

Financial Guidelines for Medicare Eligibility at TOLSTOY FOUNDATION REHABILITATION & NURSING CENTER

Medicare will only cover nursing home expenses IF the Resident receives skilled nursing care. Skilled nursing includes services such as physical, occupational and speech therapies, tube feedings, stage IV pressure ulcers and others. Residents receive UP TO 100 days of Medicare IF they qualify. However, NO ONE is GUARANTEED 100 days. They are ONLY covered up to the time they are receiving skilled care.

There are several methods of payment at Tolstoy Foundation Rehabilitation & Nursing Center (TFRNC). The most common is the use of Medicare benefits and subsequent applications for Medicaid assistance. Medicare will cover; if a Resident is determined eligible at the time of admission, 100% of the cost of care for the first twenty (20) days of that Resident's stay. Medicare would cover days 21-100; however, you will be charged a co-pay of \$204 for these days. Some supplemental insurance will cover this co-pay, while others do not. Should a Resident's insurance NOT cover said fee, the Resident will be responsible for paying the co-pay privately.

Should a Resident require care for more than 100 days, two options present themselves:

- 1) Private pay. This means that the Resident will pay any charges incurred by the facility that are not covered by any form of insurance (ie Medicare or supplemental insurance such as Blue Cross/Blue Shield or GHI). The current rate of payment is \$475 per day, plus the cost of pharmaceuticals and ancillary charges (which are subject to change with one month's notice). It will be determined before admission whether or not a Resident will be private pay, and if so, a deposit of one month's charges (\$14,725) will be required before admission. If the Resident is subsequently discharged from the facility, this deposit will be returned to him or her, as long as their account within the facility is in good standing.

- 2) Medicaid. If a Resident has less than \$31,175 in total assets; and is a legal Resident of the U.S., he or she is eligible for Nursing Home Medicaid, which covers a Resident's stay in a skilled nursing facility. This office will assist Residents in applying for this service. Medicaid requires submission of the last five (5) years of the applicant's bank statements, as well as proof of legal U.S. residency, and thus the facility is required to review said information before admission as well.

I have read and understand the above guidelines related to payment of TFRNC for services rendered to Residents of the facility.

Signature of Applicant or Designated Representative