

Buchanan County Health Center Long-Term Care Unit and Swing Bed  
**RESIDENT'S BILL OF RIGHTS**

*This facility maintains policies, procedures and on-going programs to ensure that the following rights of each resident are protected by all personnel.*

EACH RESIDENT has the right to considerate and respectful care and to be treated with honesty, dignity, respect, and with reasonable accommodation of individual needs except where the health, safety, or rights of the individual or other residents would be endangered. It is recognized that every resident is an individual who has feelings, preferences, personal needs and requirements.

EACH RESIDENT has the right to be free from physical, verbal, sexual or mental abuse, neglect, involuntary seclusion, unreasonable punishment, unreasonable confinement, and any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms unless pursuant to written physician's orders for a specific limited period of time to ensure the physical safety of the resident or other residents or a result of certain emergency circumstances established under federal law.

EACH RESIDENT has the right to retain and use personal possessions, including some furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

EACH RESIDENT will not be located within the facility arbitrarily.

EACH RESIDENT, and if known, the resident's representation or interested family member has the right to receive notice before any change of room or roommate and reason for change.

EACH RESIDENT has the right to be informed (orally, in writing, and in a language that the resident understands) of all their legal rights at the time of admission and to be kept apprised of changes in these rights. Receipts of such information and any amendments to it, must be acknowledged in writing. The resident has a right to periodic review of information pertaining to rights.

EACH RESIDENT has the right to be informed of any other rights and rules and regulations governing his or her conduct and responsibilities as a resident of the facility.

EACH RESIDENT will be informed, in writing, at the time of admission (to residents eligible for Medicaid and when the resident becomes eligible for Medicaid), of:

- The items and services that are included in the nursing facility services under the State plan and for which the resident may not be charged (see attached Swing Bed/Skilled Nursing Care Charges or BCHC Admission agreement for Lexington Estate as applicable). These charges not applicable for Hospitality.

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- Those other items and services that the facility offers and for which residents may be charged including the charges for those services
- Changes that are made to items / services / charges during the resident's stay

EACH RESIDENT covered by Medicare will be informed, in writing, before admission or at the time of admission, and periodically during the resident's stay of:

- The items and services that are included in the nursing facility services under the State plan and for which the resident may not be charged. (see attached Swing Bed / Skilled Nursing Care Charges or BCHC Admission agreement for Lexington Estate as applicable). Not applicable for Hospitality.
- Those other items and services not covered by the per diem rate that the facility offers and for which residents may be charged including the charges for those services
- Changes that are made to items / services / charges during the resident's stay

Where changes in coverage are made to items and services covered by Medicare and/or by the Medicaid state plan, the facility must provide notice to residents of the change as soon as reasonable possible.

Where changes are made to charges for other items and services that the facility offers, the facility must inform the resident in writin at least 60 days prior to implementation of the change.

If a resident dies or is hospitalized or is transferred and does not return to the facility, the facility must refund to the resident, resident representative, or estate, as applicable, any deposit or charges already paid, less the facility's per diem rate, for the days the resident actually resided or reserved or retained a bed in the facility, regardless of any minimum stay or discharge notice requirements.

The facility must refund to the resident or resident representative any and all refunds due to the resident within 30 days from the resident's date of discharge from the facility.

The terms of the admission contract by or on behalf of an individual seeking admission to the facility must not conflict with the requirements of these regulations.

EACH RESIDENT has the right of access to and confidential handling of the resident's clinical or personal records as provided by law. This information will only be released to any individual outside the facility with the resident's prior consent except as required by law, or in case of transfer to another health care institution. The facility is required to grant ombudsman representatives the right to examine a resident's clinical records, which include medical, social and administrative records.

