professions; from law, banking, healthcare, social services, education and more.

KABC provides services for FREE to anyone who contacts us. **Toll-free at 800-525-1782**, or via e-mail at info@kabc.org. Visit our website at [www.kabc.org](http://www.kabc.org).

**Kansas Long-Term Care Ombudsman Program for Johnson County.** A regional ombudsman and a group of volunteer ombudsmen (men and women) visit nursing homes to advocate for resident rights, investigate complaints, and to solve and mediate problems. Ombudsmen cannot recommend a facility, but they can provide results of the latest State inspection and some information about a home’s complaint history. They can also answer questions about Medicaid coverage, resident rights, and transfer or discharge issues.

**Regional LTC Ombudsman, Region 3**
**Marilyn Randa**, 8915 Lenexa Drive, Overland Park, KS 66214
913-236-9385, 1-877-662-8362
Fax: 785-296-3916
marilyn.randa@ks.gov

**The Kansas Department for Aging and Disability Services (KDADS)** is the regulatory agency for Kansas nursing homes, assisted living facilities, and adult care homes. To report abuse or neglect in a facility call KDOA at 1-800-842-0078. They publish the inspection reports for Kansas facilities. **Call 1-800-432-3535** for information about these reports or regulatory issues. [www.kdads.ks.gov](http://www.kdads.ks.gov)
Kansas Association of Homes and Services for the Aging (KAHSA) represents 160 not-for-profit long-term health care, housing, and community service providers in Kansas. They have a guide to help prospective nursing home residents and their families make informed decisions.
217 SE Eighth, Topeka, KS 66603 785-233-7443 or 1-800-264-5242 www.kahsa.org

The Centers for Medicare and Medicaid Services publish quality measures on every Medicare certified nursing home in Kansas. For information on the quality of care in nursing homes in your area: Call 1-800-MEDICARE or visit www.medicare.gov Nursing Home Compare. You may also request free publications: Guide to Choosing a Nursing Home, Guide to Choosing Long-Term Care, Medicare Coverage of Skilled Nursing Facility Care.

Kansas Foundation for Medical Care
2947 SW Wanamaker Drive, Topeka, KS 66614-4193
Helpline 1-800-432-0407 or 1-785-273-0067 www.kfmc.org
The Kansas Foundation for Medical Care is committed to improving the quality of care for Medicare beneficiaries in Kansas. Quality of care cannot be taken for granted. By law nursing homes must evaluate the quality of care their residents receive related to mobility, pain management, skin care, nutrition, medical status, rehabilitation, and level of daily activity.

Call and visit the nursing facility directly for the best information.

4) Evaluate Factors: This is a very important step in narrowing down selections. Consider:
   • Location near family and friends…important factor for good care and easing loneliness.
   • Availability…there are limited numbers of beds, limitations to special kinds of care, and sometimes waiting lists for select facilities.
   • Staffing…skill levels, training, and number of staff is important.
   • Medicaid…Ask the facility about Medicaid coverage when private pay funds are used up.

5) Paying for care: Medicare covers care for limited periods of time under limited conditions. For Medicare information call 1-800-772-1213. Medicaid (KanCare in Kansas) covers individuals for ongoing nursing facility care when their income is very low and resources are limited. See application info below. Besides personal resources, Medicare supplemental insurance and long-term care insurance plans may help pay for care. For insurance information, contact SHICK (Senior Health Insurance Counseling for Kansans) 1-800-860-5260.

Eligibility Requirements for Nursing Home Assistance (Medicaid)

1. Must be age 65 or older, or disabled by social security standards.
2. Nursing home placement must be determined medically necessary through a Preadmission CARE Assessment. Contact 913-715-8857 in Johnson County.
3. Countable assets must be below $2000. A couple may divide assets and income in accordance with the “Spousal Impoverishment Law”. https://www.kdads.ks.gov/commissions/commission-on-aging/spousal-impoverishment-law
4. Any assets given away in the past 36 months (60 months if a trust was established) may affect current eligibility.

