

# Hillview Health Care Center



**2025**

*Our Mission is...*

*To create and sustain services delivered in a compassionate manner  
that respects the unique needs and lifestyles of those in our  
community.*

**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*

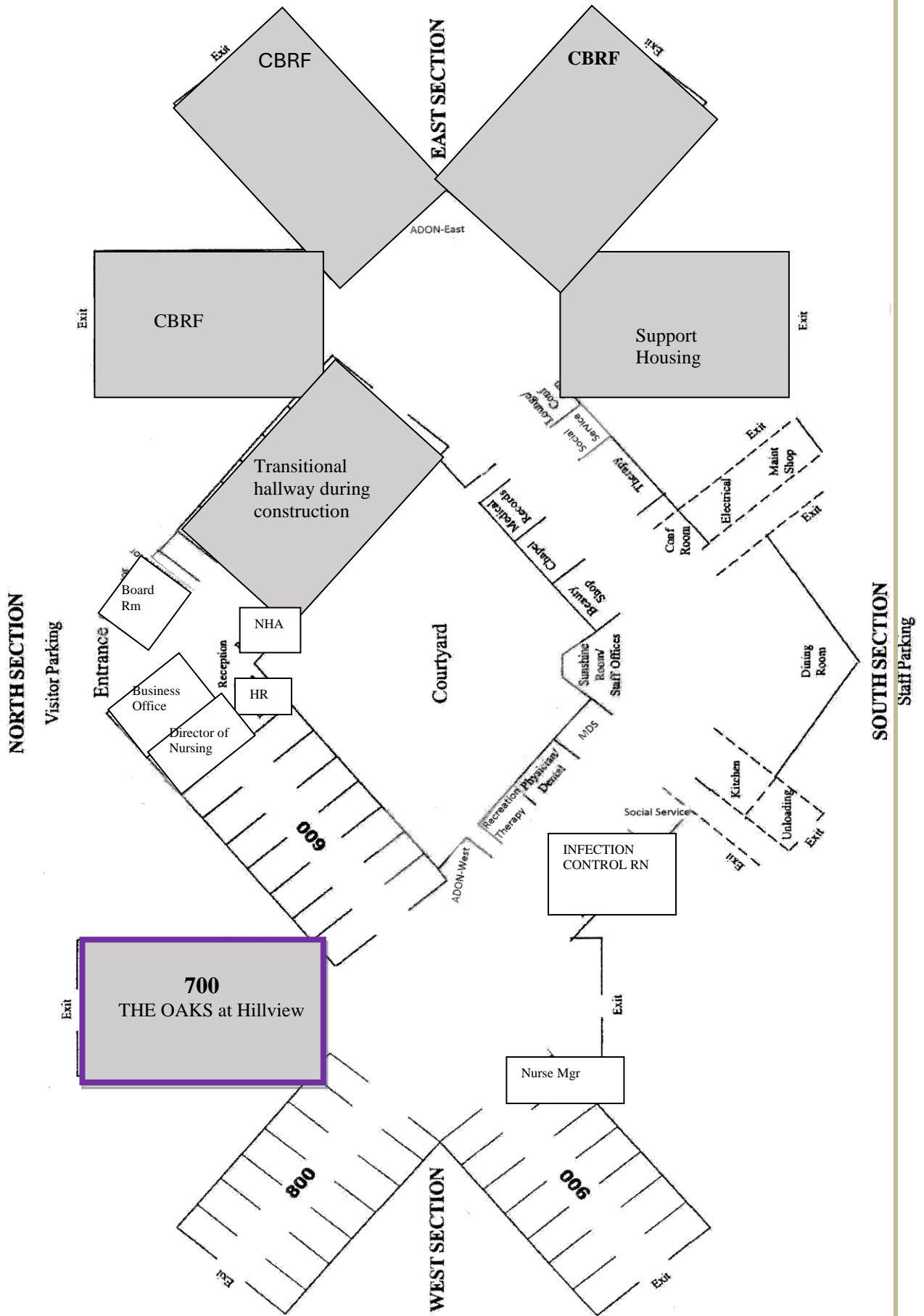
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# HILLVIEW HEALTH CARE CENTER



