



Managed and operated by Glendive Medical Center

Information for Prospective Residents:

We take this opportunity to welcome you to Eastern Montana Veteran's Home (EMVH) and to acquaint you with the policies and procedures that govern our facility. We ask that you review the following information and encourage you to ask any questions, or state any concerns, you may have about our policies and procedures.

Eastern Montana Veteran's Home has 80 beds, of which, 16 are specifically designed for veterans with dementia, primarily Alzheimer's Disease. Every effort has been made to provide a home-like atmosphere, offering comfort and privacy.

ADMISSION POLICY:

To be eligible for residence at EMVH, a person must be an honorably discharged veteran, or the spouse or surviving spouse of a veteran who served in the armed forces of the United States, regardless of race, color, creed, age, gender, national origin, medical diagnosis or handicap.

Montana Annotated Code 10-2-403 - Eligibility for residence in home

To be eligible for residence in a Montana Veteran's Home under rules prescribed by the Department of Public Health and Human Services (DPHHS), a person must be a veteran or the spouse or surviving spouse of a veteran. Consideration must also be given to:

- 1) the person's age;
- 2) the person's physical and mental status;
- 3) the person's ability or inability to locate suitable alternative accommodations;
- 4) the person's term of residence in Montana;
- 5) the person's gender as it relates to availability of appropriate living space;
- 6) the ability of the Montana veteran's home to meet the person's needs; and
- 7) other admission requirements established by DPHHS.

This admission policy is limited only by our ability to properly serve the resident.

ACCOMMODATIONS:

Accommodations are in semi-private rooms. All rooms are completely and attractively furnished. An emergency call system operates from each bed and bathroom. Every effort will be made to assign residents to a room of their choice. However, due to constraints relating to compatibility, level of care and gender, this is not always possible. If a move is necessary, the resident and/or responsible party will be notified as soon as possible before the move. In case of emergency, moves will be made and notification will then be made to the responsible party.

Upon admission to EMVH, residents are classified at one of two different levels of care:

1. Intermediate

a. Resident needs assistance in some areas of daily living; i.e., may require meal assistance, assistance in bathing, dressing and/or toileting, or may be incontinent; and

b. the mental condition may limit independent activity or require close supervision.

Intermediate care may be covered by private pay, or Medicaid.

2. Skilled

If the certified stay is accepted and approved by Medicare, Medicare will be responsible for the first 20 days of care. The resident will be responsible for a co-payment amount for days 21 to 100. If the resident is a veteran the VA will pay a portion of this amount. If the resident is the spouse of a veteran the spouse will be responsible for the co-pay amount. To qualify for skilled level care, a resident must meet the following:

a. must have a 3-day qualifying hospital stay;

b. your care must fall within the Medical Criteria established by the Montana-Wyoming Foundation for Medical Care; and

c. a physician certifies you need, and actually receive, skilled nursing or skilled rehabilitation on a daily basis. Skilled nursing services can only be provided by licensed nursing personnel. Rehabilitation services are such things as Physical Therapy, Occupational Therapy or Speech Therapy.

Skilled care may be covered by Medicare, a Medicare supplement, private insurance, private pay or Medicaid.

MEDICARE SKILLED LEVEL OF CARE:

EMVH will file all insurance claims for skilled level of care. Copies of all insurance cards should be provided at admission to aid in the filing process. After insurance has paid, the resident is directly responsible to the facility for any unpaid balance upon receipt of the monthly statement.

PERSONAL FURNITURE:

We encourage residents to decorate their rooms in order to create a more homelike environment. However, due to the restricted amount of space in each resident's room, only a limited amount of personal furniture is allowed. EMVH will make every effort to protect the resident's personal furniture.

PERSONAL ITEMS:

Items such as electric razors, make-up and special hair items are recommended to encourage personal grooming and a neat appearance. Such personal items are the responsibility of the resident or family to replace. Other items such as skin lotion, toothpaste, denture cleanser, brushes, combs and facial tissue are provided.

