

Medicare and its Provision for Religious Nonmedical Health Care Institutions (RNHCI) for Christian Scientists



A guide to your care options as a Christian Scientist using Medicare coverage

New information and Medicare features for 2011

CONTENTS

Introduction: Medicare and its Provision for Religious Nonmedical Health Care for Christian Scientists	2
What is Medicare?	3
The Medicare Story.	3
How to Apply for Medicare	4
What Medicare Covers	5
Sharing the Cost of Your Care (chart).	6
Bridging the “Medigap”	7
The Medicare Election	8
FAQs About Medicare Election.	9
Words to Know	10
Important Contacts.	11
Helpful Christian Science Publications	12
Helpful Medicare Publications	12
Admission for C.S. Nursing Care at Arden Wood	13
About Our Organization	14

Introduction: Medicare and its Provision for Religious Nonmedical Health Care for Christian Scientists

This booklet is designed to offer useful background and details about Medicare and Religious Nonmedical Health Care Institutions (which include accredited Christian Science nursing facilities), and reference material for further exploration. It has been prepared to help you make informed decisions, should you or someone you know wish to apply for Medicare coverage for Christian Science nursing care.

Arden Wood does not make a recommendation for or against the use of Medicare or private insurance. The Bible tells us, "God shall supply all your need according to his riches..." (Philippians 4:19), and each of us is free to demonstrate this fact in accord with our spiritual understanding and obedience to God's direction. Arden Wood's ministry is "to support healing through skillful Christian Science nursing care and training, inspired living, and Christly service." Arden Wood provides for patients who may not have insurance or be able to afford the full cost of care by allowing them to apply for financial assistance or benevolence grants, depending on their financial situation.

The titles of several metaphysical articles on topics of health and supply are listed on page 12.

As the national healthcare legislation of 2010 takes effect (or is changed), we will work to revise and update this

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information. As of early 2011, we know that anyone who is eligible or becomes eligible for Medicare before 2014 will not be required to purchase additional (mandatory) healthcare insurance.



The Medicare STORY:

Part A, Part B, Part C, and Part D

Medicare has four parts to its program; it is helpful to know the difference.

Part A (Hospital Insurance) helps pay for inpatient hospital and religious nonmedical health care, such as that offered by Arden Wood. Part A has a deductible and coinsurance charges that you must pay out of your own pocket.

- Most individuals do not have to pay for this coverage.
- Part A benefits are usable in a religious nonmedical health care institution (RNHCI).

Part B (Medical Insurance) helps pay for doctors' services provided in or out of the hospital, outpatient hospital services, durable medical equipment, and other medical services and supplies. Part B also has deductible and coinsurance charges that you must pay out of your own pocket.

- Everyone who enrolls in Part B must pay for this coverage. The minimum premium for 2011 is \$115.40 a month. Some individuals with a higher income will need to pay a higher premium. (Details available online at <http://www.socialsecurity.gov/pubs/10536.html#premium>)
- Part B benefits are not usable in a religious nonmedical health care institution (RNHCI).

Parts A and B benefits do not overlap or duplicate coverage. You can have just Part A, or both Parts A and B.

Part C (privatized Medicare Health Plans) Medicare health plans provide the Medicare-eligible consumer with different options for medical health care coverage by transferring Medicare benefits to other healthcare organiza-

tions. These **do not** include care in a Christian Science nursing facility. These Part C Medicare health plan choices include:

- Medicare Advantage Plans
- Medicare Managed Care Plans
- Medicare Preferred Provider Organization Plans (PPO)
- Medicare Private Fee-for-Service Plans
- Medicare Specialty Plans

These are privately managed and are not the same as The Original Medicare Plan administered by the government.

- Part C plans, managed by HMOs and PPOs (medical groups), usually have no accommodation in them for use at a RNHCI, or Christian Science nursing facility. Only the Original Medicare Plan allows you to use your Part A benefits at a RNHCI.
- Part C plans often provide more comprehensive **medical** coverage than Medicare Part A and B.

