



# *Hillview Health Care Center*

**3501 Park Lane Drive  
La Crosse WI 54601-7700  
(608) 789-4800**

**[www.lacrossecounty.org/hillview/](http://www.lacrossecounty.org/hillview/)**

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*Handbook*



## **Hillview Health Care Center**

*Owned and Operated by:*

### **County of La Crosse, Wisconsin**

3501 Park Lane Drive • La Crosse, Wisconsin 54601-7700

(608) 789-4800 • FAX: (608) 789-4860

Web Site: [www.lacrossecounty.org/hillview](http://www.lacrossecounty.org/hillview)

Welcome to Hillview Health Care Center,

Residents, families, the community and the State recognize our home because of our experienced, compassionate staff and the top quality care that they provide.

We will do everything within our means to make your stay comfortable and pleasurable.

Most people who come to Hillview are able to return home after a short stay. If you are here for rehabilitation, our excellent staff and therapists will work with you so you can return home as quickly as possible. If you are here for respite or hospice care, you will find the expert staff to be knowledgeable, kind and compassionate.

We strive to provide the type of family care you would receive in your home. We will do everything we can to ensure that your needs are met and your stay is enjoyable. We are your community health care center dedicated to serve.

Very truly yours,

PETER N. EIDE

Administrator

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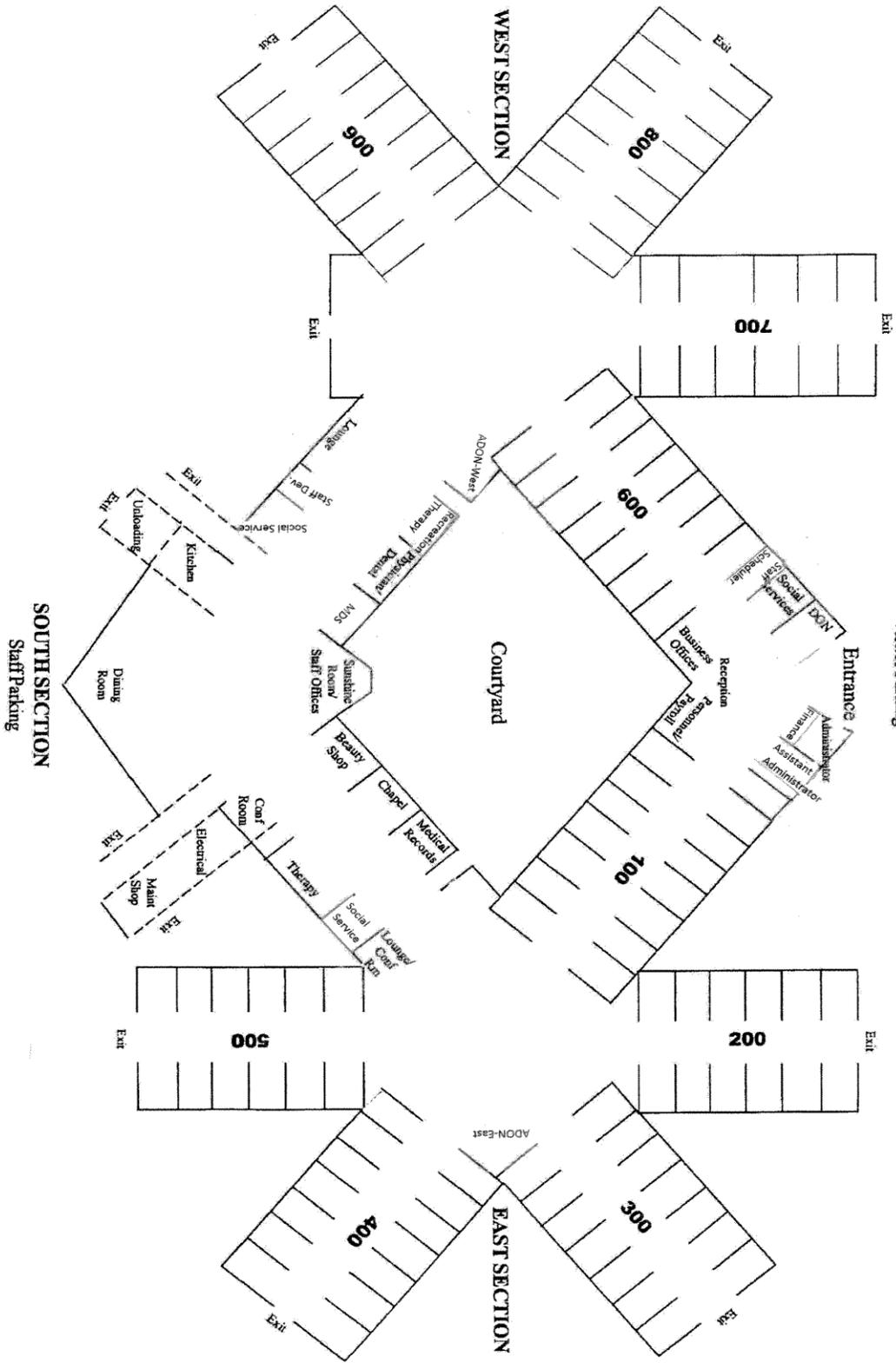
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# HILLVIEW HEALTH CARE CENTER

NORTH SECTION

Visitor Parking



## **MISSION STATEMENT**

The primary mission of Hillview Health Care Center is to provide affordable, quality nursing care services in a family-like environment to La Crosse County residents, including those whose care may be difficult or without financial support.

Our goal is to provide residents with the best quality care possible. This includes the best medical, restorative and therapeutic care. We will make every effort to offer them opportunities for accomplishment and independence. We want each and every resident to know they are important and special. Their opinions and suggestions will be treated with respect and followed whenever possible. Our commitment to residents and staff is to help everyone be the best they can possibly be. This will be provided, regardless of race, color, creed, national origin, or sex.

**STAFF CONTACTS**

Administrator.....	Peter Eide, NHA
Assistant Administrator.....	Kelly Kramer, NHA
Business Manager.....	Dave Tauscher
Director of Nursing.....	Lori Lawrence, RN
Assistant Director of Nursing East.....	Jennie Maas, RN
Assistant Director of Nursing West.....	Mandy Heineck, RN
P.M. Nurse Supervisor.....	Julie Soller, RN
Night Nurse Supervisor.....	Angela Knoblauch, RN
Medical Director.....	Sheila Momont, MD
Food & Nutrition Director.....	Carol Paisley, RD
Food Service Manager.....	Leann Bauer
Health Information Supervisor.....	Kathy Gander
Housekeeping/Laundry Supervisor.....	Caroline Von Haden
Maintenance Supervisor.....	David Munson
Recreation/Activity Director.....	Brooke Smith, CTRS
Social Services Director.....	Cheryl Bornitz, CSW
Social Workers.....	Sue Brownell, Erin Curti, Sue Roble and Katy Welander all CSW's
Volunteer Coordinator.....	Kim Haskey, CTRS

**LOCATION/ACCESS – GROUNDS INFORMATION**

Hillview is a modern one-story building situated below the bluffs on Park Lane Drive. Please access Hillview on Park Lane Drive, the road going left at the south edge of the ball fields. The road adjoining Trane Company is for bus and emergency vehicles. We have approximately 35 landscaped acres with convenient parking areas and a paved walking path. Directly connected to Hillview is Carroll Heights Apartments, a four-story independent senior living facility for those 62+. Directly connected to Carroll Heights is Hillview Terrace, an assisted living for those 62+.

**LICENSING/CERTIFICATION**

Hillview Health Care Center is owned and operated by La Crosse County. It is licensed by the State of Wisconsin as a skilled nursing care facility and is a certified Medicare, Medical Assistance and Veterans' Administration provider.

## ROOM AND PERSONAL PROVISIONS

### ROOM and BUILDING INFORMATION

There are nine resident hallways at Hillview. Private and double occupancy rooms are available. A nurse-call signal system is provided at each resident's bedside and bathroom. Bathing facilities are centrally located and equipped with mechanized chair lifts to insure safety and comfort for our residents.

- Telephone jacks are available in resident rooms for phone connection. The resident is responsible for arranging the installation and cost of a private phone. Portable phones are available for local calls on each hallway as well as phones in the 500 and 600 lounges.
- Basic expanded cable television service is provided. Premium stations can be purchased from a cable vendor at an additional charge.
- A public address system allows us to broadcast music and information of interest to our residents throughout the building. Daily activities and programs of current interest are posted on bulletin boards.
- Lounge areas are provided for social gatherings and recreation. There are televisions, computers, and a piano available for your use and entertainment in these areas.
- A chapel provides an area for religious services, bible study and quiet reflection.

### PERSONAL ITEMS, FURNITURE & APPLIANCES

Because of room size, we must limit the number of personal items brought in. A radio, portable fan, one stuffed/padded chair and a small/medium-sized television are allowed. Large console television sets, small refrigerators, irons, microwaves, and other large items are not allowed. We encourage pictures and other small items to be brought in. Bulletin boards are furnished in each room. All electrical items (including Christmas tree lights) and appliances must be inspected by our maintenance department for safety approval before going into the resident's room.

***Heating pads and blankets are not allowed.***

## **PERSONAL FUNDS and VALUABLES**

Each resident has a right to manage his/her own personal funds. Residents can open an account, which is interest bearing, similar to a regular bank account. Any delegation for withdrawals will be in writing, and Hillview can maintain the personal funds account. Hillview can provide an accounting of any resident's charges or status of a resident's funds during business office hours.