Assets may include savings and checking accounts, stocks, bonds, cds, cash surrender value of life insurance (if face value exceeds $1500), individual retirement accounts, mineral rights, mining claims, life estates, boats, recreational vehicles, etc. You can surrender a life insurance policy, collect, then spend the cash value. Some insurance companies allow a policy holder to obtain a loan to draw down the amount of the cash value. Another choice is to irrevocably assign ownership of the policy to a funeral home to fund a funeral plan as described in #3 below.

Exempt Resources:
1. The home if a) the applicant lives there b) the applicant is temporarily away for medical care, or c) the applicant resides in a nursing facility and intends to return.
2. One motor vehicle (car)
3. Burial funds within limits …for a cemetery plot, casket, crypt, mausoleum, urn, vaults, headstones. An additional $3500 may be exempt if it is an irrevocable funeral agreement.

Applying for Medicaid (KanCare) in Kansas

Since Jan. 1, 2016 the Kansas Department of Health and Environment (KDHE) has managed the program through the KanCare Clearinghouse in Topeka where they process the Elderly and Disabled applications.

The phone # for the Clearinghouse is 1-800-792-4884   Address is: KanCare Clearinghouse, PO Box 3599 Topeka, KS  66601   They have no public e-mail address. Fax # for Elderly and Disabled: 1-844-264-6285

Individuals can apply online for Kansas Medicaid and the Medicare Savings Program (KanCare) at www.applyforkancare.ks.gov which will take the individual to the customer service portal where they can apply. They can also call the Clearinghouse to request an application be mailed.

Estate Recovery allows the state to recover Medicaid/medical care costs from the estates of recipients who, prior to their death were 55 years of age or older, resided in a nursing facility or received Medicaid-funded HCBS services; and/or did not have a spouse, children under 21, or disabled dependents. A person’s estate includes the home, savings, or other assets remaining upon death. No lien will be placed upon property while the recipient or spouse is living, but a claim may be filed on the estate upon the death of both the recipient and spouse. All medical expenses paid by Medicaid may be included in the claim. Kansas Estate Recovery Unit  785-296-6707

Checklist for Nursing Home Evaluation (Take notes and compare.)

- Can residents make decisions about their routine such as when to get up or go to bed?
- Is there a resident or family council?
- What is the nursing staff to resident ratio?
- How long do nurses and nursing assistants spend with each resident daily?
- Does the home use any nursing agency staff?
- Does the home have high staff turnover?
- The home is located conveniently for family and friends to visit.
- Residents are clean and properly dressed.
- Staff respond quickly to calls for help.
- Staff members respect and care for residents well.
- Staff and administrator interact well with each other.
- Residents have the same caregivers on a daily basis.
- There are enough staff at night, on weekends or holidays.
- Residents are involved in meaningful activities.
- The home is clean, in good repair, and a safe environment.
- Outdoor areas are available for resident use.
- There are grab bars, ramps, and phones for hearing impaired.
- The home is free of persistent unpleasant odors.
- Rooms and common areas are pleasant and functional.
- Residents have accessible places for personal items.
- There are private areas for residents to see visitors and doctors.
- The home has a good reputation in the community.
- Noise level is appropriate.
- Meals are appetizing and served attractively.
- State reports are available and show satisfactory history of care.
Considering nursing home care

When considering nursing home care as an option, bring family members or trusted advisers together for input on the decision. Consider carefully the thoughts and feelings of the person needing care and the primary caregiver. Sometimes it helps to put yourself in the role of the caregiver and consider whether you would or could be a caregiver at home. Caring for a family member at home or placing the family member in the care of others depends on several variables:

The person needing care. Some people are easy to care for—not too anxious or agitated, with few physical health issues. They can be content with, and respond well to, a program of services and family support in the home. Other people are more difficult, combative, or argumentative, with many physical or mental health issues that make caregiving difficult and stressful.