Part D (Prescription Drug Coverage) is a program designed to help Medicare beneficiaries save money on prescription drugs. The plans will be offered by private health care companies, and you would choose one of the plans in your area.

- Part D has a deductible and co-payments that you must pay out of your own pocket.
- Everyone who enrolls in Part D must pay for this coverage. The monthly premium varies depending on the plan you choose.
- Part D benefits are not usable for services in a RNHCI, where no drugs are used.

What is Medicare?

Medicare is a federal health insurance program that was created in 1965 to help Americans who are 65 years or older, and certain persons categorized by the government as disabled, pay for health care. The program is run by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services. Since the beginning of the Medicare program, the Social Security Act has contained provisions authorizing Medicare payment for qualified Christian Science nursing services furnished in certified Christian Science Sanatoriums (nursing facilities). With more recent legislation, Medicare regulations have replaced mention of Christian Science nursing and Christian Science Sanatoriums with the term "Religious Nonmedical Health Care Institutions" (RNHCI) to avoid giving government support to a single religious group. Of the twenty or so Christian Science nursing facilities in the United States, many are certified as Medicare RNHCI facilities, including Arden Wood.

How to Apply for Medicare

If you are already receiving benefits from Social Security or the Railroad Retirement Board, you will automatically be notified to sign up for Medicare Part A and Part B, and you will be eligible to sign up for Part D as of the first day of the month you turn 65. If you are under the age of 65 and disabled (as determined by the government), you will automatically get Medicare Part A and Part B, and be eligible to sign up for Part D after you have received social security disability or Railroad Retirement benefits for 24 months. If you are close to the age of 65 and not yet receiving Social Security or Railroad Retirement benefits, but you would like Medicare coverage, you must apply for Part A and/or Parts B and D.

To apply for Medicare Part A and/or Parts B and D benefits, you should call the Social Security Administration at 1(800) 772-1213 or visit your local Social Security office three to six months before your 65th birthday.

Enrolling in Part A is included in your Social Security Benefit package at no additional cost to you. Enrolling in Part B and Part D is your choice. If you choose to enroll in Part B, there are three times when you can sign up:

- Initial Enrollment Period
- General Enrollment Period
- Special Enrollment Period

The Initial Enrollment Period begins three months before the month you turn 65 and ends three months after the month you turn 65.

The General Enrollment Period runs from January 1 through March 31 each year. Your Medicare Part B coverage will start on July 1 of the year you enroll. The cost of Medicare Part B will increase 10% for each 12-month period you could

Contact the Social Security Office to enroll in Medicare within three months of your 65th birthday.

have had Medicare Part B but did not take it. You will have to pay this extra amount for as long as you have Medicare Part B.

The Special Enrollment Period is available if you are eligible for Medicare but waited to enroll in Medicare Part B because you or your spouse had group health plan coverage through an employer or union. In this case, you can sign up for Medicare Part B any time you are still covered by an employer or union group health plan, or during the eight months following the month that the employer or union group health plan coverage ends, or when the employment ends — whichever comes first.

For additional information, please contact Social Security at **1(800) 772-1213**.

Online:

www.MyMedicare.gov

MyMedicare.gov provides you with direct Internet access to your Medicare benefits, eligibility, and preventive health information — 24 hours a day, 7 days a week. Visit the site, sign up, and Medicare will mail you a password to allow you access to your personal Medicare information. MyMedicare.gov will also include access to information on your Medicare claims. (This is in addition to all the general information that can be found at www.medicare.gov.)

What Medicare Covers

Medicare provides basic coverage, but it does not cover all health care costs. It was designed this way to help prevent major medical expenses from causing financial ruin. It was not designed to pay 100% of your health care bills.

If, like many Americans, you plan to use Medicare for your health insurance needs after age 65, you should know what type of care Medicare covers, and what you will be expected to pay.