Hillview maintains a fire proof safe for the safe keeping of money and valuable personal property. Hillview shall not be liable for loss or damage to any money, jewelry, glasses, dentures, furs, or other articles of unusual value in the resident's room, and shall not be liable for loss or damage to personal property, unless deposited with Hillview for safekeeping

## **PERSONAL COMFORT ITEMS AND EQUIPMENT ON HAND AT HILLVIEW**

Hillview encourages you to bring your own personal preference of items however we have a "house supply" of the following comfort items and equipment.

Body Lotions  
Deodorants  
Denture & Oral hygiene products  
Disposable tissues (Kleenex)  
Shampoos (except specialized shampoos)  
Soaps (antiseptic and non-antiseptic)

Walkers, canes, crutches  
Wheelchairs  
Broda Chairs

If the attending physician orders special equipment, this may result in an extra charge to the resident. Any resident bringing in special equipment must obtain written consent from Hillview and mark the equipment. ***Each resident and/or responsible party will maintain full responsibility for any such equipment.***

## **ALCOHOL AND SMOKING**

Smoking is not permitted. E-Cigarettes, smokeless and chewing tobacco are not permitted. Visitors may smoke only in their vehicles. There shall be no drinking of alcoholic beverages except as prescribed by a resident's physician. Prior to bringing beverages into the facility, the resident and/or responsible party agrees to obtain Hillview's permission.

## SUGGESTED CLOTHING LIST

### MEN

#### Clothing

Shirts  
Trousers  
Sweatpants recommended (warmth & ease of dressing)  
Undershorts  
Undershirts  
Socks  
Slippers—washable and with soles  
Shoes, if ambulatory (washable if incontinent)  
Belt or suspenders  
Robe  
Pajamas  
Sweaters  
Appropriate outerwear, if leaving the facility

#### Personal Grooming Articles

Comb, brush  
Glasses  
Hearing Aid  
Dentures  
Electric Shaver

### WOMEN

#### Clothing

Dresses, open back, if nursing requests  
Dusters  
Blouses & Slacks or Pantsuits  
Jogging suits recommended for warmth  
Undershirts or bras  
Underpants  
Socks or Stockings  
Slippers—washable/with soles  
Low-heeled shoe if ambulatory (washable if incontinent)  
Robe, Nightgown or Pajamas  
Sweaters  
Appropriate outerwear, if leaving the facility

#### Personal Grooming Articles

Comb, brush  
Glasses  
Hearing aid  
Dentures  
Cosmetics, perfumes

It is suggested to provide for one complete change of clothing per day. If there is a problem with incontinence, three or four changes of clothing may be needed per day.

Washable clothing is preferred. Avoid bringing in any clothing that contains Wool or wool fiber as it will shrink. We cannot dry clean clothing at Hillview.

All personal clothing brought to Hillview for a resident must be given to the nursing staff or social services to be labeled and itemized on a clothing list.

## ADMISSION PROCESS/MEDICAL DOCUMENTATION

Our Admissions Coordinator is responsible for coordinating and processing admissions. A Social Worker will interview you/family members to obtain background information and to understand your needs. This interview also helps to properly place you at the facility. If you are admitted directly from a hospital, the hospital social worker plays an integral part in arranging and coordinating the admission and date with a Hillview Social Worker. Residents are admitted seven days a week.

Before admission, we suggest, if possible, necessary appointments with your eye doctor, dentist, banker, etc. be completed.

Medical information required for admission to Hillview includes the Physician Plan of Care, Medical History and Physical Examination. A person admitted from a hospital also agrees to release medical information including a Hospital Discharge Summary, Physical Therapy Notes and Laboratory results (when available) to continue treatment along with physician's orders for medications, diet and therapy treatment.

A medical record is kept on each resident. The record includes Physician Orders, Progress Notes, and Nursing Notes. While a resident, your personal and medical records are kept confidential and are used only by individuals involved in your care. You may approve or refuse release of these records to anyone outside the facility, except in the case of a transfer to another care facility or as may be required by law or third-party payment contract. If desired, private-pay residents may sign a Denial of Researcher Access Statement, to prevent State agencies from reviewing your chart.

Additional information needed at time of admission includes:

- Medicare Card
- Social Security Card
- Insurance Information, including card
- Medical Assistance Card, if applicable
- Durable Power of Attorney and/or Guardianship Papers
- Power of Attorney for Health Care

## **ADVANCE DIRECTIVES**

Hillview Health Care Center respects each resident's right to formulate an Advance Directive related to their individual choice before an incapacitating condition occurs. Decision making regarding advance directives will be individualized, documented and effectively implemented. Each resident's Advance Directive or POLST (Physician Orders for Life Sustaining Treatment) form will be applied to on a case by case basis, taking into consideration resident's preferences, medical conditions and cultural beliefs.

Hillview has qualified staff trained in intravenous nutrition, hydration, pain control, feeding tubes, and cardiopulmonary resuscitation (CPR), when medically appropriate. The decision whether or not to initiate any of these treatment options needs to be considered by the resident together with the family, representative and clinician. Medical information regarding the implications of any treatment is available from our professional staff. Directives given in advance as to the resident's attitude toward employing any or all of these treatment methods are extremely valuable and appreciated.

Hillview staff will honor the resident's wishes, as recorded in the Advance Directive/POLST form. If the directive is in opposition to State law or the ethical standards of the attending physician, Hillview will inform the resident of their inability to honor the directive and will arrange for a transfer of care.

Information about options for documenting advance directives is available from our social services staff. Each resident can meet with a social worker to discuss and/or formulate advance directives at any time during his/her placement. The Durable Power of Attorney for Healthcare form is available, but not required to be executed by resident. If a resident has executed a Durable Power of Attorney for Healthcare, we require a copy for our Medical Chart. The Hillview DNR Form is required to be completed and placed in the chart as the first page, whichever choice is signed. Each resident who has a POLST form will have it kept on their chart directing their wishes. This form accompanies the resident whenever they leave the building for a medical appointment or facility activity outing.

If a resident has not filled out any Advance Directives regarding life sustaining treatments and a medical care decision is necessary, we will follow the directive of the resident after informing the resident, family and physician of the situation. If the resident is incapacitated or unable to make a choice, we will in "good faith" follow the direction of the family member or friend who has been assisting in choices. Until the decision is made, we will do any and all procedures within our means and policies to keep the resident comfortable, healthy, and alive and secure, including transfer to a hospital for acute care procedures.

## CARE SERVICES

### MEDICAL DIRECTOR

Sheila Momont MD, our Medical Director oversees the medical staff. She reviews the facility's policies and procedures to assure high standards of care. She is also available on an emergency basis to assist in medical care if one's attending physician is unavailable.

### PHYSICIAN SERVICES

Hillview residents are admitted under the care of a physician. Once admitted to Hillview, you have the option of retaining your physician or requesting the services of our staff physicians. Retaining your own physician will require a visit initially and every 30 days for the first 3 months then every 60 days due to state guidelines. Residents are seen routinely by a physician. Our physicians are members of the two major clinics in La Crosse.

### NURSING SERVICES

Our professional nursing staff provides a full range of skilled nursing services. Our 24-hour nursing staff will assess medical conditions and discuss their observations with the physician. They will also provide periodic medical updates to you, your family, and staff involved with care.

### DENTAL SERVICES

Dental services are available by a local dentist. Emergency services are also available.

### SOCIAL SERVICES

Social Services are the liaison between the resident, family, staff members and community resources. We assist in admission planning, help you settle into your new environment and coordinate your discharge back home.

### REHABILITATION/RESTORATIVE

Hillview is committed to performing rehabilitative and restorative services in the daily care of residents. Staff are trained and certified in these procedures. This is an integral part of all nursing care designed to assist each resident to achieve and maintain an optimal level of self-care and independence.

### PHARMACY SERVICES

Medications are supplied to Hillview by a local pharmacy. Emergency medications are available at all times. Medications and treatments are ordered and administered under the supervision of your attending physician. See page 26 for more information on medications and our pharmacy.

### THERAPY SERVICES

Our contracted Physical, Occupational and Speech Therapy Services are provided by licensed therapists and qualified staff. These treatments and services are physician ordered.

## TYPES OF MEDICAL CARE

### **SKILLED and SUB-ACUTE NURSING**

Skilled and sub-acute nursing care is provided by certified, licensed and registered staff, trained in geriatric and rehabilitative care. We excel in stroke rehabilitation, wound management, dialysis, and other therapies such as IVs, central lines, and all of the ostomies. Medicare covers some, but not all kinds of skilled care. Staff is stabilized on their respective units to stay informed about individual resident needs. They are compassionate and dedicated to insuring each resident's stay will result in an enhanced quality of life.

### **ALZHEIMERS/DEMENTIA**

Hillview recognizes the unique needs of persons with dementia, memory loss, impairment of functional abilities and other cognitive skills. This is accomplished through highly motivated, dedicated and specially trained staff. They provide for all aspects of care in a calm environment that accommodates behaviors, promotes safety, encourages and promotes the maximum level of independence and quality of life for residents.

### **HOSPICE CARE**

This program is a coordination of palliative care, comfort, and support for the dying and their families. Services are provided through local hospitals and local hospice programs.

## GENERAL SERVICES

### ACTIVITIES/RECREATION

Our Recreation Therapy staff offers a variety of opportunities for recreational involvement. From bingo and sing-alongs to individual projects and friendly visits; from gentle exercise programs to vocational training, together our goal is to maintain your role as an integral part of society.

