

# GUIDE TO LONG-TERM CARE IN TENNESSEE

A publication of the Tennessee Health Care Association



# GUIDE TO LONG-TERM CARE IN TENNESSEE

A public service of the  
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and the  
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## INTRODUCTION

If you're reading this, chances are you're facing the prospect of some kind of long-term care for yourself or a loved one. It's not an easy topic to discuss; even under the best of circumstances, the prospect of needing such care can be unsettling. But the best time to research long-term care isn't when the need for that care is immediate – it's right now. By doing your research and planning ahead, you can develop a better understanding of your options and ultimately find the service that meets your needs and provides the highest quality of care possible.

According to the American Health Care Association, nearly half of all Americans will need long-term care at some point in their lives. In fact, one in five over the age of 50 is at a high risk of needing long-term care within the next 12 months. However, many Americans are simply unaware of the choices available to them.

The Tennessee Health Care Association (THCA) designed the *Guide to Long-term Care in Tennessee* to address common concerns and help alleviate some of the anxiety involved in making the decision to seek long-term care. Our guide includes comprehensive information about the kinds of long-term care, from nursing homes to assisted care living facilities to home- and community-based services. It offers advice on how to go about selecting a facility, how to pay for care, and how families can

deal with the long list of logistical, emotional and psychological issues that accompany a transition to long-term care. There's even a glossary of long-term care terms and a resource directory in case you have a question that isn't answered here.

We hope this publication makes the decision-making process a little easier for you and your family – **and we hope you contact THCA at (615) 834-6520 or online at [www.thca.org](http://www.thca.org) if you ever have a question about long-term care in Tennessee.**



## CHAPTER 1: OVERVIEW

**S**imply defined, long-term care is medical and personal care services that help both the elderly and people with disabilities of all ages. But the phrase can be a little misleading. Many people understand long-term care to be for individuals with extended or permanent needs, such as those with chronic medical problems, permanent disabilities or dementia. They would, of course, be right – but long-term care actually encompasses a variety of services and facilities designed to help those who also need minor assistance with daily activities, rehabilitation or help recovering from illness, injury or surgery. So a patient might need “long-term care” for only a few weeks or months – it all depends on the underlying reasons for needing care.

### THE EVOLUTION OF NURSING HOMES

There are several different types of long-term care available – Chapter 2 will delve more deeply into the “continuum of care.” But nursing homes offer the most complex, intensive level of care of any of the facilities within that continuum. Nursing homes are designed to provide 24-hour care for those who are incapable of functioning independently due to a chronic illness or disability.

But what many people may not realize is that nursing homes have

changed quite a bit over the years. What was once referred to as an “old folks home” is now a nursing and rehabilitation facility that serves the young and old alike and often combines long-term skilled nursing care with short-term rehabilitation and outpatient services. Some Tennessee nursing homes even offer adult day care, respite care and other programs.

A closer look at today’s nursing homes might, for example, reveal a middle-aged woman recovering from a bout with pneumonia, a young man receiving 24-hour nursing care after having a car accident, and an elderly woman who recently had hip replacement surgery and needs physical therapy. After a short nursing home stay, each of these individuals might be able to return home.

At another glance, a woman might be seen helping her father into the adult day care area of her local nursing home. Here, he will be given opportunities to participate in activities under the close supervision of nursing home staff, and the woman can go to work without having to worry whether her father is in a safe environment. Later, a man who normally cares for his aging mother in his home brings her to the nursing facility for a one-night stay so he and his wife can attend their son’s out-of-town college graduation.

While nursing homes serve people of all ages who have a variety of needs, the majority of today’s patients are older (most are more than 80 years old), more acutely ill and require lengthier stays. Many have chronic medical conditions, chronic severe pain, permanent disabilities and ongoing needs for help with activities of daily living (bathing, dressing, personal grooming, eating, toileting and transferring). And, according to the Alzheimer’s Association, half of the nation’s nursing home patients suffer from Alzheimer’s disease or another form of dementia.

## **THE PREVALENCE OF ALZHEIMER’S AND RELATED DISORDERS**

Through the years, memory loss and “senility” have always been associated with the aging process. Forgetting names or faces and confusing dates, phone numbers or addresses have all been dismissed as part of “just plain growing old.” Modern science, however, has clearly shown that “old age” is far too simple a diagnosis.

Dementia is an umbrella term used to describe the loss of cognitive or intellectual function, and it can have many different causes. In some cases, confusion and forgetfulness stem from a physical cause that can be treated and reversed. Infections, inadequate thyroid hormone, low blood sugar or even drug interactions are just some of the possible causes of mental or behavioral changes in the elderly.

In other cases, memory loss and confusion are the result of Alzheimer's disease, a degenerative brain condition that usually begins gradually, causing a person to forget recent events or familiar tasks. How rapidly it advances varies from person to person, but the brain disease eventually causes confusion, personality and behavior changes, and impaired judgment. Communication becomes difficult as the affected person struggles to find words, finish thoughts or follow directions. Eventually, most people with Alzheimer's disease become unable to care for themselves.

According to the Alzheimer's Association, more than 5 million Americans have Alzheimer's disease. Unless a cure or prevention is found, that number could jump to 16 million by the year 2050. In a national survey commissioned by the Alzheimer's Association, one in 10 Americans said they have a family member with Alzheimer's disease, and one in three said they knew someone with the disease.

Due to the prevalence of Alzheimer's disease among nursing home patients, some facilities now have specially equipped units, targeted activity programs and dedicated staff who care specifically for Alzheimer's patients. A state law requires facilities that advertise or market specialized care, treatments or therapeutic activities for Alzheimer's disease patients to disclose such services in writing. The disclosure must address, among other things, the program's overall philosophy/mission statement, staff training and education, types and frequency of activi-

## BY THE NUMBERS

# 5 million

Approximate number of Americans with Alzheimer's disease.

ties offered, charge structure and additional fees and involvement with families and family support programs.

Facilities often coordinate family support groups and additional support, literature and information is available from local chapters of the national Alzheimer's Association. **Tennessee Alzheimer's Association chapters are listed in Chapter 8 (Resource Directory).**

It's important to note that while Alzheimer's disease accounts for more than 50 percent of all dementia cases, several other diseases cause dementia as well. These include Parkinson's, Creutzfeldt-Jakob, Huntington's and multi-infarct or vascular disease caused by multiple strokes in the brain.

## THE FUTURE OF LONG-TERM CARE

The population of those age 65 and over continues to grow; the U.S.

Census Bureau projects that the older population will hit 72 million by 2030. The first of the baby boomers – people born between 1946 and 1964 – started reaching retirement age in 2006, and media outlets throughout the country have produced in-depth stories on how the baby boom generation is expected to “redefine retirement.” While some boomers will choose to continue to work full-time, others will choose to decrease their work loads and mix work with play. Still others will choose to never work for pay again.

Just as the baby boomers are expected to change the face of retirement, they are also expected to accelerate an already growing trend in the long-term care marketplace: consumer-directed home- and community-based services (HCBS). There’s no doubt that boomers – like all retirees – want to receive care in the setting of their choice and stay independent as long as possible. HCBS waiver programs allow states to establish frameworks for giving certain elderly and disabled individuals options of living at home or in the community until their needs demand more intensive nursing care. Tennessee, over the past few years, has increased its support of home- and community-based long-term care programs; **Chapter 2 provides a review of the state’s waiver program and the eligibility requirements.**

Nursing homes will continue to be the fundamental link in the continuum of long-term care, providing the highest level of care to those in need of round-the-clock attention. But everyone’s needs are different, and there are more long-term care choices available today to meet those needs than ever before.



## CHAPTER 2: THE CONTINUUM OF CARE

**T**he continuum of care describes the different types of long-term care available. While it's relatively easy to understand each service or facility individually, it's a little more complicated to follow how one stage progresses to the next along the continuum. What necessitates moving to the next level of care? What makes one kind of care more beneficial than the one before?

An individual's journey along the continuum of care might begin when his independence starts to decline. Mr. Jones, for example, is an elderly man who has lived alone for many years. In the past several months, however, he has needed more and more help doing things for himself. He has had trouble preparing meals, and he finds that he is becoming increasingly afraid to move about his house because he fears he might fall. In Mr. Jones' situation, some home- and community-based services (HCBS) options, such as home-delivered meals and the installation of minor home modifications that help with mobility, allow him to maintain a great deal of independence and stay at home.

After a while, however, Mr. Jones begins needing help with activities of daily living, which are often referred to as ADLs. These activities are physical functions, such as bathing, dressing and eating. He also needs someone to do general household chores. While he could get help with these through HCBS, Mr. Jones is getting lonely. At this point, a residen-

tial home for the aged (RHA) becomes a better alternative than living at home alone. There, he will receive help with bathing, hair and nail grooming, dressing and laundry. He will also benefit from being around others while still maintaining some measure of independence.

As more time passes, Mr. Jones forgets to take his medications and sometimes doesn't remember how to get around the facility. Now may be the right time to move to an assisted care living facility (ACLF). Here, someone will remind him to take his medications and make sure he takes the right dosage. Meals will continue to be prepared for him, but the environment will be just a little more controlled and more personal assistance and monitoring will be provided.

But Mr. Jones' forgetfulness and confusion continues to increase. He has become less able to communicate with others and now needs a secure, structured environment where someone will monitor his care 24 hours a day. Mr. Jones now needs a nursing home, where skilled caregivers will make sure his medical, emotional, psychological, social and spiritual needs are met.

While this progression through the continuum of care is a logical one, it's not always the way things happen. Every individual's needs for long-term care are the result of unique circumstances. Some have a short-term need that might start with a broken hip caused by a fall, prompting a short hospital stay followed by some brief rehabilitation. After a one- or two-month nursing home stay, such an individual might be able to return home and continue receiving some services, such as physical therapy, from a home health care agency.

Others have more extended or permanent needs. The need might be due to Alzheimer's disease or dementia, where one becomes unable to communicate or unable to remember how to perform such a simple task as swallowing. Furthermore, they may become combative and, without realizing it, actually cause harm to family caregivers trying to take care of them in their home. In this case, long-term placement in a nursing home is needed.

Understanding the different types of long-term care and knowing what each offers is crucial to finding the right kind of care at the right time. Here's a closer look at the options.

## **HOME- AND COMMUNITY-BASED SERVICES**

In Tennessee and across the nation, the long-term care delivery system is expanding into services that allow certain elderly and disabled individuals to live in the community and remain as independent as possible.

These services are referred to as home- and community-based services, or HCBS for short. In 2010 the state expanded its HCBS offerings (**see below**) as part of CHOICES in Long-Term Care, Tennessee’s Medicaid program (**see Chapter 5 for more on CHOICES**).

