

Overview of Placement Options

Privately Hired Attendant Care

The Social Worker or Discharge Planner can provide a list of nursing agencies and community agencies that may have attendants for hire. Insurance companies very rarely cover this service.

Adult Day Care

Weekday structured programs in a community setting with activities and services related to the elderly who are usually physically, emotionally, or cognitively impaired. The Social Worker can assist the pt and/or family with these referrals.

Retirement Hotels/Senior Apartments

Individual apartments or rooms in a multi-unit building planned and designed for the elderly. Supportive services such as meals, transportation, housekeeping and social and recreational activities are usually provided, however it is usually up to the individual as to whether or not to partake in services.

Units are either shared or private and the patient is usually responsible for all costs.

Board and Care

Living arrangements providing room, meals, and housekeeping. Generally speaking, patients must be able ambulate to the dining room, and manage their own self care, although medications will be dispensed by staff. Walkers are usually limited to those living on first floor and wheelchairs are usually not accepted. Most rooms are for two people.

These facilities are covered by SSI or private pay.

Hospice

A facility or agency that offers in house or at-home care designated to help the terminally ill and their families live as comfortably as possible. Freestanding hospice units are not common in the Los Angeles area, usually, the service is provided at home or in a Skilled Nursing Facility. In a SNF, Medicare will cover the actual Hospice services, but, the pt. is usually responsible for the board and care portion of the cost.

MediCal will cover board and care if pt. has MediCal or is eligible.

Skilled Nursing Facility

A facility that provides 24-hour medical care provided by registered nurses, licensed vocational nurses as well as nurses aides. Licensed Physical Therapists, Occupational Therapists, and Speech Therapists are also available. Typically for patients who require services that can only be given by a licensed provider such as IVABX, IV pain management, wound care, gtube feeding or physical rehabilitation needed 1-3 hours a day on a daily basis. An M.D. will usually evaluate pt. within the first 72 hours and then monthly thereafter.

In order for Medicare to cover (and Medicare only) pt. must have a three-day qualifying stay in the acute setting (think midnights). As long as pt. has a skilled need and a qualifying stay Medicare will cover the first 20 days at 100 percent, day 21-100 is \$119.00 a day which the pt. or the pt's secondary insurance is responsible for.

Most SNFs also have a custodial side for pts. whose needs can no longer be met at home or at a lower level of care. Other than MediCal, Medicare and most private insurances, (with the exception of long term care insurance) will NOT cover custodial care in a SNF. SNFs vary in price but generally run between \$5,000.00-\$6,000.00 a month.

Sub Acute Unit

For patients who no longer require the intensive procedures of an acute care Hospital, but do require the diagnostic or invasive procedures of an inpatient healthcare facility. Patients who are transferred to a sub acute facility may have a trach and require frequent suctioning. Individuals may also need to be weaned from a ventilator. Patients residing in this environment generally need between four and seven hours of skilled nursing/respiratory care each day.

Medicare does not recognize the sub acute level of care and will only reimburse on a SNF level, so the determination of acceptance is usually made on a case by case basis by the individual facility. MediCal does recognize the Sub acute level, however, the pt. must have a trach AND another needs i.e. feeding tube, wound care or TPN. Only a few sub cutes have dialysis available on site.

Long Term Acute Care Unit (LTAC)

Structured and programmed for medically complex and often catastrophically ill patients. Patients are admitted for acute care, with lengths of stay that average 25-30 days; typical of medically complex patients. The intensity of service will normally exceed the care needs that can be met by a sub-acute or skilled nursing facility.

An LTAC will generally be able to provide such services as vent weaning and respiratory care, complicated wound care, TPN; Surgeries such as Tracheotomies, wound debridment, skin flaps, PEG/GT placement, and Central line placement. An LTAC will also have an ICU as well as telemetry units. Pts. will be seen on a daily basis by an M.D. and will be treated by P.T., O.T., and Speech.

The patient must have specific and realistic discharge goals from the LTAC. Mainly for Medicare recipients, MediCal does not recognize this level of care, and private insurance is on a case-by-case basis.

Acute Rehabilitation Unit

Typically for neuro related diagnosis (but not always, this too is decided on a case by case basis dependant on insurance and accepting facility), the pt. must actively participate, tolerate, and benefit

from a MINIMUM of three hours of therapy daily (P.T., O.T., and Speech Therapy). The pt. must have a discharge goal of home or an assisted living facility, pt will NOT be accepted if the goal is SNF.