

Choosing a Skilled Nursing Facility



**Brain Injury
Alliance**
CONNECTICUT

Brain Injury Alliance of CT
www.biact.org
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Helpline: 1-800-278-8242
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INTRODUCTION

Skilled nursing facilities are an option the rehabilitation team might discuss when planning for your family member's discharge from rehabilitation. People with brain injury are sometimes moved to a skilled nursing facility, where they receive 24-hour monitoring, personal care, skilled nursing and rehabilitative services. A skilled nursing facility is a traditional nursing home that provides 24 hour a day medical nursing care and a licensed physician supervises the care of each patient and is on call 24 hours a day. All skilled nursing facilities are stated licensed and are staffed 24 hours a day with an RN and certified nursing aides. Individuals who are in need of higher levels of care due to illness or disability would go to a skilled nursing facility.

Care and services in a skilled nursing facility include, but are not limited to:

- adaptive aids/supplies/equipment
- health monitoring
- hospice care
- personal care
- psychological services
- room and board
- skilled nursing services
- social activities
- Therapies

Costs vary by facility and services provided. Payment options include: private resources, long term-care insurance, Medicaid, Medicare, or Medicare Supplemental Insurance. Many facilities accept Medicare and/or Medicaid as payment.

The State Department of Public Health has stringent standards for skilled nursing facilities, which are inspected yearly to make sure they are in compliance. When choosing a facility, be sure to ask about the latest inspection report. In addition, the Long-Term Care Ombudsman helps protect the health, safety, welfare and rights of individuals residing in skilled nursing facilities by attempting to resolve any complaints.

A skilled nursing facility provides skilled nursing care and/or assistant care services to people with illnesses, injuries, or disabilities. Therapies that may be provided in a skilled nursing facility could include physical, occupational, and speech therapy. Skilled nursing facilities typically do not provide specialized rehabilitation for people with brain injury, such as cognitive therapy or neuropsychological services, unless they offer specialized subacute care for people with brain injury. If you are unsure of why your rehabilitation team is choosing a nursing home or skilled nursing facility instead of a brain injury rehabilitation facility be sure to ask the team how they came to their decision.

This booklet provides basic information about choosing a skilled nursing facility for your loved one. Please read it at your own pace. As you learn more about the skilled nursing facilities, you will have many questions. Please contact our Helpline by calling 860-219-0568 or 1-800-278-8242, or email us at general@biact.org.

Q. Besides skilled nursing facilities, are there other options in Connecticut?

A. Try the following:

<p>Contact the Acquired Brain Injury Medicaid Waiver</p>	<p>The Acquired Brain Injury (ABI) Medicaid Waiver program employs the principles of person-centered planning to provide a range of non-medical, home and community based services, to adults who have an acquired brain injury (not a developmental or degenerative disorder) in the community. Eligibility criteria include:</p> <ul style="list-style-type: none"> • Without these services, the adult would otherwise require placement in an institutional setting. • Person must require assistance with at least 2 activities of daily living (dressing, bathing, eating, toileting, transfers). • Adults must be age 18-64 to apply • Must be able to participate in the development of a service plan in partnership with a Department of Social Services (DSS) social worker, or have a Conservator to do so, and must meet all technical, procedural and financial requirements of the Medicaid program. • An adult deemed eligible for the ABI Waiver is eligible for all Medicaid covered services. <p>To learn more about the ABI program or to obtain an ABI waiver request form, call the Department of Social Services at 1-8020-445-5394, Option 1 for English, then Option 5 for the ABI Wavier. More details can be viewed online at www.ct.gov/dss. There is a brochure on the ABI Waiver and the ABI Waiver Request Form, online.</p> <p>IMPORTANT NOTE: <i>There is currently a wait list for this program. It will be important to enlist the support of your legislator on this issue as services are not provided while you are on the wait list.</i></p>
<p>Money Follows the Person</p>	<p>Connecticut has transition services to assist people based on their individual needs. You may be eligible for Money Follows the Person (MFP) if you:</p> <ul style="list-style-type: none"> • Are eligible for Medicaid in the community • Have lived in a nursing home for more than 3 months • Are interested in living in the community • Are eligible for one of the community service packages <p>Even if you don't qualify for the Money Follows the Person program, there are other services the Department of Social Services may offer to assist you. You must complete an application to access services.</p> <p>For more information, or to apply by phone, call 1-888-99-CTMFP (1-888-992-8637) OR complete application online: https://ctmfp.com/. You can also visit the website for more information about the program.</p> <p>www.ct.gov/moneyfollowstheperson.</p>