CABLE TELEVISION:

TV sets with Cable TV are available for group viewing in the lounge areas at no additional charge to the residents. If requested, cable TV is also available in the resident's room for a monthly fee. TV sets are not provided, but residents may bring in, or purchase, their own TV sets. If the volume on a resident's TV set is interfering with or disturbing other residents, the TV volume must be lowered. The resident may wish to purchase earphones for the TV.

TELEPHONES:

Residents may have their own personal telephones. Arrangements for this service must be made with the telephone company by the family or resident. All residents may place and receive calls in the resident telephone room.

VISITING HOURS:

EMVH has no established visiting hours. Children are encouraged to visit residents, provided they are in good health and are accompanied by an adult visitor. When a resident leaves the facility, they must sign out. If the resident is incompetent then a responsible person must sign the resident out and accept responsibility for that resident. There is a sign out book at the A/B nursing station.

SMOKING:

EMVH is a non-smoking facility with established rules and a designated outdoor smoking area for residents. The resident will be assessed for safe smoking at admission, and as needed. If the evaluation shows the resident is not a safe smoker, the resident will be referred back to the physician for other interventions. The rules, smoking areas, and limitations will be observed by all. The resident's smoking materials (cigarettes, cigars, pipes, matches, and lighters) will be kept at the Nurse's Station. Individuals will be closely supervised by staff or family during smoking periods, with set smoking times. A smoking apron may be required for safety. A schedule for smoking times will be posted at the Nurse's Station.

SAFETY:

EMVH staff is committed to providing a safe environment for all residents. Because some residents are not able to identify unsafe behaviors due to cognitive loss, we ask all residents to refrain from having scissors or pocket knives in their rooms. Scissors may be requested for a project.

Please notify staff if you have any electrical items such as lamps, TV's, razors, radios, etc. A safety check must be performed on the item, and a safety sticker applied by our staff before the item can be used. No heating pads or other electrical heating units can be used due to State and Federal Safety Regulations.

EQUIPMENT:

EMVH provides wheelchairs, walkers, Geri chairs etc. for residents. If a resident so chooses, they may purchase their own specialized wheelchair and/or equipment.

MEDICAL CARE:

EMVH meets the needs of residents who require long term care. Care will be provided in accordance with the Nursing Home policies and procedures and State and Federal regulations. Licensed nurses are on duty at all times. Nurse's aides are available to assist residents with their personal care needs. Each resident must have a provider of their choice who will be able to see them when necessary and who will come to the institution when needed. A VA Physician is available at no cost, for all veterans. Residents must be seen by their doctor at least every thirty days for the first ninety days after admission, and at least once every sixty days thereafter. Families are encouraged to discuss care with their providers.

EYE, TEETH AND EAR CARE:

Eye, dental and hearing exams are done by local providers or providers of your choice. EMVH staff will schedule the appointments and will assist with transportation and arrangements for those residents who do not have the resources. These visits will be

billed to the resident from the individual practitioners. Annual dental examinations are a requirement and will be performed by our advisory dentist. There is no charge for this exam. Recommended follow-up care will be referred to your personal dentist. Dentures are required to be marked with the resident's name. Eyeglasses will be marked with the resident's name. We recommend yearly appointments to maintain eye health. The purchase of hearing aid batteries is the responsibility of the resident. The number on the hearing aid will be marked in the resident's chart. EMVH is not responsible for the loss or breakage of eye glasses, dentures, bridges or hearing aides, unless directly due to the facility's negligence, or as required by law.

OFF-SITE MEDICAL APPOINTMENTS:

You may choose to make an appointment to see your optometrist, ophthalmologist, dentist, audiologist, physician, etc. Please notify the Nursing staff with the date and time of your appointment.

ROOM CHANGES:

EMVH staff attempts to keep room changes to a minimum. However, changes are occasionally necessary. A change in the resident's condition may necessitate transfer to or from an area offering observation, highly skilled care, or a more dependant or independent level of care. There are times when a room change is necessitated in order to admit a member of the opposite gender. Families or residents may request room changes. We attempt to honor requests as rooms become available. A room change may be necessary if roommates are incompatible.

PERSONAL POSSESSIONS:

EMVH will hold residents' personal possessions for 14 days after discharge or death. If no arrangements are made for retrieval, the possessions will be donated to charity.