## STAFF CONTACTS

|                                    |                                     |
|------------------------------------|-------------------------------------|
| Administrator.....                 | Kelly Kramer, NHA                   |
| Financial Supervisor.....          | Jenny Briseno                       |
| Director of Nursing.....           | Karlie Hurlbert, RN                 |
| Support Systems Manager.....       | Kim Haskey                          |
| Nurse Manager.....                 | Kate Alberts, RN                    |
| P.M. Nurse Supervisor.....         | Dana Gibbons, RN                    |
| Night Nurse Supervisor.....        | Kirstin Currier, RN                 |
| Medical Director.....              | Elizabeth Cogbill, MD               |
| Dietician Consultant.....          | Katie Lenth, RD                     |
| Culinary Service Supervisor.....   | Lori Clark, CDM                     |
| Health Information Supervisor..... | Dinita Bruemmer                     |
| Facilities Supervisor.....         | Ken Rotar                           |
| The Oaks Program Coordinator.....  | Brooke Smith                        |
| Social Workers.....                | Erin Curti, CSW & Sue Brownell, CSW |
| Admissions.....                    | Sue Brownell, CSW                   |

## 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 RCAC/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

Private and semi-private rooms are currently available. In 2026 we will be all private rooms. 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 ensure safety and comfort for our residents.

- A Wi-Fi phone is located on each hallway for resident use in their rooms for a private phone call if they do not have their own personal cell phone. There are no phone jacks in resident rooms. The resident is responsible for arranging and cost of a personal cell phone.

- Antenna television is provided. You may also access many free streaming channels available on the provided smart TV's.
- Daily activities and programs of current interest are posted. Daily Menus for meals are also posted.
- Lounge areas are provided for social gatherings and recreation. There are televisions, Wii, an aviary and a piano available for your use and entertainment in these areas.
- A community room/chapel provides an area for spiritual preferences, bible study and quiet reflection.

### **PERSONAL ITEMS, FURNITURE & APPLIANCES**

Because of room size, we must limit the number of personal items brought in. Hillview provides one room chair, antenna/smart TV, bed, nightstand, wardrobe. We encourage pictures and other small items to be brought in to make the space a home. Bulletin boards are furnished in each room. Personal items that need assembling or repair while you reside on the Hillview Campus will be the responsibility of the family. 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, blankets, electrical appliances such as refrigerators, microwaves or other small electronics involving water are not allowed.*

### **PERSONAL FUNDS and VALUABLES**

Each resident has a right to manage his/her own personal funds. A resident fund account can be opened, which is an interest-bearing account. Any delegation for withdrawals will be in writing. Hillview can provide an account detail report of the account during business office hours.

Hillview shall not be liable for loss or damage to any money, jewelry, glasses, dentures, 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 items and equipment:

|                                 |  |
|---------------------------------|--|
| Body Lotion                     | Wheelchairs                            |
| Deodorant                       | Broda Chairs                           |
| Denture & Oral hygiene products | Walkers, canes, crutches               |
| Disposable tissues (Kleenex)    | Shampoos (except specialized shampoos) |
| Soaps (non-antiseptic)          |  |

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/SMOKING/CBD**

Drinking of alcoholic beverages may be allowed if 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. Smoking is not permitted on our grounds per La Crosse County policy. Hillview Campus has been designated as a smoke-free campus. E-Cigarettes, smokeless and chewing tobacco as well as CBD products are not permitted. Visitors may smoke only in their vehicles. Residents stating, they "currently" smoke or have a current history (within the last 6 months), Nursing must do a smoking assessment, and resident will be asked to sign a smoking agreement upon admission or when determined the resident smokes. Results of assessment will determine if resident may go off property independently, as there is no smoking allowed on the La Crosse County Hillview grounds or campus. This information will be shared PRIOR to admission in case it is a deciding factor and their right to choose another facility. Residents who sign the admission agreement are complying to these terms. A person must be competent to enter into the smoking-agreement.

## **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  
Pajamas and robe  
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  
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:

- Those paying privately; a Pre-Payment of 31 days (\$341.67/day includes bed tax) is required. A total of \$10,591.77 CHECKS payable to Hillview Health Care Center (collect at the hospital) or **CREDIT CARD** (use form provided or have credit card upon admission at Hillview). Credit cards will have a 2.5% charge added.
- Medicare Card
- Social Security Card
- Insurance Information, including card.
- Medical Assistance Card, if applicable
- Power of Attorney for Health Care, Power of Attorney for Finances and/or Guardianship paperwork

If you remain here after a part A stay ends, you must pay the remainder of the month by your first non-covered day.

## **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 POST (Physician Orders for Scope of 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 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 these treatment methods are extremely valuable and appreciated.