Q. How do I choose a Skilled Nursing Facility?

A. Try the following:

Contact the Brain Injury Alliance of CT (BIAC)	<p>BIAC is an independent, non-profit organization dedicated to supporting individuals with brain injuries, their families, and caregivers while increasing awareness of brain injury and its prevention. Through BIAC's <i>Helpline</i>, 1-860-219-0291 or 800-278-8242, brain injury specialists provide individual support and guidance to survivors and caregivers to ensure that the often complex and overwhelming challenges they face are negotiated more easily and effectively. BIAC is located at 200 Day Hill Rd, Suite 250, Windsor, CT 06095 www.biact.org</p>
Ask for Referrals	<p>Does your family physician or specialist have any recommendations? Ask your doctor if he or she provides care at any local nursing homes. If so, ask which nursing homes he or she visits so you may continue to see your doctor while you're in the nursing home? Do you know any friends or families who have used different homes? Knowing someone with first-hand experience with a home can help you narrow your choices.</p>
Medicare Nursing Home Compare	<p>Use Nursing Home Compare on the Medicare web site to find an information summary for a specific facility, http://www.medicare.gov/NHCompare, or call 1-800- MEDICARE (1-800-633-4227) to ask that a printed copy of Nursing Home Comparison be mailed to you (includes comparison of quality ratings, health inspection results, nursing home staff data).</p> <p>If you need help understanding the data, call the division of health systems regulation at your state department of public health (in CT, call 1-860-509-7400) and ask for a nurse consultant for assistance.</p>
CT Nursing Home Info & Registry	<p>Family member provided this resource. Ratings are based on data obtained from Centers for Medicare and Medicaid (CMS): they are the Medicare ratings. Listing is alphabetical by nursing home name. Fee for some reports.</p> <p>http://memberofthefamily.net/registry/ct.htm</p>
Long Term Care Ombudsman Program (LTCOP)	<ul style="list-style-type: none"> • Long Term Care Ombudsman Program (LTCOP) can discuss general information about nursing homes and nursing home care. • LTCOP can help you compare a nursing home's strengths and weaknesses. • LTCOP can answer questions, such as how many complaints they have gotten about a specific nursing home, what kind of complaints they were, and if the issues were resolved in a timely manner. • LTCOP Ombudsman has volunteers who visit nursing facilities regularly and are

	<p>familiar with their strengths and weaknesses. An ombudsman cannot recommend a nursing facility, but can provide the results of the latest state inspection and information about the facility's complaint history.</p> <ul style="list-style-type: none"> • Statewide call toll free 1-866-388-1888 or 860-424-5200.
Aging and Disability Resource Centers (ADRC)	<p>Aging and Disability Resource Centers (ADRC), also called 'Community Choices' offers a range of information about long-term care community supports, from a simple name and phone number to detailed help concerning community services, policies and procedures, and assistance with completing benefits applications.</p> <p>Contact Community Choices by calling 1-800-994-9422</p>
Dept. Of Public Health (DPH)	<p>Department of Public Health (DPH) publishes: 'Nursing Home Facilities Licensed by the State of Connecticut.' It can be viewed online at the link below or call (860) 509-7400 and request a hard copy. Please note 2011-2012 is the latest version on the DPH website.</p> <p>http://www.ct.gov/dph/lib/dph/facility_licensing_and_investigations/pdf/nursing_home_book.pdf</p>
Infoline	<p>Call 2-1-1 or search the online database at www.211CT.org</p> <p><i>Provides contact information only, no comparison feature.</i></p>

