

Moving to a Nursing Home? Ask about Ratio of Medicare to Medicaid Beds

Here is a serious problem elder law attorneys encounter all too often: A person goes into a Medicaid facility on [Medicare](#) days, pending acceptance into the long-term care Medicaid program. She is assured the facility is a Medicaid-accepting facility, but when her family decides to move forward with Medicaid, the facility says there are no more Medicaid beds. This may be after the resident has spent down a considerable amount of money paying privately for her bed.

When a person reaches "medical necessity," meaning the person has a serious medical condition requiring an elevated level of nursing care that can only be provided in a facility, it is important to find out how many Medicaid-certified beds are available.

Although a nursing home is Medicaid certified by the state, this doesn't mean every bed in the facility is a Medicaid-certified bed. Some beds are only for residents paying with Medicare, or the beds may be "dual certified," which are certified for both Medicare or Medicaid residents.

Finding out the exact number of Medicaid-certified beds in a facility may save you or your family thousands of dollars and the inconvenience of moving.

For example, Jim's mother Wanda needed full-time care after falling too many times at her assisted-living apartment. Jim looks for a Medicaid-accepting nursing home in his area of town. Wanda is not yet eligible for Medicaid benefits, but Jim plans to hire an elder law attorney to assist in attaining government benefits for his mother.

Jim expects his mother will have to pay with private funds each month until she is Medicaid eligible. But what he doesn't realize is if there are no Medicaid beds available at the facility when Wanda is ready to apply for Medicaid, she will have to be moved to another facility where a Medicaid bed is available or continue to private pay until one is vacant in the current facility. If she doesn't have the funds to private pay while waiting for an available bed, the facility will evict Wanda.

Although the facility represented to Jim they were a Medicaid-accepting facility, what it did not disclose was the facility was certified for only an extremely limited number of beds and that it had a long list of residents waiting for them.

Rather than continue private paying while waiting for a Medicaid bed, Jim moved Wanda to another facility where she had to readjust to new surroundings and medical staff.

Before deciding on a facility for you or your loved one, it's best to seek the advice of an elder law attorney who is familiar with the negative issues that may arise in the journey your family member is on when going into a nursing home.