### BEAUTY/BARBER SHOP

Beauty and barber services are available at certain times during the week. Appointments are made through the beautician. Contact 608-789-4800 ext 251. Fees are reasonable.

### COMMISSARY CART

A commissary cart is operated by the Recreation Therapy Department. Some of the available items include cough drops, gum, candy, snacks, stationary, pens, shoestrings, envelopes, etc. These items are available on request and the cart goes room to room as volunteers are available.

### FOOD/DIETETIC SERVICES

Healthy, nutritious meals are prepared daily under the direction of a Registered Dietician. Individual food preferences and special diets as prescribed by a physician are provided. Guest meals are available at a nominal cost to friends and relatives of our residents. This should be limited to up to four guests. Guest Trays can be purchased in advance at our front desk.

### BUSINESS SERVICES

#### **Personal Funds/Disbursements:**

Personal funds may be deposited in our Business Office and withdrawn for your personal use as needed. Funds are kept in an individual savings account and earn passbook interest at the Coulee Bank. Withdrawals require an authorized signature. Business Office personnel are available to dispense funds during regular business hours: M-F from 8:00 A.M. to 4:30 P.M. Residents may obtain small amounts of cash (up to \$100.00) evenings, weekends and holidays from the Receptionist.

**Valuables/Safekeeping:** All personal articles that are kept by the resident are their responsibility. You may deposit valuables for safekeeping in the Business Office at which time a receipt will be issued for your records. **Hillview shall not be liable for the loss of, or damage to, any money, jewelry, glasses, dentures, documents or other articles of unusual value unless placed therein, and shall not be liable for loss or damage to other personal property unless deposited with the facility for safekeeping.**

### LAUNDRY FACILITIES

Hillview marks and launders personal clothing on-site. Be sure to arrange for clothing to be marked. Despite our best efforts, articles do become damaged or lost. **We cannot be responsible for replacing such items.** Laundry facilities are available at the hub areas. Residents are responsible for any dry cleaning.

### MAIL

Mail is usually delivered by 1:00 P.M. each day. Assistance is provided in reading and sending mail, if requested. Stamps may be purchased at the Reception Desk during regular business hours. Outgoing mail is picked up by about 9:30 A.M. Monday through Saturday.

### RELIGIOUS SERVICES

Hillview is non-denominational, and receives services from the religious organizations in the area. A weekly calendar will provide the times and dates of your desired services.

### TRANSPORTATION

Hillview can provide transportation for residents going to and from medical appointments; however, we ask families to assist in transporting residents to outside appointments whenever possible. All appointments that the Hillview van provides need to be set up by Hillview staff to ensure availability of service. Family should provide transportation if they set up the appointment. We will ask families of residents with cognitive impairments to accompany resident to appointments.

## AGENCY NAMES & NUMBERS

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Dept. of Health Services  
Division of Quality Compliance  
PO Box 2969, Madison WI 53701-2969 (608) 266-8481  
[www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

Dept. of Health Services  
Division of Quality Compliance  
Eau Claire/Western Regional office  
610 Gibson St., Eau Claire WI 54701 (715) 836-4752

Board on Aging & Long Term Care  
Ombudsman Program  
1402 Pankratz St. Suite 111, Madison WI 53704-4001 (800) 815-0015  
<http://longtermcare.state.wi.us> fax (608) 246-7001

WI Board on Aging & Long Term Care  
Jenny Bielefeldt, Ombudsman  
1309 Norplex Drive Suite 9 (800) 815-0015  
La Crosse WI 54601 (608) 789-6367  
[boaltc@wisconsin.gov](mailto:boaltc@wisconsin.gov)

Medicaid Inquiries  
Dept of Health Services  
Bureau of Health Care Financing  
PO Box 6678, Madison WI 53716-0678 (800) 362-3002

Social Security Administration  
210 7ths Street South Suite 100 (866) 770-2345  
La Crosse WI 54601 (800) 772-1213

Disability Rights Wisconsin  
131 West Wilson Street Ste 700  
Madison WI 53703 (608) 267-0214  
[www.disabilityrightswi.org](http://www.disabilityrightswi.org)

Alliance for Mentally Ill of WI  
1410 North Point Drive  
Madison WI 53704 (608) 242-7223

Medicare Part A  
United Government Services  
PO Box 7150  
Indianapolis IN 46207-7150 (877) 702-0990

Medicaid/Public Assistance Fraud (877)865-3432  
Office of Inspector General

Medicare Part A Inquiries (877)486-2048

Western Region for Economic Support (888) 627-0430  
(Includes: Buffalo, Clark, Jackson, La Crosse, Monroe, Pepin, Trempealeau & Vernon Counties)

## **FAMILY & VISITOR GUIDELINES**

### **VISITING HOURS**

Visitors are welcome at Hillview from 9:30 A.M. to 8:00 P.M. daily. Children are to be supervised and well behaved. Visiting hours may be extended for families of seriously ill residents. Family pets are welcome as long as they are under control, on a leash and have brought in current vaccination records to keep on file. Please stop in at the front desk to complete a form.

### **VISITOR PARKING**

Ample parking is available in the visitor parking lot. No parking is allowed in the drive in front of the building except for handicapped. This is reserved for emergency vehicles such as the Civil Defense and Fire Department. This regulation is for the safety of all residents.

### **VISITOR RESTROOMS**

Public restrooms are provided in the main lobby for visitor use. The receptionist maintains the necessary keys. We ask that the residents' bathrooms not be used by the public, for the health and safety of visitors and residents.

### **GIFTS FOR RESIDENTS**

All food items given to residents should be checked with the nurse on duty before being given. Many of our residents have special diet requirements and certain foods could have adverse affects on them. If bringing in small food items, please have a tight sealing container available to store the food in for sanitary reasons. To provide a safe and comfortable environment for residents, decorative gifts for rooms should be kept at a minimum and whenever possible, be a minimum fire hazard. If you wish to give clothing for a gift, please check for proper fit and arrange to have the item marked with the resident's name.

### **TEMPORARY ABSENCE FROM HILLVIEW/RESIDENT SIGN-OUT**

If a resident is going to be away from Hillview for a few hours, please sign out at the nurse station and let the nurse on duty know who is responsible for the resident and when to expect his/her return.

### **MEDICATIONS**

The resident may not take any medications without a physician's order. Visitors are prohibited from bringing in medications for a resident, and residents are reminded of this regulation.

### **VACATION/CHANGE OF ADDRESS**

When a resident's family plans to be out of town, we request that families leave instructions to the nurse on duty regarding who is to be notified in case of emergency. We also request any change of address or telephone number be handled in a like manner.

## **DONATIONS AND MEMORIALS**

Hillview has graciously received many donations and memorials throughout the years. Some projects funded by memorials include the walking paths on our grounds, trees planted, outdoor ornaments and benches. Many of our special programs are funded through donations. Donations allow family, friends and staff to honor the memory of someone they cherished. Memorial items or donations can be specified for certain needs that directly benefit the residents, over and above what is necessary for us to provide. They do not substitute for standard provisions. Donations are tax deductible under the extent of the law. The Business office accepts donations. Staff and management are most appreciative of any donation or memorial gift.

## **VISITOR/FAMILY ACTIVITIES**

Looking for ways to spend quality time with your family when you are visiting besides sitting in their rooms? Do you want to help out with care needs? Here are some suggestions to try. Change it up each visit. Hoping these ideas may make your visits even more enjoyable. You may reserve our Sunshine Room or other rooms for special occasions. (Call Recreation Therapy Manager)

### Family:

1. Reserve a day room for small gathering such as ordering in lunch.
2. Birthday parties, graduations, confirmations, etc. can be held at Hillview.
3. Encourage other relatives to visit so burden doesn't fall on only one or two.
4. Bring in family photos, drawings. Each room has a bulletin board.
5. Encourage family members to send letters, cards, pictures, etc.
6. Tell the certified nursing assistants about them and their past.

### Social/Fun:

1. Play cards, scrabble, checkers, Wii in the Dining Room.
2. The Whisper Glide outside swing on 700-hall is great for kids of all ages.
3. Visit the large fish tank and watch the fish in the Main Dining Room.
4. Sing; bring in an instrument or use Hillview's piano/organ, listen to the radio together.
5. Read; bring in letters, hometown newspapers, books, magazines.
6. Take a stroll on the walking path outside. Let the nurse know before leaving.
7. Go fishing out back in the stocked pond. There is an accessible pier.
8. Bring in ethnic or family food specialties.
9. Bring in a picnic lunch to eat outside in nice weather.
10. Accompany to special activity programs, calendars of programs are on each unit.

### Community:\*

1. Go out for lunch/ice cream or for a ride in the car.
2. Attend church.
3. Attend club or organization meeting.
4. Discuss politics and take to voting polls. (Absentee ballots available)
5. Go out for a shopping trip.
6. Attend a play or musical program.

\* Staff can assist in getting your relative in and out of the car, if the person is mobile enough or transfers well from wheelchair.

Physical:

1. Back Rub
2. Shaving
3. Shampoo/Set
4. Manicures
5. Assistance with feeding
6. Take a walk. Check with the nurse before trying this. Wheelchair rides in or outside of building are encouraged as an activity.
7. Accompany to physician appointments.

Business

1. Take care of finances or business mail.(authorization necessary)
2. Make phone calls for business reasons/transactions (proper authorization).