Q. How do I select a Facility and decide what would be the best match?

A. Plan to make visits and ask many questions.

Basics	<p>Are these all part of the facility's program?</p> <ol style="list-style-type: none"> 1. Evaluation and assessment of the patient's unique physical, cognitive, communication, emotional, behavioral, and social impairments. 2. Physical therapy to regain mobility, strength, balance, coordination, and endurance. 3. Occupational therapy to relearn self-care and daily living skills. 4. Speech and language therapy to treat communication and swallowing disorders. 5. Cognitive rehabilitation: Treat challenges with concentration, memory, problem-solving, planning, and decision-making. 6. Neuropsychology or rehabilitation psychology to help the individual with the brain injury accept the consequences of his/her injury and to treat any emotional and behavioral problems (<i>in a SNF, there usually is not an onsite neuropsychologist. Ask who handles emotional and behavioral issues</i>)
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	<p>7. Recreational therapy to relearn leisure skills and, maybe, develop new interests.</p> <p>8. Access to other specialists, such as neurologists, orthopedists, physiatrists, neuropsychologists and pain management doctors, to provide treatment for other problems. Ask how it is determined if a consultation is needed with a specialist.</p>
<p>What to look for in staff:</p>	<p>Staffing. How many nurses are on permanent staff and how many come from agencies that supply temporary nursing staff? The majority of nurses at the facility should be staff members who are familiar with residents' ongoing care needs. To find the ratio of staff to residents at each facility, visit Medicare Nursing Home Compare on the official government web site for Medicare patients.</p> <p>Physician affiliation. State and federal guidelines require all skilled nursing facility residents to be under the care of a physician so that their plan of care and medications can be evaluated at least every 30 days. Is your physician affiliated with the facility so that he or she can continue to follow your care after you move there? Does the facility have a physician who cares for many of the patients? Does the physician monitor medication on a more frequent basis when changes need to be made?</p>
<p>What to look for in current residents and their families:</p>	<ul style="list-style-type: none"> • Are residents clean, dressed and active? • Do the residents appear happy, engaged or excessively groggy and overmedicated? • Try to observe social gatherings such as meals or other activities. If needed, are residents getting timely help to eat, and with getting to and from the gathering areas? • If you see a family visiting, ask them their impressions of the home and how their loved one has been treated. Ask if there is a family council and if you could attend. A Family council is a group of family members who meet regularly to discuss issues of concern and generally act as “patient advocates.”
<p>What to look for in a facility:</p>	<ul style="list-style-type: none"> • Does the facility have a separate dedicated Sub-acute unit? • Has the facility provided treatment for people with brain injuries? • Does the facility appear clean and odor free?

	<ul style="list-style-type: none"> • Openness: Do you feel welcome observing activities, walking around, and asking questions? • Is there a home orientation suite, which enables the patient to practice skills in a home setting? <p><i>Visit the facilities that interest you or ask a trusted friend or family member to do it for you. Make unscheduled visits at different times to observe as many interactions as possible.</i></p>
Admission/Availability	<ol style="list-style-type: none"> 1) Is a bed available and if not, how long before one becomes available? 2) Can you add your name to a waiting list? <p>Note: Nursing homes don't have to accept all applicants, but they must comply with local, state, and federal civil rights laws that prohibit discrimination. If someone is denied admission, you can ask the reason. Sometimes it is a funding issue and other times it may be related to medical issues. However, a person can not be denied admission to a skilled nursing facility simply because they have the diagnosis of brain injury.</p>  <p>CALL YOUR LEGISLATOR!</p>
Communication	<ul style="list-style-type: none"> • If you are making arrangements for a family member, how often will staff contact you with an update on his or her condition? • Can the individual still see their personal doctor? • Who will help them arrange transportation if they choose to continue to see personal doctors and they don't visit the nursing home? • Are they open to collaborating with professionals who may have expertise in this area? • Will they coordinate with the program or service the person is transitioning from in order to facilitate a smooth admission and transition? • Is senior management and treating staff readily available for consultation or to answer your questions? • Does the program regularly obtain medical consultation for client health issues? • Are the progress reports, charts, medical records and therapy documentation accessible upon request?

