

LEAVING THE SKILLED NURSING FACILITY: A GUIDE FOR FAMILIES





More and more, hospitals are places for only acute care, such as major surgery, intensive care, or comprehensive testing and immediate treatment for a serious illness. Once the crisis has passed, the patient is often transferred to a Skilled Nursing Facility (“SNF”). These facilities are able to administer medications and provide intensive therapy to get the patient back on her feet.

When the medical personnel at the SNF have determined that a patient no longer needs that level of treatment, or that he has reached a point where he won’t improve further, they will notify the patient and his family that he will be discharged.

What should you do if you know that you are not able to take care of your husband when he gets home, or if you’re afraid that your mother can’t take care of herself? What should you be thinking about, and what decisions do you need to make?

1. Is the patient really ready to leave?

The SNF is required to give families at least 3 days' notice, in writing, before a patient is discharged. If you believe he would benefit from staying longer, you can file an appeal with Medicare asking that they continue to pay for SNF Care. The discharge form should include the phone number you can call to file this appeal. If it doesn't, ask the SNF Discharge Planner for this information.

If you agree that the patient will no longer improve, but you need a few more days to make arrangements, ask the Discharge Planner if she can stay for a few days on a private pay basis. If that is not possible, see if the SNF is able to work with Medicare to extend the stay for a short time.

2. Can I get some help to take care of the patient at home?

There are many "non-medical" home care agencies that can provide aides to assist with bathing, dressing and transporting. They can also help with cooking, light housekeeping and transportation. Aides can be provided for a few hours, or for 24-hour care. Some agencies will bill a long-term care insurance company directly, and others accept ALTCS (Medicaid) if the patient is otherwise eligible. Look under "Home Care Agencies" in the yellow pages or Internet, or the Discharge Planner may have some recommendations.

Some non-profit agencies can also provide a few hours of care, respite for family caregivers or meal preparation for little or no cost. Examples in our area include Duet, www.duetaz.org, 602-274-5022, or the Area Agency on Aging, www.aaaphx.org, 602-264-2255.

There are also agencies that provide home medical care, such as administering intravenous medications and physical or respiratory therapy. You can find these under "medical home care." The Discharge Planner

or home care agency may also have some recommendations. If your doctor has ordered medical care at home, he may select the provider, or make a recommendation.

3. If the patient can't go home, where can he go?

There is a great variety of residential care facilities in Arizona. These are some of the terms you will hear:

a. Independent Living: These are usually apartments or patio homes for individuals above a certain age. The living units are designed with aging adults in mind, so they are usually one-story with wide doorways and nothing that would impede a walker or wheelchair. Some meals in a common area may be included, or at least available, and there are usually a variety of planned social activities. Many adults are able to stay in independent living facilities for many years with the assistance of Home Care Agencies.

b. Retirement Communities are restricted to residents over a certain age (usually 62), and they usually provide a lot of social activities. Sun City, Sun Lakes and Leisure Village are examples of Retirement Communities. The living units are usually barrier-free, and they may have some of the other types of facilities listed here on their property, but the basic retirement communities do not provide any services or assistance to residents who need a little extra help.

c. Assisted living is for adults who need help with everyday tasks. They may need help with dressing, bathing, eating, or using the bathroom, but they don't need full-time nursing care. The residents may live in small studio apartments, or in a room, with or without a roommate, and the facilities provide meal service and social activities similar to (and sometimes shared by) Independent Living facilities. Some assisted living facilities are part of retirement communities. Others are near skilled nursing facilities, so a person can move easily if needs change.



d. Memory Care facilities are specifically licensed to care for individuals with dementia. Like assisted living, they can be free-standing, or they can be part of retirement communities, which would enable a resident to transition from one level of care to another, or allow spouses to live on the same campus.

e. Care Homes are private residences licensed by the State of Arizona to provide Assisted Living and/or Memory Care level of care to a small number of residents (usually less than 10) in a home setting. These are often less expensive than institutional facilities.

f. Continuing Care Residential Communities (“CCRC”) are communities that include independent living, assisted living, memory care and skilled nursing facilities on the same campus. Once someone has paid the fee and moved into the independent living area, she can progress to the other sections if and when needed for little or no further cost.