EACH RESIDENT or resident's legal representative has the right, upon oral and written request, to have access to personal and medical records pertaining to the resident in the form and format requested by the individual, if it is readily producible in such form and format (including in an electronic form or format when such records are maintained electronically) or, if not , in a readable hard copy form or such other form or format as agreed by the facility and the individual, within twenty-four (24) hours excluding weekend and holidays. The facility must allow the resident to obtain a copy of the records or any portions thereof upon request and 2 working days



advance notice to the facility. The facility may impose a reasonable, cost-based fee on the provision of copies, provided that the fee includes only the cost of, labor for copying the records requested, supplies for creating the paper copy or electronic media if the individual requests that the electronic copy be provided on portable media, and postage when individual has requested the copy be mailed.

EACH RESIDENT has the right to be fully informed in language that he or she can understand of his or her total health status, including, but not limited to, his or her medical condition, the right to be informed, in advance of the care to be furnished and the type of caregiver or professional that will furnish that care. The resident has the right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of the proposed care, of treatment alternatives or treatment options and to choose the alternative or option he or she prefers.

EACH RESIDENT has the right to formulate an Advanced Directive, such as a Living Will or durable Power-of-Attorney for Health Care, recognized under State law, pertaining to the provision of health care when the individual is incapacitated.

EACH RESIDENT has the right to be fully informed of the facility's policy regarding Advanced Directives. The policy of Buchanan County Health Center Lexington Estate, Swing-Bed, and Hospitality Care is as follows:

Buchanan County Health Center, at the time of a person's admission, shall provide written information to each adult which explains the person's rights under State law to make decisions regarding medical care. If an adult individual is incapacitated at the time of admission and is unable to receive information or articulate whether or not they have executed an Advanced Directive, BCHC will give Advanced Directive information to the family or surrogate in accordance with State law. Once the individual is no longer incapacitated, BCHC LTC and/or swing-bed will give information to the individual. Advanced Directives means a written instruction such as a Living Will and/or a Durable Power-of-Attorney for Health Care, recognized under State law and related to the provision of health care when the resident is incapacitated. Routine medical care and treatment will be provided to resident with the general consent signed at the time of admission and at all times under the medical direction of their attending physician or other responsible physician. Residents who are competent to give directions regarding their own health care shall enjoy their right to make a final, informed decision to receive or not to receive that care. Where a resident is determined not to be competent to make health care decision, the LTC Unit and swing-bed will seek direction regarding continued care from the resident's family or where the resident has executed a Durable Power-of-Attorney for Health Care, from the named attorney-in-fact or agent of the resident. The LTC Unit and swing-bed will seek to honor a resident's wishes as expressed in a Living Will or Durable Power-of Attorney for Health Care duly executed under Iowa law. A Living Will or Durable Power-of-attorney for Health Care that has been executed by the resident may be helpful in guiding the resident's care where the resident is incompetent. In the event the decision of the resident regarding a certain course of medical care and treatment cannot be honored for reasons of legal liability, medical ethics, personal conscience, or other appropriate reasons, the LTC Unit and swing-bed shall work with the resident's physician to inform the resident of this fact and will assist, where appropriate, in making arrangements for transfer of the resident's care to another physician, hospital, swing-bed, skilled, or long-term care unit.



EACH RESIDENT has the right to file a complaint with the State survey and certification agency, concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, non-compliance with advance directive requirements and requests for information regarding returning to the community.

EACH RESIDENT has the right to examine the results of the most recent survey of the facility conducted by Federal and/or State surveyors, as well as, any plan of corrections which exists with respect to the facility. The results must be in a place readily accessible to the residents. (These are located on the wall in the entrance in Lexington Estate, and the swing-bed results are located in the Administrative Secretary's office).