	<ul style="list-style-type: none"> • Does the program directly employ staff rather than use contract therapy and medical staff?
Rehabilitation	<ul style="list-style-type: none"> • Do you have a fully equipped Rehabilitation Department? How many days of the week is it available? • Does the program provide a daily schedule? What role do patients have in directing the schedule and selecting the program components? • What types of professionals will make up my interdisciplinary rehabilitation care team? • Does your staff have experience working with individuals who have acquired brain injuries? • Do you offer cognitive retraining? Who provides the service? • What approaches are used to treat cognitive deficits? • Is neuropsychological testing used to determine the patient’s core cognitive problems (this would be done typically on an outpatient basis as there are not usually neuropsychologists in the SNF’s)? • If neuropsychological testing is not performed, how are cognitive problems diagnosed (a neuropsychological evaluation does not happen immediately post injury, as the brain is given time to heal to get more accurate test results)? • How are the results of these assessments used? <p>Addressing Behavioral Problems</p> <ul style="list-style-type: none"> • How does the program treat behavioral concerns? • What is the role of medication in addressing behavioral concerns? Who determines the medication? Does this person have a background in brain injury? If not, will the facility make use of consultation services? • How does staff handle behavioral problems such as agitation, or wandering? • What types of interventions have been used successfully by this facility when working with other individuals with brain injury? • How will the family, medical team and individual work together on behavioral concerns? (See article in Appendix: <i>A fresh look at Behavior Problems</i>)

	<p>Daily Living</p> <ul style="list-style-type: none"> • What are the rights and responsibilities of the patient? • Is therapy available on Saturday and Sunday? • What do residents do in the evening and on weekends? • How does the program accommodate special diets and personal food preferences? • What kind of help is available with meals, and do meals have to be eaten at the same time every day or in a common area? • Activities: What quality of life activities are available for residents? Are outside activities arranged as well, health permitting? • Is outside food permitted to be brought to a loved one? • What do people generally do during unscheduled times? • Does the nursing facility provide interesting daily activities for residents to engage in? • Can you provide a sample activities schedule? • Are religious services included?
<p>Care Plan</p> <p><i>A comprehensive health assessment must be completed within 14 days of admission. You should expect to get a health assessment at least every 90 days after your first review, and possibly more often if your medical status changes.</i></p>	<p>The Physician will:</p> <ul style="list-style-type: none"> • Evaluate your physical abilities, along with your thinking and behavior. • Prescribe medication as necessary to manage mood, sleep, pain and nutrition. • Prescribe tailored therapy orders for physical therapy, occupational therapy and speech therapy. • Determine how often you need these services. <p>The nursing home staff will get your health information and review your health condition to prepare your care plan.</p> <ul style="list-style-type: none"> • You (if you're able), your family (with your permission), or someone acting on your behalf has the right to take part in planning your care with the nursing home staff. <p>Your care plan is very important. A good care plan can help make sure that you're getting the care you need. Your health assessment (a review of your health condition) begins on the day you're admitted.</p>

	<ul style="list-style-type: none"> • Who makes the plan of care and how do they know what I want, need, or what should be in the plan? • Will I be included in planning my care? • Will my interests and preferences be included in the care plan? • Who will be able to change the plan if there is a need? • Will I be able to choose which of my family members or friends will be involved in the planning process? • Will I get a copy of my care plan?
Family Education	<p>The Role of the Family</p> <ul style="list-style-type: none"> • What role do family and friends play in the program? • Is the family welcome to regularly attend therapy sessions? • What is the visitation policy? Can a family member sleep in the survivor's room? • Are family members and friends involved in team meetings? How frequently? • If you live far away, how much telephone contact will there be with the patient and the medical staff? • What kind of family training and support is offered? • How does the program handle medical emergencies? How are the caregivers notified and in what time frame? • How is a person's ability to get around and to use community services and resources evaluated and addressed? • What local resources are used by the program to address the needs of the individual?
Discharge Planning	<ul style="list-style-type: none"> • Ask about and discuss the discharge process early on in your stay, since the time in inpatient rehabilitation can be short. • How is the length of stay determined? Who decides when inpatient rehab ends? • How is this decision made? What role does the survivor and family have in these decisions? • Does the staff teach the family how to continue rehab at home? • How is the patient prepared for going home? • Will therapists visit the home and offer an assessment of how to prepare for the special needs of the person with a brain injury?