Housekeeping:

1. Keep clothing in good repair, replace worn items. Help with laundering special items.
2. Remove superfluous items from room i.e. old papers, decorations...give resident choice.

Personal Concerns:

1. Be an effective communicator by going through proper channels if you have a concern or problem. Don't know where to start? Try the social worker or nursing supervisor.
2. Attend family/staff meetings, request meetings as you feel the need.
3. Report to nursing staff any changes in condition you notice such as increased difficulty walking, decreased hearing, changes in vision, etc. Inform nurse or social worker concerns your relative may be sharing with you.

Quote worth remembering:

*“Sitting next to you doing ABSOLUTELY nothing, means ABSOLUTELY everything to me”*

## **FINANCIAL RESOURCES**

**For specific rates, see admission agreement page 44**

### FINANCIAL INFORMATION

#### **MEDICARE PART A**

Hillview is a Medicare certified skilled nursing facility. Hillview does accept assignment for Medicare covered services.

To be eligible for a Medicare payment for your stay at a long-term care facility, you must meet the following criteria:

1. You must have Medicare Part A Hospital Insurance.
2. You must have an inpatient hospital stay of 3 consecutive nights for a medically necessary reason.
3. You must require daily skilled nursing/rehabilitation therapy related to the condition requiring hospitalization.
4. Admission to the long-term care facility must be made within 30 days of discharge from the hospital.

The decision to admit a person to the nursing home under the Medicare Benefit is determined by an assessment by a social worker from the facility. The decision will be made by the admitting nursing home based upon the information from the hospital stay and your condition at the time of admission.

Medicare has a maximum benefit of 100 days, which begins with admission to the facility where the resident receives skilled nursing and/or rehabilitative care. As long as the nursing home staff and therapist can show by assessment that you continue to need skilled care, Medicare will be billed for your services, up to a maximum of 100 days. After the 20<sup>th</sup> day, a co-insurance of \$152.00 per day is charged to the resident. The amount is subject to annual increase and is determined by Medicare. In some cases, an insurance company pays the co-payment; in other cases, the resident or Medical Assistance pays.

When the decision is made that your level of care no longer meets Medicare guidelines, you will be informed and given a "Notice of Non-Coverage" form which will end your benefit period. Our primary Medicare units are 400 & 500 rooms, once a resident's Medicare Part A benefits ends, the resident may be asked and, if so, will be expected to move from 400 and 500 rooms so those beds may be re-occupied by another Medicare eligible resident. Hillview will assist in this move and ensure the transfer is to an appropriate area of the facility.

Effective with the date Medicare Part A expires or when Medicare co-insurance becomes effective, the resident or responsible party will be billed privately for any charges not covered by insurance or Medicaid.

## MEDICARE A ADVANTAGE PLANS

Hillview will submit claims to Medicare Advantage plans according to the plan benefits. Medicare Advantage plans require authorization prior to admission to a Skilled Nursing Facility. After admission authorization is approved, continued coverage will be determined by updates required by your plan. You will be billed for co-pays according to your plan benefits after claims are processed. When the decision is made by your plan that you no longer meet guidelines for coverage, a Notice of Non-coverage will be issued. Effective with the date your coverage ends charges will be billed to the resident and/or responsible party. Charges will be billed to Medicaid and/or Family Care if you are approved for these programs

## MEDICAL ASSISTANCE (also known as MA, Medicaid or Title 19)

The Medical Assistance Program pays for many of the services and supplies required by a resident. Hillview agrees to provide these supplies to the resident in exchange for payment by the medical Assistance program. The resident must apply his/her monthly income; minus the allowance permitted by law, toward all covered services and supplies. Allowances may include costs for some non-covered services, any appropriate allocation for resident's spouse or dependents and the statutory per month personal needs allowance. Certain services, such as dry cleaning charge, beauty and barber, private-room fees, personal clothing and comfort items are not covered by Medical Assistance.

In order to qualify for Medical Assistance/Institutional Medicaid, certain income and asset limitations must be met. These limits can vary based on whether the applicant is single or married.

Single persons:

- In order to receive Institutional Medicaid as a single person, an individual's assets must be lower than the asset limit which is currently \$2000

Married couples:

- The asset limits for married couples are described in the attached Spousal Impoverishment packet. **SEE SIDE POCKET OF HANDBOOK.**

Countable assets are those items which can be converted to cash. Examples include:

- |                                |   |
|--------------------------------|---|
| •Cash                          | •Retirement accounts                                    |
| •Savings or checking accounts  | •Interest in annuities                                  |
| •Certificates of deposit (CDs) | •Property agreements, contracts for deeds or timeshares |
| •Life insurance policies       | •Rental property, Life estates                          |
| •Trust funds                   | •Livestock, tools and farm machinery                    |
| •Stocks/bonds/US savings bonds | •Keogh plans or other tax shelters, personal property   |

Some assets may not be counted and are considered exempt. Examples include:

- |   |
|---|
| •A primary residence, if SNF stay is temporary (less than 6 months) & certified by a physician. |
| •One vehicle  |
| •Certain burial assets including insurance, trust funds, and plots                              |
| •Tribal property  |
| •Clothing and other personal items  |

**\*\*Other exceptions and restrictions may apply. For a complete list, please contact:**  
 Western Region for Economic Assistance  
**Toll Free Call Center 1-888-627-0430**  
 Monday through Friday 8:00am to 4:30 pm

**NURSING HOME MEDICAL ASSISTANCE ELIGIBILITY**

**EXEMPT ASSETS**

**Life Insurance**

- Face value is \$1,500 or less
- Term Insurance
- If total face value is over \$1,500, then cash value of all policies counts toward asset limit

**Burial Assets**

- Casket
- Vault
- Headstone and Plot
- Trust - \$3,000
- Burial Insurance

**SINGLE PERSON ASSET LIMITS**

1. Assets must be below \$2,000, plus exempt assets.
2. Residence can be exempt, if stay is temporary and physician certifies you will return home within 6 months.
3. Vehicle, if valued at \$4,500 or less. Over \$4,500 counts toward asset limit.

**SPOUSAL IMPOVERISHMENT**

**ASSETS**

At the beginning of the first period of institutionalization, the couple’s total resources from all sources is determined and added together regardless of title ownership. **WISCONSIN MARITAL PROPERTY LAW DOES NOT APPLY.** Also, any “Pre-marital Agreement” the couple signed has no effect for Medical Assistance purposes. (These are especially common in second marriages.) The couple’s home, car, certain prepaid burial assets, a small life insurance policy for the nursing home resident (face value of less than \$1,500) and spouse, and certain other assets considered to be “exempt resources” are ignored. Once the total amount is computed, the spouse at home is entitled to the “spousal allocation.” The spousal allocation is determined using the following chart:

<b>If Couple’s Combined Assets Are *</b>	<b>At-home spouse may keep</b>
\$0 - \$50,000	ALL
\$50,001 - \$100,000	\$50,000
\$100,001 - \$231,840	HALF
\$231,840 or more	\$115,920

**\* These amounts change annually.**

There is also \$2,000 allowed for the nursing home spouse. The amount of the spousal allocation is based on the date of institutionalization.

If the couple has more than the spousal allocation amount plus \$2,000, the spouses will then spend the excess funds on their daily living costs, the nursing home spouse's care, paying off old bills, and other permitted expenditures.

Once Medical Assistance eligibility is established, none of the community spouse's resources are considered available to the institutionalized spouse. Therefore, the resources of the community spouse can increase beyond the spousal allocation asset limit after Medical Assistance eligibility is established.

As indicated, the nursing-home spouse may still retain \$2,000 in liquid assets. Once eligible, it is important to keep the nursing home resident's assets below the \$2,000 limit to maintain Medical Assistance eligibility. Any month his or her assets exceed the \$2,000 limit, he or she will be found ineligible for Medical Assistance that month and will be billed at the private pay rate.

It is not necessary to have all assets in the community spouse's name at the time the Medical Assistance application is submitted. The transfer to the community spouse must be made "as soon as practical" after Medical Assistance eligibility is established. The nursing home resident generally has until his or her first annual review of Medical Assistance eligibility to transfer to the community spouse all assets in excess of the \$2,000 liquid asset limit. If assets that should be in the community spouse's name are still in the Medical Assistance recipient's name at the date of the first review, eligibility may be terminated.

Please note that in the case of spouses, each person may have individual burial exemptions.

Institutionalized persons with spouses in the community have other additional resource exemptions. The personal property of both spouses and one vehicle are exempt regardless of value. The house, which is used as the primary residence of the community spouse, is an excluded asset as long as he or she continues to reside in it.

## **INCOME ALLOCATION**

A married nursing home resident keeps a monthly personal needs allowance of \$45 from Social Security and/or pension income prior to any allocation of income to the community spouse. The community spouse is allowed to keep up to \$2,585.00 in combined monthly income. Income includes all funds received from Social Security, wages, pensions, dividends, rents paid, interest on earnings, and other sources. The income allocation for the community spouse is adjusted annually.

If the spouse at home has income LESS THAN this amount, then a portion of the nursing home spouse's income can be allocated to the spouse at home to bring the at-home spouse's income up to the allocation.

If the community spouse's own monthly income is greater than \$2,585.00, the institutionalized spouse cannot give any of his or her income to the community spouse. The community spouse's income is evaluated at the time application is made for Medical Assistance.