Part A (Hospital Coverage): If you are admitted to a hospital or a religious nonmedical health care institution, such as Arden Wood, Part A helps pay for the following:

- Semi-private* room and meals
- Regular nursing services (this does not include metaphysical support, such as practitioner fees or the service of reading religious literature to patients)
- Nursing supplies

Part B (Medical Coverage): Because Medicare Part B covers doctor's services, outpatient hospital services, durable medical equipment, and other medical services and supplies, you are not able to use your Part B benefits in a religious nonmedical health care institution.

NOTE: *If you plan to purchase additional insurance to supplement your Medicare coverage, the insurance company may require that you have Part B coverage before it will offer you the supplemental policy. (See "Bridging the 'Medigap,'" page 7)*

Part C (privatized Medicare Health Care Plans): These typically cover the services included in Medicare Part A and Part B. Each organization that is qualified to offer these plans has its own schedule of coverage, and there are a variety of options. These should be requested from

Part C plans have no coverage for care in Christian Science nursing facilities or RNHCI's.

the company (Kaiser, Pacificare, etc.) before choosing to "sign over" your original Medicare Part A and Part B to enroll in these plans. Part C plans have no coverage for care in Christian Science nursing facilities or RNHCI's.

Part D (Prescription Drug Coverage): This helps cover self-administered prescription drug costs. Part D is not usable at a RNHCI such as Arden Wood. Individuals not wishing to participate in Medicare Part D should call Medicare and un-enroll to ensure they are not automatically signed up for a prescription drug program. Before un-enrolling from Part D, check with your insurance carriers to be sure they do not require you to carry it.

To enroll in or un-enroll from Part D or for more information about Part D, call **1 (800) MEDICARE** (1 [800] 633-4227) or visit the website at www.medicare.gov.

Expenses Not Covered by Medicare

The following are some examples of care, or "exclusions," that Medicare does not pay for:

- Long-term care
- Custodial care to help with daily living activities
- Private duty nurses
- Private room in a hospital*
- Christian Science Practitioner fees
- Full-time nursing care at home
- Hairdresser or other personal needs
- Personal comfort items, such as a telephone or TV in your inpatient room
- Dental care and dentures (with only a few exceptions)
- Care received outside the USA

**In a facility like Arden Wood, where all the rooms are private, this is covered by Medicare.*

Sharing the Cost of Care

SERVICES	BENEFIT LENGTH	MEDICARE PAYS	IN 2011 YOU PAY
Hospital or RNHCI Care (deductible portion of Medicare)	1st–60th day	100% of all covered charges in excess of the deductible	Medicare Deductible of \$1,132 and all non-covered charges
Hospital or RNHCI Care (Coinsurance portion of Medicare)	61st–90th day	All covered charges in excess of \$283/day	\$283/day and all non-covered charges
Hospital or RNHCI Care (Lifetime Reserve Days portion of Medicare)	91st–150th day	All covered charges in excess of \$566/day	\$566/day and all non-covered charges

Your share of the cost is in the form of deductibles and co-payments. Check the chart to see just how much your share of typical expenses could be. Medicare usually raises its deductible and co-payments every January 1. Each year’s new deductible and co-payment amount can be obtained by calling Medicare at 1(800)633-4227 or by visiting their website at www.medicare.gov.

Medicare excludes some types of care and requires you to pay for a portion of the care it does cover.

Bridging the “Medigap”

Medicare will not pay 100% of your health care bills. Medicare’s deductibles, coinsurance, non-covered charges, and exclusions could cause your share of your health care bills to add up quickly. The difference between what Medicare pays and the actual cost of your health care is often called the “medigap.” Should you be interested in supplementing your Medicare coverage, the following are brief descriptions of the most widely known types of supplemental insurance coverage.

Medicare Supplements

Many individuals enrolled in Medicare also carry a separate insurance policy to supplement their Medicare benefits. These insurance plans are referred to as “Medigap” or “Medicare supplement” policies because they are designed to help fill the specific gaps left after Medicare has paid its share of your bill. The front of the Medigap policy must clearly identify it as “Medicare Supplement Insurance.”