The home and financial resources. Some homes are big enough to accommodate the option of moving Mom or Dad in. Some families have financial resources to help pay for care or for changes needed in the home. Some can hire part-time or live-in caretakers, thus not having their life disrupted. But if your space or financial resources are limited, you may not be able to handle caring for your parent in your home, despite your best intentions.

The personality and coping skills of the caregiver. Caregivers should be honest with themselves and others about their ability to cope and handle stress. People vary in their abilities and personalities, and those should be taken into account. If the person needing care is chronically irrational, can the caregiver be flexible and accepting? When family members have cognitive changes, some of us still want them to be who they used to be and cannot accept the change that has occurred or the demands of this new person who has decreasing mental capacity and increasing physical needs.

The mental and physical health of people needing care will change. It can get better and then worse, but it is usually not a condition that can be reversed. You just make the best decision with the options you have.

Families like to try care at home, and you can find many options for in-home care through the Johnson County Area Agency on Aging (913-715-8861), home health agencies, paid caregivers, friends, other family members, or volunteers. Perhaps respite care for a while at a nursing home will help your family see how that option fits.

The decision is not easy, so it requires determining what is in the best interests of the person being cared for and the caregivers.

Compiled from multiple sources on caregiving.

The difficulty of loving decisions
An Excerpt from When Love Gets Tough, by Doug Manning, which may be available at your library, bookstore, or the Alzheimer’s Association.

I wish I had a nickel for every time I have said, “My folks will never go to a nursing home.” My exact words were, “I know there is nothing wrong with nursing homes, but neither my parents nor my wife’s parents will ever go to one of them. They will have a home in my home for as long as they live.”

That was my boast. Last year, my mother-in-law spent the last months of her life in a nursing home. My parents now live in a retirement center. The chances are very good that one of my parents will one day live in a nursing home. I am now eating crow.

I have gone through some rather drastic changes in my thinking. I am not alone in this change. Most of us never intended to place our parents in a nursing home. Most of us have made statements similar to mine, only to be forced to face the unreality of our boast. It is not an easy change to make. It is never made without guilt and fear.

My change came gradually. It began with an observation. Our neighbor could not face the thought of her mother going to a nursing home. Her mother lay in a coma and required constant care.
These folks had to build a new house in order to accommodate the needs of her mother. Fortunately, they were financially able to construct such a home. After the house was built and the family settled, it became evident that the wife could not handle the demands of such care on a full-time, 24-hour basis. She had to have some relief.

The answer was for her to get a job to get out of the house at least part of the time. She went to work, and a nurse was hired to take care of the mother during the day. This provided some relief during the day, but the wife’s schedule was still almost more than a human could bear. She worked at a full-time job outside the home and then returned to be the homemaker and the night nurse until time to go to work the next day.

I watched the effect of this plan over a period of four years. The wife did not have to face the guilt of placing her mother in a home, but the cost of avoiding this guilt was giving up her whole life. She thought she was doing all this for her mother. In reality she did it for herself. She desperately tried to avoid the guilt of a hard decision.

The husband was also affected. He had very little life of his own. The house became his whole world. There could be no vacations, no nights out, no weekends off. Every decision had to be made in light of how care could be provided for the mother. The mother’s life had limited quality. Her presence in the home diminished the quality of life for everyone else.

Perhaps the most tragic figure in this drama was the wife’s father. The neighbors lived next to us for several months before I knew the father even existed. His whole life consisted of sitting in a room next to his comatose wife and watching television. He had no one to talk with. He participated in no social activities. He just sat and withered away.

We moved from the city before this story ended. I always thought the father would probably die before the mother. He seemed dead already, as far as any quality of life was concerned.

Our own efforts to provide care for my mother-in-law also presented challenges. Nothing in our house fit her needs. Our bathroom doors would not allow entrance to a wheelchair. The bath fixtures were not equipped for an elderly person. We found ourselves tensely walking on eggshells. We could not be noisy. Our meals were not the right type for her.

