The Top 7 Things to Know About Long Term Care

California Advocates for Nursing Home Reform

The Seven

1. There Are Options
2. Try to Stay Home
3. Profit is King
4. Psych Drugs Are Dangerous
5. You Can Be a Savvy Shopper
6. Dispute Resolution Tactics
7. Advocacy Opportunities

There Are Options

Having a disability or needing someone to assist with daily care needs does not always mean you need to “go to a facility.”

Types of care:

- Residential Care Facilities for the Elderly / Assisted Living
- Skilled Nursing Facilities
- In home/community-based care

Payment systems:

- Private Pay
- Medicare
- Medi-Cal
    - California’s Medi-Cal system offers support with home and community based services (HCBS), and has special eligibility rules for married couples or registered domestic partners, and special deductions for people living in an assisted living facility.

Options - Residential Care Facilities for the Elderly (RCFEs)

- Intermediate step between independent living and nursing homes.
- **Non-medical facility** for individuals over age 60 providing room and board, plus care and supervision.
- Residents must be able to “self-administer” their medication.
- Other names: Assisted Living; Board and Care; Rest Home; Retirement Home.
- Size: 2-200+ beds
- RCFEs are not required to have doctors or nurses on staff, but can have residents with significant medical needs.
- Certain health conditions are “restricted” or “prohibited”, which means that the facility must obtain a waiver and demonstrate that they can meet the needs of the resident and comply with with additional safety, staffing and notice requirements in order to accept a resident with one of these conditions:
    - Oxygen Administration; Diabetes; Incontinence; Catheter Care; Colostomy or Ileostomy Care
    - Nonambulatory and “bedridden” residents
    - Terminally ill residents
    - Stage 3 and 4 pressure injuries; Feeding tubes; Staph infection or other serious infections; Tracheostomies; Dependent on others to perform all activities of daily living

Options - Residential Care Facilities for the Elderly (RCFEs)

- DSS Community Care Licensing licenses and regulates facilities
  - https://www.ccld.dss.ca.gov/carefacilitysearch/
    Click "Elderly Assisted Living"
  - Offers inspection and complaint investigation reports

- Average cost is $6,000/month in California (costs vary widely based on individual needs and geographic location)

- Few income assistance programs, primarily paid privately:
  - LTC Insurance (rare)
  - Assisted Living Waiver Program - must be very low income, waiting list is very long.
  - SSI Non Medical Out of Home Care rate – Individuals who make less than $1,599.07 NMOHC SSI rate, and meet asset requirements can remain in a facility on a protected room and board rate.

Options - Skilled Nursing Facilities (SNFs)

Medical facility providing 24-hour skilled nursing and supportive care on an extended basis, for residents to attain or maintain the highest practicable level of functioning.

- Other Names: Nursing Homes; Rehabilitation Centers; Convalescent Hospital
- Short-term ("Rehab") vs. Long-term ("Custodial")
- Level of care must be prescribed by a Doctor

Eligibility & Admission

- Admission is closely related to payment, since few can afford private pay
- Medicare: 3-day prior hospitalization and medically necessary

Options - Skilled Nursing Facilities (SNFs)

CA Average Private Pay Rate - Monthly Cost: $13,656 (costs vary widely based on individual needs and geographic location)

Payment Sources

- Medicare
  - Nearly 100% of facilities are certified for Medicare
  - 100 days only: First 20 days free; Days 21-100 - $209
  - Short term Medicare-covered rehab is the preferred resident
  - Medicare rates can be 2-4X Medi-Cal rates
- Medi-Cal:
  - Most, but not all facilities are certified for Medi-Cal
- Private Pay
- LTC Insurance
  - limited/usually $150 per day; resident may need to supplement

Options - Medicare

Federal health insurance program.

- Based on work history, and not income or assets
- For individuals age 65 and older, or disabled for 2 years
- Medicare offers very limited coverage!
- Hospitals (up to 150 days, deductible and co-pays)
- Nursing Homes (up to 100 days, with co-pays)
- Assisted Living (home health and hospice services only)
- Home (intermittent skilled nursing/therapy if ”homebound”)

Options - Medi-Cal

Health insurance for individuals with limited income (known as Medicaid in other states).

Medi-Cal pays for:

- Hospital stays
- Nursing Homes
- Home Care (IHSS, HCBA, Personal Care Homemaker)
- Adult day health care (CBAS, PACE)
- Case Management (MSSP, Enhanced Care Management)
- Assisted living facilities (Income-based ALW, and CalAIM NH Diversion service)

Try to Stay Home

People who stay at home, or live with their loved ones retain more independence, autonomy, respect and dignity.

Home Care options:

- Pay privately - in the Bay Area, private caregivers can be $30-$60+ per hour.
- CBAS programs - adult day health care centers which are covered by Medi-Cal, but often accept private pay individuals. Average $100-$150 per day.
- Find out if you might be eligible for Medi-Cal to access covered HCBS Programs
    - Medi-Cal no longer considers assets during eligibility
    - Married couples and registered domestic partners have more income protections
    - If paying privately for an assisted living, payments can be deducted from countable income

Try to Stay Home - HCBS Programs

In Home Supportive Services: Provides home and community-based attendant services and supports, including help with household chores, personal care services, paramedical services, and protective supervision.

