



After the Hospital  
Where Do I Go From Here?

**PALOMAR HEALTH**  
Center for Behavioral Health



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## Introduction

Welcome to Palomar Health and thank you for allowing us to care for you or your loved one.

You and your loved one are the center of all that we do. We are here to work with you to meet your needs and ensure safe transition to home. We have created this guide to assist you in preparing for a safe discharge.

## How do I prepare for discharge?

### Questions to ask your doctor:

- How long is my loved one going to stay here?
- When is my loved one going back home?
- What are our choices if we can no longer take care of our loved one at home?
- What are our choices if our loved one can no longer go back to his/her previous living situation?
- Who can help us find a place to live for our loved one?

This booklet contains information to help you and your loved one decide what living situation is best upon discharge from this hospital.

# How to Decide if Your Loved One Is Safe To Return Home

The questions below may help you or your loved one decide where to stay after leaving the hospital:

- Where does your loved one want to live?
- How much medical care and nursing assistance does your loved one need?
- What types of equipment are needed?
- Does your loved one need help with walking, bathing, grooming, eating, taking medicines or using the restroom?

## **If you answered yes:**

- Is there someone else who can live in the home with your loved one?
- Is the home in need of changes to ensure safety?
- Are you and your loved one willing to obtain help from an in-home care agency?
- Have you or your loved one visited or been informed of any facility that could be a living option?

## Common Healthcare Living Options:

- Home with family as caregivers
- Home with home care services
- Independent living facility
- Residential care facilities for the elderly
- Secured dementia facility
- Skilled nursing facility
- Continuing care retirement community
- Hospice care



## Home with Family as Caregivers

Your loved one can stay home and have a family member as his/her caregiver.

The questions below will help you decide if this living option is best for your loved one:

- Does your loved one wander away from home and get lost?
- Does your loved one stay awake in daytime and sleep well at night?
- Do you have available equipment at home that your loved one needs such as wheelchair, bedside commode, walker, etc?
- Does your loved one need constant care and monitoring by a nurse or a doctor?
- Can you provide for your loved one's basic needs? Are you able to transport him/her to appointments and meet his/her social and spiritual needs?
- Does your loved one require constant assistance with walking, eating, showering or toileting? If yes, are you able to provide care 24 hours a day?
- Can you afford to pay for additional in-home services if ever you are not able to provide the level of assistance your loved one needs?

# Home with Home Care Services

If your loved one lives at home with a family member who is the caregiver, he/she may receive Home Care services.

## What are Home Care Services?

These are services provided by home care agencies which may include:

- **Skilled Services** – services provided by doctors, registered nurses (RNs), licensed vocational nurses (LVNs), social workers.
- **Rehabilitation Therapy** – services provided by physical therapists, occupational therapists or speech therapists.
- **Custodial Care Services** – services provided by home health aides such as helping with dressing, bathing, meal preparations, shopping, laundry and more.

## Is this living option best for my loved one?

This may be the best living option for your loved one if he/she chooses to stay home but needs either custodial care and/or services such as rehabilitation therapy, wound care management, feeding tube management, intravenous therapy, monitoring of certain medications like blood thinners, insulin therapy and diabetes management and other conditions that require licensed staff services.

## How are they paid?

Medicare or a private health insurance may pay for skilled and rehabilitation services on a short term basis. Medicare requires your loved one to be homebound and under the care of his/her physician. The agency that is providing care must be Medicare certified.

When your loved one is receiving custodial services, private funds are the source of payment.

## How are Home Care agencies regulated?

All Medicare certified agencies are regulated at both the state and the federal level. Most private duty services are not licensed by a regulatory agency. Caregivers (aides) may be licensed or not.



# Independent Living Facilities (ILFs)

## What are Independent Living Facilities?

Independent living facilities are designed to help older adults maintain their independence while recognizing that they have special aging needs.

## Is this living option best for my loved one?

If your loved one is still able to perform his/her own basic activities of daily living and needs little or no medical assistance, this may be the best living option for him/her.

## What services are offered by Independent Living Facilities?

Independent living facilities provide older adults with social, educational and recreational opportunities to enrich their lives. Residents (older adults who live there) perform their basic activities of daily living on their own and may continue to do their hobbies like playing golf, hiking, quilting and shopping. Activities and games are offered like Bingo hours, fitness center, parties, field trips, etc. Meals, transportation and housekeeping may be provided. Facilities provide a safe environment such as having handrails in the bathroom, wheelchair accessibility, 24-hour emergency response system, etc.

## How are they paid?

Independent living facilities are paid from private funds.

## How are they regulated?

Independent living facilities are not licensed by any state or federal agencies so they have no formal regulation process.