4. What does this care cost?

There is a range of cost for every type of care that can be chosen. Home care agencies charge an hourly rate, and the cost of care homes or other residential facilities ranges from approximately \$3,000 - \$8,000/month, depending on the amenities and the level of care provided.

5. How will we pay for this?

Most families pay for Long Term Care from with their income and savings. If you purchased private Long Term Care insurance, or it was provided by your employer, it can help offset some of the cost.

Some public benefits may be available to help. For example, Veterans who served during wartime or their surviving spouses may be eligible for a pension benefit, including an additional benefit if they are homebound or require regular aid and attendance. The Arizona Long Term Care System (“ALTCS”), Arizona’s Medicaid program, will cover the cost of long-term care for individuals who meet strict medical and financial criteria.

6. What about Medicare?

Medicare does not cover the cost of non- acute or “custodial care,” such as non-medical home care, independent or assisted living, or even residence in a memory-care unit for people suffering from dementia due to a stroke, Alzheimer’s or other cause.

Medicare will cover up to 100 days in a Skilled Nursing Facility if the patient was admitted to a hospital for at least 3 days within 30 days of admission to the SNF. If the patient is admitted back to the hospital for at least 3 days (even if it is during a period of residence in an SNF, but for a different illness), and is then discharged to the SNF, the “clock” starts over again. There is no limit to the number of times Medicare will cover 100 days of skilled nursing, provided it is preceded by at least 3 days of hospitalization.

Medicare covers 100% of the cost of the SNF for the first 20 days. For 80 days after that, Medicare covers 80% of the cost. If the patient has a supplemental insurance policy, that policy will cover all or part of the remaining 20%; if not, the patient is personally responsible for that co-pay. Once Medicare will no longer cover Skilled Nursing Care, either because

they've decided it's not medically necessary, or the 100 days has run out, a supplemental policy won't cover it, either.

For seriously ill patients, Medicare covers up to 80% of the cost of an additional 60 days. This is a lifetime allowance, so once the additional 60 days has been used, they are no longer available, even after a separate hospitalization.

Medicare Part B pays for most (but not all) medical home care if it was included in the discharge orders from the SNF, or if it is prescribed by a physician. There is no cap on the amount or duration of care that they will pay for, as long as a doctor continues to order it.



7. Who decides where the person should go?

Ideally, the patient herself will be able to express her preference about where she wants to go, and the type of care with which she is most comfortable. If this is not possible due to her illness, the next best thing is for her to have signed Advance Directives when she was competent to make decisions. These authorize someone to act in her behalf when her illness prevents her from making an informed decision, or she is not able to communicate the decisions she has made.

There are several types of Advance Directives:

a. A general power of attorney appoints an agent to make financial decisions on behalf of the incapacitated adult, such as paying his bills and managing his assets.

b. A health care power of attorney appoints an agent to make healthcare decisions on behalf of an incapacitated adult, such as where she should get care, what kind of treatment is acceptable, and when the decision should be made to withhold further treatment. A living will often goes hand-in-hand with a health care power of attorney. This is the document in which an individual expresses her desires about these decisions.

c. A mental health power of attorney is either a separate document, or

a part of the healthcare power of attorney that is signed separately, appointing an agent to make the decision to admit the patient into a Level One Mental Health facility. A secure memory care unit is considered such a facility in Arizona.

d. A will can also be considered an advance directive. This is the document in which an individual decides how his assets will be distributed after his death, and who will manage his estate. He can also identify a guardian for any minor children or disabled dependents he may leave behind.

What if there are no advance directives?

If the individual hasn't signed a Medical Power of Attorney in advance, she may be able to sign a Health Care Proxy to make decisions about a particular period of hospitalization or care. For financial decisions, an individual may have given a child signature authority on his bank account, or his assets may be held in trust and managed by a Trustee. Since Arizona is a community property state, an individual's spouse generally has equal authority to make decisions regarding financial matters. In extreme cases, when no agent has been appointed, and the individual is physically or mentally incapacitated, a guardian and/or conservator may need to be appointed by the Probate Court to make decisions for the individual.

8. Who can help with all of these decisions?



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