All participants in HCBS services choose a case manager. The case manager visits the enrollee in his home at least once every 30 days; works with the enrollee and caregivers to develop an individualized plan of care; coordinates the delivery of services with providers; and assures that participants are receiving care according to physicians’ orders. All enrollees may choose the providers from which they receive services. If they are not satisfied with the care they are receiving, their case managers will help them find a new provider.

## Home-based options

Currently, the following services are offered through the state’s HCBS program:

- **Assistive technology.** Assistive technology services provide assistive devices, adaptive aids, controls or appliances that increase an enrollee’s ability to perform ADLs or to control their environment. Examples of assistive technologies include grabbers to pick objects up off the floor and strobe lights to signify that a smoke alarm has been activated.
- **Home-delivered meals.** Home-delivered meals are nutritionally well-balanced meals delivered to individuals in their homes. The meals provide at least one-third but no more than two-thirds of the current daily recommended dietary allowance. Special diets are provided as needed.
- **Homemaker services.** Homemaker services are general household activities and chores, such as sweeping, mopping, dusting, making the bed, washing dishes, personal laundry, ironing, mending and meal preparation and/or education about the preparation of nutritious, appetizing meals. It also includes assistance with the maintenance of a safe environment and errands – grocery shopping, having prescriptions filled, etc.
- **Minor home modifications.** This service entails the provision and installation of certain home mobility aids. These aids include ramps, rails, non-skid surfacing, grab bars and other devices that facilitate mobility. It also provides for other modifications to the home that enhance safety. This service does not include improvements to the home that are of general utility, such as carpeting, roof repair, central air conditioning, etc. Nor does it provide direct medical or remedial benefit to the individual.
- **Personal care assistance/attendant.** Personal care attendants assist individuals with the activities of daily living and related essential household tasks, such as toileting, bathing, dressing, eating, cleaning, meal preparation, budget management, attending appointments and interpersonal and social skill building to enable enrollees to live in community settings.

- **Personal Emergency Response Systems.** Personal Emergency Response Systems (PERS) allow for individuals to secure help in an emergency through electronic devices and a response center. The system is connected to a person's phone and programmed to signal a response center once a "help" button is activated. The individual may wear a portable "help" button to allow for mobility. Trained professionals staff the response center.
- **Pest control.** Pest control services are offered to regulate or eliminate the intrusion of mice, roaches, wasps and other species of pests into an enrollee's household, removing environmental issues that could be detrimental to the person's health or physical well-being.
- **Respite care.** Respite care offers relief for home caregivers by providing services to individuals unable to care for themselves. Respite services can be furnished on a short-term basis in a home or institutional setting like a nursing facility or assisted care living facility.

## RESIDENTIAL HOMES FOR THE AGED

These facilities provide their residents with room and board as well as assistance with personal needs, such as eating and grooming. Someone who lives in a home for the aged must be physically and mentally capable of finding his way to safety in the event of an emergency without assistance from someone else.

Homes for the aged are neither staffed nor licensed to provide nursing care. In fact, state law prohibits homes for the aged from accepting residents who need medical care. They're designed to provide a place where people who are able to care for themselves with little or no help may receive room, board and personal services.

State regulations clearly define the scope of personal services in homes for the aged as help with:

- Bathing, hair and nail grooming;
- Dressing;
- Laundry; and
- Self-administration of medications.

The regulations permit the administration of medicine by a licensed nurse. Homes for the aged must be licensed and are generally family-type dwellings. Neither Medicare nor Medicaid pays for the cost of living in a home for the aged.

## ADULT CARE HOMES

Another new addition to Tennessee's long-term care services through the CHOICES in Long-Term Care program is the creation of adult care

homes – licensed facilities serving up to five adults requiring specialized care in a residential setting.

Residents of adult care homes must have either a traumatic brain injury or be ventilator-dependent. Adult care homes provide 24-hour nursing services furnished or supervised by an adult care provider, resident manager or other caregiver. Adult care homes are required to provide medical services, protective care and safety services, room and board, and non-medical assistance with activities of daily living. Adult care homes should also provide daily recreational activities based on the resident's needs and plan of care.

Adult care homes will be licensed and regulated by the Tennessee Department of Health. The Department of Health will conduct annual inspections of adult care homes, and all caregivers are required to complete at least 12 hours of continuing education annually.

As of the end of 2010, no adult care homes had opened in Tennessee. However, some health care providers have expressed interest in establishing this long-term care option. Once the homes are available, Medicaid will reimburse the providers for providing this care to enrollees.

## **ASSISTED CARE LIVING FACILITIES**

Assisted living is a long-term care option for seniors who need more assistance than is available in a retirement community but who do not require the intense medical and nursing care provided in a nursing home. Many seniors relocate to an assisted care living facility after a period of rehabilitation in a nursing home or hospital, while others come directly from their homes. These facilities provide the same services as a home for the aged as well as assistance with medications. Some facilities are staffed to provide care for people who have some memory loss or are in the early stages of Alzheimer's. Some assisted care living facilities offer assistance with incontinence care and other special services.

Assisted care living facilities have existed in Tennessee for many years, but they were not required to be licensed until 1996. The law clearly defines assisted care living and its role in the continuum of care and sets strict parameters regarding services that may be provided by the facilities.

Assisted living bridges the gap between homes for the aged and nursing homes. This licensing category was created in response to the needs of a large number of the elderly who may require assistance with certain medical services that typically can be self-administered. For example, a diabetic woman who normally gives herself daily insulin injections is no longer able to do so because of advancing arthritis. She needs help with

the injection but has no other health problems. She is an ideal candidate for assisted living.

These facilities are restricted by law from admitting or retaining residents who need an extensive amount of health care. Examples of those who would not be candidates for assisted living are individuals with later-stage Alzheimer's disease or related disorders, those who pose a serious threat to themselves or others, or those who are not able to communicate their needs.

State law does allow residents who briefly become too ill to remain in the assisted care living facility to receive skilled nursing care through home health for a limited time. Medicare will pay for home health care services provided in an assisted care living facility. Medicaid will pay for personal care services, homemaker services and medication oversight in an assisted care setting, up to \$1,100 per month, but will not pay for room and board.

## **HOME HEALTH CARE**

Home health agencies provide skilled nursing and rehabilitative care, such as physical, occupational and speech therapy. Personal services, such as assistance with bathing and grooming, are also available. And, if a physician determines that someone is in need of home health care, services to complement the health care services, such as assistance with housecleaning or grocery shopping, are also available. Some of these services are reimbursable through Medicare and the Medicaid HCBS waiver program.

## **ADULT DAY CARE**

These programs provide social activities, meals, assistance with personal needs, health education and supervision in a safe environment on a temporary basis. Most adult day care centers are open Monday through Friday during normal business hours and allow full-time caregivers an opportunity to continue their daily work routine while providing supervision and care for the elderly or disabled person. And, in the future, Medicaid may provide limited coverage to individuals in an assisted care living facility.

## **HOSPICE CARE**

Traditionally provided at home for the terminally ill, hospice focuses on palliative care – which aims to reduce the severity of symptoms and re-

lieve suffering – rather than restorative care. Hospice addresses not only physical needs but also psychological, spiritual and emotional needs for patients, family members and friends. Some nursing homes participate in partnerships with local hospice organizations, offering supplemental services such as inpatient respite care to allow home caregivers a break from their duties or “room and board” services in which patients already residing in a nursing home elect to receive hospice care. In both cases, services offered by the nursing home are negotiated between the hospice organization and the nursing home. Medicaid pays for some basic hospice services to be provided in a nursing home.

## **RETIREMENT COMMUNITIES**

Group living for security and social purposes is offered by retirement communities. Typically complexes of apartments or condominiums, retirement communities are facilities in which seniors live independently. Recreational opportunities commonly are available as well as certain support services such as meals and transportation. Retirement communities sometimes adjoin nursing homes as part of what is called a “continuing care” campus providing a number of different services within the continuum of long-term care. Neither Medicare nor Medicaid pays for services in a retirement community.

## **OUTPATIENT SERVICES**

Nursing homes may be able to fulfill the needs of some patients through outpatient services. Patients may be brought to the facility for physical, occupational, speech or respiratory therapy; testing, fitting or training in the use of prosthetic devices; social and psychological services; nursing care; or medications and biologicals that cannot be self-administered.





## CHAPTER 3: NURSING HOMES

**N**ursing homes represent the fundamental link in the long-term care continuum. Their job is to provide 24-hour nursing care to those who are chronically ill or injured and are unable to function independently. But a nursing home is about more than medical care. It's a place where patients can go on with their lives – and even engage in activities they may have never taken part in before – while under the secure watch of trained caregivers. Nursing home issues often center on the types and levels of medical care provided. Although excellent medical care obviously is essential, it alone does not address all facets of individual well-being. Caregivers understand that patients not only have physical needs but also mental, social, emotional and spiritual needs – the basic premise of holistic or “whole person” care. Through the holistic approach, nursing home care encompasses all aspects of a healthy life. Nursing home staff collaborate to assess patients' needs and create individualized care plans, all targeting a single objective: restoring each patient to the highest possible level of functioning.

### MEETING PROFESSIONAL QUALITY STANDARDS

In addition to the higher level of care and services they provide, nursing homes are separated from other types of long-term care providers by an

extremely intense level of governmental oversight at both the state and federal level. Specific federal regulations apply to all nursing homes that participate in the Medicare and/or Medicaid programs. These regulations include everything from patient rights to fire safety to patient care provisions for quality of life and quality of care. All but a half dozen or so of Tennessee’s nursing homes participate in Medicare or Medicaid and are subject to federal regulations.

At the end of 2010, there were 326 licensed nursing homes in Tennessee with more than 37,400 patient beds. All nursing homes in the state are subject to state licensing standards. Tennessee law has given authority to the Board for Licensing Health Care Facilities to determine the requirements of licensure and to suspend or revoke the licenses of nursing homes or apply other sanctions to ensure compliance.

The state also requires nursing home administrators to be licensed by the Board of Examiners for Nursing Home Administrators. Other health care professionals required to be provided or employed by Tennessee nursing homes include physicians, nurses and therapists who are licensed by their respective professional boards.

## BY THE NUMBERS

**326**

Number of licensed nursing homes in Tennessee at the end of 2010.

**37,400**

Approximate number of nursing home patient beds at the end of 2010.

Much of the direct patient care in any nursing home is performed by certified nursing assistants (CNA). Tennessee was one of the first states in the country to require training and testing of nursing assistants. CNAs, sometimes called “aides” or “techs,” undergo a training program and sit for a competency evaluation. For successful passage of the competency evaluation, students must pass the following five skills – communication and interpersonal skills; patient rights; patient independence; safety and emergency procedures, including the Heimlich maneuver; and infection control.