Hillview staff will honor the resident's wishes, as recorded in the Advance Directive/POST 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 POST 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 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

Elizabeth Cogbill 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/AUDIOLOGY SERVICES

Dental & Audiology services are available by Health Drive. Please check with your insurance for coverage and benefits.

### SOCIAL SERVICES

Social Workers 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 assisting in coordinating 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 always available. 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 and provided on the Hillview Campus.

## **PODIATRY SERVICES**

Optional podiatry services are available at Hillview through Resident Doctors from Gundersen Health System. Services could include routine toenail care and evaluation/treatment of other foot related problems. Please check with your insurance for coverage and benefits.

## **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 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 ensuring 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**

A variety of recreational opportunities are offered to encourage socialization and involvement (bingo, sing-a-longs, individual projects, friendly visits, gentle exercise programs, as well as educational presentations. Our goal is to maintain your role as an integral part of the community.

### **BEAUTY/BARBER SHOP**

Beauty services are available at certain times during the week. Appointments are made through the beautician. Contact 608-519-9372. Fees are reasonable.

### CULINARY 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 interest-bearing savings account. Withdrawals require an authorized signature. Business Office personnel are available to dispense funds during regular business hours: M-F from 10:00 A.M. to 4:00 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 inform staff when bringing in new clothing items so that they can be marked. Despite our best efforts, articles do become damaged or lost. **We cannot be responsible for replacing such items.** Dry cleaning services are not available at Hillview.

### MAIL

Mail is delivered each day that the post office delivers. 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 Monday through Saturday.

### RELIGIOUS SERVICES

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

### TRANSPORTATION

Hillview will provide complimentary transportation for new admissions as well as re-admissions from both Gundersen-La Crosse and Mayo-La Crosse. Families may continue to provide transport of their loved one to appointments, or they are able to meet at Hillview and ride with their loved one in the transport company vehicle.

**Social Security Administration**

210 7<sup>th</sup> Street South, Suite 100  
La Crosse WI 54601  
(866) 770-2345 or (800)772-1213

**Office of Inspector General**

1-877-865-3432

**Western Region for Economical Assistance** 1-888-627-0430

**TO FILE A COMPLAINT, CONTACT the Nursing Home Administrator Kelly Kramer at 608-519-9357.** If not satisfied with outcome, contact:

**WI BOA & Long-Term Care Ombudsman**

Jenny Bielefeldt, Regional Ombudsman  
608-789-6365 OR  
Jennifer.Bielefeldt@Wisconsin.Gov

**Northwestern Office**

610 Gibson St. Suite 1  
Eau Claire, WI 54701-3687  
Office: 715-836-4752  
Fax: 715-836-2535  
Regional Office  
email: [DHSDQABNHRCWRO@dhs.wisconsin.gov](mailto:DHSDQABNHRCWRO@dhs.wisconsin.gov)

**RFOD:** Janell Hoyt, 715-836-3030 or  
715-215-2674 cell  
**RFOS:** Cathy Kutz 715-559-2437  
**QAPS:** Stephanie Kelly, 715-836-2299  
<https://www.dhs.wisconsin.gov/>

**Wisconsin State Licensure office**

Email: [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
<https://app.wi.gov/licensesearch>

**LIVANTA** 1-888-524-9900  
BFCC-QIO  
**Beneficiary and Family Centered Care Quality Improvement Organization**  
Assists with all MEDICARE denials and appeals

## **FAMILY & VISITOR GUIDELINES**

### **VISITING HOURS**

Our front entrance and receptionist are open from 8am until 7pm daily. Visitors are welcome through the front entrance during those times. During alternate times, visitors are welcomed by using our front entrance camera doorbell for assistance. Children are to be supervised and well behaved. Please understand your loved ones need for a good night rest as well as remembering this is the home to many residents. Family pets are welcome if 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-through at the 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 with Nursing 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. If you are going off the Hillview premises, please stop by the front desk to check in/out.

### **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. (this includes over the counter items)

## **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 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 our receptionist at (608)789-4800.

### Family:

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

### Social/Fun:

1. Play cards, scrabble, checkers, Wii in the Dining Room.
2. Sing: bring in an instrument or use Hillview's piano/organ, listen to the radio together.
3. Read; bring in letters, hometown newspapers, books, magazines.
4. Take a stroll on the walking path outside. Let the nurse know before leaving.
5. Go fishing out back in the stocked pond. There is an accessible pier.
6. Bring in ethnic or family food specialties.
7. Bring in a picnic lunch to eat outside in nice weather.
8. Accompany to special activity programs, calendars of programs are available.