- Medicare supplement benefits can help pay your Part A deductible and your inpatient co-payment, known as coinsurance.
- The extent of coverage varies from plan to plan.
- If you buy a Medigap policy, you will pay a monthly premium to the private insurance company that sells you the policy.
- Although a great number of companies offer this type of insurance, legislation that went into effect in 1992 has standardized the benefits these plans can offer.

- Many companies offering Medigap insurance require you to carry Medicare Part B.
- In all states except Massachusetts, Minnesota, and Wisconsin, a Medigap policy must be one of twelve standardized policies (Plans A–L), so you can compare them easily.

Medigap policies are designed to fill the “gap”!

Employer Group Insurance for Retirees

Private insurance through your or your spouse’s former employer may sometimes be continued or converted into a supplemental policy after retirement. Such converted coverage usually has the advantage of no waiting periods. Premiums may even be paid, in whole or in part, by the employer. Converted employer group insurance policies, however, do not have to comply with federal standards for Medicare supplements. This makes it important to check the specific benefits your retirement policy provides. If you are not planning to retire at age 65, your employer-provided coverage and Medicare can work together to give you suitable protection to help cover expenses not covered by Medicare.

PLEASE NOTE:

- In general, health maintenance organizations (HMOs) and most group health insurance plans do not include a provision to pay for nursing care at a Christian Science care facility.
- Be sure to check with your group insurance provider or insurance broker to determine if your insurance meets your needs.
- You may need to enroll in Medicare Part B in order to purchase a Medigap or Medicare Supplement policy. (See “The Medicare Story, Part A, B, C, and D,” page 3.)

The Medicare Election (choice)

In order to receive Medicare benefits at a Christian Science nursing facility (or RNHCI), the rules require Medicare beneficiaries (patients) to specifically choose or “elect” to receive care in a RNHCI based on their own religious convictions. They may also revoke that election at any time if for any reason they decide to pursue medical care. The beneficiary must have a valid election* (in writing and notarized) in effect to receive Medicare payment for any RNHCI services. (See “Frequently Asked Questions about the Medicare Election” on page 9 for details on when and how this should happen.)

** Definition of Election: A written statement signed by a Medicare beneficiary or the beneficiary’s legal representative (using a valid Power of Attorney or an Advance Health Care Directive) indicating the beneficiary’s choice to receive nonmedical care or treatment for religious reasons.*

Intentional Revocation of an Election

Revocation is the cancellation of the religious nonmedical health care institution election. This cancellation can be achieved in two ways:

- By submitting a written statement to the Centers for Medicare and Medicaid Services (CMS) indicating a desire to cancel the election, or
- By seeking non-excepted medical care for which Medicare payment is sought. (See previous article “What Qualifies for Reimburse-

ment at a Religious Nonmedical Health Care Institution?”)

Upon admission to a religious nonmedical health care institution such as Arden Wood, you or your legal representative will be required to sign and have notarized an “election form” stating that:

1. You elect to receive Medicare benefits for nursing services furnished in a RNHCI.
2. You are conscientiously opposed to acceptance of non-excepted medical treatment.*
3. You acknowledge that acceptance of non-excepted medical treatment* is inconsistent with your sincere religious beliefs.
4. You acknowledge that receipt of non-excepted medical treatment* constitutes a revocation of any election form you have previously signed and may limit your further receipt of services in a RNHCI.
5. You acknowledge that any previously signed election may be revoked by submitting a written statement to the Centers for Medicare and Medicaid.
6. You acknowledge that revocation of the election will not prevent or delay access to medical services available under Medicare Part A in facilities other than religious nonmedical health care institutions.

** You have agreed to non-excepted medical treatment (medical treatment*

furnished by or under the direction of a licensed physician, for which Medicare payment is requested, unless such care or treatment is received involuntarily or required under federal, state, or local laws).

It is easy to unintentionally revoke your Medicare election!

