

Selection of a Nursing Home  
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It's easy to find articles on how to pick a nursing home; I've written my share of them. The generic advice is timeless and still accurate: go visit the facility before making a final choice, talk with people who have had family there, make sure the facility is sufficiently convenient the facility for you to visit with reasonable frequency, check the web site [www.Medicare.gov/NHcompare](http://www.Medicare.gov/NHcompare) to see how the facility is rated, observe how the staff interacts with residents, see how much freedom the residents are given to make decisions about issues like what time they get up in the morning and what time they go to bed at night, etc.

That advice is valid but not without its problems. Often, families are blindsided by the idea that a relative needs nursing home placement and they have no time to do their "due diligence". Furthermore, family selection of a nursing home is no guarantee that the patient will be offered a bed in that home. Nursing homes make their decisions about who will receive a bed offer based on a number of factors that are not in the control of eager families.

The first obvious issue is whether a bed is empty and available for the patient at roughly the time that the bed is needed. If a patient is in a hospital awaiting discharge, that discharge and insurance coverage for the hospital stay can often be prolonged for a short while, but it may not be productive to wait for more than a few days for a bed offer from one specific nursing home. And, hanging around in a hospital after one is no longer acutely ill is rarely a good idea.

Nursing homes want to know how they will be paid and if there is any doubt about the patient's ability to return home after rehabilitation, Medicare is not an answer that satisfies the facility. Is there long term care insurance and if so, how much of the daily rate is covered? How will the difference between the insurance coverage and the full private pay rate be handled and how will the elimination period be paid for? Or, are there substantial private funds so that the facility knows that it will receive a check every month for a period of months? Or, is Medicaid the payer after Medicare coverage and if so, is Medicaid approved and has a number been assigned so that the facility knows that income will be available to them?

Frequently people assume that they will apply for Medicaid once the patient has been admitted to the facility, and they don't understand why nursing homes find that undesirable. The explanation is that the process of applying for Medicaid and then waiting for approval can be a tedious process that can take many months. During that period of time, the nursing home must continue to provide services and quality care but without payment for its efforts. Ultimately Medicaid will pay them, but waiting for that payment is expensive because there is no cash flow in the meantime.

Nursing homes need to be sure that the patient requires nursing home level care. They also want to make sure that the type of care that is needed is within their ability to provide, that the patient is willing to accept that care without undue commotion, and that it's cost effective for them to provide that care.

Sadly, nursing home selection is often not within the control of families. This is a system that ought to be changed but that's unlikely to happen in the foreseeable future.