



What Can Families Do to Prepare for Long Term Care?

To prepare for long term care decisions, families need to be involved and ask the right questions. The following are guidelines on financial preparation for placing your elderly loved one in a nursing home, recommended criteria for choosing a skilled nursing facility, and other considerations once the family has chosen the facility:

- 1) The purchase of long term care insurance will not be adequate unless the funding is done at an early age. Presuming the funding will not be adequate for an extended stay in a nursing home, following are the family's options:
 - a. If your parent or elder loved one is being discharged from a hospital to a nursing home, the funding must be from Medicare Part A, first and foremost. Unfortunately, the providers of care do not aggressively seek the 100-day benefit, due to a lack of understanding and documentation supporting the claim. You should insist on the pursuit of the 100-day benefit before putting the patient on spend down for qualifying for Medicaid.
 - b. By law, Medicaid is the last resort for billing. Once your elder loved one is on Medicaid, it is likely that the level of care will be reduced to custodial, which will not be adequate for restoring the patient to a lower level of dependence. Medications are covered by Medicare Part D, if the patient qualifies for both Medicare and Medicaid (dual eligibility).
 - c. By law, the nursing home can be asked to bill Medicare for 100 days for each spell of illness before putting the patient on spend down. Spell of illness is defined by law as an admission to a skilled nursing facility within 30 days of a three day stay in a hospital, ending when the patient has been off Medicare in a skilled nursing home and hospital for 60 consecutive days. By this definition, the patient could receive up to 239 days of Medicare coverage per year.
 - d. At the same time, it is illegal for the patient to dispose of their assets in anticipation of a nursing home stay. Each State has its own rules on the illegality of such transactions.
 - e. The ultimate goal should be for the patient to go to a skilled nursing facility for transitional care, utilize Medicare for rehabilitation and restoration of function, and then return home or to a community based arrangement. If this is the skilled nursing facility's modus operandi, then carefully read it and make sure this is stated in the care plan.

- f. Other options are a reverse mortgage on real estate and use of proceeds to pay privately for care, until the funds are spent down and an application for Medicaid is the only choice. At no time in the entire scenario is the family required to participate in the cost of care. If they so choose, they are advised to make sure the costs for continuing restorative services are billed to Medicare Part B and not deemed custodial care.
- 2) Searching for the right skilled nursing facility can be a daunting task. The following criteria are recommended:
- a. Does the nursing home apply the 100-day rule and strive to restore their patients to their highest level of functioning using rehab low and restorative nursing payment categories?
 - b. Does the nursing facility employ their own therapists or do they outsource the therapy service? If they outsource, do the therapists ramp the cases down to rehab low and restorative nursing on a routine basis?
 - c. Does the nursing facility document the patient's functionality every week in a utilization review meeting before terminating Medicare coverage? Does the facility notify the attending physician and family over a seven-day period of the imminent discharge?
 - d. Does the nursing facility staff utilize Medicare care plans for directing the care and evaluating improvements or declines in functioning?
- 3) Once you have chosen the skilled nursing facility, make sure that personal items will be protected:
- a. Eyeglasses must be tagged and a system set up to make sure they are not lost. A staff person should be assigned to keep track of eyeglasses for each patient.
 - b. Hearing aides get dumped in the garbage or laundry if not monitored closely. A staff person should be assigned to keep track of hearing aides for each patient.
 - c. Underwear gets put in the wrong drawer or stolen by other patients. A staff person should be assigned to keep track of underwear for each patient.
 - d. Personal clothing gets lost in the laundry because it is not properly labeled and returned to the right drawer or closet. A staff person should be assigned to keep track of personal clothing for each patient.
- 4) Medications are a problem for the family and the staff. All orders for medications should be made after a visit and exam by the attending physicians or a nurse practitioner. Phone orders should be reserved for emergencies only. The goal should be to reduce the dependence of the patient on routine medications that can be replaced by more natural means, e.g., diet, physical exercise, mind exercise, stimulated motor skills.
- 5) A physician's timely intervention and evaluations of improvement or decline are a problem for the family and staff. The physician that is selected as the attending physician should be someone other than the Medical Director so there is true accountability. The attending physician should be schooled on the 13 RVU's (relative value units) that can be used for skilled nursing home billing.