Section 7
Supportive Housing
Making the Decision: When is the right time for facility care?

It is difficult to know when to begin looking for facility care for a loved one. However, if you are the primary care provider for someone with Alzheimer’s disease (AD) or a related dementia, you may begin asking this question as the disease progresses. The most important thing to remember is that there is no “right” time for everyone. Each individual and family is different, and there are several factors to consider. To discuss these factors a family meeting is recommended including family, close friends & neighbors, and when appropriate, the person with Alzheimer’s disease (AD) or related dementia.

✓ Use the checklist below to help you assess your caregiving situation.

✓ Safety

☐ Does your loved one forget or refuse to use safety equipment such as wheelchairs, walkers, or grab bars?
☐ Is the home environment becoming more difficult for the person with AD or related dementia? (e.g., stairs, in accessible doors, dark hallways)
☐ Has your loved one had accidents with the stove, appliances, or other household items?
☐ Has the person with AD or a related dementia had trouble getting around the house without falling or needing assistance with walking?
☐ If your loved one smokes, has he had smoking accidents? (e.g. forgetting to extinguish cigarette burning holes in clothing)

✓ Personal Hygiene

☐ Is it difficult for your loved one to get to the bathroom when needed?
☐ Is the person with AD or a related dementia unwilling or unable to bathe?
☐ Is the person with AD or a related dementia unwilling or unable to change clothing when needed?
☐ Is your loved one unable or unwilling to help with personal care task?
☐ Have care needs for your loved one become too difficult or too demanding for you?

✓ Behavioral Concerns

☐ Has your loved one ever wandered away from home or been lost?
☐ Is your loved one combative, suspicious, angry, or refusing care?
☐ Has the person with AD physically harmed himself or you at any time in the past?

✓ Nutrition

☐ Does this person with AD or a related dementia have trouble preparing meals or eating independently?
☐ Do you have difficulty encouraging your loved one to eat appropriate, nutritious foods?
☐ Is your loved one having health problems associated with poor nutrition? (e.g. vitamin deficiency, dehydration, weight loss, other illness)
☐ Have eating and/or swallowing become difficult for the person with AD or a related dementia?

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✅ **Time and Energy**

- Does your loved one need help with most Activities of Daily Living (ADLs)? (e.g. eating, bathing, dressing, personal hygiene)
- Do housekeeping duties need to be done so frequently that care becomes an excessive demand?
- Have you frequently lost sleep at night due to worrying about caregiving?

✅ **Financial Concerns**

- Do you or would have difficulty affording in-home help 24 hours a day?
- Have the financial strains of caregiving been difficult on your personal budget? (e.g. durable medical equipment cost, incontinence, food and prescription drug purchases)
- Do you miss work frequently due to your caregiver responsibilities?

✅ **Caregiver Issues**

- At the end of the day, have you felt like you couldn’t make it through another day? Is this a recurring thought?
- Is your health at risk or beginning to suffer because of your caregiving responsibilities?
- Have you lost your privacy or the ability to organize and run your household?
- Is there frequent conflict between household members related to caregiving issues?
- When you get a break from caregiving, do you still feel overwhelmed and exhausted?

✅ **In-home Care**

- Have you tried and been unsuccessful with in-home services such as housekeeping, delivered meals, personal & companion care?
- Have you had difficulty getting your loved one to attend adult day programs?
- Has overnight respite care been used?
- Have you had difficulty enlisting the assistance of family and friends to give yourself a break?

If you answered “yes” to many of these questions, you may need to begin thinking about alternative care options. These are just some of the factors to consider when making this difficult decision. Individual personalities, family history, and outside support should always be part of your decision.

Remember to…
- Plan ahead to prevent making decisions during a crisis.
- It is all right to ask for help – you need emotional and physical support.
- You are doing the best you can!

Adapted from the Alzheimer’s Association, Oregon Trail Chapter

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Supportive Housing for Older Adults

By Pima Council on Aging

If you are considering supportive housing, there are a few different types of environments to choose from. The most appropriate type of housing will depend upon your needs or anticipated needs.

Retirement Apartments (Independent Living)
Meals, transportation, activities, security, housekeeping, emergency response system are provided to residents in individual apartments.
Cost: $980–$5000/mo. Meal plans vary. Additional services may be available for a fee.