Compliance with all state and federal regulations is ensured through annual inspections, known in the long-term care industry as “surveys.” These are performed on an unannounced basis by the staff of

the Health Care Facilities division of the state Department of Health. Surprise inspections typically involve a team of three to five inspectors who spend several days in the facility. Tennessee’s survey system is designed to make sure that long-term care facilities meet professional qual-

ity standards and that care is provided in a clean, safe and properly-managed environment.

## TYPES OF CAREGIVERS

Nursing homes have a single mission for every patient: to enhance the abilities rather than the disabilities of that individual while providing comprehensive care that upholds the patient's quality of life. To accomplish this, each staff member, from the maintenance supervisor to the bookkeeper, must work as a team to see that high standards are met.

Every nursing home must have a full-time licensed administrator. To be licensed, administrators must meet state qualifications and pass an exam. To remain licensed, they must earn 18 hours of approved continuing education credit each year. Administrators shoulder enormous responsibility as the individuals accountable for facility operations as well as compliance with regulations.

In every nursing home is a licensed physician who serves as medical director. Medical directors can work full time or as consultants. They work in cooperation with each patient's individual physician to oversee implementation of a care plan. While the facility's medical director may be the most visible doctor on hand, he is not the only one. Personal physicians also routinely visit patients and "make rounds" in the nursing home.

State and federal regulations help determine the number of registered nurses (RN), licensed practical nurses (LPN) and CNAs on staff at a nursing home at any given time. The nursing staff is supervised by an RN who serves as director of nursing (DON). Long-term care nurses are tested and licensed just as nurses working in hospitals and physicians' offices are. Many prefer working in long-term care because of the relationships they are able to build with patients and families.

While RNs and LPNs administer medications and perform certain treatment procedures, CNAs have the most interactions with patients. One way to understand the role of CNAs is by referring to activities of daily living (ADL), such as bathing, dressing, eating, incontinence care or transferring (from a wheelchair, bed or chair). The average Tennessee nursing home patient needs assistance with at least four of the six ADLs.

The dietary staff makes a critical contribution to both the quality of life and the medical care of nursing home patients. A dietary supervisor manages the daily operations of the food services department in conjunction with a registered dietitian who either is on staff or serves as a regular consultant. Therapeutic diets ordered by physicians must be followed, but dietary staffs try to incorporate patients' individual tastes as much as possible in planning menus. Mealtimes also provide a great opportunity

to socialize with other patients as well as family members and friends.

Activity coordinators provide non-medical care that is essential to patients' overall well-being and satisfaction. With the increasing level of infirmity among patients, their job is becoming more of a challenge and requires specialized training. Survey requirements stress the need to individualize assessments for developing activity plans and describe meaningful activities as those that "reflect a person's interests and lifestyle."

Every nursing home employs a trained social service worker whose primary role is to serve as a counselor to patients and families, easing their adjustment to nursing home life. Social service workers are essential to the admissions process, when emotional, social and financial difficulties often arise. By keeping abreast of community resources, social service workers assist patients and families in obtaining valuable services available to them.

Nursing homes are required to comply with a number of regulations specifically dealing with construction and maintenance of the facility and its grounds. Maintenance supervisors and their staff are members of the very important environmental service department. They help maintain a safe environment for patient care while making sure proper improvements are made.

Housekeeping and laundry supervisors, along with the staff they oversee, are also vital members of the environmental service team. The housekeeping staff works to ensure the cleanliness of patients' rooms while the laundry staff works to provide linen service. Members of the laundry staff also maintain the personal laundry of patients.

Facilities also may include pharmacy staff, although pharmaceutical services often are provided through arrangements with local pharmacies that fill and deliver prescriptions to the nursing home. Regardless of medication source, facilities use a strict administration system called "unit dose." The unit dose protocol for medication administration is governed by state regulations and requires that each patient's monthly prescription drugs be placed by the pharmacist in individual containers, usually a drawer on a specially designed cart, to be administered by a licensed nurse at the proper time. The unit dose system serves as a safeguard against medication errors.

## **SPECIAL SERVICES**

In addition to these caregivers, the typical nursing facility also has a number of other professionals who provide patient services, including:

**Dental** – both regular and emergency dental care

**Eye care** – arrangement for an optometrist or ophthalmologist

**Laboratory** – to provide analysis of tests ordered by physicians

**Mental health** – to address mental and emotional needs of nursing facility patients (Nursing homes are not staffed or intended to treat serious mental illness.)

**Occupational therapy** – restorative retraining of the use of the extremities through repetition of the mechanics of such daily activities as bathing, eating, dressing and grooming

**Physical therapy** – rehabilitation of patients with disabilities or injuries using massage, exercise, heat, water, etc.

**Podiatry** – treatment of foot disorders by a podiatrist

**Speech therapy** – treatment of communication and swallowing disorders

**Radiology** – X-rays and their analysis

**Respiratory therapy** – treatment of breathing difficulties and disorders

## **THE EDEN ALTERNATIVE™**

In some Tennessee nursing homes and facilities across the nation, visitors and patients might be surprised to hear birds chirping in the hallways or the laughter of children playing on a playground. They might also be surprised to see ripe tomatoes hanging from vines in a garden or winding pathways dotted with beautiful plants and flowers. Enlivening environments such as these help eliminate the loneliness, helplessness and boredom that often plague the elderly. Close and continuing contact with plants, animals and children is a hallmark of the Eden Alternative™, one of several programs that strive to provide companionship, community and a life of meaning for nursing home patients.

Founded by Dr. Bill Thomas and his wife Judy in 1991, the Eden Alternative™ seeks to improve the well-being of the elderly and disabled and those who care for them by transforming the communities in which they live and work. In addition to pet therapy, youth programs and gardening, the Eden Alternative™ encourages facilities to “de-emphasize top-down authority” and place decision-making in the hands of the patients. Nursing homes following the Eden philosophy work with patients to set up their daily baths, meals and activity schedules.

And last but not least, the Eden Alternative™ brings a spirit of commitment and community to nursing homes. Caregivers and patients are given opportunities to care and receive care from one another. Staffs of Eden facilities strive to practice “random acts of kindness,” and patients are encouraged to do so as well.

Hundreds of nursing homes throughout the United States have

adopted the Eden philosophy that nursing homes should be caring for the total needs of their patients, not just the medical needs. The focus on children, pets, plants, opportunities and choices gives patients meaning in their lives and a reason to get up in the morning.

## **FAMILY INVOLVEMENT**

Every nursing home strives to provide patients with a home-like environment while keeping them safe and promoting their well-being. Activities are offered to foster a home-like atmosphere, and staff and patients often become quite close.

But anyone who has ever moved away from home – out of state, or even out of town – knows how it feels to be surrounded by the unfamiliar. It's unsettling. Add to that the stress of declining independence or the stress of having a chronic illness or permanent disability, and the feelings go from a bit unsettling to downright frightening.

Families play a key role in helping their loved ones adjust to life in a nursing home. One way to make the experience more positive and comfortable is, of course, to visit regularly and spend quality time together. Try to incorporate things your loved one enjoyed doing prior to moving into a nursing home. For example, if he enjoyed reading, start a book together that can be read aloud one chapter at a time. If he loved perusing the newspaper every day, make sure his subscription is continued.

Most of all, enjoy the time spent with your loved one. And remember, if you have to miss a visit, a meaningful phone call or letter will be well-received, too.

Besides maintaining regularly-scheduled visits and attending special events, another common avenue for involvement is the family council. Getting to know the facility's caregivers can make the nursing home experience more pleasant for both families and patients. Council meetings provide a wonderful opportunity for families to speak with facility administrators and staff, as well as get to know other families. Family councils can address concerns, suggest improvements and help plan activities.

A wide variety of resource materials are available for assistance and support of families and patients considering a nursing facility. **See Chapter 8 for a list.**



## CHAPTER 4: SELECTING A FACILITY

**M**aking the decision to enter a long-term care facility is never easy. What’s more, once that choice is made, another difficult task soon follows: picking the right one. While the process of selecting a nursing home or assisted care living facility (ACLF) may seem overwhelming at first, prospective patients and their families should remember that all facilities share the common goal of providing quality, round-the-clock care in an environment as homelike as possible. Beyond that, every facility has certain areas of expertise, offers certain services, and may be better suited to a certain type of clientele. In other words, specific factors could make one place better suited to a patient than another.

For instance, location is a frequently cited factor for many patients and their families who want a facility close to the family’s home. But location also can be a key factor in a facility’s general atmosphere; the culture and lifestyle of the community at-large – whether urban, suburban or rural – often is reflected in the facility itself.

Also, if a prospective nursing home patient is eligible for Medicare or Medicaid, the selected home must participate in the program through which the patient is receiving assistance. Most Tennessee nursing homes accept Medicare patients, but due to strict medical qualifications, just 17 percent of nursing home patients receive Medicare coverage to pay for

their nursing home stays. Almost 90 percent of Tennessee nursing facilities participate in the Medicaid program, and the majority of Tennessee nursing home patients – approximately 65 percent – receive care that is paid for by Medicaid.

Yet another consideration is a facility's special services or features. Is an ACLF the right fit? Does the patient need the more intensive care offered in a nursing home? A growing number of facilities are developing special care units to better treat certain disabilities. Nursing homes may have specialized units to care for patients with certain injuries or illnesses, such as Alzheimer's disease, or offer special therapy programs or treatment not available at some other facilities.

These factors can be a natural starting point in the selection of a facility – but there are plenty of other considerations. Here's a guide to help you navigate the process.

## WHERE TO BEGIN

The first step is a deceptively simple one: ask around. Talk with long-term care professionals, hospital discharge planners, social workers, your family physician, friends, spiritual leaders – anyone who may have first-hand knowledge about a certain facility or the overall selection process. The information you obtain from these sources will help clarify the issues and focus your perspective.

Once you've identified some potential facilities, visit them. The best way to determine the appropriate match of services and patient needs is by seeing a facility firsthand. **Information on nursing homes and ACLFs throughout Tennessee is available through the Tennessee Health Care Association at [www.thca.org](http://www.thca.org) and the Tennessee Department of Health at [www.health.state.tn.us/findcare.htm](http://www.health.state.tn.us/findcare.htm).** Facilities can be screened by calling and asking questions first, but it's a good idea to plan personal visits to at least three facilities and involve as many family members as possible. All facilities offer tours to prospective patients and their families. Some allow visitors to sit in on activity programs or other events. Try to visit each nursing home or ACLF more than once to observe activities throughout the day. At least one visit should include a mealtime, which allows you to sample the food and see the patients in a social setting.