## **DIVESTMENT**

Divestment penalties occur when you give away, transfer, or sell any asset for less than fair market value. Disposing of certain assets for less than fair market value prior to applying for Medical Assistance may be considered divestment. This includes transfers to trusts. Transfers between spouses are not divestments. Therefore, spouses are permitted to transfer assets to each other without concern. Most transfers to other people, however, are considered divestments and may make an applicant ineligible for benefits under the Medical Assistance program. Significant changes in Medical Assistance law have made permissible transfers of resources more difficult, and potential penalties for disqualifying divestments have increased. It is important that you are aware of these rules and have accurate and up-to-date information about any changes. If you have questions about financial planning or transfers of assets or property, consult a private attorney who practices elder law.

To apply for Medical Assistance, contact Western Region for Economic Assistance at (888) 627-0430. If there is no answer, you may leave your name and phone number and they will return your call.

## **DISCLAIMER**

The rules governing medical assistance, including asset limits, divestments and the like are subject to change from time to time. The most up-to-date information can only be obtained by contacting a private attorney or the Western Region for Economic Assistance.

## **THERAPY SERVICES & COSTS**

Hillview Health Care Center subcontracts with Therapy Network, Inc. to provide physical, occupational and speech therapy services.

### **PHYSICAL THERAPY SERVICES**

Evaluations	Moist Heat	Cervical Traction
Balance Training	Ultrasound	Functional Training
Ambulation Training	Massage	Prosthetic Training
Therapeutic Exercise	Cryotherapy	Range of Motion
Stretching	Paraffin	Electrotherapy
Wound Care	Whirlpool	Special Medical Equipment

### **OCCUPATIONAL THERAPY SERVICES**

Home Assessments	Feeding Skills	Self-Care Training
Balance & Equilibrium Training	Group OT	Cognitive Retraining
Positioning Modifications	Adaptive Equipment	

### **SPEECH, LANGUAGE, and HEARING SERVICES**

Screening	Evaluation	Consultation
Individual Therapy	Voice Therapy	Swallowing Therapy
Cognitive Retraining		

### **COSTS**

Costs for most therapy services listed above are based on 15-minute sessions, and are billed at \$25 per 15-minute sessions. These services are billed directly to Medicare, Medicaid, and/or insurance, if you qualify.

### **OXYGEN & COSTS**

Oxygen is not included in the daily room rate. The costs effective September 1, 2007 are:

Oxygen Concentrator	\$ 7.00/day
Liquid Oxygen	\$ 7.00/tank
E Size Oxygen Tank	\$ 10.00/tank (emergency only)

### **MEDICATIONS**

Hillview's preferred pharmacy provider is Health Direct Pharmacy (784-6500). Health Direct provides very competitive pricing. Hillview uses a card-system of medication distribution. The facility is not equipped to store or to administer prescribed medications from multi-dose containers. If you prefer a different pharmacy provider, that provider must match and comply with distribution system established within facility.

**BEAUTY SHOP SERVICES**

**HILLVIEW'S BEAUTY SHOP AND BARBER RATES 2014**

Shampoo	\$4.00	Rinse	\$2.00
Comb out	\$4.00	Color/shampoo/set/comb out	\$30.00
Set/comb out	\$9.00	Put their own color on	\$10.00
Shampoo/set/comb out	\$12.00	Permanent	\$45.00
Women's Hair cut	\$12.00	Men's / Barber's hair cut	\$12.00

## **REPORTING GRIEVANCES OR PRIVACY VIOLATIONS**

Each resident or person acting on resident's behalf is encouraged to report any suspected violation of resident rights and/or of HIPAA rules. A report of grievance or of recommended changes in policies or services will not result in interference, coercion, discrimination, or reprisal. Grievances may be reported to any supervisory staff of the facility or directly to the Administrator, who will be responsible for investigating grievances. Grievances may be reported verbally or in writing. A complaint form is available if the complainant prefers. If the grievance involves alleged staff misconduct, the facility's Resident Rights Committee may meet to review and consider the grievance investigation. A report will be completed and, if necessary, submitted to the Bureau of Quality Compliance, the State Ombudsman, and/or to the Licensing Board of the alleged violator. The report will also be referred to the Administrator and/or to the HIPAA Privacy Officer for possible disciplinary action.

If you wish to report a suspected violation, please contact:

**Pete Eide, Administrator 608-789-4800 or [peide@lacrossecounty.org](mailto:peide@lacrossecounty.org)**

If you are not satisfied with facility's response to report, you may also contact:

### *Wisconsin Department of Health Services Division of Quality Compliance*

PO Box 2969  
Madison WI 53701-2969  
(608) 266-8481  
[www.dhs.wisconsin.gov](http://www.dhs.wisconsin.gov)

### *Long Term Care Ombudsman*

Jenny Bielefeldt  
State of Wisconsin Board on Aging and Long Term Care  
1309 Complex Drive Suite 9  
La Crosse WI 54601  
(608)789-6367  
[BOALTC@wisconsin.gov](mailto:BOALTC@wisconsin.gov)

## **RESIDENT RESPONSIBILITIES**

Each resident admitted to this nursing home has the responsibility:

- To understand own health problem to his/her own satisfaction. It is important for the success of any treatment plan.
- To follow the treatment plan and to advise the people treating him of alternatives desired.
- For keeping appointments for treatments and routines followed in the home. Knowing treatments, medications and routines are a necessary part of each treatment plan.
- To be considerate of other residents and employees. They have rights too. Allow his/her roommate privacy, limit visitors, follow smoking regulations, use telephones, television, radio, and lights in a manner agreeable to others. Being considerate of others does not mean being silent, but when questions arise—ask; when there are problems—speak up; but in a manner which can allow for resolution and not in one which antagonizes or infringes on the rights of others.
- To understand and respect the rules and regulations put in place for a successful outcome of all our residents, their families and our staff.
- Reminder that we are a smoke free campus.
- Reminder that Hillview is not responsible for lost or misplaced items. Please ensure any valuables are taken home or secured in our safe in the business office with resident authorization.

## **FREQUENTLY ASKED QUESTIONS**

### **Does Medicare automatically pay 100 days for nursing home care?**

No, please contact Medicare.gov or call the Aging and Disability Resource Center (ADRC) to find out what information must be provided to Medicare to determine coverage. For questions regarding Medicare, Medicare Part D and Senior Care; contact our Elderly Benefit Specialist:

*Tina Johnson, Elderly Benefit Specialist*

*La Crosse County Aging Unit*

*400 North 4<sup>th</sup> Street #2260*

*La Crosse, WI 54601*

*Phone: 608-785-6140*

*Fax: 608-793-6522*

[tjohnson@lacrossecounty.org](mailto:tjohnson@lacrossecounty.org)

\*\*\*\*Once covered by Medicare, you'll be reviewed twice weekly to ensure continued eligibility.

### **Who do I speak to about Medical Assistance coverage?**

For information on medical assistance for Hillview please contact the La Crosse County Economic Support Center at 785-6023.

### **Does Hillview have FREE (Wi-Fi) Wireless available?**

Hillview does have wireless available for public access on personal devices. Please know there are areas around the building where connection is not accessible or may be weak. There is a computer in the 100 and 600 day room for resident use. *The public access code is: county1234*

**Can I bring my own TV, cell phone, radio or laptop?**

Yes, you may bring your own TV as long as a flat panel does not exceed 32" or 20" if it is an older box TV on the Hillview stand. If you want a larger flat panel, you must provide your own base stable enough to prevent it from being knocked off and maintaining the minimum 36" aisle space. Flat panels of reasonable size may possibly be wall mounted. Hillview will not assume responsibility of accidents or damage that occurs. Hillview does not provide TV's.

Many residents bring personal cell phones for use as well as radios and laptops. See above for wireless public access code. We ask that after 10:30p.m.; TV's and radios be played softly to avoid disturbing others or use of earphones or lounge TV's suggested. There are portable phones on each hall for resident use. Residents expecting long term stays may contact Century Link and arrange personal phone service.

**When can I have visitors? What about Pets?**

Visitors are welcome at anytime but visiting hours are encouraged between 9:30 A.M. to 8:00 P.M. daily. Our front door is open from 8a.m. – 8p.m. If visiting outside these hours, you will use the 200 door and ring the doorbell. Children are to be attended to while visiting. Visiting hours may be extended for families of those seriously ill. Well behaved family pets are welcome on a leash with current vaccination records on file.

**Is there a place for my family to sleep if they want to spend the night?**

Overnight accommodations can be made with our guest room and guest suite located at Carroll Heights for families of tenants residing at Hillview, Hillview Terrace or Carroll Heights. The current cost is \$50/night and is similar to a hotel. If you or your loved one is acutely ill and has a roommate, staff will try to accommodate families and move them to a more private setting if able.

**What clothing should I bring in?**

Please bring at least a week worth of loose fitting clothing. We ask that we be allowed to mark clothing items with your name so that clothing items are not misplaced.

**What is the Hillview smoking policy?**

Hillview is a SMOKE FREE campus. Smoking by visitors, residents and employees is permitted only in their vehicles. No smoking on the Hillview Campus grounds. Smokeless/chewing tobacco and e cigarettes are not allowed.

**What time is lunch and supper?**

Depending on the hallway lunch is served between 11:40 am – 12:30 pm daily and supper is served between 4:45 pm – 5:45 pm daily. All food items given to residents should be checked with the nurse on duty before being given. Many of our residents have special diet requirements and certain foods could have adverse affects on them. If bringing in snacks or personal food items, please have them in a tight sealed container to store in for sanitary reasons. Storage of leftovers is 3 days maximum in our refrigerators.