### Community: \*

1. Go out for lunch/ice cream or for a ride in the car.
2. Attend church, club, or organization meeting.
3. Discuss politics and take to voting polls. (Absentee ballots available)



4. Go out for a shopping trip.
  5. 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 meals
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 the Hillview team (Social Worker, Admissions Nurse, Business Office). 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. If 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 daily co-insurance of \$209.50 for 2025 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.

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. If you remain here after a part A stay ends, you must pay the remainder of the month by your first non-covered day.

## 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; or 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.

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:

- 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. One automobile per household is excluded regardless of e value IF it is used for transportation of the eligible individual.

**SPOUSAL IMPOVERISHMENT**

**ASSETS**

At the beginning of the first period of institutionalization, the couple’s total resources from all sources are 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 more than 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 if he or she continues to reside in it.

#### **INCOME ALLOCATION**

A married nursing home resident keeps a monthly personal needs allowance of \$55 from Social Security and/or pension income prior to any allocation of income to the community spouse. The community spouse can 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. A community spouse may request to receive more income of up to \$3,090 if actual shelter costs exceed.

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 Greenfield Rehab 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           |             | Special Medical Equipment |

### **OCCUPATIONAL THERAPY SERVICES**

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

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

|                      |               |                    |
|----------------------|---------------|--------------------|
| Screening            | Evaluation    | Consultation       |
| Individual Therapy   | Voice Therapy | Swallowing Therapy |
| Cognitive Retraining |               |                    |

### **COSTS**

If you don't qualify for Therapy Services, please consult with our Therapy Department for private pay rates.

### **OXYGEN COSTS**

Oxygen is not included in the daily room rate. Hillview's preferred oxygen provider is Northwest Respiratory Services (800-232-0706). Northwest Respiratory Services bills the resident directly for their services and supplies.

### **MEDICATIONS**

Hillview's preferred pharmacy provider is Health Direct Pharmacy (608)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 SALON RATES 2025

608-519-9372 or 608-317-9723

|                                     |                |
|-------------------------------------|----------------|
| <b>Haircut Only</b>                 | <b>\$17.00</b> |
| <b>Haircut and Style</b>            | <b>\$22.00</b> |
| <b>Shampoo/Haircut/Set/Comb Out</b> | <b>\$24.00</b> |
| <b>Bang/Beard Trim</b>              | <b>\$7.00</b>  |
| <b>Set Only</b>                     | <b>\$11.00</b> |
| <b>Shampoo/Set</b>                  | <b>\$17.00</b> |
| <b>Shampoo/blow dry/curl</b>        | <b>\$17.00</b> |
| <b>Shampoo Only</b>                 | <b>\$7.00</b>  |
| <b>Permanent Only</b>               | <b>\$50.00</b> |
| <b>Permanent/haircut</b>            | <b>\$67.00</b> |
| <b>Color only</b>                   | <b>\$25.00</b> |
| <b>Color/haircut</b>                | <b>\$42.00</b> |

1. **Make appointments directly with the beautician.** Appointments can be made two ways:
  - a. Call the stylist at **(608)519-9372**. Leave a message with resident's name, room number, requested service, and call-back contact/number. Messages are reviewed during salon hours.
  - b. **Complete a Beauty Shop Service Form (a copy of this form is in the back pocket of this folder for your convenience) and mail it to:**
    - Hillview Health Care Center
    - Attn. Beauty Salon
    - 3501 Park Lane Drive
    - La Crosse, WI 54601
2. **Payment is required at the time of service.** Please arrange payment with the stylist prior to the appointment.
  - a. **Pay the stylist at the time of service.** Make checks payable to the stylist. **DO NOT MAKE CHECKS PAYABLE TO HILLVIEW**
  - b. **Payment through a resident fund account.** Please keep an adequate balance in the account. Service will be denied if account is not adequately funded. Contact our Business Office if you are interested in opening an account (608)789-4800.
  - c. **Purchase a non-refundable gift certificate** from salon staff.