Although the initial visit should be arranged with the administrator so you can ask specific questions of staff and volunteers, follow-ups often can be unscheduled. During each visit, watch how residents and their caregivers interact. If possible, meet with the facility's family council, or if no council exists ask to speak with family members of other patients.

In the end, all of your questions should be answered and any doubts

resolved before making a final choice. Ask both facility representatives and yourself this series of questions.

## **Facility checklist**

### **Licensure**

- Does the facility hold a current license from the state, and does the administrator hold a current license from the state? If the answer to either of these questions is “no,” find another nursing home; the nursing home you are dealing with could be some other type of facility falsely claiming to be a nursing home.
- What were the results of the facility’s most recent survey (state/federal inspection)? This is particularly important with nursing homes.

### **Location**

- Is the patient happy with the location?
- Will family and friends be able to make frequent visits?
- Does the patient’s personal physician make visits to the facility?

### **Facility appearance and design**

- Is the entire facility clean enough to satisfy your personal standards?
- Is it free of unpleasant odors?
- Are hallways and rooms free from hazardous objects?
- Does the facility meet the safety standards required for nursing homes?
- Do you feel welcome when you enter the nursing home?
- Does everything appear organized and well-maintained?
- Are the grounds neat and well-kept?
- Is the view pleasant?
- Is there outdoor furniture for the patients to use?
- Are there areas where patients can enjoy being outside?
- Have certain rooms been designated for physical examinations or therapy?
- Is there a room for private visits with family and friends?

### **Staff attitudes**

- Is the facility’s general atmosphere warm and pleasant?
- Do staff members show interest in and affection for individual patients?
- Are staff members courteous and respectful?
- Do staff members know patients by name?
- Do staff members and the administrator take time to answer all questions, hear complaints and discuss problems?
- Do staff members respond quickly to patient calls for assistance?
- Are visiting hours convenient for patients and visitors?
- Does the staff encourage family visits?

### **Bedrooms and bathrooms**

- Is there a window in every bedroom?

- Does each bed have a privacy curtain?
- Does each bed have a nurse call button or bell?
- Is fresh drinking water at each bed?
- Does every patient have a comfortable chair in the room?
- Are there reading lights?
- Do patients have their own clothes closet and drawers for personal items?
- Are personal items throughout the room and on the walls?
- Is the furniture spaced so that a wheelchair can maneuver easily?
- Is each bed easily accessible?
- Are the bathrooms convenient to the bedrooms?
- Are bathrooms easy for wheelchair patients to use?
- Does each bathroom have a nurse call button or bell?
- Are hand grips on or near the toilets?
- In shower areas, do showers and tubs have non-slip surfaces and hand grips?

### **Dining**

- Is the dining room attractive and inviting?
- Are the tables and chairs comfortable and safe?
- Is it easy to move around, even for those in wheelchairs?
- Is the food fresh, tasty and attractively served?
- Does it appear that the food served is among that preferred by patients?
- Is there a pleasant variety from meal to meal?
- Are patients given enough time to eat?
- Are they served at normal meal times?
- Do patients receive help eating if they need it?
- Is food delivered to the rooms of patients unable to eat in the dining room?

### **Activities**

- Is there adequate room for patients' activities?
- Are activities planned?
- Are all patients able to get involved in some activity?
- Is equipment available to use for activities (i.e., games, craft supplies, books)?
- Are patients using the equipment?
- Are patients' preferences of activities observed?
- Are outside trips planned for patients able to enjoy them?
- Do volunteers work with patients? Patient care services
- Does the facility have an arrangement with a nearby hospital for transfer if necessary?
- Is emergency transportation readily available?
- Is there a physical therapy program directed by a qualified therapist?
- Is therapy available to meet patients' particular needs?
- Is occupational and/or speech therapy available?
- Is a social service worker available to assist patients and family?
- Are barbers and beauticians available for patients?
- Do staff members encourage patients to maintain a neat appearance? Do

they help if needed?

### **Patient rights**

- Does the facility have a written description of patient rights and responsibilities?
- Is the description readily available for patients and families to review?
- Are staff members trained to protect dignity and privacy and respect the patients' rights?
- Have arrangements been made for patients to worship as they please?
- Have arrangements been made to accommodate patients who celebrate religious holidays?

### **Costs**

- Are most services covered in the basic daily rate?
- If not, is a list available of specific services not covered in the basic rate?
- Does the facility accept Medicaid payments?
- Does the facility accept Medicare payments?
- What is the facility's policy on returning advance payments?

### **Your part: family involvement**

- Does the facility have a family council?
- Are you prepared to ease the patient's transition to the nursing home or ACLF by being with him for several hours on admission day?
- Are you ready to visit the patient frequently and ask his friends to also visit regularly?
- Are you willing to provide the patient with the same amount of love in the facility as you would if he were at home?





## CHAPTER 5: PAYING FOR CARE

**S**o now you've selected a facility. But who's going to pay for it? Long-term care is financed through a variety of means. The Medicaid and Medicare programs pay for many patients' care – although not all facilities accept Medicaid or Medicare payments. Private organizations such as veterans' groups, trade unions or fraternal organizations may provide financial assistance. And a patient's personal funds may be used, including Social Security, retirement plans, savings and long-term care insurance.

Costs at nursing homes and assisted care living facilities (ACLF) can range from \$2,000 to \$5,500 a month. The financial impact of long-term care can be almost as formidable as the illnesses that necessitate nursing home admission in the first place – primarily because few people are prepared for such an enormous expense. The information presented here is intended not only to assist those currently dealing with the complexities of financing long-term care, but also to encourage others to plan for the future.

### **MEDICAID**

The majority of nursing home patients in Tennessee receive government assistance through Medicaid to pay for their care. In fact, approximately

65 percent of the state's nursing home patients receive Medicaid benefits.

Medicaid is a state and federal program designed to provide health care for low-income individuals. Tennessee's Medicaid program is known as TennCare. The program originally was not designed to serve the elderly long-term care population; however, currently it is the primary method of financing nursing home care for those individuals who cannot afford to pay for it.

As of 2010, TennCare services are coordinated by managed care organizations (MCO) as part of the TennCare CHOICES in Long-Term Care Program, or "CHOICES" for short. Under the CHOICES program, all TennCare long-term care patients receive their benefits through one of three MCOs – AmeriChoice, AmeriGroup or BlueCross BlueShield of Tennessee depending on the region of the state – rather than receiving benefits directly from the state. There are two groups of people in CHOICES:

CHOICES Group 1 is for people who receive nursing home care.

CHOICES Group 2 is for people who receive home care.

The state has nine Area Agencies on Aging and Disability (AAAD) scattered across the state that are designed to provide a centralized source of information and assistance for new Medicaid applicants seeking long-term care services under CHOICES. **For additional information about the CHOICES program, visit the Bureau of TennCare's website at [www.tn.gov/tenncare](http://www.tn.gov/tenncare) or contact your local AAAD at 1-866-836-6678.**

### Medicaid Eligibility Requirements

TennCare nursing home patients must meet two requirements:

1. Financial eligibility
2. Medical eligibility.

Medicaid will pay for nursing facility care for those both financially and medically eligible. Medicaid beneficiaries, however, do contribute all of their income to the cost of their care, with a few exceptions: the cost of a health insurance premium, the cost of certain medical services not covered by Medicaid (such as limited podiatry services, for example) and \$50 for personal needs.

*Financial Eligibility.* In Tennessee, an individual's income must be equal to or less than 300 percent of Supplemental Security Income (SSI) to qualify financially for Medicaid. For the year 2010, that amount is \$2,022 per month. Assets (excluding the home) must be less than \$2,000 for an individual and \$3,000 if a couple is in a nursing home at the same time.

To establish financial need, applicants must collect and document the

following information:

- Income from all sources, including Social Security, retirement plans and pension programs, interest on bank accounts, rental property income, etc.; and
- All assets, including cash on hand, real and personal property, cars, savings accounts, certificates of deposits (CD), cash value of life insurance policies, stocks and bonds and any other investments.

In addition, applicants must submit their Social Security number and proof of citizenship.

**Applicants may download a Medicaid application at the Tennessee Department of Human Services (DHS) website at [www.tn.gov/humanserv](http://www.tn.gov/humanserv)** that can be filled out and either mailed to an applicant's county DHS of-

fice or taken there in person. State officials recommend that the application be made at least two months before a private-pay patient's finances are expected to reach Medicaid level as the approval process may take the full 45-day period allowed by law.

## BY THE NUMBERS

# \$2,022

Maximum monthly income allowed for an individual to qualify for Medicaid in 2010.

*Qualified Income Trusts.* In Tennessee and about 20 other states, there is an option available to those individuals who cannot afford nursing home care but whose monthly incomes are above the

Medicaid cutoff for assistance. These individuals can set up qualified income trusts, also known as Miller Trusts.

A trust is simply a special type of bank account set up through a legal document where all of the money or proceeds from that account are managed to benefit an individual, known as the beneficiary. The Miller Trust allows an individual to put his income into a trust for his benefit and still qualify for Medicaid. The income in the trust does not count in determining Medicaid eligibility under the income standard. Therefore, the individual whose income is over the Medicaid nursing home income limit may become eligible.

The Medicaid recipient's nursing home and other expenses are paid from the trust, with the remaining balance being paid over to the state after the Medicaid recipient passes away.

There are many rules governing Miller Trusts. Individuals needing to set up such a trust should seek help from a long-term care ombudsman or through legal services.

*Spending Down.* Many of the patients in Tennessee’s nursing homes have too much money in savings, investments or other assets to qualify for Medicaid when first admitted to a facility but eventually spend this money on nursing home care and become financially eligible.

In the past, this “spending down” of personal assets often left the patient’s spouse destitute. Now, laws provide financial protection for the spouse who remains at home. As of January 2011, a patient’s spouse may keep at minimum \$1,822 a month of their combined income. Larger amounts, up to \$2,739 a month, may be allocated to the spouse in certain circumstances. The amount the spouse may keep usually increases annually. Federal and state laws allow the spouse to keep half of the couple’s assets at the time of nursing home admission, as well as their home and furnishings – unless that half is more than \$109,560. This is the maximum amount that may be assigned in any case to the community spouse. If that half is less than \$21,912, money from the other spouse’s half is shifted so that the remaining share will total \$ 21,912. If the couple’s combined assets are less than \$ 21,912, the spouse at home may keep the entire amount, as well as their home and furnishings.

