

GUIDE TO SUB-ACUTE AND LONG TERM CARE

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FREQUENTLY USED WORDS AND PHRASES

Advance Directives	Legal documents used: (i) to appoint someone to act for you in making care decisions if you later lose the ability to act for yourself; and (ii) to state your wishes regarding the care you would or would not want if you were near the end of your life.
Care Conferences	Meetings at which a resident's or patient's needs are discussed among members of the care team . The resident or patient and a family representative are encouraged to attend. The goal is to create and keep up-to-date the person's care plan .
Informed Consent	Your right to be in charge of your own health care by having your medical situation, proposed treatment, and other treatment options explained to you in terms you can understand – and your right to give or refuse your consent for treatment after being informed.
Nursing Facilities	Also called nursing homes or skilled nursing facilities, these provide: (i) transitional or sub-acute care following a hospital stay for patients who require therapy and rehab in preparation for a return home; and (ii) long-term care for disabled, frail and chronically ill residents who require a higher level of skilled nursing and medical supervision than is available in other settings.
Ombudsman	The office or program that provides advocacy and problem-solving support for persons receiving care in nursing facilities and assisted living communities.
Resident Council	A group made up of a nursing facility's residents and patients; its functions may include: to represent and advocate for the residents; to provide a convenient forum for discussing issues that affect resident care and quality of life; to present resident views and concerns to facility management; and to plan events and programs.
Residents' Rights	Rights guaranteed to patients and residents under state and federal law. Facilities must inform residents of their rights and must always protect and promote these rights.

UNDERSTANDING YOUR CARE OPTIONS

Nursing facilities that provide sub-acute care and long term care play an essential role in today's healthcare. A big reason is that hospitals these days are discharging patients sooner – and sicker – than ever before. Often, there is a lot of skilled care and rehabilitation that still needs to happen before a person can return home.

Health care is more complex these days. Many kinds of specialized care can be delivered in a person's own home. But often the resources of a nursing facility can make a critical difference in a person's recovery, care, and overall well being.

Today's families are also smaller, more spread out, and busier than they once were. So, adding home caregiver responsibilities on top of everything else just isn't a realistic option for many of us. That's when understanding your care options becomes important.

Levels of Care

Nursing facilities offer distinct levels of care.

- Short-term skilled nursing, restorative, and rehabilitative care following hospital discharge;
- Extended care for persons of any age who are chronically ill or severely disabled and who need skilled nursing care on a 24/7 basis;
- Extended care for persons suffering from stroke, Alzheimer's disease, or other forms of dementia.

One thing all these have in common is that nursing facility care is provided under physician supervision. The physician:

- writes orders for such things as medications, therapy, medical procedures, and dietary requirements, and
- remains in charge of the person's course of care and treatment.

Licensing and Oversight

Nursing facilities are heavily regulated – they have detailed standards they must meet. They are licensed by the state. There are annual, unannounced inspections called “surveys.” When inspectors find problems – called “deficiencies” – the facility is required to take corrective steps to get back into full compliance.

Each nursing facility administrator is licensed and must stay current in his or her training through continuing education credits. The same holds true for nursing and therapy professionals.

Where Nursing Facilities Fit in the Bigger Picture

Nursing facilities fill two essential roles. They provide physician-directed, sub-acute care following hospital discharge – for example, after knee or hip replacement surgery. And they also provide ongoing care – again, under the supervision of a physician – for residents who need 24-hour nursing and other specialized care.

To put this in perspective, let's look at some of the other ways health care services are delivered other than being in the hospital.

Assisted Living provides a retirement living option – for example, a studio or one- or two-bedroom apartment – together with some personal care and some health care services. Assisted living facilities or communities vary widely in the services they provide, and they are licensed differently from state to state. Some are independent. Others are affiliated with a nursing facility, hospital, continuing care retirement community, or other retirement housing community.

Continuing Care Retirement Communities – or CCRCs – are retirement communities that include various levels of care, from independent living to assisted living to skilled nursing care. Residents typically move in when they are relatively healthy, with the expectation that the CCRC will continue to meet their care needs as they evolve over time.

Adult Family Homes (sometimes called “alternate family care”) provide room, board, personal care and some basic health care services to a small number of persons in a small, family home setting.

Home Health is care provided in a person's home (or other place of residence) by a home health agency licensed to provide preventative, rehabilitative, and therapeutic services. Home health agencies typically provide nursing, homemaker-home health aide, and physical therapy services.

THE TRANSITION FROM HOSPITAL TO SUB-ACUTE CARE

A smooth transition from one level of care to another is important for a patient being discharged from a hospital to a nursing facility. Here are some things to keep in mind:

- If you are going into the hospital for a scheduled surgery – for example a hip or knee replacement – your surgeon may recommend post-surgery rehabilitative care in a nursing facility. As you meet ahead of time with your doctor or other clinic staff, ask what your options are for care after you leave the hospital. What rehabilitation facilities do they recommend? What steps should you take before surgery to plan that transition and make sure your preferred facility is on notice and expecting you as a patient?
- The hospital you will be discharged from will play a lead role in preparing you for discharge. This should include helping you understand your care options and choosing the one that's right for you and covered by your insurance plan. The hospital discharge planner will also help in making sure a bed is available – and in arranging an alternate placement if it turns out your first choice doesn't have any beds available. He or she can also help in planning transportation from the hospital to the nursing facility: Is it safe and wise to go by private vehicle? Or is travelling by cabulance or ambulance required or recommended?
- A third resource is the nursing facility you are considering and its staff. If you can, visit your preferred facility a few weeks before your expected hospitalization. Meet with the admissions coordinator and director of the facility's rehab department or unit. Take a tour of the facility. Check out a typical patient room. Spend some time with the rehab staff to get a feel for who will be providing the therapy services your physician prescribes. Ask lots of questions.

PAYING FOR CARE

Care in a nursing facility is usually paid for through one or more of the following:

- Medicare – but only for a limited time following some hospital stays
- Medicaid – but only for those who qualify based on financial need measured by their income and assets
- Managed care – for persons who are enrolled and whose plans cover nursing facility care
- Long term care insurance – for those who have purchased it ahead of time
- A resident's personal funds.

Medicare

Medicare is the federally funded program that provides partial health care coverage for most Americans age 65 and older and for persons who are disabled.

Under the current way Medicare pays hospitals, the hospital has a big financial incentive to discharge a patient quickly. Often, this means a patient will be well enough to leave the hospital, but not yet well enough to return home. This is where Medicare Part A will pay for a large part of the cost of care in a skilled nursing facility for up to 100 days. This kind of care is usually called *sub-acute care*.

Medicare covers:

- semi-private room,
- meals,
- skilled nursing
- services,
- medications,
- medical supplies.

Nursing home payment under Medicare is subject to these limitations:

- The skilled nursing facility must participate in the Medicare program.
- Admission must follow a period of at least three consecutive days of hospitalization;