EACH RESIDENT has the right to receive information from agencies acting as client advocates and be afforded the opportunity to contact these agencies. These include:

OMBUDSMAN

Long Term Care Ombudsman  
(866) 236-1430 [Toll Free]  
jennifergolle@iowa.gov

MEDICAID FRAUD CONTROL

Lucas State Office Building  
321 E 12th Street  
Des Moines, Iowa 50319  
(800) 831-1394

LOCAL LAW ENFORCEMENT AGENCIES

Buchanan County Sheriff  
Buchanan County Safety Center  
210 5th Avenue N.E.  
Independence, Iowa 50644  
(319) 334-2567

INDEPENDENCE POLICE

2349 Jamestown Ave  
Suite 3  
Independence, Iowa 50644  
(319) 334-2520

LOCAL CONTACT AGENCY

Hawkeye Valley Area Agency on Aging  
2101 Kimball Avenue, Suite 320  
Waterloo, IA 50702-5057

DEPT. OF INSPECTIONS & APPEALS

Lucas State Office Building  
321 East 12th Street  
Des Moines, Iowa 50319  
(515) 281-7102  
Toll-Free Complaint Hotline:  
(877) 686-0027  
webmaster@dia.iowa.gov

IOWA DEPT. On Aging

Jessie M Parker Building  
510 E 12th Street Suite 2  
Des Moines, IA 50319-9025  
(515) 725-3333  
800-532-3213

DISABILITY RIGHTS IOWA

400 East Court Ave Suite 300  
Des Moines, Iowa 50309  
(515) 278-2502  
info@DRIowa.org



EACH RESIDENT has the right to be consulted immediately, and to have his or her physician and if known, the resident's representative or interested family member notified immediately (except when a medical emergency makes this impossible or impractical or when the resident is adjudged incompetent) if the resident is involved in an accident resulting in injury, has potential for requiring physician intervention, there is significant changes in the resident's physical, mental, or psychosocial condition in either life-threatening conditions or clinical complications, a need to alter treatment of the resident significantly, (including a need to change current treatment in addition to discontinuing a current treatment or commencing a new treatment), a decision to transfer or discharge the resident from the facility, or a decision is made involving a change in resident's rights under Federal or State laws of regulations. The facility must ensure all pertinent information is available and provided upon request of the physician.

EACH RESIDENT has the right to choose a personal attending physician and to be fully informed in advanced in language that the resident understands about care and treatment or any changes in such that may affect the resident's well-being. Each resident not adjudged incompetent also has the right to participate in the planning of and changes in the resident's total care and medical treatment and to make choices based upon the information provided.

EACH RESIDENT has the right to request, refuse, and/or discontinue treatment, and to formulate an Advanced Directive.

EACH RESIDENT has the right to refuse to participate in experimental research.

EACH RESIDENT has the right to self-administer drugs/medications if the interdisciplinary team has determined that this is a safe practice.

EACH RESIDENT has the right to manage the resident's personal finances, or if he or she so chooses, to designate another party to manage them for him or her. The facility may not require residents to deposit their personal funds with the facility. Once the facility accepts the written authorization of the resident, the facility is required to hold, safeguard, manage, insure, and fully account for such personal funds under a system established and maintained by the facility in accordance with Federal law. Resident personal funds in excess of \$50.00 (fifty dollars) shall be deposited by the facility into an interest-bearing account (or accounts) separate from the facility's own operating accounts: interest earned on the resident's fund shall be credited to the resident's account. The facility will maintain resident personal fund of less than \$50.00 (fifty dollars) in a non-interest bearing account, interest bearing account, or petty cash fund. Resident funds will not be co-mingled with facility's funds or funds of any other person, other than another resident. Each resident or his or her representative may have the financial record made available upon request to the resident or his or her legal representative. The facility's may not impose a charge against the personal funds of a resident for any item of service for which payment is made under financial assistance. Upon the death of a resident with a personal fund deposited with the facility, the facility shall convey within 30 days the resident's funds and a final accounting of those funds, to the individual or probate jurisdiction administering the resident's estate.



EACH RESIDENT has the right to privacy in accommodations, treatment, personal care, written and telephone communications, visits and meetings of family and resident groups (does not require facility to provide private room for each resident).

EACH RESIDENT has the right to privacy in fulfillment of personal needs, as well as, during meetings of resident groups, visits by the resident's spouse, family, clergy, attorney, and others; but this does not require the facility to provide a private room. A resident may share a room with a spouse or anyone else (when practicable) when both parties consent.