*Estate Recovery.* Tennessee is required by federal law to have an “estate recovery” program. Such a program mandates that the state recover funds from the estates of nursing home patients who have had their care paid for by TennCare – Tennessee’s Medicaid program. To be subject to the state’s recovery program, an individual must have been 55 or older when receiving services funded by the state health care program.

Tennessee cannot recover the estate until the patient passes away. Even then, there are other exemptions from estate recovery. If there is a surviving spouse, for example, TennCare will not recover from the estate until the time of the surviving spouse’s death if the spouse requests an exemption and provides documentation of proof of marriage.

Also, if there is a minor child under the age of 18, TennCare will not recover from the estate until the child reaches the age of 18. The child or his representative must request an exemption to the recovery and provide a copy of the child’s birth certificate as proof of relationship.

And last, if there is a disabled child who became disabled prior to the age of 18, TennCare will not recover from the estate until the death of the disabled child. The disabled child or his representative must, again, request an exemption and provide a copy of the child’s birth certificate. A copy of the social security disability determination providing disability and onset prior to the age of 18 must also be provided.

Some individuals transfer or “gift” their assets to become eligible for Medicaid and to protect their homes and other possessions that could be

subject to estate recovery. The “lookback” period into an individual’s most recent asset transfer is five years. This means that when a patient enters a nursing home and applies for Medicaid coverage, the federal government will “look back” five years to see if an asset transfer took place. If an improper asset transfer did take place, a penalty will be imposed. The penalty phase begins on the date the individual qualifies for Medicaid coverage.

The penalty phase is calculated by taking the value of the asset transferred and dividing it by the average monthly cost for nursing home care, as determined by the Tennessee Department of Human Services. For example, if the average cost of nursing home care is determined to be \$5,000 per month and if the applicant or his spouse transfers assets worth \$50,000, that amount is divided by \$5,000/month and results in a 10-month period of ineligibility. This penalty period would begin on the date the patient becomes eligible for Medicaid coverage, not on the date of the transfer.

Once the 10-month period of ineligibility in this example has passed, the patient will then become eligible for Medicaid assistance. This means the patient or family would be responsible for the cost of services provided during their period of ineligibility.

More information about estate recovery can be found at the Bureau of TennCare website, [www.state.tn.us/tenncare](http://www.state.tn.us/tenncare). Note that any estate recovery actions taken are by the government, not individual nursing homes.

### **Medical Eligibility**

To determine medical eligibility for Medicaid, applicants must have a Medicaid-approved examination called a pre-admission evaluation (PAE) and a mental health screening (pre-admission screening and annual resident review, or PASRR). The PAE determines the level of care a patient needs and whether the patient meets Medicaid’s medical criteria. The PASRR determines if the patient has any mental illness or mental retardation that requires special treatment. If so, the applicant cannot be admitted to a nursing home. If the Department of Health approves the applicant’s PAE, the applicant is medically eligible for Medicaid.

## **MEDICARE**

Medicare is a federal health insurance program administered by the Centers for Medicare and Medicaid Services (CMS). It’s available for anyone over the age of 65, certain disabled individuals under 65 and people of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare is not a long-term care program. It covers nursing facility care for those individuals who are recovering from serious illness or injury, but only for a limited time. Medicare has Part A (hospital and skilled nursing insurance), Part B (medical insurance), Part C (Medicare Advantage plans) and Part D (prescription drug coverage).

### **Medicare Eligibility Requirements**

Nursing home coverage under Medicare, though very limited, falls under Part A. Medicare will cover nursing home care only if the patient receiving the care needs the highest level of care, called skilled nursing. The patient must also have spent at least three consecutive days in a hospital not more than 30 days prior to nursing home admission. A physician must certify that skilled nursing services are needed for the same or related illness for which the patient was hospitalized.

### **Medicare Benefits**

Medicare pays for an eligible individual's care in a skilled nursing facility for up to 100 days. Under the program, the first 20 days are covered at 100 percent. For the remaining days, the patient must make a daily coinsurance payment. The co-payment for 2011 is \$141.50 per day. If the patient remains in the nursing home longer than 100 days Medicare will make no further payments during that spell of illness. A spell of illness refers to the condition for which a patient is hospitalized. If, after the 100-day coverage limit, a patient remains well enough not to need skilled care for at least 60 days, and then the patient's condition declines to the point that hospitalization again is needed for at least three days, it is considered another spell of illness. This situation makes the patient eligible for another 20 days of full coverage and 80 days of partial coverage by the Medicare program.

*Part A.* Services covered under Part A include skilled nursing services and specialized rehabilitation services along with all routine Medicaid-covered services. Services not covered under Part A include:

- Personal convenience items;
- Private duty nurses; and
- Extra charges for a private room.

*Part B.* If a patient chooses to participate in the Part B medical insurance program, Medicare may help pay for covered services a patient receives from a physician while in a skilled nursing facility. Under certain circumstances, Part B may cover special services such as physical and occupational therapy.

Medicare Part B does not cover routine physical examinations and tests, routine foot care, eye or hearing examinations for prescribing or fit-

ting eyeglasses, or certain examinations.

*Part C.* Medicare Advantage (MA) plans are offered by private companies that are approved by Medicare. Such plans provide all of a patient's Part A and Part B coverage and are required to cover all of the services covered by original Medicare except hospice care. Depending on the company, MA plans may also offer extra coverage such as vision, dental or wellness programs.

*Part D.* Everyone on Medicare has access to prescription drug coverage under the Medicare Part D program that was officially implemented in 2006. Medicare prescription drug coverage is insurance. Private companies provide the coverage, and beneficiaries choose their prescription drug plans, or PDPs. Beneficiaries pay co-payments on a sliding scale, with financial assistance available for certain low-income individuals.

There are some nursing home patients, however, who qualify for both Medicare and Medicaid; such patients are known as “dual eligibles.” These patients living in nursing homes pay nothing out-of-pockets for prescription drug coverage, unlike other Medicare beneficiaries.

### Other coverage

In Tennessee, Medicare pays for the care of only around 17 percent of all nursing home patients. Private Medicare supplemental insurance policies – sometimes called Medigap policies—are designed to pay only deductibles and co-payments on services that Medicare will allow. If Medicare does not pay for nursing home care, neither will the supplemental insurance policy.

**For more information on Medicare, visit [www.medicare.gov](http://www.medicare.gov).**

## PRIVATE PAY PATIENTS

Patients who finance the cost of care on their own, without assistance from government programs, are known as “private pay” patients. These individuals pay for their care through personal funds or a long-term care insurance policy.

Long-term care insurance policies are available from a variety of sources, including some employers and insurance companies. The cost of the coverage is based on the applicant's age, current health and the benefits purchased. Policy benefits include a daily or monthly benefit to cover the cost of care, the length of time those benefits are payable, a deductible (called an elimination period), inflation protection (optional) and coverage outside of a nursing home (optional). Care outside of a nursing home can include an assisted care living facility or the insured's

own home.

Long-term care insurance policies will pay for care once assistance is needed with activities of daily living (bathing, dressing, eating, etc.) or if assistance is needed due to a cognitive loss. Policies sold in Tennessee cover all levels of care in a nursing home and can also cover care in an assisted care living facility and may even cover care in the insured's home. It is important to make sure that the policy is comprehensive if you would like the option of staying at home.

THCA recommends consumers understand the following items when purchasing long-term care insurance:

- *How long is the deductible period (elimination period)?* It is not recommended to choose more than 100 days. Also, understand how these days are counted if you are receiving care at home. Must you receive care from a home care agency for a day to count toward your deductible? Are you comfortable paying for this length of care out of pocket?

- *What amount of money does the policy pay for your care once you become ill?* Does this benefit grow over time? Is inflation protection built in to the plan? Be sure that you know the cost of care in your area.

- *How long will the benefits last once you need care?* This is commonly called the “benefit period.” Are your benefits based on a “pool of money” or on a certain number of years?

- *Has the company ever had a rate increase on current insurance plans?* If so, when was the increase and how much? The policies can have a rate increase in the future so be sure to feel comfortable with the insurance company's financial strength.

**If you have questions about the companies authorized to sell long-term care insurance in Tennessee, contact the state Department of Commerce and Insurance at (615) 741-2241 or visit [www.tn.gov/commerce](http://www.tn.gov/commerce).** Please note that just because a company is authorized to sell long-term care insurance in Tennessee does not mean it is endorsed by the state.

## VETERANS' BENEFITS

The Department of Veterans Affairs (VA) provides care in its own facilities to veterans who need Level 1 and Level 2 nursing care. The VA also provides long-term care benefits to veterans through contracts with community nursing homes. Beds are available to all veterans on a space-available basis. **Contact the Department of Veterans Affairs at (615) 741-2931 for more information or visit [www.tn.gov/veteran](http://www.tn.gov/veteran).**



## CHAPTER 6: A FAMILY GUIDE

**I**magine how much your home means to you. It's filled with memories, personal belongings and, of course, familiarity. In any situation, it's a difficult place to leave, but for those entering a long-term care facility, it can be even harder. Fear of the unknown often overwhelms both residents and their families, making the days just before the move and the days just after rather traumatic. Long-term care facility staff are quite familiar with these concerns and the wide range of reactions that often accompany them, and they want residents and families to learn as much as possible about long-term care in order to make sure they receive the right care at the right time.

### EMOTIONAL ISSUES

Guilt. Resentment. Confusion. Relief. All of these emotions and more are common and understandable when a family member moves into a long-term care facility. Whether the move was long overdue or the result of a sudden illness or a drastic change in circumstance, such a major life change resonates throughout a family, creating concern not only about the care their loved one will receive but also about the many emotionally-charged issues involved.

It takes time to settle in to any new living arrangement, and, for fami-

lies and residents alike, the first 30 days or so in a long-term care facility may be uncomfortable and could lead to added tension, fatigue and even depression.

Even in situations where the selection of a long-term care facility was made with the resident fully involved in the process, it's not uncommon for residents to express resentment either verbally or nonverbally following admission. When feelings of guilt lead to doubts, families find it helpful to recall the many advantages that led to the decision to seek placement in a long-term care facility, including:

- A sense of community and activity that often fosters a much fuller lifestyle than would be possible at home;
- Regular clergy visits and religious services;
- Activities, educational programs, group discussions and outings;
- Personalized care plans that address specific needs;
- Nutritious, hot meals on a regular schedule, with care taken to meet any special dietary needs;
- The potential for more satisfying relationships with family and friends no longer burdened by the stress of routine daily care; and
- For nursing home patients, 24-hour attention, with trained nurses and physicians on staff.