**Where can I keep my money so I know it is safe?**

We offer residents to open an interest bearing account in our business office. This account is similar to a regular bank account. Most residents use this account to withdraw money for events such as the beauty shop, special outings, shopping sprees etc...Please speak with the Business office for further information. Also available is a key for your bedside stand for you to lock up any personal items.

**Where is the closest place to get my hair done?**

Hillview contracts an outside agency for our Beauty shop and Barber services it is conveniently located just down the hall from the main dining room. Appointments can be made by calling 608-789-4800 ext 35251.

**How do I reserve a day room?**

Please contact the Recreation Therapy Manager for more information on rooms to reserve and availability.

**Can holiday decorations be brought in for resident rooms?**

Yes, please remember the following when bringing in seasonal decorations for a resident's room.

- \*All decorations are to be flame retardant
- \*No live wreaths or cut trees are allowed
- \*No extension cords or devices to alter the number of outlets are allowed
- \*Electrical cords may NOT cross a walkway; electrical decor needs maintenance approval.

## **PRIVACY ACT STATEMENT – HEALTH CARE RECORDS**

**THIS FORM PROVIDES YOU THE ADVICE REQUIRED BY THE PRIVACY ACT OF 1974. THIS FORM IS NOT A CONSENT FORM TO RELEASE OR USE HEALTH CARE INFORMATION PERTAINING TO YOU.**

### **1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN).**

**Section 1819(f), 1919(f), 1819(b)(3)(A), 1919(b)(3)(A), and 1864 of the Social Security Act.**

Skilled nursing facilities for Medicare and Medicaid are required to conduct comprehensive, accurate, standardized, and reproducible assessments of each resident's functional capacity and health status. As of June 22, 1998, all skilled nursing and nursing facilities are required to establish a database of resident assessment information and to electronically transmit this information to the State. The State is then required to transmit data to the federal Central Office Minimum Data Set (MDS) repository of the Health Care Financing Administration.

These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long Term Care System of Records.

### **2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED.**

The information will be used to track changes in health and functional status over time for purposes of evaluating and improving the quality of care provided by nursing homes that participate in Medicare or Medicaid. Submission of MDS information may also be necessary for the nursing homes to receive reimbursement for Medicare services.

### **3. ROUTINE USES.**

The primary use of this information is to aid in the administration of the survey and certification of Medicare/Medicaid long term care facilities and to improve the effectiveness and quality of care given in those facilities. This system will also support regulatory, reimbursement, policy, and research functions. This system will collect the minimum amount of personal data needed to accomplish its stated purpose.

The information collected will be entered into the Long Term Care Minimum Data Set (LTC MDS) system of records, System No. 09-70-1516. Information from this system may be disclosed, under specific circumstances, to: (1) a congressional office from the record of an individual in response to an inquiry from the congressional made at the request of that individual; (2) the Federal Bureau of Census; (3) the Federal Department of Justice; (4) an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease of disability, or the restoration of health; (5) contractors working for HCFA to carry out Medicare/Medicaid functions, collating or analyzing data, or to detect fraud or abuse; (6) an

agency of a State government for purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State; (7) another Federal agency to fulfill a requirement of a Federal statute that implements a health benefits program funded in whole or in part with Federal funds or to detect fraud or abuse; (8) Peer Review Organizations to perform Title XI or Title XVIII functions; (9) another entity that makes payment for or oversees administration of health care services for preventing fraud or abuse under specific conditions.

#### **4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION.**

For nursing home residents residing in a Medicare/Medicaid nursing facility the requested information is mandatory because of the need to assess the effectiveness and quality of care given in certified facilities and to assess the appropriateness of provided services. If a nursing home does not submit the required data it cannot be reimbursed for any Medicare/Medicaid services.

#### **5. PRIVACY FOR FINANCIAL INFORMATION.**

Hillview Health Care Center is required by federal and state laws to maintain the confidentiality of resident information. A new federal law requires that the Health Care Center inform its residents of its policies regarding the privacy of resident information.

Hillview Health Care Center may possess significant personal financial information about its residents. All information we receive from and about our residents is confidential. This confidential information is not released to anyone outside Hillview Health Care Center unless its release is authorized by the resident or their guardian, is necessary to provide services to the resident, or is required by an applicable law.

We maintain physical, electronic, and procedural safeguards in order to protect non-public personal information about our residents.

## HILLVIEW HEALTH CARE CENTER

### NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**This notice applies to Hillview Health Care Center and its staff, volunteers, and students. This notice also applies to other health care providers that come to Hillview Health Care Center to care for residents, such as physicians, nurse practitioners, physician assistants, podiatry, dental and lab personnel. These providers may have different privacy practices in their offices but will follow Hillview Health Care Center's privacy practices while providing care for you at Hillview Health Care Center.**

#### **Understanding Your Health Record/Information:**

Each time you visit a hospital, physician, nursing home or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for ongoing and future care or treatment. This information, often referred to as your health or medical record, serves as a:

- Basis for planning your care and treatment;
- Means of communication among the health professionals who contribute to your care;
- Legal document describing the care you received;
- Means by which you or a third-party (insurance company) can verify that services billed were actually provided;
- A tool in educating health professionals;
- A source of data for facility planning and marketing;
- A tool with which we can assess and continually work to improve the services we provide;

#### **Your Health Information Rights:**

Although your health record is the physical property of Hillview Health Care Center, the information belongs to you. Hillview Health Care Center is required by law to maintain the privacy of your health information. Hillview Health Care Center is also required to provide you with a notice that describes Hillview Health Care Center's legal duties and privacy practices and your privacy rights with respect to your health information. We will follow the privacy practices described in this notice. As part of your Health Information Rights you have the right to:

- Request a restriction on certain uses and disclosures of your information **with the understanding that Hillview is not required to agree to a requested restriction;**
- Obtain a paper copy of the Notice of Information Practices upon request;
- Inspect and obtain a copy of your health record;
- Request to amend your health record. Hillview Health Care Center requires that any requests for amendment of protected health information be made in writing and include supporting documentation for the amendment. **This request is to be sent to Privacy Officer, Hillview Health Care Center, 3501 Park Lane Dr., La Crosse, WI 54601.** Hillview Health Care Center reserves the right to disallow requests for amendment that do not meet these criteria;
- Obtain an accounting of disclosures of your health information;
- Be notified of a breach resulting in disclosure of unsecured protected health information;
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken;
- Request communications of your health information by alternative means or at alternative locations. **This request must be in writing and submitted to the Privacy Officer.** Hillview Health Care Center reserves the right to disallow requests for alternative confidential communications that do not meet criteria.

#### **Hillview Health Care Center Responsibilities: We are required to:**

- Maintain the privacy of your health information;
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you;

- Abide by the terms of this notice;
- Notify you if we are unable to agree to a requested restriction;
- Accommodate reasonable request you may have to communicate health information by alternative means or at alternative locations;

We reserve the right to change our practices and to make new provisions effective for all protected health information we maintain. Should our information practices change, we will post a revised notice within the facility, make revised notices available upon request and post revised notices to our web site at:

<http://www.co.la-crosse.wi.us/Departments/hillview>

We will not use or disclose your health information without your authorization, except as described in this notice.

**For More Information or to Report a Problem:**

If you have questions and would like additional information, you may contact the Privacy Officer at 608-789-4800. If you believe your privacy rights have been violated, you can file a complaint with the Privacy Officer or with the Secretary of Health and Human Services. There will be no retaliation for filing a complaint.

**How Hillview Health Care Center May Use or Disclosures Your Health Information for Treatment, Payment and Health Operations:**

Hillview Health Care Center is permitted by law to use & disclose protected health information in the following ways:

- **Treatment:** We may use or disclose your health information in the provision, coordination or management of your health care. Our communication to you and your providers may be by telephone, cell phone, confidential e-mail, fax machine or U.S. mail.

**For example:** Information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment. Your physician will document in your record expectations of the members of your healthcare team. Nurses and other members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment.

We will also provide your physician or a subsequent health care provider with copies of various reports that should assist him or her in treating you as you prepare for discharge or once you are discharged from Hillview Health Care Center.

We will share your protected health information with members of your treatment team. This may include, but is not limited to, physicians, lab and x-ray personnel, hospital and emergency providers (should you be transferred to a hospital) rehabilitation therapy (physical therapy, occupational therapy, speech therapy), pharmacy, dental and eye care providers.

- **Payment of Claims:** We may use/disclose your health care info to obtain payment for your health care services.

**For example:** A bill may be sent to you or a third-party payer (insurance company). The information on or included with the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used. Information from your medical record may be sent to your insurance carrier and associated medical review agencies in order to get your bill paid.

Additionally, Hillview Health Care Center may provide protected health information to contracted vendors that perform services on behalf of Hillview, (i.e., lab, pharmacy, rehabilitation therapy, x-ray and mobile diagnostic services), to facilitate payment of claims for services these vendors/associates provided to you.

- **Carry out Health Care Operations:** We may use or disclose your health care information for activities relating to the evaluation of patient care, evaluating the performance of health care providers, business planning and compliance with the law.

**For example:** Hillview Health Care Center staff, members of quality improvement teams, other committees, and outside agencies may use information in your health record to assess the care and outcomes in your case and others like it. This information will be used in an effort to continually improve the quality and effectiveness of the healthcare and the services we provide.