## **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 Administrator, DON, and Support Systems Manager 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:

**Kelly Kramer, Administrator 608-519-9357 or [kkramer@lacrossecounty.org](mailto:kkramer@lacrossecounty.org)**

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

**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)789-6365

[BOALTC@wisconsin.gov](mailto:BOALTC@wisconsin.gov)

[Jennifer.Bielefeldt@Wisconsin.Gov](mailto:Jennifer.Bielefeldt@Wisconsin.Gov)

### **Northwestern Office**

610 Gibson St. Suite 1

Eau Claire, WI 54701-3687

Office: 715-836-4752

Fax: 715-836-2535

Regional Office email: [DHSDQABNHRCWRO@dhs.wisconsin.gov](mailto:DHSDQABNHRCWRO@dhs.wisconsin.gov)

**RFOD:** Janell Hoyt, 715-836-3030 or 715-215-2674 cell

**RFOS:** Cathy Kutz 715-559-2437

**QAPS:** Stephanie Kelly, 715-836-2299

<https://www.dhs.wisconsin.gov/>

## **RESIDENT RESPONSIBILITIES**

Each resident admitted to this nursing home has the responsibility:

- To understand their 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 & Disability Resource Center*

*212 6<sup>th</sup> Street North*

*La Crosse, WI 54601*

*Phone: 608-785-6140 or 1-800-500-3910*

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

\*\*\*\*Once covered by Medicare, you'll be reviewed 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

784-4357 or [www.co.la-crosse.wi.us/humanservices/western](http://www.co.la-crosse.wi.us/humanservices/western)

### **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. ***The public access code is: county1234***

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

Yes, you may bring your own TV. Smart TVs are provided for use. However, if you decide to bring your own: flat panel TVs should not exceed 32". 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. 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; the day room TVs be used to avoid disturbing others, or you may purchase wireless headphones to be used on your television. There are portable phones on each hall for resident use

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

Visitors are welcome at any time. Please keep in mind this is the home for many residents. Our front door is open from 10a.m. – 7p.m. If visiting outside these hours, you will use the camera call button at the front entrance. Children are to be attended to while visiting. 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 \$75/night and is like 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 at Hillview.

### **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 brought in for 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 like 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 services it is conveniently located just down the hall from the main dining room. Appointments can be made by calling 608-519-9372.

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

Please contact the Receptionist at (608)789-4800 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 is 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 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 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 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 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**

*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.co.la-crosse.wi.us](http://www.co.la-crosse.wi.us)



### ADMISSION AGREEMENT

DATE OF ADMISSION: \_\_\_\_\_

RESIDENT'S NAME: \_\_\_\_\_ ROOM #: \_\_\_\_\_

RESIDENT'S LEGALLY AUTHORIZED REPRESENTATIVE, (if applicable):

x \_\_\_\_\_

Nature of legal authority: (Guardian or Power of Attorney for Health Care)

**Hillview is certified for Medicare (Title 18, Part A) and Medical Assistance (Title 19).**

**Primary pay status upon admission:**

Medicare\*     Medicare Advantage\*     Medicaid     Medicaid/Family Care

Private Pay/Insurance     Private Room (\$30.00/day) \*\*

\*If Medicare and Medicare Advantage are the primary source payment, check the alternative private pay or Medical Assistance to be billed when Medicare benefits are exhausted.

**Private Pre-Pay Rate: \$341.67 (this is our skilled daily rate which is subject to change based on level of care) which includes bed tax. The monthly Private Pre-Pay Rate total is \$10,591.77 or \$11,521.77 with a private room.**

*A required Pre-Payment of 31 days will be collected prior to admission for those paying privately. This payment will be applied to your bill. Pay by check made out to Hillview Health Care Center or Credit card using provided form or have your card ready upon admission at Hillview. Credit Cards will have a 2.5% service charge added.*

## **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 soon.

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.

### **Exercise of Rights**

You have the right to exercise your rights as a resident of the facility and as a citizen of the United States, without fear of interference, coercion, discrimination, or reprisal. You and/or your representative have the right to organize or participate in resident and/or family groups. You also have the right to choose a representative, including a spouse (opposite or same sex), family member, friend, or others to exercise your rights on your behalf. Legal guardians appointed on your behalf may exercise your rights according to state law. You retain the ability to exercise any rights that you do not delegate to a representative. You have the right to be supported by Hillview in the exercise of your rights.

## RESIDENT RIGHTS/NEGLECT AND ABUSE

*Identified through the Wisconsin Board on Aging & Long-Term Care, Centers for Medicare and Medicaid Services 483.10 and the Dept. of Health Service DHS 88*

As a resident of Hillview Health Care Center, you are entitled to a dignified existence, receive quality care, and live in an environment that improves or maintains the quality of your physical and mental health. You have the same rights as anyone else and protections under the law. Generally, all residents have equal access to quality care regardless of diagnosis, severity of condition, or payment source. You shall be informed of your rights prior to or at time of admission and during your stay.