And remember, you're not alone. Talk to members of another family who have made a similar decision and share your conflicting emotions. Many long-term care facilities have family councils and other organizations designed to foster this kind of discussion. Make the most of your visits and get involved, if possible, as a volunteer.

## **PLANNING AHEAD**

It's not always possible for the resident to be involved in selecting a long-term care facility, but this involvement can make a critical difference in the final adjustment by allowing the individual to choose a facility that fits his personal style of living, personal tastes or personal preferences.

The planning/selection process should include an opportunity for the resident to speak with the administrator, admissions director and other key staff if possible. The residents may have questions regarding services that family members may not know to ask.

As far in advance as possible, begin planning for the move. The resident should be involved in this planning process to the extent possible. Don't forget to involve staff members of the long-term care facility in planning the move. Often it's possible to get a head start on paperwork and financial details prior to admission day. With help from the staff, you can find out what information is needed regarding medical history, finan-

cial eligibility and other key areas. Don't hesitate to ask questions.

Find out what types of personal belongings or decorations the resident would like to bring, and make sure that these are allowable and that there is space for them. Usually, anything is OK as long as it doesn't interfere with the ability of staff to provide needed care and comply with government regulations.

## TELL THE FACILITY ABOUT THE RESIDENT

The more input the long-term care facility gets from you, the better. If possible, provide written details about individual habits and practices, including:

- *Diet.* Is he a good eater? Are there any dietary restrictions (allergy, religious or medical)? What are his likes and dislikes?

- *Mobility.* To what extent can he get around independently? How is the resident's eyesight? Does he readily accept help to get around?

- *Personal care.* To how much privacy is the resident accustomed? What types of activities can he perform independently? Can he manage personal bathing and grooming alone? Does he prefer a bath or a shower?

- *Mental state.* Does he become fearful in strange surroundings or at night? Is he always aware of where he is, who he is and what day it is?

- *Special activities.* Does he have any hobbies or interests, like sports or reading? How does he like to keep busy? Does he smoke?

- *Daily routine.* What times does he like to bathe? Is he an early riser? Does he read the newspaper daily?

## PRE-ADMISSION SCREENINGS

A variety of state and federal requirements must be satisfied by a nursing home prior to admission or shortly thereafter. As mentioned in Chapter 5, a Medicaid pre-admission evaluation (PAE) to determine medical eligibility typically will be conducted before admission. A comprehensive resident assessment, to determine a plan of care, is also completed for each resident. The formal care plan is then prepared by the attending physician, a registered nurse and other staff members who will be involved with the resident's care. This care plan is updated every three months, or more frequently if the resident's condition changes.

Other requirements must be met at admission to determine the suitability of the environment for residents and to preserve residents' rights after they are admitted and receiving medical care.

Federal law mandates that nursing homes determine prior to admis-

sion whether a resident has any mental illness or mental retardation. This rule applies to all residents in facilities that participate in the Medicare and Medicaid programs. The screening is referred to as PASRR, which stands for Pre-Admission Screening and Annual Resident Review.

A PASRR is conducted for the benefit of both resident and facility, as it determines whether the facility is the best source of treatment for the resident. If the initial evaluation demonstrates the resident has any degree of mental illness or mental retardation, a more involved evaluation follows to determine whether the resident needs special services that cannot be provided in a nursing home.

If the second evaluation indicates a need for special services, the resident and family will be assisted in finding an alternative setting for the required care. Residents whose mental conditions change during their stay in the facility will be retested.

## **LEVELS OF CARE FOR NURSING HOME RESIDENTS**

As mentioned previously, Tennessee nursing facility residents are increasingly elderly and frail. Although a true statement, it is a vague description for determining exactly what kind of care a resident demands. Nursing facility residents represent a broad range of diagnoses, and, obviously, some require more care than others. Therefore, to help clarify the type of services a resident will need, a classification system was devised by the state Medicaid program categorizing nursing home residents as requiring either Level 1 or Level 2 care. Many facilities have adopted those terms for all residents, regardless of whether they receive Medicaid, Medicare, other assistance or are private pay.

Level 1 care refers to the basic level of care provided in nursing homes. Although this classification includes the facility's residents with less serious diagnoses, those who fall in this category still are quite ill. For example, a stroke victim who needs help walking and eating, and who is incontinent of both bowel and bladder, would be classified as a Level 1 resident. In fact, some residents who are completely bedridden still are considered Level 1 residents. Formerly known as "intermediate care," Level 1 simply means that a resident needs a less intensive regimen of care than certain other nursing facility residents.

Residents classified as needing Level 2 care require highly skilled medical treatment on a daily basis. A stroke victim who must be fed by a nasogastric tube, or who requires daily sessions with a physical therapist, would be classified as a Level 2 resident. Level 2 is comparable to the level of care the Medicare program defines as "skilled nursing care."

Understandably, Level 2 care is more expensive than Level I. The

amount Medicaid pays for Level 2 care is higher than what is paid for Level I care. Likewise, private pay residents also should expect to pay more for Level 2 care.

## ADVANCE DIRECTIVES

All residents have the moral and legal right to make decisions regarding their care and treatment in a nursing home, assisted care living facility, hospital or other health care facility. The value and risks of medications and procedures must be explained clearly to residents, and their rights include the right to refuse treatment.

Sometimes, of course, residents are unable to make their own health care decisions due to illnesses or other reasons. If possible, residents can make their treatment wishes known in advance through the use of advance directives.

The two-page **Advance Care Plan form** allows individuals to tell their doctors how they want to be treated if they are terminally ill or permanently unconscious. Advance Care Plans may also be used to tell doctors to avoid life-prolonging interventions, such as cardiopulmonary resuscitation (CPR), kidney dialysis or breathing machines.

The **Appointment of Health Care Agent form**, on the other hand, is similar to the former durable power of attorney for health care (DPAHC). It allows individuals to name one individual and one alternate to make health care decisions for them should they become unable to make decisions for themselves. Both the Advance Care Plan and Appointment of Health Care Agent forms are completed by individuals while they have the capacity to make health care decisions.

The **Physician Orders for Scope of Treatment or POST form** replaces the old do-not-resuscitate (DNR) form and represents the most noteworthy change resulting from the new law and new forms. It is more comprehensive than either the old in-facility or state Emergency Medical Service (EMS) DNR forms.

The POST form is completed by an individual's physician or, at the physician's direction, by another health care provider, such as facility staff. The resident or his representative does, however, sign the POST form. It includes a section to record a resident's choice on cardiopulmonary resuscitation, i.e., "Resuscitate (CPR)" or "Do Not Attempt Resuscitate (DNR/no CPR)." It also includes sections to record preferences when a resident is not in cardiopulmonary arrest such as medical interventions, antibiotics and medically-administered fluids and nutrition. Since this form is approved by the state, EMS will accept the new POST form as a replacement for the old EMS DNR form.

Written advance directives can still be notarized, but individuals may choose simply to have the documents signed by two witnesses, one of whom is not a relative or entitled to any part of the individual's estate.

**The new forms and additional information are available on the Tennessee state website at <http://health.state.tn.us>.** And remember, once advance directives are created, keep copies of the document in a safe location and give other copies to family members, health care agents and physicians.

## TENNESSEE'S LINTON REGULATIONS

During the nursing facility selection process, you are likely to discover a policy unique to Tennessee: resident wait lists. In fact, you will find wait lists at most Tennessee facilities that accept Medicaid. The practice of maintaining prospective resident wait lists originates from a 1990 court case, *Linton v. Commissioner*, which resulted in a federal court ruling mandating Medicaid-participating facilities admit residents on a first-come, first-served basis.

As the name implies, wait lists mean beds may not always be immediately available for resident admission. When a bed is vacant, facilities must consult the wait list to determine who is next in line to be admitted. Wait list size varies greatly among facilities and changes daily. It's important to understand that whether the list has two or 200 names, it is not necessarily an accurate reflection of when any resident will be admitted, primarily because many people on the wait lists simply are not yet in need of nursing home care or they have been placed in another facility. There may be 200 names on the waiting list, but there also may be 10 empty beds that can't be filled from the list.

In addition, the regulations include instances when a resident may be admitted according to circumstances beyond first-come, first-served. The most common example of this is admission to the nursing facility directly from the hospital due to medical need. Also, because nursing facilities place only residents of the same gender together in each room, admission may depend on whether the resident is male or female. Admission preference also may be given in cases requiring intervention by the Department of Human Services Adult Protective Services; in limited instances of resident transfer from another facility; as well as when a nursing facility resident has been in the hospital.

Although having to place your name on a wait list may seem discouraging, Linton regulations exist to protect consumer rights and help individuals plan ahead for when long-term care services will be needed. If you are told by facility staff that your admission may be delayed by the wait list, please remember the facility has no choice in complying with the law.



## CHAPTER 7: LONG-TERM CARE GLOSSARY

Following are definitions of some terms you're likely to encounter when considering placement of a loved one in a long-term care facility:

**Activities of daily living (ADL):** Physical functions that a person normally performs independently every day, including bathing, dressing, toileting, transferring, eating and personal grooming. Nursing home patients frequently need assistance with multiple activities of daily living.

**Activity coordinator:** A trained staff member who is responsible for leisure activities in the facility. Activity coordinators develop programs for residents based on individual abilities and interests. Activity programs must be designed to help residents maintain their highest level of functioning.

**Acute:** A sudden and severe condition.

**Administration on Aging:** An agency of the U.S. Department of Health and Human Services that advocates for older persons and their concerns at the federal level. The Administration on Aging works closely with its nationwide network of state and area Agencies on Aging and Disability.

**Administrator:** The staff member responsible for the overall management of the nursing home. Every Tennessee nursing home must have a full-time administrator who is licensed by the state.

**Adult care home:** Licensed adult care homes provide care for five or fewer

elderly or disabled adults who require ventilator care or have traumatic brain injuries.

**Adult day care:** A program that provides protective care for adults who stay at home at night but who need supervision and assistance during the day, generally because the family caretaker must go to work. A number of Tennessee nursing homes have adult day care programs, and many are offered in conjunction with the Alzheimer's Association.

**Advance Care Plan form:** This advance directive form allows individuals to tell their doctors how they want to be treated if they become terminally ill or permanently unconscious. The two-page form allows individuals to appoint health care agents to make decisions for them if they can no longer do so.

**Advance directives:** Written statements of an individual's preferences and directions regarding health care. Advance directives protect a person's rights even if he becomes mentally or physically unable to choose or communicate his wishes.