Assisted Living Communities
Apartment setting with meals, transportation, activities, housekeeping, 24-hour supervision, administration of medications, assistance with personal care. More than 10 residents. Specialized dementia care may be available.

Assisted Living Homes (Adult Care Homes)
Private home caring for up to 10 older adults. Services include housekeeping, meals, 24-hour supervision, and assistance with personal care, medication administration and activities. Specialized dementia care is available in some homes.
Cost: Usually $2,000–$5,000/month and up depending upon care, room size and amenities. Subsidies available if eligible: Arizona Long Term Care System in contracted homes, Veterans Administration. Regulated by the Arizona Department of Health Services. Referral agencies can assist families in finding a home.

Skilled Nursing Facilities
Residential health care facility offering ongoing nursing care. Three levels of care may be offered: intermediate care, skilled care, dementia/secure.
Cost: Depends upon care needs, room size and amenities. Average cost in Tucson in 2017 was $279/day for a private room ($101,835/year); $222/day for a semi-private room ($81,030/year). Subsidies available: Arizona Long Term Care System, Veterans Administration. Medicare generally pays for rehabilitation only.
Continuing Care Retirement Community (CCRC)

CCRCs offer a full continuum of care, ranging from independent retirement apartments or villas, to assistance with personal care in assisted living apartments, to long-term care in a skilled nursing facility. Designed to allow residents to receive all their care needs on the same campus. Types of contracts available vary.

Selecting Residential Care for Older Adults

By Pima Council on Aging

- Determine that the facility provides the level of care needed by you or your loved one now and in the near future. Be realistic about care needs.
- Make a scheduled visit first and unannounced follow up visits.
- Ask to see a copy of the most recent survey by the Department of Health Services. Have there been complaints filed/deficiencies noted against the institution? If so, what were they?
- Does the facility have a contract to provide care to residents in the Arizona Long Term Care System (ALTCS)?
- What is the monthly base fee and what services does it cover? What additional services are there and do they cost extra? Is there an itemized list of services? Is there a move-in fee?
- Under what conditions might fees increase? What are the conditions for terminating a contract? How much notice will be given? What is the refund policy?
- What if the older adult must be hospitalized or needs another level of care? What is the procedure if care needs increase above that which the facility can provide? How much notice will be provided?
- Do research on the ownership of the facility. Interview the executive director/owner/manager. How long has he or she been at that facility? What is his or her philosophy of care?
- Can they accommodate couples and are the fees specific to the individual care needs?
- Do physicians or registered nurses regularly visit the facility?
- Review the documentation of medication administration. What techniques are used if someone with dementia refuses his or her meds?
- What is the ratio of staff to residents, including on weekends and at night? Is there awake staff available 24 hours per day? How often are residents checked at night?
- How are caregivers screened? What background checks are done? What initial and continuing education is required? How are their skills evaluated and their credentials checked? How long has staff been at the facility?
- Have caregivers received specific training in dementia care? How do staff handle difficult behaviors?
- Are caregivers available with the physical strength and training necessary to perform safe transfers or whatever task is required?
- Are caregivers available with the cultural sensitivity and language skills you or your loved one need?
- Is this facility able to meet your or your loved one’s specific requirements (e.g., non-smoking, fragrance free, etc.)?
• Does the agency have nondiscrimination policies and provide staff training on cultural competency issues including lesbian, gay, bisexual, and transgender (LGBT) concerns?
• How are complaints made and how are they handled?
• Is the environment attractive, both indoors and outdoors?
• Are sanitary conditions maintained throughout the facility?
• Are residents addressed by appropriate names?
• Are residents appropriately dressed and groomed for time of day?
• Do caregivers knock before entering a resident’s room?
• Are residents cheerful and able to talk freely with you?
• Ask for a copy of the monthly activity calendar to see if the activities would interest you or your loved one.
• Is there meaningful stimulating activity available at the needed frequency and level?
• How far do residents have to walk to activities and to their dining room?
• Will the distance be a barrier to participation in activities or meals for you or your loved one?
• Can residents decorate their own rooms? How are roommates selected?
• Ask to see a menu. Can the facility accommodate special dietary needs?
• Do residents participate in menu planning if desired? Are snacks available between meals?
• Is there an emergency call system? Is it conveniently located? Who responds to the call?
• Is there private phone service in each room?
• Are visitors welcome at any time? Could pets live in or make visits?
• Are visitors monitored or screened in any way?