### **Planning and Implementing Care**

You and/or your representative have the right to be fully informed of your medical condition in a language you can understand, and to participate in your person-centered care planning and treatment, including the type of caregiver who provides services to you. You also have the right to refuse and/or discontinue medications and treatments (you must be fully informed of the risks and benefits), and to formulate an advanced directive. You are not required to perform services for the facility yet may choose to for therapeutic purposes and are in your plan of care as well as ordered by your doctor.

### **Choice of Attending Physician**

You have the right to choose your own doctor who's a licensed to practitioner in the state of Wisconsin.

### **Respect, Dignity and Self-Determination,**

- You have the right to be treated with respect and dignity.
- You have the right to retain and use personal possessions.
- You have the right to reasonable accommodation of your needs if it doesn't endanger the health or safety of you or other residents.
- You have the right to choose your roommate when practicable.
- You have the right to refuse transfer to another room if due to payment or staff conveniences.
- If you and your spouse both live in the facility, you have the right to share a room (if you both agree to do so).
- You have the right to choose activities and schedules (including sleeping and waking times).
- You have the right to participate in community activities both inside and outside of the facility.
- You have the right to spend private time with visitors. The facility must permit your family, your representative(s), your physician, a representative of the state, and your [Long-Term Care Ombudsman](#) to visit you at any time. You don't have to see any visitor you don't want to see. Additionally, the facility must provide you with reasonable access to any person who gives you help with your health, social or legal needs.
- You have the right to manage your own money or choose someone you trust to do so. If you ask the facility to manage your personal funds, you must sign a written statement allowing facility to do so. The facility must allow you access to your bank accounts, cash, and other financial records. The facility must place your money over \$100 (\$50 for those receiving Medicaid) in an account that provides interest, and they must give you quarterly statements. The facility must protect your funds from any loss by buying a bond or providing similar protections.
- Some services cost extra IE: haircuts, telephone, vending machines.
- You have the right to be free from physical (unless at risk of harming yourself or others) or chemical restraints.
  - Physical restraints are any manual method, or physical or mechanical device, material, or equipment attached to or near your body so that you can't remove the restraint easily. Physical restraints prevent your freedom of movement or normal access to your own body.

- A chemical restraint is a drug used for discipline/convenience and not needed to treat medical symptoms.
- You have the right to be informed of all resident rights and responsibilities in the facility, including the right to access your personal and medical records. You have the right to communicate with Federal, State, or local officials, including surveyors and the State Long Term Care Ombudsman without any interference from facility.

**Privacy and Confidentiality**

- You have the right to send/receive mail/packages. Staff shouldn't open mail unless you allow.
- You have the right to use a phone (including your own personal cell phone) and talk privately.
- You have the right to access Internet and other forms of electronic means of communication to extent available.
- Have your medical records kept confidential?

**Safe Environment**

You have the right to a safe, clean, comfortable, and home-like environment that allows you to be as independent as possible. The facility must take reasonable care to protect your personal property from loss or theft.

**Grievances**

You have the right to voice grievances to the staff of the facility, or any other person, without fear of discrimination or reprisal. The facility must resolve the issue promptly.

**Freedom from Abuse, Neglect, Misappropriation of Property and Exploitation**

You have the right to be free from verbal, sexual, physical, and mental abuse, involuntary seclusion, exploitation, and misappropriation of your property by anyone. If you feel you have been abused, neglected (your needs are not met), or exploited, report this to the facility administrator, your family, Jenny Bielefeldt, [your local Long-Term Care Ombudsman](#) 608-789-6365 or The Dept. of Health Services, [your State Survey Agency](#) at 1-800-642-6552 or 608-266-7474.

**Social Services**

The facility must provide you with any needed medically related social services, including counseling, help solving problems with other residents, help in contacting legal and financial professionals, and discharge planning. You must right to apply for state and federal assistance without discrimination.

