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Department of Psychosocial Oncology

Rehabilitation and Long Term Care Information

The Departmentsof Psychosocial Oncology is available to work with you to arrange for nursing home or rehabilitation facility care prior to being discharged from the hospital if you are not able to immediately return to your home. Here are some important details about the process:

- Your medical team works together to determine what care will best meet your needs when you leave the hospital. Roswell Park PhysicalTherapists will assess and determine whether it is safe for you to return home or continued care in a nursing facility is indicated.
- Coverage for rehabilitation or nursing facility care is determined by your insurance carrier. They will approve or deny coverage based on your needs, and insist that applications be sent to a minimum of 5 facilities (not from the same group). Staying in the hospital when you do not need acute care may cause a change in insurance coverage resulting in you receiving a bill for the care. The hospital provides acute care. If acute care is not longer needed, we must ensure that you are at the appropriate level of care.
- We will provide you with a generic application for admission to a nursing facility, and a list of the facilities close to your home. The application with your preferences of facilities should be given to the Social Work staff directly, or faxed to 716-845-8216. The application needs to be completed and returned within 24 hours. so your discharge will not be delayed. We will begin to look for a place for you in the facilities which contract with your insurance carrier as soon as the need is identified, so that you can be transferred to the lowest level of care at the right time.
- There are choices of facilities, but no guarantee that a bed will be available or offered in your facility of preference. We will try to place you in your chosen facility; if there is no bed offer or availability among the facilities of your choice, the search will be expanded to all facilities with which your insurance contracts as per your contract with your insurance provider. New York State regulations require that a hospitalized patient who no longer needs inpatient hospital care be placed in the first available bed within 50 miles of the patient's home. We must comply with this law. Staying in the hospital to wait for a bed in a place of your choice is not an option.
- Should you be ready for discharge prior to a bed being offered, your insurance coverage for level of care will change. You will be notified of this change, and informed of how it impacts you. Some insurances will stop payment to the hospital and you will be billed for the care. The process of seeking placement will continue, and the search will be expanded to include all appropriate facilities. Please refer to this link for further information: http://www.health.ny.gov/facilities/nursing/select_nh/select_nh.htm
- The generic application does ask for financial disclosure because all facilities will require some financial information. If you choose, you may disclose the information directly to the facilities of your choice. The purpose of this is to assist you in planning for the costs of care if/when insurance no longer covers. It can take a few months to obtain Medicaid coverage. Declining to provide the information may prevent or delay your discharge and any bed offer for admission.
- Once a bed offer is received, transfer to the nursing facility is arranged, usually that same day. Typically
 the cost for transportation to the facility is the responsibility of the patient. Few insurances cover the costs
 of transportation. We will notify you of the planned method of transportation, and an estimate of cost.

For more information on selecting a nursing facility, contact the New York State Department of Health website at: http://www.health.ny.gov/facilities/nursing

Your Social Worker will assist you in this process. For additional qestions or concerns, please contact us at 716-845-8022.