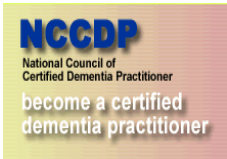


SANDRA STIMSON
 Executive Director
[Alternative Solutions in LTC](#)
 and
 National Council of Certified
 Dementia Practitioners
<http://www.nccdp.org>

ABOUT SANDRA

Sandra Stimson has experience as a corporate consultant, Corporate Trainer and National Speaker. Her experience is in long term care, as Activity Director, Director of Alzheimer's Units and Assistant Administrator of a 550 bed long term care county home. She is Co-founder of Pet Express Pet Therapy Club, is a Life Replay Specialist. Sandra implements dementia units nationwide. Sandra has written several books, Volunteer Management Essentials for Long Term Care and Pet Express Pet Therapy Program. Sandra has been a facilitator for Alzheimer's support groups and is the Awards Chair for the NJ Association of Activity Professionals. Sandra is the Executive Director of **National Council of Certified Dementia Practitioners** <http://www.nccdp.org>.

[Alternative Solutions in Long Term Care](#) offers resources for health care professionals in many areas of dementia care, care plans, Snoezelen products, dementia activity calendars, adult day care calendars, sensory calendars, reminisce videos for dementia, activity books, and dates to remember, party supplies, resources and links.



Each Norman Rockwell print is paired with a national standards of Resident Rights and is illustrated by a picture depicting the "Resident Right."



Pathways to the Past

by Sandra Stimson ADC, CALA, CDP
Executive Director, [Alternative Solutions in Long Term Care](#)



My Sub A Cute / Rehab Patient on Medicare Wants to Go On a Trip?



Recently, I was asked the rules regarding patients leaving the facility for a few hours to either attend a scheduled activity program or to go out to Easter dinner with family. After calling many other consultants, rehab directors and MDS coordinators, I was lucky to talk with the Maria Young, MDS Coordinator at Bergen Regional Medical Center and she was able to pass on the following information regarding trips. Everyone should print this information out and place in your policy manual. As there really is a great deal of misinformation regarding this topic. We also recommend that you always check with your state regulations as some times regulations may be different from state to state. For all facility activity trips, always make sure the physician has signed off on the orders that the patient can participate in activities and attend scheduled trips. Any resident who is a rehab or sub a cute patient or short term stay, it is recommended that the activity staff document in the chart about the trip, response and concerns. Always coordinate facility trips with the rehab department because the primary reason a short term stay patient is in your facility is for therapy.

If at all possible, schedule the trips with the rehab department and ask that a therapist attend the trip. Some facilities offer re-integration trips which is a different focus that a leisure trip.

Please refer to Medicare A manual, under 30.7.3 "Practical Matters".
HOME FOR THE HOLIDAYS - YOU CAN LEAVE THE NURSING HOME! (November 2008 Update)

Residents of skilled nursing facilities can leave their facility to attend a family holiday celebration without losing their Medicare coverage! The Medicare Benefit Policy Manual recognizes that although most beneficiaries are unable to leave their facility,

an outside pass or short leave of absence for the purpose of attending a special religious service, holiday meal, family occasion, going on a car ride, or for a trial visit home, is not, by itself evidence that the individual no longer needs to be in a SNF for the receipt of required skilled care.

A facility should not notify patients that leaving the facility will lead to loss of Medicare coverage. Such a notification is "not appropriate," says the Manual.

If the resident returns to the facility by midnight, the facility can bill Medicare for the day's stay.

If the resident is gone overnight (i.e., past midnight) and returns to the facility the next day, the day the resident leaves is considered a leave of absence day. While the facility cannot bill Medicare for leave of absence days, it is today unclear whether the facility can bill the beneficiary for those days.

As the Center for Medicare Advocacy has reported in prior years, Chapter 6 of the Medicare Claims Processing Manual says that the facility cannot bill a beneficiary during a leave of absence. However, a new provision in Chapter 1 of the Medicare Claims Processing Manual, issued May 30, 2008, authorizes skilled nursing facilities to bill a beneficiary for bed-hold during a temporary "SNF Absence" if the SNF informs the resident in advance of the option to make bed-hold payments and of the amount of the charge and if the resident "affirmatively elect[s]" to make bed-hold payments prior to being charged. Whether these apparently contradictory provisions in the Medicare Claims Processing Manual can be reconciled remains to be seen.

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