SERVICES PROVIDED

ACTIVITIES:

Trained activities personnel provide a unique activity program. These activities meet a wide variety of physical, social, and spiritual needs. Included are: arts, crafts, hobbies, games, cards, cooking, movies, bingo, sing-a-longs, outside entertainment, van outings, re-motivation, reality orientation, special seasonal programs and entertainment. The activities staff make a special effort to have meaningful contact on a daily basis with residents who may not be able to directly participate in activities.

PHYSICAL AND OCCUPATIONAL THERAPY:

EMVH requires an evaluation by a physical and occupational therapist for all new admissions except in special circumstances. In addition, the resident's provider may order therapy at other times. A registered Physical and/or Occupational Therapist direct the individual therapy programs. In certain cases, Medicare and/or your supplement may pay for these skilled services, but they may be private pay as well. A daily restorative services program is offered by rehabilitation aides who work under the direction of the Therapy and Nursing Departments.

RESPIRATORY THERAPY:

Respiratory Therapy services are provided by qualified Respiratory Therapists for residents with breathing problems when ordered by their health care provider. Additional charges are required for a Respiratory Therapist's services which may or may not be reimbursable as dictated by Medicare regulations. Normally, respiratory therapy includes determining effectiveness of oxygen delivery and assistance with

breathing treatments.

PHARMACY:

A unit dose system of drug distribution is utilized at EMVH. All medications must be packaged to conform to this system. We observe all State and Federal regulations concerning medications and drug delivery systems. If you are receiving skilled services, pharmaceuticals are provided by the Glendive Medical Center and covered by Medicare.

Pharmaceutical suppliers must provide unit dose packaging that conforms to Glendive Medical Center's drug distribution system, 24-hour emergency call, delivery and billing. No medications of any kind are allowed in resident rooms unless specifically ordered by a health care provider and the resident is assessed to safely self-administer medication. Please bring medications of any type (prescription or over the counter) to the Nurse's Station when admitted.

DIETARY:

A Registered Dietitian is available for dietary counseling. Residents are encouraged to use the Dining Room for all meals. Food service, if required, is available. All diets are arranged with the Dietitian in accordance with a health care provider's diet order; an alternate meal is available if you choose. The dining room is open to visitors of all residents. Arrangements may be made for residents and their visitors to eat in their room, or in a separate area if desired.

SOCIAL SERVICES:

Social Services is available to provide assistance with financial, emotional and personal needs. The social service worker can also provide referral information to other community agencies.

DISCHARGE PLANNING:

The discharge potential of each resident is evaluated upon admission. If discharge is anticipated, interdisciplinary team members will assist the resident and family in making appropriate arrangements for discharge.

SPIRITUAL NEEDS:

Bible study, memorial services, choirs, Rosary, and Communion are offered for those who wish to participate. The minister of your choice is always welcome to visit you at your request.

LAUNDRY:

EMVH is responsible for the labeling of all personal clothing. GMC does the laundering for EMVH. Families may choose to launder clothing outside of the facility. However, badly soiled items will be sent to GMC's laundry. All personal clothing from the day of admission, and continuing to the day of discharge, must be brought to the Nurse's Station for proper labeling, regardless of where clothing is normally laundered, to help prevent loss.

We discourage having any clothing on the premises that is not central laundry washable and permanent press. We do realize the necessity in some cases.

The facility will not accept responsibility for the following:

- ◆ Dry cleaning
- ◆ Hand washing (costume stones)
- ◆ Clothing not color fast, bonded knits, etc.
- ◆ Woolens

- ◆ Any valuable clothing (fur coats)
- ◆ Clothing in need of pressing

This procedure will be followed from admission and continue to the date of discharge to ensure clean personal clothing at all times, and requires the cooperation of residents, guardians, friends and family.

BARBER/BEAUTY SHOP:

Beautician and barber shop services are available to residents at EMVH on a weekly basis with prices established by the beautician.