Home and Community Based Alternatives (HCBA): Very high need individuals who want to avoid or leave a SNF. Case management, respite, nursing and supportive services, facility to community transition support services. Can be combined with IHSS hours.

Multipurpose Senior Services Program (MSSP): Case management services for 65+ to support them to stay in their own homes and communities. Services include: Medic alert system, adaptive equipment (ramps, grab bars, shower chair, etc.), nutrition, respite care.

Community Based Adult Services (CBAS): Day health program providing health, rehabilitative, personal care, and social services to older or disabled adults so that they can remain in the community, and maintain personal independence. Services include medical services, therapy, social services, nutrition services and hot meals.

Program for All–Inclusive Care for the Elderly (PACE): A wraparound program functioning as a Managed Care Plan. Provides light in–home care services (cooking, cleaning) combined with transportation to PACE day centers where participants receive the bulk of services including medical care, meals, rehabilitative therapies, and social services.

Read more in CANHR's HCBS Quick Guide

Assisted Living Waiver (ALW): Subsidizes a placement in an assisted living setting for low-income Medi-Cal beneficiaries 21 and older as an alternative to nursing home placement. Participants pay a fixed monthly board and care rate while Medi-Cal pays for additional care services.

California Community Transitions (CCT): Provides services and funding for people currently living in a nursing home or hospital for more than 60 days, to transition back to the community.

Personal Care and Homemaker Services: Available through Medi-Cal managed care plans, offers temporary paid caregiving support while members are waiting for IHSS assessment process to be completed.

Respite Services: Available through Medi-Cal managed care plans, offers short term non-medical services aimed at keeping high need individuals from being institutionalized, and preventing caregiver burnout. Can be provided in home or in a facility while the caregiver is unavailable.

Environmental Accessibility Adaptations: Available through Medi-Cal managed care plans, pays for one time physical adaptations to a home that are necessary to ensure the health, welfare and safety of the individual, or enable the individual to function with greater independence in the home: without which the participant would require institutionalization. Limited to $7,500.

Read more in CANHR's HCBS Quick Guide

Try to Stay Home - HCBS Programs

Community Transition Services/ Nursing Facility Transition to a Home: Available through Medi-Cal managed care plans, offers services and funding to help individuals currently living in a nursing home or hospital for more than 60 days, to transition back to the community.

Nursing Facility Transition/Diversion to Assisted Living Facilities: Available through Medi-Cal managed care plans, NF Transition assists individuals with moving back into the community while NF Diversion helps members avoid institutionalization when possible, by paying for care needs in an assisted living setting, while the member pays for their room and board. Room and board payments are typically on a sliding scale based on the participant's income.

Community Supports by County and Managed Care Plan:
https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Elections-by-MCP-and-County.pdf

CANHR's Community Supports Resources by County List:
https://docs.google.com/spreadsheets/d/17xjvj4lBlu7h-owY1yxqsOb3a5i07xIfJsYYmhpbYM8/edit?usp=sharing

Profit is King

Another reason to stay at home? Nearly all long term care facilities are for-profit. All else, including delivering care, is secondary.

The farther you get away from home, the less control you generally have to exercise consumer power (the payment) and the less able you are to replace caregivers, move, or withhold payment for failed care.

For-profits have **relentless** drive to increase revenue and slash costs. When revenue is connected to consumer welfare, it works. In long term care, revenue is often *at odds* with residents' welfare, especially in nursing homes.

Psych Drugs Are Dangerous

All too often, cognitive impairment is coupled with psychotropic drugs to “medicate” the “condition.”

1. Significant side effects, including worse cognition and even death; often off-label
2. Why? We want to help, we don’t know what else to do.
3. Behavior as communication of unmet needs. Re-framing the “problem”

Hypothetical

A resident with cognitive impairment is presenting significant challenges to the care staff. He is often resistant to care, refusing food, bathing, and grooming. He is often tearful or agitated and the staff sometimes have to work intensely to level out the resident's mood. His sleeping patterns are irregular and he often disturbs other residents with unprovoked nighttime screaming and other behavior. The fatigue after these nights exacerbates his difficult behaviors.

You Can Be a Savvy Shopper

Once you've decided the setting for care, how do you choose a good provider or good place?

Nursing Homes:
- Care Compare
- Cal Health Find
- LTCCC staffing data
- Carewatch

* note, hospitals will make you think you don't have time to be a savvy shopper. To hell with them.

Assisted Living:
- DSS Transparency Site

Top recommendations: go there in person (evening or weekend), staffing rates, ask what you're getting and get it in writing!

Dispute Resolution Tactics

The best way to resolve disputes is to avoid them! read the contract, ask questions, get answers in writing. Contracts are dynamic.

Grievance / putting concerns in writing (usually after verbal communication has failed)

Ombudsman

Licensing

Lawsuits

Advocacy Opportunities

Share your experience - internet reviews, complaints

Strength in numbers! Family councils, resident councils, support groups

Ombudsman - always looking for volunteers

Policy - Join CANHR! https://canhr.org/join-us-and-support-canhrs-work/