Unintentional Revocation of an Election

It is easy to unintentionally revoke your Medicare Election (decision) to use your Part A Medicare benefits to cover care at a Christian Science care facility (RNHCI). This has occurred hundreds of times in the past when Christian Scientists chose to use their Part B coverage for eye exams, wheelchair rentals, and so on. (The federal government considers such a decision to be, in effect, revoking a choice to rely on spiritual means alone for healing.) See section on “Frequently Asked Questions about the Medicare Election,” page 9, for more information.

Frequently Asked Questions About the Medicare Election

Q: *When should I sign the election form?*

A: The form should be signed and notarized when you are admitted to a Christian Science nursing facility and require nursing care that is to be paid for through the Medicare Benefits Program.

Q: *If I received Christian Science nursing care several months ago and signed an election form at that time, and I am being admitted for care again, do I need to sign another election form?*

A: No, as long as you have not voluntarily or unintentionally revoked the earlier election.

Q: *After signing an election form at a Christian Science nursing facility, I voluntarily received medical care or equipment paid for by Medicare. What does this mean in terms of my eligibility for Medicare benefits at a Christian Science facility at a later time?*

A: Voluntarily receiving medical care or equipment paid for by Medicare is considered a revocation of the election. Privately paying for any medical equipment or services received allows you to avoid unintentionally revoking your election. However, should you revoke your election, and it is the first time you have done so, you are entitled to execute a new election when you are readmitted to a Christian Science facility and will be immediately eligible for Medicare benefits.

Q: *What happens if I revoke the second election?*

A: If you revoke your second election, you must wait one year before a third election will be allowed. This does not mean you cannot receive care at a

You are entitled to execute a new election when you are readmitted to a Christian Science facility and will be immediately eligible for Medicare benefits.

Christian Science facility; it only means that Medicare will not pay for the care.

Q: *If I revoke an election for the third time by voluntarily seeking medical care or equipment that is paid for by Medicare, what will happen?*

A: Medicare will not pay for care at a Christian Science facility for a period of five years following your third (or subsequent) revocation of an election.

Q: *What happens if I am taken to the hospital against my wishes?*

A: Any medical care or treatment you receive involuntarily does not constitute a revocation of an election. The purpose of the revocation is to discourage patients from going back and forth between medical and nonmedical care, and asking Medicare to pay for it. If you have questions regarding the election process, please contact our Christian Science Nursing Department at 1(415)379-2224.



Words to know

Advance Health Care Directive

(aka Durable Power of Attorney for Health Care): A document that you may sign giving another person, whom you designate as your “attorney-in-fact,” trustee, or agent, the power to make health care or placement decisions for you if you are incapacitated or cannot make the decisions for yourself. You may provide instructions in these documents regarding your care or placement that will be required to be honored. Otherwise, the “attorney-in-fact” or agent will be expected to exercise his or her judgment in making care and placement decisions in your best interest.

Benefit Period: The way Medicare measures your use of hospital or RNHCI services. A benefit period begins the day you go to a hospital or RNHCI (Christian Science nursing facility). The benefit period ends when you haven’t received hospital or religious nonmedical health care for 60 days in a row. If you go into the hospital or facility after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Coinsurance: The percent of the Medicare-approved amount that you have to pay after you pay the deductible for Part A and/or Part B.

Deductible: The amount you must pay for health care, before Medicare

begins to pay, either each benefit period for Part A, or each year for Part B. The amounts can change every year.

Inpatient Care: Health care you receive when you are admitted to a hospital or religious nonmedical health care institution.

Legal Representative:

Any individual “who, as determined by applicable State law, has the legal authority” to act on behalf of the beneficiary [42 C.F.R. §405.400]. This is usually accomplished via a power of attorney (including, in California, an advance health care directive) without court intervention, or by a court appointed guardian or conservator.

Lifetime Reserve Days: The sixty days that Medicare will pay for when you are in a hospital or religious nonmedical health care institution more than 90 days during a benefit period. These 60 days can be used only once during your lifetime.

Medicare-Approved Amount: This is the Medicare payment amount for a covered item or service.

Medigap Policy: A Medicare supplemental insurance policy sold by private insurance companies to fill “gaps” in the original Medicare plan coverage, such as the gap created by your Medicare deductible or coinsurance.