Choosing Long-Term Care

The time may come when outside help is needed to care for an older adult. It may be okay to get help in the home. Or the person might need to move into a residential care setting such as assisted living, a group home, a nursing home, or a life-care community.

There are many choices to make for long-term care. Having the right information can help make the decision easier. Below are some steps to take to find the right care.

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<thead>
<tr>
<th>Step</th>
<th>4 Steps to Help Choose Long-Term Care</th>
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<tbody>
<tr>
<td>Step 1</td>
<td>Make a list of care needs for the person. What type of help do you and the older adult need? For example, is help needed with bathing, dressing, preparing meals, eating, and/or medical needs? Will any of these needs change over time?</td>
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<tr>
<td>Step 2</td>
<td>Decide if care should be at home, a community center, or a residential setting. Would someone coming into the home be enough help? Could the older adult go to adult day care and come home at night? Or, does the person need to move out of the home and live somewhere else?</td>
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<tr>
<td>Step 3</td>
<td>Decide how care will be paid. What is paid by insurance can vary from state to state. Long-term care insurance, Veteran’s benefits, and Medicaid may only pay for some costs. Medicare does not pay for long-term care, except after a hospital stay when skilled nursing is needed. Some communities may have state or local support to help with payment. Check with the local area Agency on Aging to learn more.</td>
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<tr>
<td>Step 4</td>
<td>Visit several places before deciding. Look for the names of in-home care agencies, adult day care centers, and residential centers in the phone book, on the internet, or by calling your local Area Agency on Aging. Also ask friends, family, and health care providers for recommendations.</td>
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This Care Partner Information page is part of a series on older adult caregiving tips. They are written to help family and community caregivers, direct care workers and community health representatives care for older adults. Available in English and Spanish at www.aging.arizona.edu
Ask the right questions.

It is important to be ready with questions when deciding if a care agency is a good fit.

- Ask if they can deal with the care needs listed in Step 1 (on other side).
- Ask how long they have been providing services, and how they hire and train staff. Ask if they do background checks on staff.
- Ask how much they charge. Find out the cost of basic services, and ask if there are extra costs.
- If the person will need care for the rest of their life, ask how the agency deals with end of life care.

Other questions depend on the type of care provided:

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<th>Questions for In-Home Care Agencies and Community Centers</th>
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<tr>
<td>• Is care available at the times it is needed?</td>
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<tr>
<td>• Do they require a minimum number of hours of care?</td>
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<tr>
<td>• Are they licensed by the state? Some services must be licensed, while others are not.</td>
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<tr>
<td>• For in-home care, can you expect that the same person will come to the home each time? What happens if the person doesn’t show up?</td>
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<tr>
<th>Questions for Residential Care</th>
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<td>• How many residents live there?</td>
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<td>• How many staff are there for the residents?</td>
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<td>• How many residents does each staff member care for?</td>
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<td>• What activities are offered for residents?</td>
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<tr>
<td>• What happens if the person’s care needs increase?</td>
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<tr>
<td>• What happens if there is a medical emergency?</td>
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<td>• How are the person’s care preferences respected?</td>
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<tr>
<td>• Are families called if there is a problem?</td>
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<td>• Are there regular meal and snack times?</td>
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After visiting and asking questions, the most important thing to consider is comfort. Did the place feel warm and inviting? How did it smell? In community centers and residential care, did the people seem well-cared for and happy? It is okay to use instincts to answer this question. If the care agency does not feel right, it is not the right choice.

Written by: Deborah B Schaus, MSW, Exec Director, Alzheimer’s Association Desert Southwest Chapter

Care Partner Information ~ Tips for Providing Older Adult Care

Edited by an interprofessional team from the University of Arizona Center on Aging

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Facility Ratings and Complaints

By Pima Council on Aging

Nursing Home Ratings and Complaints

**Ratings:** Medicare utilizes a Nursing Home Compare tool that scores all Medicare-certified nursing homes based on the results of regular inspections and complaint investigations. The score that a facility receives reflects the quality of care provided, staffing levels, how medication is handled, the well-being of patients, etc.

All of the nursing homes in Tucson and Green Valley are Medicare-certified and have a rating on the Medicare website. Go to www.medicare.gov and select “Find Nursing Homes.”