VALUABLES:

Residents are encouraged not to keep valuables (watches, jewelry, etc.), or more than \$10 in their rooms. At your request, money can be deposited in an individual resident trust account. Money deposited in the trust account is available to you during Business Office hours, 8:00am to 5:00pm, Monday through Friday. A safe is provided for safekeeping of valuables and money. EMVH will make reasonable efforts to ensure the safety of the resident's personal possessions. The facility cannot guarantee the safety of all personal items and is not responsible for loss or damage of the residents personal property unless directly due to the facility's negligence, or as required by law. We recommend substitution of items of lesser value for watches, rings, or jewelry of great sentimental or monetary value.

RESIDENT CARE PLANS:

A written resident care plan is developed on admission and is coordinated by Nursing Service, in cooperation with the Physician, Registered Dietician, Activities and Social Services staff. The Plan of Care is a working tool providing a profile of the needs of each resident. The plan identifies each department's role in meeting these needs and supportive measures each department will use to accomplish the overall Plan of Care. The Plan of Care is reviewed quarterly and is updated as needed. Residents and families are encouraged to participate in the development of this plan. Families will receive a letter of invitation informing them of the date and time to attend. Please confirm your appointment by calling the phone number on the invitation.

RESIDENT COUNCIL:

As a resident of EMVH, we encourage all residents to attend Resident Council. The Council is to provide residents with a forum in which they feel free to discuss and share problems, grievances, etc. The Council may request meetings with staff, conduct resident surveys, write letters to the administrator or seek to identify and work out problems related to the facility. Your opinion is important! Use this Council to have your voice heard.

SUPPORT SERVICES:

ALZHEIMER SUPPORT GROUP

An Alzheimer Support Group is available for friends and families of persons affected by Alzheimer's Disease or related dementia. The meetings are the third Thursday of each month, at noon in the Chapel at EMVH.

BED HOLD POLICY:

A. Hospitalization/Medical Services outside EMVH Nursing Home:

A bed will be held at EMVH for residents in the case of hospitalization. At the time of transfer of a resident for hospitalization, EMVH will provide to the resident and/or family member or legal representative, information about the bed-hold policy. If the facility is

at full occupancy, private pay residents will continue to be charged the room rate if they choose to hold a resident's bed while he/she is hospitalized. Medicaid-eligible residents will not be billed under any circumstances. A resident, whose hospitalization exceeds the bed-hold period under the State plan, is re-admitted to EMVH immediately upon the first availability of a bed in a semi-private room if the resident:

1. Requires the services provided by the facility
2. Is eligible for Medicaid nursing facility services.

B. Therapeutic Home Visits:

A bed will be held at EMVH for residents in the case of a therapeutic home visit, for 24-days per resident, in each rate year (July 1-June 30). If the resident desires days in excess of 24, other financial arrangements must be made with the facility. Therapeutic home visits may be used for trial placement in the home and with community service. EMVH will provide to the resident, and/or a family member or legal representative, information about the bed hold policy.

Requirements for therapeutic home visits:

1. The resident's Plan of Care provides for therapeutic home visits.
2. The resident may be absent from the facility for no more than 72 consecutive hours per absence, unless a longer absence is deemed medically appropriate. The DPHHS Senior & Long Term Care Division must authorize the longer absence in advance for Medicaid residents.
3. A request for a therapeutic home visit bed hold must be submitted to the DPHHS Senior & Long Term Care Division on the appropriate form provided by the Department within 90 days of the first day a resident leaves the facility for a therapeutic home visit.

A resident whose therapeutic home visits exceed the bed-hold period under the State plan is re-admitted to EMVH immediately upon the first availability of a bed if the resident:

1. Requires the services provided by the facility
2. Is eligible for Medicaid nursing facility services

TRANSFER AND DISCHARGE OUTSIDE EMVH:

Residents may not be transferred or discharged from EMVH unless it is:

- ◆ necessary for his/her welfare and his/her welfare cannot be met in the facility;
- ◆ the resident no longer needs the services provided by the facility;
- ◆ the health or safety of individuals in the facility is endangered;
- ◆ failure, after reasonable and appropriate notice, to pay for (or have paid under Medicare and Medicaid) his/her stay at the facility; or
- ◆ the facility ceases to operate.