**Admission, Transfer and Discharge Rights**

- You must be informed in writing about services and fees before you move into the facility. The facility cannot require a minimum entrance fee as a condition of residence.
- You cannot be sent to another nursing home or be made to leave the facility, except in these situations:
  - It is necessary for the welfare or safety of you or others.
  - Your needs can no longer be met by the facility.
  - Your health has improved to the point that nursing home care is no longer necessary.
  - You do not pay for the services for which you're responsible; or
  - The facility closes.
- The facility cannot make you leave if you're waiting to get Medicaid or if an appeal is pending. The facility should work with other state agencies to get payment if a family member/other individual is holding your money.
- You (and your representative) have a right to be notified before you're transferred or discharged from the facility.

## **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**

Bed hold may be arranged for a resident who is temporarily absent from Hillview due to hospitalization or therapeutic leave. Bed hold will be confirmed with the resident/responsible person verbally and in writing at the time of the resident's absence. In the event of an emergency transfer, verbal permission will be received and noted on a bed hold form. Arrangements will be made with the resident/responsible person for a signature.

If a resident chooses to leave campus, Hillview requests that the resident return prior to midnight of that day. If there is a preference to remain off campus overnight (past midnight), the resident/responsible person will need to communicate their preference for holding their bed.

Hillview's current bed hold rate is the same as our daily rate based on level of care. Bed hold will be charged to all residents who have funding through a VA contract, are paying privately, or receiving Medicare Part A benefits. Medicare, VA, and third-party insurance do not cover the cost of bed hold due to hospitalization or therapeutic leave.

Medicaid, Family Care-MCO Programs will pay for bed hold for a maximum of 15 days. After 15 days, resident/responsible person may elect to pay privately for bed hold or choose to be discharged from Hillview. If Medicaid is pending, bed hold is charged as private pay.

### **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 any time.

## **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)

- **Jenny Bielefeldt, Ombudsman**  
**Board on Aging & Long-term Care**  
**1309 Norplex Drive Suite 9**  
**La Crosse WI 54601 (608)789-6365**
  
- **Northwestern Office**
  - 610 Gibson St. Suite 1
  - Eau Claire, WI 54701-3687
  - Office: 715-836-4752
  - Fax: 715-836-2535
  - Regional Office email: [DHSDQABNHRCWRO@dhs.wisconsin.gov](mailto:DHSDQABNHRCWRO@dhs.wisconsin.gov)
  
- **RFOD:** Janell Hoyt, 715-836-3030 or 715-215-2674 cell
- **RFOS:** Cathy Kutz 715-559-2437
- **QAPS:** Stephanie Kelly, 715-836-2299
- <https://www.dhs.wisconsin.gov/>

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 sixty (60) 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. We strongly encourage ACH.

## **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, 2025, are as follows:**

| <b>LEVEL OF CARE</b>                      | <b>SEMI-PRIVATE ROOM<br/>INCLUDES BED TAX</b> |
|---|---|
| <b>Intense Skilled (ISN)</b>              | \$362.00 + \$5.67 = \$367.67/day              |
| <b>Skilled (SNF) / Intermediate (ICF)</b> | \$336.00 + \$5.67 = \$341.67/day              |
| <b>Medicare Copay (1/1/2025)</b>          | \$209.50/day for days 21-100                  |

**\*\*Private Rooms are an additional \$30/day**

**\*\* Hospital/Therapeutic leave bed hold charge will be: \$341.67/day(semi-private); \$371.67/day (private room)\*\***

### **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 on admission

### **Services/Items Available/Not Included in Daily Rate: (\*Items covered by Medicare for Medicare Part-A residents only)**

- 1) \* Pharmacy; Prescription drugs and over-the-counter medication
- 2) Hospital; Physician services or private room at Hillview
- 3) \* Physical therapy, Occupational Therapy, Speech Therapy
- 4) \* Diagnostic Services (lab, x-ray, etc.)
- 5) Dental and Podiatry services
- 6) Beauty/barber shop services
- 7) Psychologist services (covered in consultant contract)
- 8) \* Oxygen and special equipment
- 9) \* IV sets and solutions, and other non-routine or special-order nursing supplies
- 10) Psychiatrist services
- 11) Ambulance transfer
- 12) Transportation to and from medical appointments (\$43 Per Trip, \$1.90 Per Mile)

**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 pending insurance or for bed hold 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: \_\_\_\_\_

\_\_\_\_\_

**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.

**RECEIPT OF NOTICE OF PRIVACY PRACTICES**

I acknowledge that I have received a copy of Hillview Health Care Center's Notice of Privacy Practices. I understand that this document provides an explanation of the ways in which my health information may be used or disclosed by Hillview and of my rights with respect to my health information. I have been provided with the opportunity to discuss any concerns I may have regarding the privacy of my health information.