Medicare Summary Notice (MSN):

A notice you get after the provider

files a claim for Part A services in the Original Medicare Plan. It explains what the provider billed for, the Medicare approved amount, how much Medicare will pay, and what you must pay.

HMO: A Health Maintenance Organi-

Advance Healthcare Directives or Healthcare Powers of Attorney vary in each state.

zation (such as Kaiser) requires you to use only their member providers in order to receive covered care.

PPO: A Preferred Provider Organization is assigned by the insurance provider/carrier (such as Blue Cross/Blue Shield of California); the patient is free to see any physician within the PPO without referral. A PPO is less restrictive than an HMO.

Important Contacts

Telephone **1 (800) MEDICARE** or **1 (800) 633-4227** twenty-four hours a day with questions about Medicare (in general), Medicare health plans, ordering Medicare booklets, Medigap policies, or assistance programs (including help paying health care costs, and telephone numbers for local organizations who work with Medicare).

Social Security Administration at **1 (800) 772-1213** with questions about address/name changes, enrolling in Medicare, Medicare replacement cards, or Social Security benefits.

California Health Insurance Counseling and Advocacy Program at **1 (800) 434-0222**. Call for help with buying a Medigap policy or long-term care insurance, dealing with payment denials or appeals, Medicare rights and protections, help choosing a Medicare health plan, and Medicare bills. In-state calls only.

Coordination of Benefits at **1 (800) 999-1118** with questions about which insurance pays first, and the Medicare initial enrollment questionnaire.

Railroad Retirement Board (RRB) at **1 (877) 772-5772** with questions about Railroad Retirement benefits and all other services listed for the Social Security Administration for people who get RRB benefits.

Department of Veterans Affairs at **1 (800) 827-1000** with questions regarding Veteran's benefits.

Department of Health and Human Services, Office of the Inspector General — Fraud Hotline at **1 (800) 447-8477**.

Office for Civil Rights at **1 (800) 368-1019**. You can also use the official websites to obtain information: **www.medicare.gov** or **www.cms.hhs.gov**.



Helpful Christian Science Publications

In addition to the Bible and Mary Baker Eddy's published writings, numerous articles from *The Christian Science Journal* and the *Christian Science Sentinel* have been helpful to people in dealing metaphysically with issues regarding health, health care, supply, insurance, individual responsibility, brotherly love, and benevolence.

"Questions & Answers" by Rob Gilbert, Suzanna Penn, Brian Talcott, and Committee on Publication, Boston, *The Christian Science Journal*, November 2010

"Healthcare Reform in Plain English" by Peter Grier, *The Christian Science Monitor* (weekly), April 5, 2010. See online link: <http://www.csmonitor.com/USA/Politics/2010/0326/Health-care-reform-bill-101-Will-it-make-health-care-more-effective>

"The Theology of Care" by Geraldine Schiering, *The Christian Science Journal*, July 1982

"Taking the Medicine of Mind" by Tony Lobl, *The Christian Science Journal*, September 1998

"Natural and Good Medicine" by Nathan A. Talbot, *Christian Science Sentinel*, May 10, 1999

"Simplicity and Power of Divine Science, Theology, and Medicine" by Barbara M. Vining, *The Christian Science Journal*, January 1997

"Health Care — Whose Responsibility?" by Leigh Russell Daugherty, *The Christian Science Journal*, September 1980

"How is Your Health Insurance?" by James Robert Corbett, *Christian Science Sentinel*, August 17, 1992

"Supply — and Going Into the Public Practice of Christian Science" by Timothy A. MacDonald, *The Christian Science Journal*, March 1990

"God's Law of Love—a New View of Economics" by Michael A. West, *The Christian Science Journal*, July 1989

The Principle Foundation website: www.principlefoundation.org is a resource for people seeking to apply the truths of Christian Science to meet human needs for supply. You can obtain from them a useful article entitled **"A Timely Message."** Online PDF at <http://principlefoundation.org/articles/tpf-timely-message.pdf>.