Before an involuntary transfer or discharge is made, EMVH will notify the resident and a family member or legal representative in writing of the transfer/discharge and the reasons for it.

The written notice will include:

- ◆ the reasons for transfer or discharge;
- ◆ the effective date of transfer or discharge;
- ◆ the location to which the resident is transferred or discharged;
- ◆ a statement that the resident has the right to appeal the action to the Office of Fair Hearings;

- ◆ the name, address, and telephone number of the State Long Term Care Ombudsman;
 - ◆ for residents with developmental disabilities, the mailing address and telephone number of the agency responsible for protection and advocacy of developmentally disabled individuals; and
 - ◆ for residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals.
- EMVH will provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

If the transfer or discharge is involuntary, the resident has the right to 30 days advance notice to ensure an orderly transition, except in cases of emergency, for medical reasons, to protect the health or safety of individuals in the facility, or if he/she has not resided in the facility for 30 days. EMVH will inform the resident of his/her appeal rights relating to transfer or discharge decisions.

Documentation of transfers and discharges must be made in the resident's clinical record by the resident's health care provider and also in the nursing notes. The reasons for the transfer or discharge must be recorded in the clinical record.

RESIDENT FUND MANAGEMENT POLICY:

1. The resident has the right to manage his/her financial affairs. EMVH does not require residents to deposit their personal funds with the facility.
2. Upon written authorization of a resident, EMVH will hold, safeguard, manage and account for the personal funds of the resident deposited with the facility.
3. Deposit of Funds:
 - a. Funds in excess of \$50-Funds will be deposited in an interest-bearing account that is separate from any of the facility's operating accounts and will credit all interest earned on the resident's funds to that account. There is a Nursing Home Trust Account in the bank with a separate accounting for each resident's share.
 - b. Funds less than \$50-Funds will be kept in an interest-bearing account. The resident will have access to such funds upon request of the business office.
4. Accounting and records – A full, complete and separate accounting will be kept of each resident's personal funds entrusted to the facility on the resident's behalf.
 - a. There will be no co-mingling of resident funds with facility funds or with the fund of any person other than another resident.
 - b. The individual financial record will be provided through quarterly statements, and also upon receipt of a request of the resident and his/her legal representative.
5. Notice of certain balances – EMVH will notify each resident who received Medicaid benefits:
 - a. when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person; and
 - b. if the amount in the account in addition to the value of the resident's other non-exempt resources reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.
6. The facility may not impose a charge against the personal funds of a resident for

any item or service for which payment is made under Medicaid or Medicare except for applicable deductible and coinsurance amounts.

7. Conveyance upon death:

a. The facility may satisfy a debt owed by the deceased resident to the facility for the deceased resident's personal funds that are held by the nursing facility unless the resident received Veterans Benefits. The funds are then returned to the Veterans Administration. This also applies to residents whose accounts are paid by Veterans Benefits and Medicaid .

b. If the resident only had Medicaid, and has a surviving spouse, minor child or disabled adult child, or if the resident had not received Medicaid benefits at any time during their stay at this facility, the funds will be paid to the resident's estate within 30 days following the resident's death. In those cases, the funds will be subject to the probate code.

Any remaining funds in the deceased resident's personal fund after satisfying 7a and 7b, will be refunded by this facility within 30 days following the resident's death to the Third Party Liability Unit, Department of Public Health and Human Services, PO Box 202953, Helena, MT 59620-2953, if that resident received Medicaid benefits at any time during their stay at this facility.

TRANSPORTATION OF RESIDENT TO AND FROM PROVIDER'S OFFICE:

Most Health Care Provider visits will be provided to residents on site. In the event the visit cannot be done in the facility, EMVH will encourage the resident's family to make the appropriate arrangements, including transportation. For residents who have no resources, EMVH will provide transportation and staff to assist those residents. Public transportation may be used and a nominal fee is charged by them.

An ambulance will be utilized to transport the resident to the hospital under the following conditions:

- ◆ the onset of an acute illness;
- ◆ any type of bodily injury;
- ◆ exhibits symptoms that require an emergency Room visit, or
- ◆ upon return from hospital stay when other transportation is unavailable.

