Confusion reigns about senior care and healthcare and the bewilderment will only continue to increase as the industry, providers, and payers juggle challenging issues. The questions are abundant:

• Why are hospitals so quick to discharge patients to rehab facilities after a hospital stay? Are skilled nursing facilities rather than rehab centers still an option?
• What if extended physical care is needed, maybe permanently? Does Medicare pay for that?
• What is assisted living and what does it cover?
• Into what “bucket” does memory care fall?
• Is Complete Supportive Living considered nursing care?
• Is Home Health Care reimbursed by Medicare? Does Medicare pay for non-medical home care? Does Medicare pay for long term care?

The world of senior care and healthcare is constantly changing. Hospitals, trying to increase profitability, are quickly transferring patients to the new breed of acute rehab facilities, which are plentiful in Arizona (many of which are owned by the hospitals or physician practices). These rehab facilities offer services like physical (PT), occupational (OT), and speech therapy (ST) to get patients back on their feet as soon as possible after an illness or operation. Medicare Part A covers care in a rehab center (after a hospital stay of at least three days), for up to 100 days in a benefit period. A benefit period starts on the first day of hospital admittance. Rehab in these facilities is more intense for a shorter period of time. Three hours a day of therapy (not consecutive hours) needs to be tolerated and the patient needs to demonstrate that progress is being made or the Medicare payment is suspended after 20 days.

An option is subacute rehab in a nursing home, which is less intense therapy for a longer period. The Medicare service provider will weigh in on the patient’s progress to determine how long payment will last.

A third option is home health care. Medicare will pay for medically necessary part-time or intermittent skilled nursing care, PT, ST, or OT services for people with a continuing need, done in the home (along with other services and supplies) if the physician is comfortable discharging the patient with home health care. A Medicare-licensed home health care provider will deliver those services under Medicare Part A or Part B. Home Health may also include medical social services, intermittent home health aides and medical supplies for use at home. The therapy limits are below, although coverage can be extended over these caps when a physician sees progress and provides that information to Medicare.

• $1,960 worth of physical therapy (PT) and speech-language pathology (SLP) combined; and another $1,960 worth of occupational therapy (OT).

After the annual Medicare Part B deductible is paid ($166 in 2016), Medicare will pay up to 80% (up to $1,568) of the Medicare-approved amount for each service and you will be responsible for the remainder. After the limit has been reached, you will have to pay the full cost of the services (100%).

The world of senior care and healthcare is constantly changing.
Nursing care in Assisted Living centers in Arizona

A physician will recommend assisted living communities when the senior does not require extensive medical care but they do need more and/or hands-on assistance. There are many Assisted Living Centers in Arizona and their offerings can be very different. All will provide the basic necessities, including meals and activities that promote socializing, along with various care. There are three distinct categories of assisted living in Arizona: Supervisory, Personal, and Directed.

Supervisory Assisted Living and Personal Assisted Living

The primary difference in these two categories will be the amount of hands-on assistance provided in each category, including medication actually being dispensed instead of reminders about taking meds. Medications (including oxygen) can be self-managed if the resident is able. Every Assisted Living Center will have a different set of services and pricing; be sure to inquire about add-on fees for things like medication administration.

Directed Assisted Living: Memory Care and Complete Supportive Living

The care provided in Directed Assisted Living in Arizona is generally memory care, and may include the highest level of hands-on (Personal) care. It may mirror the care received in nursing homes, but with a less medical setting. Many centers who offer Directed Assisted Living dispense medications only in the resident’s suite, to maintain privacy and the feeling of home, opposite the protocol of most nursing homes.

The difference between Memory Care and Complete Supportive Living is generally cognitive deficits vs. physical deficits. Communities offering Directed Assisted Living should have a secure area for memory care residents and may even have nurses on site 24/7. Maximum functional assistance with bathing, dress, toileting, transfers, and mobility will be offered at an Assisted Living Center licensed for Directed Care, along with the management and coordination of chronic health conditions.

Assisted Living Centers vs. Nursing Home

Assisted Living Centers, unlike Skilled Nursing Facilities, will have a residential feel because residents live in their own apartment or suite, decorated to their liking. An abundance of services are offered—meals in beautiful dining spaces, housekeeping, laundry, transportation, activities, events, assisting with personal hygiene, medication management, and much more. At the Personal or Directed level, in many centers, much higher levels of intermittent nursing care can also offered, including feeding tube and catheter maintenance.

Deciphering where a loved one should live, temporarily or permanently, can be difficult. In Arizona, communities licensed for Directed Assisted Living may offer round-the-clock nursing care, along with secure buildings for memory-impaired residents who may have a tendency to wander. If your loved one is in an assisted living center, you will want to make sure that if care needs increase, that center is able to accommodate those needs so that a move isn’t necessary in the future. Ask if they have nurses on site 24/7 and if they have a secure area where wanderers could reside 24/7, if wandering is a concern. Assisted Living Centers come in a variety of shapes, sizes, and prices, so asking a lot of questions will avoid surprises later on.
The bottom line on Medicare

Medicare does not pay for long-term care in assisted living, nursing homes, or for care at home. Long-term care is paid entirely from a person’s income and savings. However, residents who live in an Assisted Living setting may have medically necessary Home Health Services. In Arizona, a state-funded program called ALTCS (Arizona Long Term Care System) is available for those unable to pay for long-term care. More information can be found at www.azahcccs.gov.

Confusion often stems from misinterpretation of coverage provided by Medicare’s “post-acute” home health care and skilled nursing facility benefits. Post-acute services focus on medically related skilled nursing and therapy services patients may need after hospital or outpatient treatment. Long-term care consists mainly of personal assistance with routine activities such as bathing, toileting and managing medications, for individuals who need assistance because of ongoing functional limitations, usually defined as lasting three months or longer.

Royal Oaks offers long-term care in many settings

On the Royal Oaks campus, three state-licensed buildings offer Assisted Living in safe, secure environments:

- The Illingworth Assisted Living Center is licensed for Supervisory and Personal Care
- The Friendship House is for Memory Care and licensed as Directed Assisted Living
- The Care Center for Complete Supportive Living is licensed as Directed Assisted Living

Our 38-acre campus in Sun City, Arizona includes multiple dining options, fitness center with indoor and outdoor pools (also used for therapy), and activities and amenities to enhance/support the body and mind. Our residents residing in independent living apartments and casitas are active volunteers at our higher-care centers, contributing to a happy and healthy place to live.

Home Health, Respite and Hospice services also available on campus. When a resident requires rehab after a hospital visit, it is arranged through our care management team, including on-site physicians and therapists. When appropriate, Home Health can provide rehab in any setting using Medicare Part A or B, or at a rehab center prescribed by your personal physician.

To arrange a tour of Royal Oaks for independent living, or any of our higher care levels, call (623) 815-4132. Visit www.RoyalOaks.com for a wealth of information, including a checklist to use as you compare Assisted Living Centers. At Royal Oaks, you can pay privately or with long-term-care insurance. We are not an ALTCS provider.