## How Hillview Health Care Center May Use or Disclose Your Health Information without Your Written Authorization

- **As required by law or court order:** We may use and disclose your health information when that use or disclosure is required by law.

### **Examples:**

**Coroners/Medical Examiners:** We may disclose health information to these agencies consistent with applicable law to carry out their duties.

**Funeral Directors:** We may disclose health information as needed to complete death certificate or other legally required documents, consistent with applicable law.

**Organ Procurement Organizations:** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.

**Worker's Compensation:** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

**Public Health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Health Care Oversight:** As required by law, we may disclose your health information to state/federal government agencies that may audit, investigate, inspect or license Hillview Health Care Center. We will also disclose your information as mandated by law for investigation of abuse, neglect and review of civil rights.

**To Avoid a Serious Threat to Health or Safety:** As required by law and standards of ethical conduct, we may release your health information to the proper authorities if we believe, in good faith, that such release is necessary to prevent or minimize a serious and approaching threat to you or the public's health or safety.

**Victims of Abuse, Neglect or Violence:** We may disclose your information to a government authority by law to receive report of abuse, neglect or violence relating to the elderly.

**Military, National Security, Incarceration, and Law Enforcement:** Your health information may be disclosed to authorities involved under the above circumstances. Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals. We may disclose health information for law enforcement purposes as required by law or in response to a court order.

**MCO'S/Co. Case Managers:** We may disclose health information to agencies part of your treatment team.

**Court Ordered Review:** We may disclose health information as required by an authorized court order.

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member of business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers or the public.

Any use and disclosure of your health information, other than generally described above, will only be made with your individual written authorization, which you may revoke at any time.

- **To communicate with contracted providers and entities.**

**Example:**

**Business Associate:** Some services at Hillview Health Care Center are provided through contract with business associates. Examples include pharmacy management, utilization review, transcription and billing services. We may disclose your health information to our business associate so that they can perform the job we've asked them to do and bill you or your third-party payee for services rendered. To protect your health information, however, we require the business associates to appropriately safeguard your information.

- **To complete the Hillview Health Care Center Directory and to provide Notification.**

**Examples:**

**Directory:** Unless you notify us that you object, we will use your name, location in the facility, birthday and personal information for directory and internal activity purposes

This information may be provided to people who ask for you by name. This directory information, which includes name and unit, is posted at the front entrance and your name is indicated on your room door. Your name and religious affiliation will be shared with clergy members. **Veterans:** Unless otherwise notified, your name is listed as a veteran for activity purposes.

The information about you contained in our directory will not be disclosed to individuals not associated with our health care environment without your authorization.

**Notification:** If you do not object, and the situation is not an emergency, and disclosure is not otherwise prohibited by law, we are permitted to release your information under the following circumstances:

- a. To individuals involved in your care – we may release your health information to a family member, other relatives, friend or other person whom you have identified to be involved in your health care or the payment for your health care; and
- b. To family – we may use your health information to notify a family member, a personal representative, guardian or a person responsible for your care, of your location, general condition or death and  
To disaster relief agencies – we may release your health information to an agency authorized by the law to assist in disaster relief activities

**When Hillview Health Care Center is required to obtain an authorization to use or disclose Your Health Information.**

Hillview will not use or disclose your health information without written authorization from you, except as described in this notice of privacy practices. For Example, uses and disclosure made for the purpose of psychotherapy, marketing and the sale of protected health information requires your authorization. If your provider intends to engage in fundraising, you have the right to opt out of receiving such communications. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

**IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING YOUR PRIVACY RIGHTS OR THE INFORMATION IN THIS NOTICE, PLEASE CONTACT:**

**Privacy Officer  
Hillview Health Care Center  
3501 Park Lane Dr  
La Crosse, WI 54601**

**Effective Date of Notice: 4-14-2003 Revised: 10-10-2003 Revised 9/2013**



## **ADMISSION POLICY**

It is the policy of Hillview Health Care Center to admit and treat all residents without regard to race, color, national origin, sex, age or disability.

All services provided by Hillview Health Care Center are made available to residents without distinction in eligibility or in standard of service. All persons and organizations having occasion either to refer residents for admission or to recommend Hillview Health Care Center are advised to do so without regard to resident's race, color, national origin, sex, age, or disability.

The residents are placed within the facility according to bed availability and eligibility of Medicare benefits. If room accommodations are not satisfactory to the resident, they may request to move. New arrangements will be made at the earliest possible date.

The Wisconsin Administrative Code (HSS-132) directs that for every 100 beds, a nursing home must designate one isolation room. This room is not to be confused with a private room, but is to be available to residents who develop a communicable disease. Isolation rooms may be used as resident rooms, but Hillview will request moving of a resident from an isolation room if another resident requires the room for the designated purpose. The resident and/or their representative would be given advance notice of the move and the reason for it.

As a service, we provide standard State of Wisconsin Advance Directive forms to our residents.

Hillview staff agrees to honor the resident's wishes, as recorded in his or her advance directive. If the directive is in opposition to State law, or the ethical standards of the attending physician, Hillview will inform the resident of its inability to honor the directive and will arrange for a transfer of care.

Information about options for documenting advance directives is available from any of the Hillview social services staff. A resident may ask to meet with a social worker to discuss and/or formulate advance directives at any time during his/her placement.

## **RESIDENT RIGHTS**

Some people think nursing home residents surrender their right to make medical decisions, manage funds and control their activities when entering a nursing home. This is not true. As a nursing home resident, you have the same rights as anyone else and protections under the law. Hillview is committed to the advancement, recognition and protection of the rights for all of our residents. You have the right:

### **TO BE INFORMED**

You have the right to be informed of your rights & responsibilities prior to or at time of admission & during your stay. You have the right to be fully informed of services available at Hillview & related charges. These charges include services not covered under Title 18 or 19 /Social Security Act or not covered by the Hillview basic per-diem rate.

### **TO BE RESPECTED**

You have the right to be treated with dignity & respect. You have the right to make your own schedule, bedtime, and select activities you would like to attend. You may meet privately with clergy. A nursing home is prohibited from using physical, mental abuse & chemical restraints except as necessary to treat medical symptoms. *There is a full length policy and procedure regarding ABUSE, NEGLECT & MISAPPROPRIATION of FUNDS located in a binder at each hub with the most recent survey results.*

### **BEING AWARE OF SERVICES AND FEES**

The nursing home must inform you, in writing, about its services and fees before you enter the home. Most facilities charge a basic rate that covers room, meals, housekeeping, linen, general nursing care, recreation, and some personal care services. There may be extra charges for services, such as haircuts, flowers, and telephone. You are NOT required to perform services for the facility; but may perform services that are included for therapeutic purposes in the plan of care ordered by the physician. You shall be free from discrimination based on the source of payment for your care.

### **TO DECIDE WHO MANAGES YOUR MONEY**

You have the right to manage your own money or to designate someone you trust to do so. If you allow the nursing home to manage your personal funds, you must sign a written statement authorizing the nursing home to manage (holding and spending) of your finances and the nursing home must allow you access to your funds. Federal law requires that the home protect your funds from any loss by having a bond. You will receive a full accounting of your funds quarterly or monthly if requested when you authorize discretionary expenditures. We preclude commingling of resident's funds with funds of the facility or of any person other than another resident.

### **TO PRIVACY, PROPERTY, AND YOUR LIVING ARRANGEMENTS**

You have the right to privacy; to keep & use your personal property, as long as it does not interfere with the rights, health, or safety of others. Your mail can never be opened by the home unless you allow it. The nursing home must have a system in place to keep you safe from neglect and abuse; to protect your property from theft. If you and your spouse live in the same home, you are entitled to share a room-if both agree to do so.

You have the right to physical and emotional, privacy/confidentiality in treatment, living arrangements, caring for personal health care needs and confidentiality of medical records. You may approve/refuse release of your records to individuals outside except when transfer to another health care facility or as required by law & third party payment contract.

## **TO COMMUNICATION**

You may communicate privately with persons of choice. The right to communicate with a public official or the resident's attorney shall not be restricted in any event. You are assured reasonable access to a public phone for private communication, unless contraindicated.

## **TO QUALITY CARE & TREATMENT and KNOWLEDGE OF MEDICAL CARE**

You have the right to be informed about your medical condition, medications, and to participate in your plan of care. You have the right to refuse medications or treatments, and to see your own doctor and dentist. You may use the licensed, certified provider of healthcare and the pharmacist of your choice. You will receive appropriate quality care.

## **GUARDIANSHIP AND ADVANCED DIRECTIVES**

As a nursing home resident, you are responsible for making your own decisions (unless you are mentally unable). If you wish, you may designate someone else to make health care decisions for you. You may also draw up advance directives. A Power of Attorney for health care document may be completed with one of our social workers. This document would assure that you have a legal decision-maker, if you ever become incapable of making your own decisions. You may also make your end of life wishes known in a living will.

## **VISITORS**

You have the right to spend private time with visitors at any reasonable hour. You have the right to make and receive telephone calls in privacy. The nursing home must permit your family to visit you at any time. Any person who provides you with health or legal services may see you at any reasonable times. Of course, you do not have to see anyone you do not wish to see.

## **SOCIAL SERVICES**

The nursing home must provide each resident with social services, including counseling, mediation of disputes with other residents, assistance in contacting legal and financial professionals, and discharge planning.