Mary Baker Eddy's practical wisdom is heartening as we seek to rely on God alone for healing and care, as understood and demonstrated in Christian Science:

"Every one should be encouraged not to accept any personal opinion on so great a matter, but to seek the divine Science of this question of Truth by following upward individual convictions, undisturbed by the frightened sense of any need of attempting to solve every Life-problem in a day" (*Unity of Good*, by Mary Baker Eddy, p. 5:9).

Helpful Medicare Publications

To receive copies of any of the following publications, call **Medicare at 1 (800) 633-4227** or you can find them at the Medicare website at www.medicare.gov.

Publication #10050, Medicare and You 2011 — a summary of Medicare benefits, rights, obligations, and answers to frequently asked questions about Medicare. Online PDF at <http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf>

Publication #10116, Your Medicare Benefits — an explanation of Part A and Part B benefits. Online PDF at <http://www.medicare.gov/Publications/Pubs/pdf/10116.pdf>

Publication #02110, Choosing a Medigap Policy: A Guide to Health Insurance for People with Medicare — Describes how to choose a Medigap policy to supplement the Original Medicare Plan. Online PDF at <http://www.medicare.gov/Publications/Pubs/pdf/02110.pdf>.

The information in this booklet was obtained from the publications listed above as well as from "Your Medicare Rights and Protections," "Focus on Medicare — An AARP Options Program Publication," "Medicare State Operations Manual," "The Department of Health and Human Services Federal Register/ Vol. 64, No. 229," "Morningside Presents Unlocking the Mysteries of Medicare & Health Insurance as It Applies to Care Received at Christian Science Nursing Facilities" and the Social Security Administration.

Admission for Christian Science Nursing Care at Arden Wood

For admission to our Christian Science nursing services program, we require that:

- The patient is expectantly and radically relying on Christian Science for healing.
- The patient is working with a Christian Science practitioner listed in *The Christian Science Journal*.
- The patient has designated someone as his or her home and care guarantor.*
- The patient is free from the use of medication.

Please call our Christian Science Nursing Department at **415-379-2224** for additional information on admission.

**The home and care guarantor is an individual willing to take responsibility for making any necessary arrangements for you to get home or elsewhere when it is time to leave Arden Wood. They also make sure any necessary assistance and care are provided for at that time*



About Our Organization...

Arden Wood's history is rich—filled with decades of healing and regeneration. Dedicated west coast Christian Scientists collaborated closely with The Mother Church to establish and found this institution. In 1926, The First Church of Christ, Scientist in Boston, Massachusetts — The Mother Church — selected the current site to build the West Coast Christian Science nursing facility. Construction began in 1929, and the "Christian Science Benevolent Association on Pacific Coast" opened in May of 1930. In 1973, The Mother Church appointed a local board of trustees, and the facility began operating as a private, nonprofit organization. Eventually, it became known as the Arden Wood Benevolent Association, and then as Arden Wood, Inc. Arden Wood adheres to the teachings of the pastor of Christian Science: The Holy Bible and *Science and Health with Key to the Scriptures* by Mary Baker Eddy. *The Manual of The Mother Church* provides for Christian Science nursing, and Arden Wood supports the activity of these nurses.

Our nursing patients are active students of Christian Science and rely solely on God for healing as taught in Christian Science. Our Ministry is: "To support healing through skillful Christian Science nursing care and training, inspired living, and Christly service."

Note:

The information contained in this brochure is intended for educational purposes only. It provides a general explanation of how Medicare works in regard to Arden Wood as of January 2011. You should use it for general guidance with the understanding that the Medicare rules may change and that a summary cannot always explain exactly how they will apply in particular circumstances. If you need assistance with respect to your own situation, please consult a knowledgeable personal advisor, such as an attorney or benefits specialist who is familiar with the topic. For authoritative guidance on any Medicare questions, you or your personal advisor should contact Medicare at the telephone numbers or e-mail addresses given in this brochure, or review official Medicare publications, which are available online at www.medicare.gov.



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