EACH RESIDENT has the right to privacy in written communications, including the right to send promptly and receive promptly unopened mail and have access to stationary, postage, and writing implements at the resident's own expense. The resident has the right to have reasonable access to and privacy in his/her use of electronic communications and for internet research—provided the access is available to the facility, at the residence's expense if the facility incurs costs, and the use complies with state and federal law (does not involve access to illegal on-line content, etc).

EACH RESIDENT has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.

EACH RESIDENT has the right to file a complaint with a State survey and certification agency respecting resident treatment, abuse, neglect, and misappropriation of resident property in the facility, without fear of reprisal or discrimination for voicing grievances.

EACH RESIDENT has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents. In the case of a resident adjudged incompetent under State law by a court of competent jurisdiction, the rights of the resident will be exercised by the person appointed under State law to act on the resident's behalf.

EACH RESIDENT has the right and is encouraged and assisted to exercise the resident's rights as a resident and citizen and may voice grievances and recommend changes in policies, services, treatments, or care, which has been furnished, as well as, that which has not been furnished to facility staff and/or to outside representatives of the resident's choice, free from restraint, interference, coercion, discrimination, or reprisal from facility and to be supported by facility in the exercise of his or her rights as required under this subpart.

EACH RESIDENT is encouraged to participate at the resident's discretion in social, religious, and community group activities that do not interfere with the rights of other residents in the facility, unless contraindicated by the resident's physician, or if appropriate, a Qualified Mental Retardation Professional, and so documented in the resident's medical records

EACH RESIDENT has the right to self-determination and choice in participation in activities, schedules, health care, and significant aspects of his or her life in the facility. This includes the right to organize and participate in resident's groups in the facility, and the right of the resident's family to meet with other residents' families in the facility. To facilitate the resident's quality of life, the facility must provide activities and medically-related social services consistent with assessment, interests, and the physical, mental, and psychosocial well-being of each resident. It must provide a safe, clean, comfortable and home-like environment.



EACH RESIDENT has the right to refuse to perform any services for the facility or other residents.

EACH RESIDENT has the right to perform services for the facility, if he or she chooses when the facility has documented the need or the desire for work in the plan. The plan will specify the nature of the services to be performed and whether the services are voluntary or paid. They will be compensated for paid services at or above the prevailing rates. The resident must agree to work the arrangement described in the plan of care.

EACH RESIDENT has the right to immediate access to representatives of Federal and State agencies, any official properly acting for the State, the resident's individual physician, the state long-term care Ombudsman's office and a(as appropriate) other state agencies entitled to visit with residents under Federal and State law.

EACH RESIDENT has the right to refuse such treatment at any time that the resident wishes.

EACH RESIDENT has the right to be treated according to the same policies and practices regarding transfer, discharge and provision of services under the State plan for all individuals regardless of source of payment. The resident has the right to continuity of care and is transferred or discharged only for the resident's welfare and the resident's needs cannot be met in the facility, for the health and safety of the residents, as a result of improved health so that the resident no longer needs the services provided by the facility, if the facility ceases to operate, or the resident has failed after reasonable and appropriate notice, to pay for (or to have paid under Medicare/Medicaid) the resident's stay (except as prohibited by third party contracts). In the event discharge or transfer becomes necessary, the resident and if known, a family member or representative of the resident will be notified in writing and manner and language that is understood, of the transfer or discharge, has the right to sufficient preparation and orientation to ensure a safe transition from the facility, and will be given at least thirty (30) days advance notice except in the case of emergency circumstances, the health or safety of other residents in the facility would be endangered, where the resident has not resided in the facility for thirty (30) days, or the resident's health improves sufficiently to allow a more immediate transfer or discharge. The resident may refuse a transfer if the purpose of the transfer is to move the resident from one distinct part to another only for the convenience of staff.

EACH RESIDENT has the right for notice, agency hearing, and the provision of counseling and discharge planning prior to any involuntary discharge or transfer. Notice of transfer or discharge shall contain the name, address, and telephone number of the State long-term care Ombudsman. Other requirements of notice may apply for residents who have developmental disabilities or who are mentally ill.