**Complaints:** The Arizona Department of Health Services investigates all nursing home complaints. To file a complaint, go to http://azdhs.gov/licensing/ltc-facilities and click on “Online Complaint Form.” If you do not have access to the Internet, you can file a complaint against a nursing home by calling the Arizona Department of Health Services Long Term Care Licensing Office in Phoenix at (602) 364-2690.

Assisted Living Facilities and Adult Care Homes

**Inspection Results:** The Arizona Department of Health Services oversees the licensing of all Assisted Living Facilities and Adult Care Homes in Arizona. Their website does not rate the quality of facilities, but it does show the results of recent inspections and investigations and, if any deficiencies were found, provides a detailed description of the deficiencies and any citations that were issued. Go to http://azdhs.gov/licensing/ltc-facilities and click on “AZ Care Check.”

**Complaints:** The Arizona Department of Health Services investigates all complaints involving assisted living facilities and adult care homes. To file a complaint, go to http://azdhs.gov/licensing/ltc-facilities and click on “Online Complaint Form.” If you do not have access to the Internet, you can file a complaint against an assisted living facility or adult care home by calling the local office of the Arizona Department of Health Services at (520) 628-6965.

PCOA’s Long Term Care Ombudsmen

PCOA’s Long Term Care Ombudsmen Program consists of volunteers and staff specialists who visit assisted living facilities, adult care homes, and nursing homes in Pima County to advocate for residents’ rights.

Long Term Care Ombudsman are specially trained advocates who seek to protect, promote and resolve concerns regarding the rights of residents in long-term care facilities. This program provides a safe and confidential way for long-term care residents to voice their complaints and concerns. If you want to speak to an Ombudsman, call PCOA at (520) 790-7262.

Assisted Living Resident’s Bill of Rights

When you are admitted to an assisted living facility, you maintain all of your basic civil rights and liberties. Protection and promotion of your rights is so important that regulations require that the facility list your rights in detail. The Long-Term Care Ombudsman Program is available to advocate on behalf of any resident of a long-term care facility.

Residents Rights — Summary
Based on Revised Statues from Arizona Administrative Register R9-10-810.

A manager shall ensure that:

✓ A resident is treated with dignity, respect, and consideration.
✓ A resident is not subject to abuse, neglect, exploitation, coercion, manipulation, sexual abuse, seclusion, restraint, retaliation, or misappropriation of personal and private property by facility staff.
✓ A resident or resident’s representative:
  • Is informed of the policy on health care directives and the resident complaint process.
  • Consents to photographs before being photographed except for the purposes of facility identification.
  • Provides written consent for the release of resident’s medical or financial records.
  • Can request or refuse relocation within the facility, except when relocation is necessary.
  • Has access to the resident’s records.
  • Is informed of rates and charges before services are initiated and receives 30-day notice of rates and charges or change of services, unless resident’s service plan changes.

Residents have the right to:

✓ Not be discriminated against based on race, nationality, religion, gender, sexual orientation, age, disability, diagnosis or marital status.
✓ Receive services that support individual choices, including the right to refuse to participate in activities.
✓ Receive privacy in personal care, communication, visitations, and financial or personal affairs.
✓ Display personal items
✓ Receive a referral to another health facility or provider and to choose services from health care providers, institutions or pharmacies.
✓ Participate in service planning.
✓ Receive assistance from family or other representative in protecting and exercising resident rights.
Nursing Home Residents’ Bill of Rights

By the Arizona Department of Economic Security

Residents' Rights and Quality of Life

PURPOSE
To safeguard and promote dignity, choice and self-determination of residents in nursing homes; to protect civil, personal and privacy rights; to protect the right to information and rights related to health care, due process and quality of life in nursing homes; to protect transfer and discharge rights, the handling of personal finances, and the right to be free from abuse and restraints.

THE LAW
The Nursing Home Reform Amendments of 1987, effective October 1, 1990, require that nursing facilities "promote and protect the rights of each resident." The law affects those nursing homes that participate in the Medicare and ALTCS programs. Several important provisions of the law set the stage for protection of these rights.

- **Quality of life:** The law requires each nursing facility to care for its residents in such a manner and in such an environment as will promote maintenance or enhancement of the quality of life of each resident. Emphasis is placed on dignity, choice and self-determination for nursing home residents.

- **Provision of services and activities:** The law requires each nursing facility to "provide services and activities to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident in accordance with a written plan of care which is initially prepared, with participation to the extent practicable of the resident or the resident's family or legal representative."