**Appointment of Health Care Agent form:** This advance directive form names one individual and one alternate to make health care decisions for an individual. The Tennessee General Assembly adopted the Appointment of Health Care Agent form in 2004 under the Health Care Decisions Act. That piece of legislation changed the name of the "durable power of attorney for health care (DPAHC)" form to "Appointment of Health Care Agent." Please take note that any DPAHCs completed prior to the Health Care Decisions Act remain valid and can be used to appoint a health care decision maker. This form is not as comprehensive as the Advance Care Plan form.

**Assisted care living facilities (ACLF):** A type of facility that bridges the gap between private homes and nursing homes. Assisted living facilities provide certain medical services, which typically can be self-administered, for people with no other health problems and who medically do not need the more intensive nursing services provided in nursing homes.

**Care plan:** A written plan for treating the medical, social and emotional needs of each resident. The plan is written by the resident's attending physician, a registered nurse and other staff members. The plan of care is updated at least once every three months and more often if the resident's condition changes.

**Centers for Medicare & Medicaid Services (CMS):** The federal agency that administers health service programs, including Medicare and Medicaid. It is part of the U.S. Department of Health and Human Services.

**Certification:** The process a nursing home undergoes to qualify a resident for participation in the Medicaid and Medicare programs.

**Certified nursing assistant (CNA):** A staff member who has completed at least 75 hours of classroom and clinical training and is responsible for assisting nursing home residents with their activities of daily living. CNAs are also sometimes called aides or techs.

**CHOICES:** TennCare's program for long-term care services. Under CHOICES, managed care organizations (MCO) coordinate nursing facility services and home-

and community-based services (HCBS) for the state's for long-term care residents.

**Chronic:** A lasting or prolonged illness or symptom.

**Consumer direction of HCBS:** An option in CHOICES that allows long-term care recipients to direct and manage certain aspects of their care, primarily the hiring, firing and day-to-day supervision of workers delivering services.

**Dementia:** Progressive mental disorder that affects memory, judgment and cognitive powers. One type of dementia is Alzheimer's disease.

**Director of nursing:** A nurse who supervises other nurses and certified nursing assistants. In Tennessee facilities, the director of nursing (DON) must be a registered nurse unless the facility has special permission to use a licensed practical nurse.

**Dual eligible:** Dual eligible refers to individuals who qualify for full benefits under both Medicare and Medicaid (known as TennCare in Tennessee).

**Durable power of attorney for health care (DPAHC):** See "Appointment of Health Care Agent form."

**Home- and community-based services:** HCBS refers to those services that allow certain elderly and disabled individuals to live in the community and receive care. HCBS include home-delivered meals, homemaker services, minor home modifications, personal care services, Personal Emergency Response Systems (PERS), respite care, adult day care, assisted care living facility (ACLF) care, assistive technology, attendant services and pest control.

**Home health care agency:** An agency staffed and licensed to provide health services to individuals in their own homes.

**Intermediate care facility (ICF):** A term formerly used by the Medicaid program to refer to a nursing home that provides the level of care needed by most nursing home residents. This level of care, now called Level 1, is less intensive and less expensive, than what is called skilled nursing care, or Level 2.

**Levels of care (Level 1 and Level 2):** The intensity of care provided to nursing home residents depends on their medical needs. Most residents need a less intensive level of care that the Medicaid program calls Level 1 (formerly called intermediate care), while others need a more intensive level called Level 2 or skilled nursing care. The cost of Level 2 care is higher than that of Level 1, both to private pay residents and to the Medicaid program. The Medicare program does not cover Level 1 care and covers skilled care only in certain circumstances and in certified facilities.

**Licensed practical nurse (LPN):** A nurse who graduated from an approved one-year nursing program and passed a state-administered test. LPNs frequently hold supervisory positions in nursing homes.

**Living will:** See "Advance Care Plan form."

**Long-term care:** Health or personal services required on a continuing basis by people who are chronically ill, aged, disabled or retarded. Long-term care generally refers to care provided in an institution such as a nursing home or assisted

care living facility (ACLF), but it may also refer to continuing care provided in the individual's home.

**Long-term care insurance:** Insurance that will pay all or part of the cost of long-term care. Many private insurance companies have developed comprehensive long-term care policies.

**Long-term care ombudsman program:** The ombudsman program is a public/government/community-supported program that advocates for the rights of long-term care residents. Volunteers visit local facilities weekly, monitor conditions of care and try to resolve problems involving meals, finances, medication, therapy, placement and communication with staff.

**Managed care organization:** A company (as an HMO or PPO) that coordinates the delivery of long-term care services. They are commonly referred to as MCOs.

**Medicaid:** A program that provides medical benefits to medically- and financially-eligible individuals. Medicaid is operated and administered by the state government and subsidized by the federal government. In Tennessee, it is referred to as TennCare. While it was never designed to answer the financial burdens of long-term care for the elderly, it is the only program currently in place to pay for nursing home care for people who cannot afford it and who do not have private insurance or qualify for Medicare or Veterans Administration benefits.

**Medical director:** A physician who oversees the medical services provided to nursing home residents. Residents may choose the medical director to be their personal physician or they may use any other physician who makes visits to the facility.

**Medicare:** The federal health insurance program for people age 65 or older, people under age 65 with certain disabilities and people of all ages with end-stage renal disease (permanent kidney failure requiring dialysis or a kidney transplant). The Medicare program has four separate parts: Part A, which covers inpatient hospitalization and skilled nursing care; Part B, which covers physician services and certain medical equipment and services; Part C, Medicare advantage plans; and Part D, which offers prescription drug coverage for Medicare beneficiaries.

**Medicare Advantage plans:** Medicare Advantage plans (like an HMO or PPO) are health plans run by Medicare-approved private insurance companies. Medicare Advantage plans, also called Part C, include Part A, Part B and usually other coverage like Medicare prescription drug coverage, sometimes for an extra cost. In some plans, like HMOs, beneficiaries may only be able to see certain doctors or go to certain hospitals to get covered services.

**Medication aide-certified:** MACs are trained to administer routine oral and topical medications to nursing home and assisted care living facility (ACLF) residents.

**Medigap insurance:** A term commonly used to describe Medicare supplemental insurance policies available from various companies. Medigap is private insurance that may be purchased by Medicare-eligible individuals to help pay the deductibles and co-payments required under Medicare. Medigap policies gener-

ally do not pay for services not covered by Medicare, such as Level 1 nursing home care.

**Minimum Data Set:** MDS is part of the U.S. federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. This process provides a comprehensive assessment of each resident's functional capabilities and helps nursing home staff identify health problems.

**Nursing home:** A health care facility in which chronically ill or disabled individuals can receive skilled, 24-hour nursing care.

**OPTIONS program:** OPTIONS for Community Living is a state-funded program. The program was created to provide the elderly and adults with disabilities home- and community-based services choices. There is no income eligibility requirement for this program; however, there is a sliding fee scale based on income. The services funded through the state for OPTIONS include homemaker services, personal care and home delivered meals.

**Physician Orders for Scope of Treatment (POST) form:** The POST form replaces the do-not-resuscitate (DNR) form. It is completed by an individual's physician or, at the physician's direction, by another health care provider, such as nursing home staff. The individual or his representative does, however, sign the POST form. It includes a section to record an individual's choice on cardiopulmonary resuscitation, i.e., "Resuscitate (CPR)" or "Do Not Attempt Resuscitate (DNR/no CPR)." It also includes sections to record preferences when an individual is not in cardiopulmonary arrest such as medical interventions, antibiotics and medically-administered fluids and nutrition.

**Pre-admission evaluation (PAE):** The screening process used by the Medicaid program to determine whether an individual meets the medical guidelines to be eligible for Medicaid.

**Pre-admission screening and annual resident review (PASRR):** A process for determining whether a person being considered for admission has any mental illness or mental retardation. Federal law requires nursing homes that participate in Medicare or Medicaid to screen all individuals prior to admission. If an initial evaluation reveals mental illness or mental retardation, a more in-depth evaluation is performed to determine whether the individual needs special services that cannot be provided in a nursing home. Individuals whose mental conditions change during their stay in the facility will be retested.

**Private pay residents:** Residents who pay for their own care or whose care is paid for by their family or another private third party, such as an insurance company. The term is used to distinguish residents from those whose care is paid for by governmental programs (Medicaid, Medicare and Veterans Administration).

**Prospective Payment System:** A method of reimbursement in which Medicare payment is made based on a predetermined, fixed amount. The payment amount for a particular service is derived based on the classification system of that service (see also "Resource Utilization Groups").

**Registered nurse (RN):** Nurses who have graduated from a college program of nursing education (two-year associate degree, four-year baccalaureate or mas-

ter's degree) and passed a state-administered exam. RNs have completed more formal training than licensed practical nurses and have a wide scope of responsibility, including all aspects of nursing care.

**Resident assessment:** A standardized tool that enables nursing homes to determine a resident's abilities, what assistance the resident needs and ways to help the resident improve or regain abilities. Resident assessment forms are completed using information gathered from medical records, discussions with the resident and family members and direct observation.

**Residential home for the aged (RHA):** A residential facility that provides room, board and personal services to residents who can take care of themselves with little or no assistance. Although they are sometimes confused with nursing homes, homes for the aged do not provide nursing services and are not licensed to do so.

**Resource Utilization Groups (RUG):** These 53 categories make up the resident classification system used by the Medicare program to adjust its payment rates to skilled nursing facilities (see also "Prospective Payment System").

**Respite care:** A program that offers overnight accommodations and medical care for individuals who cannot take care of themselves and normally are cared for at home by family members. Respite care gives the routine caregivers a temporary respite from their caregiving responsibilities.

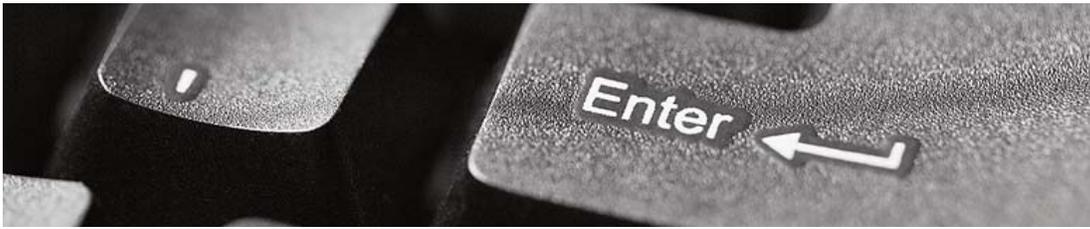
**Skilled nursing facility (SNF):** A term used by the Medicare program to describe nursing homes that are certified to provide a fairly intensive level of care, called skilled nursing, to Medicare residents. The term skilled nursing was formerly used by the Medicaid program as well, but has now been replaced with the term "Level 2" (see "Levels of care").