Public or facility transportation will be utilized for doctor, dentist and optometrist appointments, outpatient services, i.e., x-rays, Cardiac Rehab or lab, or return to EMVH from a hospital admission if the family is unavailable and the resident's health condition is stable.

Consents for any procedures done in the health care provider's office are the responsibility of the health care provider.

RESIDENT AND FAMILY/GUARDIAN RESPONSIBILITIES:

It is the responsibility of each resident admitted to this facility to:

1. Provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to his/her health.
2. Report unexpected changes in his/her condition to the responsible health care provider or nursing staff.
3. Make it known whether he/she clearly comprehends a contemplated course of action and knows what is expected of him/her.
4. Participate in the Plan of Care recommended by the health care providers

primarily responsible for his/her care. This includes following instructions of nurse and health professionals as they carry out the coordinated Plan of Care and implement the responsible health care provider's orders, and as they enforce the applicable facility rules and regulations.

5. Accept responsibility for his/her actions if he/she refuses treatment or does not follow the health care provider's instructions.

6. Assure that the financial obligations of his/her health care are fulfilled as promptly as possible.

7. Control his/her own behavior and be considerate of other residents' rights (example: noise, smoking)

8. Be respectful of the property of other persons and of the facility.

9. Give the pharmacy a 48-hour notice if he/she plans to be out of EMVH for more than 12 hours. For less than 12 hours, a 2-hour notice is appreciated.

RESIDENT GRIEVANCE PROCEDURE:

If you have a concern or grievance you feel needs to be considered, we ask you follow the guidelines listed below. EMVH believes good care is your right and is committed to resolving grievances in an equitable manner.

1. Please make your grievance as specific as possible. If you wish, you may make your concerns a written one. You and/or your family may report concerns, incidents, or grievances without the fear of retribution.

2. The grievance should be presented to the charge nurse on duty. If the matter cannot be satisfactorily resolved with the charge nurse, the next step would be to present the complaint to the Director of Nurses or Social Services staff.

3. If you are not completely satisfied at this point you may meet with the EMVH Administrator to discuss the matter and seek a fair solution.

4. In addition, the Certified Local or State Long Term Care Ombudsman is available for problem mediation.

State Ombudsman: Irina Pulse

Senior and Long Term Care Ombudsman

AREA 1 Agency on Aging

PO Box 1309 2030 N. Merrill Ave

Glendive, MT 59330

406-345-2124

800-551-3191

Fax 406-377-3570

BILLING INFORMATION (Rates effective 7/1/2021)

Daily charges are: \$270.00*

Billable services include:

Veteran's Administration pays: \$115.62

Veterans pay: \$ 154.38

Spouses' daily charges: \$270.00

*Note Medication is the responsibility of the resident or family

Daily charges are subject to change.

All daily charges must be requested and approved by the State of Montana.

Upon admission, the room charges for the current month will be due. If you qualify for Skilled Care, insurance will be billed until Skilled Nursing is discontinued. At that

time, an invoice will be sent for the remaining days in the month. Payment is due upon receipt.

The last week of the month, an invoice will be sent for the next month's daily room charges. Payment is due by the 1st of the month. No later than the 10th of the month following admission, you will receive an itemized bill of the previous month's pharmacy charges. If you have enrolled in a Prescription Drug Plan, these charges will be submitted to the Plan if we have the proper insurance information. If you have not enrolled in a Plan, admission into EMVH is a qualifying event and we can help you enroll.

I have received a copy of the "Information for Prospective Residents of Eastern Montana Veterans Home".

Signature of Date

Resident/Guardian/POA

FOR

Resident

EMVH will make reasonable efforts to ensure the safety of the resident's personal possessions. The resident acknowledges that the facility cannot guarantee the safety of all personal items and is not responsible for loss or damage of said items unless directly due to the facility's negligence or as required by law. We recommend watches, jewelry or other items be substituted with items of lesser value. If you desire to have money easily accessible for the resident, money can be deposited in a resident trust account in the Administrative Office.

I have received a copy of the "Information for Prospective Residents of Eastern Montana Veterans Home".

Signature

Signature of
Resident/Guardian/POA

Date

For

Resident