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**If no, the admitting Social Worker should complete the following:**

Was the resident provided with a copy of the Notice of Privacy Practices?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Briefly describe the efforts made to obtain the residents acknowledgement of receipt of the Notice and explain why the resident was unable or unwilling to sign this form:

\_\_\_\_\_

**MEDICARE AND INSURANCE AUTHORIZATION AND CONSENT  
FOR DISCLOSURE OF CONFIDENTIAL INFORMATION**

I authorize Hillview Health Care Center to disclose to: Medicare and/or Medicaid and/or Insurance from my health care record.

I understand that the specific type of information to be disclosed includes nursing notes, doctor's notes, medication records, and therapy notes. This disclosure is being made for the following purpose of all insurance claim/s.

This authorization for disclosure of information is effective for the duration of my stay at Hillview Health Care Center.

I request payment under the insurance program be made to Hillview Health Care Center on any bills for services rendered to me indefinitely or until further notice.

I also authorize Hillview Health Care Center to release to the Health Care Financing Administration or its intermediaries or carries any information needed for this claim or any future claims for payment.

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

**AUTHORIZATION FOR RELEASE OF INFORMATION and through E-MAIL**

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

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\*Please be aware that if you are signed on with a Family Care Program email communication may occur with your assigned team.

I hereby authorize the facility to send protected health information by e-mail.

\_\_\_\_\_ Yes \_\_\_\_\_ No regards to (resident name) \_\_\_\_\_

E-mail address: \_\_\_\_\_

I understand that La Crosse County cannot guarantee the privacy of the information because it is sent electronically. I agree that La Crosse County, Hillview, its agents, employees are not responsible for any breach of privacy that may occur as a result sending PHI by e-mail and hold them harmless from all claims or demands due to any potential violation of privacy.

**MARKETING CONSENT**

Hillview Health Care Center takes pride in the many activities we offer for our resident’s enjoyment. We want you to cherish these moments and to see what is happening on our campus. We are asking your permission for using these pictures/videos in our marketing efforts of our campus. Marketing efforts include posting pictures/videos in Hillview (in-house), our family newsletter, our facility brochure, our facility website, and our campus Facebook page and other social media.

I agree Hillview campus may use such photographs/video for these marketing purposes.

This authorization will remain in effect after death or discharge from the facility, unless otherwise cancelled with Administration.

YES \_\_\_\_\_ NO \_\_\_\_\_

**DESIGNATED PARTIES TO NOTIFY - EMERGENCY**

I authorize the facility to notify the following-named person in the event of accident, injury, or adverse change in my condition, change in status--including plans for room change, or transportation to another facility.

\_\_\_\_\_  
Name Address Telephone Number

**DESIGNATED PARTIES TO NOTIFY - FINANCIAL**

I authorize the facility to discuss my finances with the following named person:

\_\_\_\_\_  
Name Address Telephone Number

Designate name of person to receive Hillview statement.

\_\_\_\_\_  
Name Address Telephone Number

**TELEHEALTH SERVICES effective 3/26/2020**

I understand and am aware that Hillview Health Care Center, along with our medical providers, are providing telehealth services as needed.

Telehealth service means that my visit with a medical provider will happen by using video conferencing with a computer. If others are present during my telehealth visit, I will be informed and have the right to exclude them from my visit. The same confidentiality protections that apply

to my other medical care also apply to the telehealth service. I will have access to all medical information resulting from the telehealth service as provided by law.

By signing the admission agreement, I understand that this consent is for all medical providers who provide service to Hillview Health Care Center.

I also understand that it is my right to decline the telehealth service at any time without affecting my right to future care or treatment. Should I choose to decline telehealth services, I will speak to my social worker about traveling to see a health care practitioner in person.

**ENFORCEABILITY OF AGREEMENT**

The resident/legal representative and the facility agree to the terms of this Agreement. Should any part of this Agreement become unenforceable due to changes in the law or to judicial interpretation of the law, the remaining portion of this Agreement is severable and valid. This Agreement will be interpreted under the laws of the State of Wisconsin.

The undersigned have received the Admission Agreement, Handbook, and attachments, and agree to the terms and conditions.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
RESIDENT

HILLVIEW HEALTH CARE CENTER

\_\_\_\_\_  
LEGAL REPRESENTATIVE

BY: \_\_\_\_\_  
REPRESENTATIVE