- **Participation in facility administration:** The law makes "resident and advocate participation" a criteria for assessing a facility’s compliance with the Nursing Home Reform Amendments of 1987.

SELF-DETERMINATION
Homes must respond to the needs and concerns expressed by residents, or, if they are incompetent, by their legal representatives. Under the law, residents have the right to:

- Choose their personal physician;
- Receive full information, in advance, and participate in their care plan and treatment;
- Self-administer drugs if the interdisciplinary team determines it is safe;
- Receive reasonable accommodation by the facility for individual needs and preferences;
- Voice grievances without reprisal and receive a prompt response from the facility;
- Organize and participate in resident groups and family groups;
- Refuse treatment, and to refuse to participate in experimental research.
Federal regulations require that the facility must:

- Provide residents and family groups with a meeting place;
- Designate a staff person to assist groups and respond to requests;
- Listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.

Federal regulations give residents the right to:

- A dignified existence, self-determination, and communication with and access to persons and services both inside and outside the facility;
- Choose activities, schedules and health care consistent with their interests, assessments and care plans;
- Make choices about aspects of their life in the facility.

PERSONAL AND PRIVACY RIGHTS
Residents have the right to maintain old friendships and establish new ones within and outside the nursing home, and to do so in privacy. Residents have the right to:

- Participate in social, religious and community activities as they choose;
- Be provided privacy during medical treatment, personal care, personal visits, written and telephone communications, and meetings of resident and family groups; and;
- Have the confidentiality of their personal and clinical records protected, and have access to current clinical records within 24 hours of request by the resident or their legal representative.

Federal regulations give residents the right to:

- Have reasonable access to use a private telephone;
- Meet privately with visitors;
- Participate in activities of their choice inside and outside the facility;
- Send and receive unopened mail promptly;
- Have access to purchase stationery, stamps and writing implements;
- Self-determination in group living, including the right to:
  - Retain personal possessions, some furnishings and clothing;
  - Share a room with one's spouse if both agree, refuse to work; or work if they choose and agree when it is part of the care plan. If it is paid work, the pay must be at or above prevailing rates;
  - Review personal records; grant permission to ombudsman or others to review records and to refuse release of clinical records to anyone outside the facility except when transferred to another health care institution or record release is required by law.
RIGHTS AGAINST RESTRAINTS AND ABUSE
Residents are to be protected from abuse and inappropriate physical and chemical restraints, including:

- Physical or mental abuse, corporal punishment, or involuntary seclusion;
- Restraints used for discipline or the convenience of staff;
- Restraints used without a physician’s written orders to treat residents’ medical symptoms and ensure their safety and the safety of others;
- Drugs to control mood, mental status or behavior *without* a physician’s order in a written medical care plan for a specific symptom, and an annual review for appropriateness by an independent, external expert.

Federal regulations require that the facility must:

- Not use verbal, mental, sexual or physical abuse, corporal punishment or involuntary seclusion;
- Report all abuse incidents to the nursing home administrator or appropriate officials within five working days;
- Thoroughly investigate all incidents and prevent recurrence;
- Take corrective action if abuse did occur;
- Inform residents in writing how to file a complaint with the Arizona Department of Health Services concerning resident abuse of any kind.

Note: Arizona Statutes require all nursing home staff to immediately report abuse, neglect or exploitation of an incapacitated or vulnerable adult to Adult Protective Services or a peace officer.

RIGHTS TO INFORMATION
Nursing homes must inform residents both orally and in writing in a language the residents understand of their rights and all rules and regulations governing resident conduct and responsibilities during their stay at the facility. The residents or their legal representatives have a right to:

- The latest Department of Health Services Licensing and Certification inspection results (within 14 days after the state provides them to the facility) and any plan of correction submitted by the facility;
- Advance notice of any planned change of room or roommate;
- A written copy of their rights (as provided by the state), including rights regarding personal funds and the right to file a complaint with the Arizona Department of Health Services at (602) 364-2690; Tucson - (520) 628-6995;
- Be fully informed, in a language that the resident can understand, of their total health status;
- A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request a financial assessment under Section 1924(c);
• Written information at the time of admission and throughout their stay, about the 
services available under the basic rate and any additional charges for extra services 
(and for ALTCS residents, a list of services covered by ALTCS and those for which 
there is an extra charge);
• Prominently displayed written information about how to apply for ALTCS benefits 
and how to receive a refund for private payments that ALTCS pays retro-actively;
• Notice if the facility receives a waiver of licensed nurse staffing requirements;
• A posting of names, addresses and telephone numbers of all pertinent state client 
advocacy groups such as the Arizona Department of Health Services, the Arizona 
Department of Economic Security Division of Aging and Adult Services, the State 
Long Term Care Ombudsman Program, the Arizona Center for Disability Law and 
the AHCCCS Fraud Control Unit.

