

MYTH



OR REALITY?

Debunking the MYTHS of Skilled Nursing Facilities (SNFs)

Myth: *Skilled Nursing Facilities (SNFs) and nursing homes are the same thing - homes for old people.*

Reality: *SNFs provide services to people with complex medical needs, such as post-surgery patients, as well as the long term care provided by “nursing homes.” The majority of new admissions discharge home or to assisted living; in other words, a SNF stay is often short term rehab and recovery.*

Myth: *I can go to Assisted Living and receive the same care as I would at a Skilled Nursing Facility.*

Reality: *Most Assisted Living Facilities (ALFs) are not staffed to meet the needs of SNF residents. Some of the services not always available at ALFs may include: IV medication administration wound care, and on-site 24/7 licensed nursing care. Your Physicians must certify that a SNF level of care is needed when it comes to placement in a Skilled Nursing Facility setting vs. an Assisted Living Setting. In addition, Medicare Part A can help pay for room & board, medication & therapy charges during a qualified stay in a SNF, while most ALFs charge residents privately for each service provided.*

Myth: *If I file for Medicaid, they'll take all my money and my house!*

Reality: *“Long term Medicaid”, or “Nursing Home Medicaid”, does not require the immediate liquidation of all of one’s assets. The application takes into consideration, among other things, whether there is a spouse living in the community, the estimated duration of a stay in a SNF, whether money has been set aside for burial and current sources of income to determine eligibility.*

Myth: *They don't really care.*

Reality: *Ask the staff of a Skilled Nursing Facility whether or not they care about their residents, you will generally get a resounding “Of course we do!” Many employees of SNFs have been employed by the same provider for many years and consider many of the residents their friends. Whether interviewing CNA’s, members of the Dietary department, Maintenance staff, or Management, you are likely to find many people who are in the industry because they “love what they do”. This unique caregiver reaps benefits knowing they are helping others; comforting families who are grieving or experiencing guilt, having a “family” aside from their own; educating and informing residents and families regarding disease processes; and most of all, sharing the joy of LIVING with seniors who they respect and admire.*

Myth: Skilled Nursing Facilities are dishonest.

Reality: Operating a SNF is one the most rewarding business pursuits available, given the opportunity to serve families in need, care for residents on a daily basis, and promote involvement in residents' lives by members of their communities. The quality of care provided often determines the success or failure of a facility, so the care incentive is priority one.

Myth: Skilled Nursing Centers always have unpleasant odors.

Reality: Skilled Nursing Centers should not have **persistent** odors. Some patients may be incontinent due to a medical condition or age. During certain times of the day such as morning or after a mealtime, there may be a temporary odor that should not linger.

Myth: Everyone gets 100 days of coverage when admitted to a Skilled Nursing Facility.

Reality: A resident with Medicare Insurance can have **up to** 100 days. Medicare Part A beneficiaries can receive up to 20 days of "free" care in a SNF following a 3-night qualifying stay in a hospital or other acute setting, AND the stay is certified by a Physician. After the first 20 days, there is a co-pay of \$141.50/day (for 2012) for days 21-100, as long as the resident remains eligible. **Note:** multiple stays in the SNF setting may limit benefits after the first stay; the Admissions staff can verify the days available.

Myth: All Medicare supplemental insurance policies may pay all or a portion of the co-pay.

Reality: The Medigap policy covers the copays only after you have paid the deductible (unless the Medigap policy also covers the deductible). Medigap policies are offered in 10 different levels designated by a letter of the alphabet. Plans A & B **do not** cover the co-pay and are also the most economical. A resident may choose to pay privately, if able. If no supplement is in place, and the resident cannot pay privately, there are other options available to the resident/responsible party. The Business office can assist with these options.

Myth: My Physician will see me daily at the Skilled Nursing Facility.

Reality: State of Florida Skilled Nursing Center regulations require that each newly admitted resident is seen by the Attending Physician within 72 to 96 hours. After that, the resident is seen as warranted by their medical condition. Registered, Licensed clinical staff is available 24/7 to assess changes in condition and communicate as needed with each Physician.

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