## **DISCHARGE**

The nursing home may not discharge or transfer you (including rooms within the facility) unless:

- it is necessary for the welfare, health, or safety of others,
- your health has declined to the point that the nursing home cannot meet your care needs,
- your health has improved to the extent that nursing home care is no longer necessary,
- the nursing home has not received payment for services delivered, or the nursing home ceases operation.

## **MOVING OUT**

Living in a nursing home is voluntary. You are free to move to another place if appropriate arrangements are made for your care. We ask that you notify your Social Worker of any plans to leave, and give as much notice as possible.

## **ADMISSION REQUIREMENTS & AUTHORIZATIONS**

### **AUTHORIZATION FOR CARE AND SERVICES**

The resident consents to the administration of such services as are required for the resident's well being, health and safety as facility, the resident's physician, and the resident deem appropriate.

Hillview agrees to fully inform the resident in advance about care and treatment, changes in care and treatment, and to involve the resident in planning his/her care and treatment program.

### **AUTHORIZATION FOR COLLECTION OF INFORMATION**

Long term care facilities participating in Medicare/Medicaid funding are required to complete a comprehensive assessment of each resident's functioning and health status.

This assessment, called the Minimum Data Set (MDS), is a tool used to track changes in health and functional status. The MDS provides long term care facilities with information used to improve overall quality of care. Under Federal regulations, facilities are required to establish a database for the MDS information and to electronically transmit this information to The Center for Medicare and Medicaid Services (CMS). Further details are outlined in the "Privacy Act Statement for Health Care Records." A copy of the document can be found in this folder.

### **BEDHOLD**

A Resident, who will temporarily be absent from the facility due to hospitalization or therapeutic leave, may arrange for resident's bed to be held. Hillview will determine from the resident, orally and in writing, before or during the absence whether or not the resident intends to return to the facility.

Hillview must meet the State criteria of 94% occupancy for any month before bedhold will be charged. The rate established for bedhold for Private-pay residents is \$160.00 per day.

Medical Assistance will pay bedhold for a maximum of 15 days. Following that period, a resident may elect to pay bedhold at the above rate or may choose to terminate the bedhold.

### **EDUCATIONAL PROGRAMS**

Hillview cooperates in various educational programs. The resident is advised that students involved in educational programs affiliated with the facility may attend examinations of residents and review resident's medical records. If the resident does not want to participate in an educational program, he or she may refuse at anytime.

## **EXPERIMENTAL RESEARCH**

If Hillview conducts experimental research programs, the facility will fully inform resident being considered for participation of the nature of the experiment, such as medication, treatment, and any possible consequence of participation. The facility must obtain the resident's informed written consent before resident participates. Hillview will conduct experimental research in a manner that respects the privacy of the resident. The facility must obtain a resident's consent for any direct observation or use of data that specifically identifies a resident. The facility may use resident statistics that do not identify individual residents for studies without obtaining resident's permission.

## **GRIEVANCE PROCEDURES**

If a resident is dissatisfied with any aspect of the facility's operation or the care provided, the resident or anyone on the resident's behalf may file a complaint or grievance with the facility.

The facility agrees to review the grievance as soon as possible. If facility does not respond to your liking, you may also contact the following for assistance in resolving the grievance: (SEE pg 17 of HANDBOOK FOR COMPLETE LIST)

- **Board on Aging & Long-term Care  
Ombudsman Program  
1402 Pankratz St. Ste 111  
Madison WI 53704-4001 (800) 815-0015**

- **Jenny Bielefeldt, Ombudsman  
Board on Aging & Long-term Care  
1309 Norplex Drive Suite 9  
La Crosse WI 54601 (608)789-6367**

- **Dept. of Health & Family Services  
Bureau of Quality Assurance  
PO Box 2969  
Madison WI 53701-2969 (608) 266-8481**

Notification of your intent to appeal must be sent to the Administrator as soon as possible to arrange for a hearing.

## **ID PHOTOS**

Each resident authorizes Hillview to take resident's photograph upon admission. The photograph will be used for identifying the resident. In cases of unauthorized absence from the facility, Hillview will give photograph to proper authorities for identification purposes. Photograph will not be used promotional purposes, unless the resident gives specific written consent for its use.

## **INSURANCE**

If a supplemental insurance is available, facility will assist in submitting a claim to the insurance, including Medicare co-insurance after Medicare claims are paid. It is the resident/legal representative's responsibility to provide the facility with the most current/up-to-date insurance information upon admission. We cannot guarantee insurance payments. Determination is made by the insurance company upon receipt of a claim. The resident will be responsible for payment to facility while claim is pending. The facility will file Medicare co-insurance after Medicare claims are paid.

## **NOTICE OF RATE CHANGE**

Hillview agrees to provide thirty (30) days advance written notice to a resident, if the rates change. Hillview agrees to provide as much advanced written notice as possible of level of care changes and associated rate changes.

## **PAYMENT OF SERVICES**

The resident/legal representative is responsible for payment of any charges as specified in this Agreement, and has an obligation to ensure that facility is paid in a timely fashion for services rendered. Payment is due by the 15<sup>th</sup> of each month for services being provided that same month. Any charges overdue by more than 60 days from the 15<sup>th</sup> are subject to a 1% monthly interest charge on any balance. When it appears the resident will not have sufficient assets to pay for care as a private-pay party, it is the responsibility of the resident/legal representative to contact the Western Region for Economic Support to apply for medical assistance as soon as possible. For those residents receiving Medical Assistance, the resident/legal representative is responsible to pay the facility from funds received on behalf of resident the obligated amount. Private pay resident pays daily room rate based on level of care. Resident will be billed for the current month's charges starting with the day of admission, at the beginning of each month. Medicare resident will be billed the co-payment charges for days 21-100. The Medicaid resident shall pay a portion of his or her monthly income and until a person is determined covered under Medical Assistance, the resident will be billed as a private pay party.

Hillview will initiate collection activity and legal action, if necessary, to assure collection on amounts past due.

## **PERSONAL PROPERTY**

The Resident/Legal Representative acknowledges that Hillview shall not be liable for the loss or damage of any of the resident personal property unless such property was deposited with Hillview for safekeeping. The Resident is responsible for the repair or replacement of Hillview property or the personal property of others, except for ordinary wear or tear, where such property is damaged or destroyed by the Resident.

## RATES

Private rates are based on levels of care, depending on your individual needs. The levels are super skilled, intense skilled, skilled (maximum), moderate care, and respite. A careful evaluation is performed to determine the appropriate level of care that should be provided.

The State Division of Health sets the rates that Hillview is reimbursed for those residents whose daily costs are covered by Medicaid. Upon admission, the resident/responsible person must identify and provide a payment source to cover the cost of care and necessary services. For those residents seeking primary coverage through the Medicaid Program, Hillview will bill the resident/responsible person for payment until such time the effective date of Medicaid coverage is approved.

### The daily rates, effective January 1, 2014, are as follows:

LEVEL OF CARE	DOUBLE ROOM	PRIVATE ROOM	BED TAX
Intense Skilled	\$ 259.00/day	\$ 276.00/day	\$5.67/day
Skilled	\$ 220.00/day	\$ 237.00/day	\$5.67/day
Moderate	\$ 220.00/day	\$ 237.00/day	\$5.67/day
Medicare Co-pay (1/1/14)	\$ 152.00/day		

\*\* Hospital and/or Therapeutic leave bed hold charge will be: \$160.00 a day

### Included in the Daily Rate:

- 1) 24-hour nursing care
- 2) Routine nursing/medical supplies and treatments
- 3) All meals and dietary needs (we have a Registered Dietician on staff)
- 4) Housekeeping
- 5) Bedding and Linens- laundering of personal clothing, except dry cleaning
- 6) Maintenance
- 7) Recreation and religious services
- 8) Qualified social workers
- 9) Administration only of medications and treatments prescribed by the physician.
- 10) Transportation to and from medical appointments
- 11) Cable TV

### Services/Items Available/Not Included in Daily Rate:

- 1) \* Pharmacy; Prescription drugs and over-the-counter medication
- 2) Hospital; Physician services or private room at Hillview
- 3) \* Physical therapy
- 4) \* Occupational Therapy
- 5) \* Speech therapy
- 6) \* Diagnostic Services (lab, x-ray, etc.)
- 7) Dental and Podiatry services
- 8) Beauty/barber shop services
- 9) Psychologist services (covered in consultant contract)
- 10) \* Oxygen and special equipment
- 11) \* IV sets and solutions, and other non-routine or special-order nursing supplies
- 12) Psychiatrist services
- 13) Ambulance transfer (covered if medically necessary)

**\*Items covered by Medicare for Medicare Part-A residents only**

**REFUND POLICY**

Upon transfer, discharge or death of resident; within 30 days Hillview shall refund any prepaid amounts for services not rendered. However, facility shall not refund any amounts for bedhold days unless the resident had requested that facility discontinue a bedhold.

**RESIDENT BUSINESS MAIL**

If you receive correspondence from Medicare, Medicaid, clinics and/or hospitals or other business mail while at Hillview, how would you like the mail to be handled?

\_\_\_\_\_ Sent to your room at Hillview

\_\_\_\_\_ forward to your home or family member, if forward designates name/address for mail.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Opened and handled by Hillview business office

**RESOURCE CENTER INFORMATION**

I have been informed of services offered through Aging and Disability Resource Center and have received the brochure "Considering Assisted Living or a Nursing Home" regarding these services.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the facility to share medical and social information with my family.

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

\_\_\_\_\_

Name

\_\_\_\_\_

Name