# Residential Care Facilities for the Elderly (RCFEs)

## What are RCFEs?

Residential care facilities for the elderly (RCFEs) are non-medical facilities that serve persons 60 years and older. Other terms used to refer to this level of care are **Assisted Living Facilities** (with 16 or more beds), **Residential Homes** (6 to 15 beds) and **Board and Care Homes** (4 to 6 beds).

RCFEs are residential type facilities ranging from converted homes to apartment complexes. Most have a group dining area and common areas for social and recreational activities.

## Is this living option best for my loved one?

This may be a living option for your loved one if he/she is needing help to perform basic activities of daily living, but does not need 24-hour medical care and supervision.

## What are the services offered by RCFEs?

RCFEs provide a room, meals, housekeeping, supervision, storage and distribution of medication and personal care assistance with basic activities like personal hygiene, dressing, eating and walking. RCFEs offer 24-hour support and access to care. They offer supervision in medical needs and help with transportation to appointments.

RCFEs are non-medical facilities and are not required to have doctors, nurses or certified nursing assistants on staff. However, assisted living facilities that are attached to skilled nursing facilities usually are staffed with registered nurses (RNs), licensed vocational nurses (LVNs), certified nurse assistants (CNAs) and trained caregivers.

## How are they paid?

They are usually paid from private funds.

## How are they regulated?

RCFEs are regulated at a state level by the Department of Social Services, Community Care Licensing (CCL).

# Secured Dementia Facilities

## What are Secured Dementia Facilities?

Secured dementia facilities are designed for seniors with memory impairments who can no longer communicate normally or take care of themselves.

These facilities are non-medical and are not required to have doctors, nurses or certified nursing assistants on staff. However, dementia units inside a SNF (skilled nursing facility) have medical staff either onsite or on call.

## Is this living option best for my loved one?

This may be a living option for your loved one if he/she can no longer communicate normally or take care of his/her basic needs and/or he/she likes to wander around and often gets lost.

## What are the services offered by Secured Dementia Facilities?

These facilities provide constant supervision, assistance with activities of daily living and personalized care to offer residents as much mental and physical activities as they are able to do.

The priority of secured dementia facilities is to provide a safe environment. The building has a secure or locked outdoor area. A resident would wear a bracelet that activates an alarm if he/she attempts to leave the area. Hallways have rails which residents could hold onto when walking, photos on doors could be used as visual cues, etc.

## How are they paid?

They are mostly paid from private funds. Typically, Medicare does not cover care in dementia facilities. Long-term care insurance policies sometimes can cover some or all costs.

## How are they regulated?

Secured dementia facilities are regulated by the Department of Social Services, Community Care Licensing (CCL).

# Skilled Nursing Facilities

## What are Skilled Nursing Facilities?

Also referred to as **Skilled Nursing Homes (SNFs) and Rehabilitation Centers**, or **Nursing Homes**, these facilities provide all personal care and services, constant assistance to daily living activities, with the addition of 24-hour nursing care.

Staff is comprised of doctors, registered nurses (RNs), licensed vocational nurses (LVNs), certified nurse assistants (CNAs), physical therapists, speech therapists, occupational therapists, social workers, dietitians, recreational therapists and management staff.

## Is this living option best for my loved one?

This living option may be best for your loved one if he/she has a medical condition that needs constant supervision and assistance of medical staff or needs rehabilitation services.

## What services are offered by SNFs?

**Long-term care** is for those who need help not only with basic activities of daily living but the constant supervision and care of nursing staff. They usually stay in the facility until they die.

**Skilled nursing and rehabilitation services** are provided for persons who need a higher level of medical care like those who need wound care, frequent laboratory examination, intravenous therapy, dialysis, monitoring of certain medications like blood thinners, insulin, chemotherapy drugs and other conditions that require licensed staff services. Those with problems in swallowing, ambulation or mobility could benefit from rehabilitation therapies.

Licensed nurses and therapists are available 24-hours a day to provide intensive treatment and/or therapy. Doctors visit periodically to ensure effective treatment and they are available on call 24-hours a day 7 days a week.

Transportation is provided for follow up visits in the hospital or clinics, or other centers like dialysis and wound care.

Recreational activities are provided every day in a structured manner. Holidays are celebrated. Some facilities have an in-house salon, chapel and an area where residents are able to use for private family occasions.



## How are they paid?

For short-term rehabilitation stay, Medicare typically covers the first 20 days at 100% and then 80 additional days at 80%. If a person has a secondary insurance, it often covers the 20% not covered by Medicare.

For long-term care residents, private funds, Medi-Cal and long-term care insurance are the typical methods of payment.