Federal regulations require:
• That the facility informs each resident of the name and specialty of the physician 
responsible for his/her care and how to contact this physician; and
• That nursing homes inform residents about Arizona's advance directive legislation 
and the facility's policy on advance directives. Facilities must document whether 
residents have a living will or any other advance directive. The facility's 
responsibility for carrying out the directive depends on state law.

VISITING RIGHTS
Nursing homes must allow all residents the following freedoms:
• Immediate access by a personal physician and by representatives from state and 
federal agencies and the ombudsman program;
• Immediate access by relatives and other visitors with the resident's consent, with 
reasonable restrictions;
• Reasonable visits by organizations or individuals providing health, social, legal or 
other services, subject to the resident's consent.

RIGHTS OF INCOMPETENT RESIDENTS
The law provides that when an individual residing in a nursing home is judged by a court 
to be incompetent, the resident's rights "shall devolve upon, and, to the extent judged 
necessary by a court of competent jurisdiction, be exercised by the person appointed 
under state law to act on the resident's behalf."

FAMILIES' AND LEGAL REPRESENTATIVES' RIGHTS
The law requires the facility to immediately inform the resident, consult with the 
physician and notify the legal representative or an interested family member when 
there is:
• An accident resulting in injury that has the potential for requiring 
physician intervention;
• A significant change in the resident's physical, mental, or psychosocial status;
• A need to alter any treatment significantly;
• A decision to transfer or discharge the resident from the facility.

The facility must also promptly notify the resident and, if known, the resident’s legal representative or interested family member when there is:

• A change in room or roommate;
• A change in resident rights provisions.

The facility must record and periodically update the address and phone number of the resident’s legal representative or interested family member.

The facility must give written notification to the resident, and, if known, a family member or legal representative of a transfer or discharge.

The resident, his/her family or the resident’s legal representative has the right to participate in the care planning process.

The resident, family or legal representative is to be notified if the facility receives a waiver of licensed nurse staffing requirements.

The family or legal representative has the right to:

• Have immediate access to the resident, subject to the resident's right to deny or withdraw consent at any time;
• Participate in a family council which may meet privately in space provided by the facility and receive the facility's cooperation in its activities; and
• Make recommendations to the facility, which is required to "listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.

The Arizona Department of Health Services guidelines instruct surveyors to interview family members of at least three residents who are included in the survey sample but who are unable to participate in an interview because of a mental and/or physical impairment. The family member must be knowledgeable about the resident's history and health status.

TRANSFER AND DISCHARGE RIGHTS

Transfer from the facility

The Nursing Home Reform Amendments, part of the Omnibus Budget Reconciliation Act (OBRA), specify permissible reasons for transfer from the facility and establish protection such as advance notice, the right to appeal a transfer, and the right to return to the nursing home.

Nursing homes must not transfer or discharge a resident unless:

• The facility is unable to meet the resident's medical needs;
• The resident's health has improved in such a way that he/she no longer needs nursing home care;
• The health or safety of other residents is endangered;
• The resident has failed, after reasonable notice, to pay for his/her stay in the facility.

The following are guidelines regarding notice to residents and their representatives before transfer.

• **Timing:** at least 30 days in advance, or as soon as possible, if changes in health care needs require an immediate transfer.
• **Content:** reasons for transfer; the resident's right to appeal the transfer; the name, address and phone number of the ombudsman program (or Protection and Advocacy agency).
• **Return to the facility:** the notice informs the resident that he/she may request that the bed be held, and explains how many days ALTCS will pay for bed-hold, the facility's bed-hold policy, and the right to return to the next available semi-private bed if ALTCS bed-hold coverage ends.
• **Orientation:** a facility must prepare and orient residents to ensure safe and orderly transfer from the facility.