	<ul style="list-style-type: none"> • Will a survivor be allowed home visits before he/she completes the program? What if I need more help than my family can provide for me?
Rights and Protections	<p>You have the right to make a complaint to the staff of the nursing home or any other person without fear of being punished. The nursing home must address the issue promptly.</p> <p>Get Proper Medical Care:</p> <p>You have the following rights regarding your medical care:</p> <ul style="list-style-type: none"> • To be fully informed about your total health status in a language you understand. • To be fully informed about your medical condition, prescription and over-the-counter drugs, vitamins, and supplements. • To be involved in the choice of your doctor. • To participate in the decisions that affect your care. • To take part in developing your care plan. By law, nursing homes must develop a care plan for each resident. You have the right to take part in this process. Family members can also help with your care plan with your permission. • To access all your records and reports, including clinical records (medical records and reports) promptly during weekdays. Your legal guardian has the right to look at all your medical records and make important decisions on your behalf. • To express any complaints (also called “grievances”) you have about your care or treatment.
Grievances	<p>The Medicare and/or Medicaid-certified nursing home must have a grievance procedure for complaints. If your problem isn’t resolved, follow the facility’s grievance procedure. You may also want to bring the problem to the resident or family council.</p> <p>If you have a problem at the nursing home, talk to the staff involved. For example, if you have a problem with your care, talk to the nurse or Certified Nurse Assistant (CNA). The staff may not know there is a problem unless you tell them. If the problem isn’t resolved, ask to talk with the supervisor, social worker, director of nursing, administrator, or your doctor.</p> <p>Ask what the facility’s grievance procedure is ahead of time. Ask if it has a family council and how does one get involved?</p>

Reporting and Resolving Problems

<p>Internal Process at SNF</p>	<p>Be direct. Communicate with staff about concerns. Follow the internal grievance procedure at the facility (keep a log of issues identified, what the follow up was).</p>
<p>Long Term Care Ombudsman Program (LTCOP)</p>	<p>The Long Term Care Ombudsman Program (LTCOP) responds to and investigates complaints brought forward by residents, family members, and/or other individuals acting on their behalf. Ombudsmen offer information on consultation to consumers and providers, monitor state and federal laws and regulations, and make recommendations for improvement. The program also recruits, trains, and supervises Volunteer Resident Advocates who assist residents in resolving resident complaints. These Advocates can work with you and your nursing home to solve problems, including financial issues.</p> <p>To contact the Ombudsman’s office call the statewide toll free number 1-866-388-1888 or contact Central Office by calling 860-424-5200 e-mail: ltcop@ct.gov website: www.ct.gov/ltcop</p> <p>Southern Region Intake 860-823-3366 Northern Region Intake 860-424-5221 Western Region intake 203-597-4181</p>
<p>Connecticut Department of Public Health (DPH)</p> <p>www.ct.gov/dph</p>	<p>Reporting a Complaint</p> <p>Consumers and their families may file complaints about health care facilities with the Connecticut Department of Public Health. (DPH)</p> <p>www.ct.gov/dph (Click Regulations & Licensure, click filing a complaint, click Healthcare Practitioners and Facilities)</p> <p>Send written documents to: Facility Licensing and Investigations Section Connecticut Department of Public Health 410 Capitol Ave., MS# 12 HSR Hartford, CT 06134-0308 Phone: (860) 509-7400 Fax: (860) 509-7538</p>