**Supplemental Security Income (SSI):** A federal program that pays monthly checks to people in need who are 65 years or older or who are blind or otherwise disabled. The purpose of the program is to provide sufficient resources so that qualified individuals can have a basic monthly income. Eligibility is based on income and assets.

**Survey:** A detailed, unannounced inspection of each licensed nursing home conducted at least once a year by the Health Care Facilities division of the Tennessee Department of Health.

**Tennessee Center for Assisted Living:** TNCAL launched in May 2009 as a distinct organization under the THCA umbrella. TNCAL is dedicated to representing and protecting the interests of assisted care living facilities (ACLF) across Tennessee. TNCAL is affiliated not only with THCA but with the American Health Care Association (AHCA) and the National Center for Assisted Living (NCAL).

**Tennessee Health Care Association:** THCA is an association of more than 250 nursing homes of all ownership types – privately owned, governmental, independent proprietary, nonprofit and multifacility. THCA is an affiliate of the American Health Care Association (AHCA) and is dedicated to helping nursing homes maintain the highest standards of care and professionalism.



## CHAPTER 8: RESOURCE DIRECTORY

### **Administration on Aging Region IV Regional Support Center**

Atlanta Federal Center  
61 Forsyth St. SW  
Suite 5M69  
Atlanta, GA 30303  
(404) 562-7600  
[www.aoa.gov](http://www.aoa.gov)

### **Alzheimer's Association (National)**

225 North Michigan Ave.  
Fl. 17  
Chicago, IL 60601  
24/7 Helpline: (800) 272-3900  
[www.alz.org](http://www.alz.org)

### **Alzheimer's Association – Tennessee Chapters/Regional Offices**

**24-hour helpline (800) 272-3900**  
**Eastern Tennessee Chapter**  
Portland Building  
2200 Sutherland Ave.  
Suite H102  
Knoxville, TN 37919  
(865) 544-6288  
[www.tnalz.org](http://www.tnalz.org)

**Cumberland Plateau Regional Office**

135B Pigeon Rd.  
Cookeville, TN 38506  
(931) 526-8010

**Tullahoma Office**

201 West Lincoln St.  
Tullahoma, TN 37388  
(931) 455-3345  
[www.alzmidssouth.org](http://www.alzmidssouth.org)

**Memphis Office**

326 Ellsworth Ave.  
Memphis, TN 38111  
(901) 565-0011  
[www.alzmidssouth.org](http://www.alzmidssouth.org)

**Chapter Headquarters, Nashville Office**

4205 Hillsboro Pike  
Suite 216  
Nashville, TN 37215  
Business Line: (615) 292-4938  
[www.alzmidssouth.org](http://www.alzmidssouth.org)

**Johnson City Office**

207 North Boone St.  
Suite 1500  
Johnson City, TN 37604  
(423) 928-4080  
[www.alzmidssouth.org](http://www.alzmidssouth.org)

**Chattanooga Office**

7625 Hamilton Park Dr.  
Suite 8  
Chattanooga, TN 37421  
Business Line: (423) 265-3600  
[www.alzmidssouth.org](http://www.alzmidssouth.org)

**AARP**

601 E St. NW  
Washington, DC 20049  
(888) 687-2277  
[www.aarp.org](http://www.aarp.org)

**AARP Tennessee**

150 4<sup>th</sup> Ave. North, Suite 180

Nashville, TN 37219

(866) 295-7274

[www.aarp.org/states/tn](http://www.aarp.org/states/tn)

**Bureau of TennCare**

310 Great Circle Road

Nashville, TN 37243

(800) 342-3145

[www.state.tn.us/tenncare](http://www.state.tn.us/tenncare)

**TennCare Information Line**

(866) 311-4287

**TennCare Family Assistance Service Center**

(866) 311-4287

**TennCare Solutions**

(800) 878-3192

**TennCare Advocacy Program**

(800) 758-1368

**Hispanic TennCare Program**

(866) 311-4290

**TTY or TTD Telephone Line**

(877) 779-3103

**National Institute on Aging**

Building 31, Room 5C27

31 Center Dr., MSC 2292

Bethesda, MD 20892

(301) 496-1752

TTY: (800) 222-4225

[www.nia.nih.gov](http://www.nia.nih.gov)

## **Tennessee Area Agencies on Aging**

### **Aging Commission of the Mid-South**

2670 Union Avenue Extended, Suite 1000

Memphis, TN 38112

(901) 324-6333

Information and Referral: (901) 324-3399

[www.agingcommission.org](http://www.agingcommission.org)

Serving: The city of Memphis and Shelby, Fayette, Lauderdale and Tipton counties

### **East Tennessee**

East Tennessee Human Resource Agency

9111 Cross Park Drive, Suite D100

Knoxville, TN 37923

(865) 691-2551 ext. 216

Information and Referral: (865) 251-4897

[www.ethra.org](http://www.ethra.org)

Serving: Anderson, Blount, Campbell, Claiborne, Cocke, Grainger, Hamblen, Jefferson, Knox, Loudon, Monroe, Morgan, Roane, Scott, Sevier and Union counties

### **First Tennessee**

First Tennessee Development District

3211 North Roan St.

Johnson City, TN 37601

(423) 928-0224

Information and Referral: (423) 928-3258

Serving: Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington counties

### **Greater Nashville**

Greater Nashville Regional Council

501 Union St., 6<sup>th</sup> Floor

Nashville, TN 37219

(615) 862-8828

Information and Referral: (615) 255-1010

[www.gnrcaaa.org](http://www.gnrcaaa.org)

Serving: Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson and Wilson counties

### **Northwest Tennessee**

Northwest Development District

124 Weldon Drive

Martin, TN 38237

(731) 587-4213

Information and Referral: (731) 587-4023

Serving: Benton, Carroll, Crockett, Dyer, Gibson, Henry, Lake, Obion and Weakley counties

### **South Central Tennessee**

South Central Tennessee Development District

815 South Main St.

Columbia, TN 38401

(931) 381-2040

Information and Referral: (931) 490-5900

[www.sctdd.org](http://www.sctdd.org)

Serving: Bedford, Coffee, Franklin, Giles, Hickman, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Perry and Wayne counties

### **Southeast Tennessee**

Southeast Tennessee Development District

1000 Riverfront Parkway

Chattanooga, TN 37402

(423) 266-5781

Information and Referral: (423) 424-4256

[www.setaad.org](http://www.setaad.org)

Serving: Bledsoe, Bradley, Grundy, Hamilton, Marion, McMinn, Meigs, Polk, Rhea and Sequatchie counties

### **Southwest Tennessee**

Southwest Tennessee Development District

27 Conrad Drive, Suite 150

Jackson, TN 38305

(731) 668-7112

Information and Referral: (731) 668-6967

[www.swtdd.org](http://www.swtdd.org)

Serving: Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, McNairy and Madison counties

### **Upper Cumberland**

Upper Cumberland Development District

1225 South Willow Ave.

Cookeville, TN 38506

(931) 432-4111

Information and Referral: (931) 432-6170

[www.ucdd.org](http://www.ucdd.org)

Serving: Cannon, Clay, Cumberland, DeKalb, Fentress, Jackson, Macon, Overton, Pickett, Putnam, Smith, Van Buren, Warren and White counties

**Tennessee Commission on Aging and Disability**

Andrew Jackson Building  
500 Deaderick Street, Suite 825  
Nashville, TN 37243  
(615) 741-2056  
[www.tn.gov/comaging/](http://www.tn.gov/comaging/)

**Tennessee Department of Commerce and Insurance  
Consumer Insurance Services**

500 James Robertson Parkway  
Davy Crockett Tower  
Nashville, TN 37243  
(615) 741-2241  
[www.tn.gov/commerce/](http://www.tn.gov/commerce/)

**Tennessee Department of Health  
Division of Health Care Facilities Centralized Complaint Intake Unit**

227 French Landing  
Heritage Place Metrocenter  
Nashville, TN 37243  
(877) 287-0010

**Tennessee Department of Human Services**

400 Deaderick St., 15th Floor  
Nashville, TN 37243  
(615) 313-4700  
[www.tn.gov/humanserv/](http://www.tn.gov/humanserv/)

**Tennessee Department of Mental Health and Developmental Disabilities**

3rd Floor, Cordell Hull Building  
Nashville, TN 37243  
MH: (615) 532-6500  
[www.tn.gov/mental/](http://www.tn.gov/mental/)

**Tennessee Health Care Association**

P.O. Box 100129  
Nashville, TN 37224  
(615) 834-6520  
[www.thca.org](http://www.thca.org)

**Tennessee Long-term Care Ombudsman**

500 Deaderick St., Suite 825  
Nashville, TN 37243  
(615) 741-2056  
Toll-free: (877) 236-0013  
TDD: (615) 532-3893

**Debby Morrell**

Legal Aid of East Tennessee  
311 West Walnut St.  
Johnson City, TN 37605  
(423) 928-8311 ext. 37

**Cindy Troyer**

East Tennessee Human Resource Agency  
9111 Cross Park Drive, Suite D100  
Knoxville, TN 37923  
(865) 691-2551 ext. 4223  
[www.ethra.org/html/index.htm](http://www.ethra.org/html/index.htm)

**Trudy Mott**

Partnership for Families, Children, and Adults  
225 East Eighth St.  
Chattanooga, TN 37402  
(423) 755-2877

**Marie C. Ferran**

Ageing Services for the Upper Cumberland  
1225 South Willow Ave.  
Cookeville, TN 38506  
(931) 432-4210

**Patti Bedwell**

Mid-Cumberland Human Resource Agency  
Union High Resource Center  
600 Small Street, Suite 102D  
Nashville, TN 37066  
(615) 452-5259  
[www.mchra.com](http://www.mchra.com)

**Katie L. Earnest**

South Central Tennessee AAAD  
807 South Main St.  
Columbia, TN 38401  
(931) 490-5914  
[www.sctdd.org](http://www.sctdd.org)

**Marchell Gardner**

Northwest Development District  
206 White St.  
Martin, TN 38237  
(731) 587-4213 ext.239  
[www.hwtddhra.org](http://www.hwtddhra.org)

**Amanda Scott**

Senior Citizens Law Project

210 West Main St.

Jackson, TN 38301

(731) 426-1312

[www.wtfs.org](http://www.wtfs.org)

**Sandra Smegelsky**

Metropolitan Inter-Faith Association

910 Vance Ave.

Memphis, TN 38126

(901) 527-0208 ext. 215

**U.S. Department of Veterans Affairs/  
Nashville Veterans Affairs Regional Office**

110 9<sup>th</sup> Ave. South

Nashville, TN 37203

(800) 827-1000

[www.va.gov](http://www.va.gov)