EACH RESIDENT has the right to have the resident's bed held under designated circumstances and upon payment of the prescribed charge for the bed.

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EACH RESIDENT and a family member or representative has the right to receive written information explaining the designated circumstances and relevant policies. If a resident's transfer or therapeutic leave exceeds the State-approved bed-hold policy and the resident continues to require the services of the facility after hospitalization or therapeutic leave and is eligible for financial assistance, such resident shall be re-admitted to the facility as soon as a semi-private room becomes available.

EACH RESIDENT and/or representative of the resident has the right to be informed orally and in writing in a language that the resident understands about how to apply for and use financial assistance, and how to receive refunds for previous payments covered by such benefits. All rights and responsibilities of the resident devolve to the Resident's next of kin, guardian, or sponsoring agency(ies) where the resident has been adjudicated incompetent pursuant to the law.

EACH RESIDENT has the right in the case of a resident adjudged incompetent under the laws of a State by a court of competent jurisdiction, the rights of the resident devolve to and are exercised by the resident representative appointed under State law to act on the resident's behalf. The court appointed resident representative exercises the resident's rights to the extent judged necessary by a court of competent jurisdiction, in accordance with State law. In the case of a resident representative whose decision-making authority is limited by State law or court appointment, the resident retains the right to make those decisions outside the representative's authority. The resident's wish and preferences must be considered in the exercise of rights by the representative. To the extent practicable, the resident must be provided with opportunities to participate in the care planning process.

EACH RESIDENT has the right in the case of resident who has not been adjudged incompetent by the State court, the resident has the right to designate a representative, in accordance with state law and any legal surrogate so designated may exercise the resident's rights to the extent provided by state law. The same-sex spouse is afforded treatment equal to that afforded to an opposite-sex spouse if the marriage was valid in the jurisdiction in which it was celebrated. The resident representative has the right to exercise the resident's rights to the extent to those rights are delegated to the representative. The resident retains the right to exercise those rights not delegated to a resident representative, including the right to revoke a delegation of rights, except as limited by State law. The facility will treat the decisions of the resident representative as the decisions of the resident to the extent required by the court or delegated by the resident, in accordance with applicable law. If the facility has reason to believe that a resident representative is making decisions or taking actions that are not in the best interests of a resident, the facility shall report such concerns when and in the manner required under State law.

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## MEDICARE and MEDICAID PROGRAMS

Medicare will not pay for long-term nursing home care unless:

The care is provided in a skilled nursing facility

The skilled nursing facility must be Medicare-approved

The care must be provided within 30 days after a prior hospital stay of at least 3 days.

The nursing care required must be at a sufficiently skilled level that it can only be provided by a R.N. or L.P.N. acting under a physician's orders.

The care must be "restorative" in nature. It must be designed to make the patient well, rather than to assist with the patient's custodial care needs; such as eating, dressing, and bathing.

## MEDICAID REGULATIONS FOR ELIGIBILITY and BENEFITS

Medicaid covers the cost in a long-term care / skilled facility, plus other medically necessary services, such as physicians, dentists, hospitals, prescribed drugs, ambulance services, and eye glasses.

If someone is ineligible for Medicaid due to excess income or resources, that person may be eligible for the Medically Needy program through Medicaid, as well as, other programs. People eligible for Medically Needy recipients are not eligible for payment of services provided by nursing homes.

A current resident in a facility needs to tell the facility when application for Medicaid has been obtained.