<p>Aging & Disability Resource Center (ADRC) Community Choices</p>	<p>Call Community Choices 1-800-994-9422 if you...</p> <ul style="list-style-type: none"> • Don't know where to go for help • Have a complaint about services • Have been denied benefits or services for which you feel you are eligible • Need information and/or assistance about community resources, options counseling, referrals for employment assistance, referrals for care management, or planning for the future.
<p>Office of Protection & Advocacy for Persons with Disabilities (OPA)</p>	<p>OPA 860-297-4300 www.ct.gov/opapd/</p> <p>The Office of Protection and Advocacy for Persons with Disabilities (“P&A” or “OPA”) is an independent state agency established to safeguard and advance the civil and human rights of people with disabilities. In addition to conducting investigations, educating policy makers and challenging discriminatory barriers in court, P&A helps individuals with disabilities understand and exercise their rights. If you contact P&A, they can give you information about disability rights, refer you to experts and resources, and help you with your advocacy efforts.</p>
<p>Family council meetings</p>	<p>Some nursing facilities have very active family councils—groups of family members who meet regularly to discuss issues of concern and generally act as “patient advocates.” Members can be informative and reassuring to someone just entering the decision-making process. Ask if a family council meets at the facility that interests you and if you can attend a meeting.</p>

Your Rights in a SNF

Long Term Care Ombudsman Program

Rights as a Resident of a Skilled Nursing Facility/ Long Term Care Facility.

You have the right to:

- Be treated with respect and dignity.
- Participate in making decisions about your care, and about aspects of your life in the nursing home that are significant to you.
- Be free from chemical and physical restraints.
- Manage your own finances or receive help from the nursing home to manage them.
- Voice grievances without fear of retaliation.
- Associate and communicate privately with any person of your choice.
- Send and receive personal mail.
- Have your personal and medical records kept confidential.
- Apply for state and federal financial assistance without threats or discrimination.
- Be fully informed prior to admission of your rights, services available, and any charges.
- Be given advanced notice and the right to appeal a transfer or discharge.

Taken from: www.ct.gov/lcop

Long Term Care Ombudsman Program & Care Planning



Using Care Planning to Resolve Problems

Long term care residents have the right to make choices about care, services, daily schedule and activities, and to be involved in the planning of their care.

An effective care plan should:

- Be specific, individualized and written in language that everyone can understand.
- Reflect the resident's concerns, and support her/his wellbeing, functioning and rights.
- Use a multi-disciplinary team approach and utilize outside referrals if needed.
- Be re-evaluated and revised routinely.

Here are some ways in which residents and their family members can be more involved in the care planning process:

Residents:

- Before the care plan meeting think about your questions, concerns and expectations. Ask your doctor or the staff about your condition, care and treatment. Ask the staff to hold the meeting when your family can attend, if you want them there.
- During the meeting ask about different options for treatments. Be sure that medical terms and procedures are explained fully to you. Ask for a copy of the care plan and find out who to talk to if you want to change it.
- After the meeting, be sure that your care plan is being followed, and let staff know if it is not.

Families:

- Support your relative's agenda, choices and participation in the meeting.
- Involve your relative as much as possible in care planning even if s/he has cognitive or communication problems. Always assume that s/he may understand and be able to communicate at some level.

- Share with staff the ways you have learned to communicate with your relative and what preferences s/he may have that are not being communicated otherwise.
- Observe how the care plan is being followed.
- Work with staff to make changes if problems arise.

Beware of care plans that:

- Incorrectly label behaviors as problems.
- Are driven by staff problems not resident's problems.
- Have goals and objectives that are too broad or not individualized.
- Do not reflect the resident's concerns and preferences.
- Do not have the resident's agreement.
- Do not address needs identified in the assessment.
- Are outdated or never change.
- Contain conflicting goals from different disciplines.
- Are difficult to understand.

Participating in a care plan conference can be helpful when:

- Residents and families need information.
- Residents or family members have concerns about delivery of services.
- Several people need to be present to resolve a problem.
- The facility's complaint process has failed.
- The facility is not following an established plan of care.
- The resident receives a discharge notice.

Taken from: www.ct.gov/lscop