## How are they regulated?

Skilled nursing facilities are regulated at both the state and the federal level. They are licensed and regulated by the Department of Public Health for the state and are certified by Medi-Cal and Medicare. In addition, there are licensing standards for the administrators and the clinical staff.



# Continuing Care Retirement Communities

## What are Continuing Care Retirement Communities (CCRCs)?

CCRCs combine all three levels of care – independent living, assisted living and skilled nursing care in one campus.

CCRCs are diverse. They range from high rises to expansive campuses, from 100 residents to over 1,000 residents. CCRCs may be apartments, cottages, townhouses, duplexes, clusters or even single family homes.

## Is this living option best for my loved one?

This may be a living option for your loved one if he/she agrees to move in while he/she is still quite active and independent. As he/she begins to age and needs more care and assistance, he/she moves through the levels of care the CCRC offers without having to move out to another facility for each change in health condition. He/she knows the community and the staff and that makes the transition easier.



## What are the services offered by CCRCs?

CCRCs allow a resident to stay in the facility for the rest of his/her lifetime if he/she wishes to. If illness or injury occurs, the necessary Healthcare services required will be available in the community. A resident from independent living may move to assisted living then to skilled nursing home and then to long-term care residence.

Communities offer different services and programs according to the levels of care, but common to most are a common dining room, activity and exercise areas, outdoor recreation and swimming pools.

## How are they paid?

They are paid mostly from private funds. Most CCRCs require an entrance fee or an equity payment that can cost as little as \$10,000 and as much as \$500,000. A monthly maintenance fee is required. Monthly fees can start at \$2,000 a month. Some communities accept Medi-Cal in their assisted living program and in their long-term care program. Medicare may cover a short-term rehabilitation program.

## How are CCRCs regulated?

Each level of care for a CCRC is regulated with the exception of the independent living. The state regulates assisted living. Skilled nursing care and long-term care are regulated at both state and federal levels. The California Department of Social Services is the state agency responsible for approving, monitoring and regulating continuing care providers.



# Hospice Care

## What is Hospice Care? Who Needs Hospice Care?

Hospice care is a care service used when a person can no longer be helped to cure his/her disease, and is expected to live about 6 months or less. Hospice care treats the person rather than the disease; it focuses on quality rather than length of life. It tries to manage symptoms so that a person's last days may be spent with dignity and quality, surrounded by their loved ones.

## What are services offered by Hospice?

Hospice is composed of a team of professionals: doctors, nurses, social workers, counselors, home health aides, clergy, therapists and trained volunteers.

The services offered are: **pain and symptom control, spiritual care, home care and inpatient care, family conferences and bereavement care.**

Hospice can be delivered in various settings:

- **Home-based** – a person may stay in his/her home while hospice staff comes to render services needed
- **Hospital-based** – a person admitted in a hospital may receive hospice services
- **Long-term care facility-based** – a person residing in a nursing home or residential care facility may receive hospice services
- **Independent-owned hospices** – some hospice agencies have their own facility where they admit patients and provide hospice services

## How is Hospice Care paid?

Eligible persons may have hospice benefits under Medicare or their private medical insurance.

## Is your loved one eligible for Medicare Hospice Benefits?

Your loved one is eligible for Medicare hospice benefits when he/she meets all of the following conditions:

- He/she is eligible for Medicare Part A (hospital insurance)
- His/her doctor and the hospice medical director certify that he/she has a life-limiting illness and if the disease runs its normal course, death may be expected in six months or less
- A statement is signed choosing hospice care instead of routine Medicare covered benefits for his/her illness
- He/she receives care from a Medicare-approved hospice program

## What services does Medicare cover?

Medicare covers these hospice services and pays nearly all of their costs:

- Doctor services and nursing care
- Medical equipment (like wheelchairs or walkers)
- Medical supplies (like bandages and catheters)
- Drugs for symptom control and pain relief
- Short-term care in the hospital
- Home health aide and homemaker services
- Physical and occupational therapy
- Speech language-pathologist
- Social work services
- Dietary counseling
- Grief support for the patient and family



# Medicare Hospice benefits do not cover the following:

- Treatment intended to cure an illness
- Medications not directly related to the hospice diagnosis
- Care from another provider that is the same as the care provided by the hospice service
- Room and board

Sometimes a person's health improves or their illness goes into remission. If that happens, the doctor may feel that your loved one no longer needs hospice care. Also, he/she or the family always have the right to stop getting hospice care, for any reason. If hospice care stops, your loved one will receive the type of Medicare coverage that he/she had before electing hospice. If he/she is eligible, he/she can go back to hospice care anytime.

## How are they regulated?

Federal and state governments regulate hospice agencies.

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If you have any questions, please talk to your social worker, doctor or nurse.



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