MEDICAID ELIGIBILITY FOR NURSING HOME

INCOME:

Single Person: \$2,205 gross/month (or 300% of current SSI payment standard)

Couple: Income of spouse needing placement. Other spouse's income at home is not considered

*IF INCOME EXCEEDS \$2,199 PER MONTH, MAY NEED TO SEE A BANKER OR ATTORNEY ABOUT A MILLER / MEDICAID TRUST FUND.*

RESOURCE LIMIT:

Single Person: \$2,000 / month

Couple: \$24,180 attribution total together plus house and farm (they must be on same property)

*RESOURCES INCLUDE, BUT NOT LIMITED TO: CD's, SAVINGS, BONDS, STOCKS, PENSIONS, IPERS, CHECKING ACCOUNTS, ETC.*

*RESOURCES NOT COUNTED INCLUDE HOUSE OF SPOUSE OR DEPENDENT PERSON WHO LIVES IN THE HOUSE AND AUTOMOBILE IF IT IS USED TO TRANSPORT THE POTENTIAL RESIDENT.*

INSURANCE

Face Value of \$1,500. If over \$1,500 they look at the cash value.

BURIAL FUND:

Burial funds are limited up to \$15,000. They must be contracted with a funeral home and they must be irrevocable and interest earned goes back into the fund.

FARM / HOME:

For person going into the nursing home: If person living in the house is next of kin or relative, they can not charge them rent as it is an income resource. They may keep their home if they have the "intent" that some day they will return to it. If they are not going home, they must make an honest effort to sell at a fair market value. The State can not make you sell it to pay for staying in the nursing home before you go on Medicaid (Title 19). See *ESTATE RECOVERY Section*

CAR:

One is exempt. Any others are considered a resource.



MONEY FOR PERSONAL USE:

Nursing home residents may keep fifty dollars (\$50) per month for themselves. They can have up to a total of \$2,000 per month in their accounts. Anything over this amount makes them ineligible for Medicaid until they spend it down below the \$2,000. If they make crafts, etc and earn income, they may keep up to \$65 per month of it.

INVESTED PROPERTY:

If sold or given away at *below* market value in the last 30 months, the difference is used as a counted resource. If time period is less than 30 months, they can wait until 30 months has passed and re-apply for Medicaid (Title 19) if it makes a difference in counted resources from gifts or property sold below value.

INCOME DIVERSION:

If person in nursing home is eligible for Medicaid (Title 19), they can give little or all of their income to the spouse at home so spouse's income can total up to \$3,022.50 per month.

COUPLES:

If you are not applying for Medicaid (Title 19) upon admission to the nursing home, you need to fill out an Attribution Statement at the local Department of Human Services if the person in the nursing home may go Medicaid during their stay.

STAYS:

For any level of nursing home care, the person must stay for the first 30 days in order for the facility to get paid. If someone dies within the thirty days, Medicaid will revert back and pick up the days in the nursing home. If the person is admitted to the facility from an acute or skilled stay, those days count towards the thirty days.

HOSPITAL STAYS / BED HOLD:

Medicaid will hold the nursing home bed for up to ten (10) days if the resident is on an *acute care stay only*. It *will not* hold the bed if the resident is admitted to a mental health facility, skilled, SNF, or swing-bed level of care. The resident is responsible for any costs *if* they want to continue to hold the bed past the 10th day.

OVERNIGHT STAYS:

Medicaid allows eighteen (18) overnight stays per year unless the resident's physician recommends more. This also includes overnight stays with the family.

OTHER:

You must apply for all benefits prior to applying for or obtaining Medicaid. This includes, but is not limited to Veterans' Benefits, Pensions, IPERS, etc.

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**MILLER / MEDICAID TRUST:**

Need to see either a banker or attorney for assistance. This is set up to assist an individual whose income exceeds eligibility guidelines in order to make them eligible.

**ESTATE RECOVERY:**

Anyone over 55 years of age receiving Medicaid (Title 19) of *any kind* (regardless of which program they are on) will be subject to an estate recovery after their death. For a couple, the estate recovery happens only after the death of both spouses if the spouse hasn't sold the home.

**APPLICATIONS:**

Contact Social Worker at Buchanan County Health Center. Call (319) 332-0999 or contact the Department of Human Services: P.O. Box 408 – Independence, IA. 50644 or call (319) 334-6091.

**NOTE:**

The facility does not receive the potential resident's check or income. They still receive their income as before. When client participation is determined, the resident/ family will write a check in that amount to the facility.