**Transfer to another room**

• Residents have the right to advance notice prior to a change of room or roommate;
• Residents have the right to refuse a transfer to another room within the facility if the purpose of the transfer is to relocate the resident into a portion of the facility that is designated as a Medicare Skilled Nursing Facility (SNF). The resident's refusal does not jeopardize his/her eligibility or entitlement to benefits under Medicare or ALTCS;
• A transfer to a portion of the facility (a distinct part) with a separate certification under Medicare or ALTCS is considered a transfer to another facility and entitles a resident to all the protections (notice and appeal rights) of such a transfer.

**PROTECTION AGAINST DISCRIMINATION UNDER ALTCS**

COBRA prohibits discrimination in treatment of residents and protects applicants from fraudulent activities. Under the law, a nursing facility must:

• Have identical policies and practices regarding the provision of services for all individuals, regardless of source of payment;
• Provide information on how to apply for ALTCS;
• Not request, require or encourage residents to waive their rights to ALTCS;
• Not transfer or discharge residents because they convert from private funds to ALTCS coverage;
• Not require another person (commonly known as a "responsible party") to guarantee payment as a condition of a resident's admission or continued stay;
• Not charge, solicit, accept or receive gifts, money, donations or other considerations as a precondition for admission or continued stay for persons eligible for ALTCS.
The law specifically states that these provisions do not prohibit:

- States from passing laws against discrimination in nursing home admissions;
- Nursing homes from requiring an individual responsible for a resident's financial resources to sign a contract agreeing to pay for that resident's care with those resources;
- Nursing homes from charging ALTCS covered residents extra for items and services they request but which are not included in the ALTCS coverage; and
- Nursing homes from soliciting, accepting or receiving charitable, religious or philanthropic contributions from organizations or individuals unrelated to the resident (or potential resident), as long as it is not done as a condition of admission to the facility.

PROTECTION OF PERSONAL FUNDS

Under the law, if a resident chooses to have the nursing home manage his/her funds, the home must:

- Keep funds over $100 in an interest-bearing account, separate from the facility's account;
- Keep other funds available in a separate interest-bearing account or petty cash fund;
- Maintain a complete and separate accounting of each resident's funds, with a written record of all transactions, available for quarterly review by the resident and his/her representatives;
- Notify ALTCS residents when their balance comes within $200 of the ALTCS eligibility limit, and the effect of this balance on their eligibility;
- Within 30 days of a resident's death, turn over funds to the individual or probate jurisdiction administering the resident's estate;
- Purchase a surety bond or otherwise provide satisfactory assurance to secure residents' funds in its keeping.

Nursing homes may not charge ALTCS/eligible residents for items and services covered by ALTCS, including routine personal hygiene items and services furnished by the facility.

See next page for a list of the Long-Term Care Ombudsmen offices in Arizona.

Arizona Long-Term Care Ombudsmen Offices

Region I
Maricopa County
Area Agency on Aging
1366 East Thomas Road, Suite 108
Phoenix, Arizona 85014-5739
(602) 264-2255

Region II
Pima County
Pima Council on Aging (PCOA)
8467 East Broadway Blvd
Tucson, Arizona 85710-4009
(520) 790-7262

Region III
Yavapai, Coconino, Navajo, Apache Counties
Northern Arizona Council of Governments
43 South San Francisco Street
Flagstaff, Arizona 86001-5296
(877) 521-3500

Region IV
Yuma, Mojave, and La Paz Counties
Yuma County (Main Regional office)
1235 S Redondo Center Dr.
Yuma, Arizona 85365
(928) 217-7714
Mohave County
208 N. 4th St.
Kingman, AZ 86401
(928) 753-6247
La Paz County
Please contact the Yuma County Central Intake hotline above

Region V
Pinal and Gila Counties
Pinal-Gila Council for Senior Citizens
8969 W. McCartney Road
Casa Grande, Arizona 85294-7432
(520) 836-2758

Region VI
Cochise, Graham, Greenlee, and Santa Cruz Counties
Area Agency on Aging
300 Collins Road, Bisbee AZ 85603
(520) 432-2528

Region VII
Navajo Nation
Navajo Area Agency on Aging
P.O. Box Drawer 1390
Window Rock, Arizona 86515-1390
(928) 871-6868

Region VIII
All Other Indian Reservations
Inter-Tribal Council of Arizona, Inc.
2214 N. Central Ave., #100
Phoenix, Arizona 85004-1448
(602) 258-4822