It became evident we could not meet her needs—not even the physical needs. Nor could we provide for her emotional or social needs. Our world failed to match her world and her needs. We wanted to meet them. We loved her deeply. She was a dear lady.

It became evident to my wife and me that we had to make a decision based upon her mother’s needs. The decision could not be based on making us feel good about ourselves. We had to face the fact that no matter how much we might care, or how much we wanted to help, we just could not provide for the special needs of our loved one.

Love is doing what people need—not just what they want or what we want. In spite of what she wanted or what we wanted, we decided to place her in a nursing home. A nursing home could provide what we could not. Such things as round-the-clock nurses on duty, bath facilities designed for her, social contact with people with similar interests, and activities designed for people of her age and her condition would be provided for her.

We found a nursing home in our city. The home was equipped and seemed to have all the facilities she would need, but the nursing home seemed to be a strange setting for all of us. The roommate presented a problem. The adjustments we all had to make were still ahead of us. The only thing that helped us was the knowledge that we had no other option if her needs were to be met.

We clung to the idea that love is doing what people need. If we loved this lady, we had to make this tough decision and live with it.

On the surface, it seems that love would mean we would care for our loved ones at home no matter what the cost. This might be true if the cost was ours alone. The fact is, the cost is not ours alone. The people we take into our home must also pay a cost. It costs their privacy. It costs them social contact. It costs them the meeting of their physical needs.

They may never recognize these costs. They may never agree with the decision. They may never see the wisdom of the decision. When they do not understand or agree, we still must make the decision, based on what is best for them as we see it.
It is not an easy decision under the best of circumstances. It is a terribly hard decision when the loved one does not agree. The only comfort I found, and the only comfort I could give, was for us to concentrate on her needs and provide for them.

Guide provides solid help in choosing a nursing home

A booklet titled “Guide to Choosing a Nursing Home” is available through the Centers for Medicare and Medicaid Services. The 64-page booklet is available online at www.medicare.gov. Just click “Search Tools” at the top of the page and type “Guide to Choosing a Nursing Home.” Also click “Compare Nursing Homes in Your Area.”

This official government booklet explains how to find and compare nursing homes in your area, nursing home resident rights, and where to call for help. It includes information about types of long-term care and how to pay for nursing home care. It also provides contact information for organizations that can answer your questions and a handy tear-out checklist for comparing nursing homes.

The “Guide to Choosing a Nursing Home” can help you and your family make your best choice, whether you are planning ahead or need to make an unanticipated decision.

Choosing a nursing home can be stressful for you and your loved ones. It is helpful to visit and compare several nursing homes and make financial plans early. Planning gives you and your family more control and can ensure that your needs are met so you get high-quality care.

Depending on your needs and resources, you may have other long-term care choices, such as community services, home care, or assisted living. These and other long-term care choices are explained on pages 10–14 of the guide. Before choosing a nursing home, explore whether one of these other choices may be better for you, or whether they might help after a short-term nursing home stay.

Medicare covers some skilled nursing and rehabilitative care, but generally does not cover custodial care (help with activities of daily living such as bathing, dressing, and using the bathroom) if that is the only care you need.

Most people who enter a nursing home begin by paying for their nursing home care out of their own pocket—using their personal resources, long-term care insurance, or Medicaid, if they are eligible. Medicaid is a joint federal and state program that helps with medical costs for some people with a low income and limited resources. Medicaid pays for care for about 70 percent of nursing home residents.

Information about paying for nursing home care, post-hospital skilled care covered by Medicare, making arrangements to enter a nursing home, adjusting to your new home, reporting and resolving problems, and who can answer questions is all included in this helpful publication. If you require the publication in a format other than online, call Medicare at 800-633-4227 to inquire about current availability in another format, including Spanish and Braille. TTY users should call 877-486-2048.