4-1-1960

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Maine Department of Health and Welfare

Division of Public Assistance

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Reprinted from the April 1960 issue of
The Journal of The Maine Medical Association

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COMMISSIONER

State Of Maine

Department of Health and Welfare

Classification Of Public Assistance Recipients In Nursing And Rest Homes*

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When a Public Assistance recipient is residing in a Licensed Nursing Home, Rest Home or Chronic Hospital and is found to require skilled nursing care or care that requires the supervision of a skilled nurse, a direct payment for care can be made to these facilities. There are two standard rates of payment: (1) a rate of $165 for nursing care and (2) a rate of $130 per month for rest care. The rate at which the Nursing Home or Rest Home will be reimbursed depends on two factors: (1) the type of care (rest or nursing care) that the individual is determined to be in need of, and (2) the type of care that the facility in which the individual resides is licensed to provide.

Maine statutes do not define nursing functions so for the purpose of Public Assistance, skilled nursing is considered to be professional and practical nursing as defined in the American Journal of Nursing, Volume 55, December, 1955 as follows:

1. The practice of professional nursing means the performance for compensation of any act in the observation, care and counsel of the ill, injured or infirm, or in the maintenance of health or prevention of illness of others, or in the supervision and teaching of other personnel, or the administration of medications and treatments as prescribed by a licensed physician or dentist; requiring substantial specialized judgment in skill and based on knowledge and application of the principles of biological, physical, and social science.

2. The practice of practical nursing means the performance for compensation of selected acts in the care of the ill, injured or infirm under the direction of a registered professional nurse, or a licensed physician, or a licensed dentist; and not requiring the substantial specialized skilled judgment and knowledge required in professional nursing.

For Public Assistance purposes, both professional and practical nursing is considered skilled nursing.

When it is determined that an individual needs services which must be directly administered by a skilled nurse as defined above and these services add up to a significant amount of time the individual is considered to need nursing care.

When it is determined that an individual needs services which can be directly administered by other than a skilled nurse but should be administered under the supervision of a skilled nurse the individual is considered to need rest care.

The Public Assistance worker relies heavily on the medical statement that is completed by the individual's attending physician. This statement when completed should show the physical condition that is producing the disability, the mobility status of the client, present therapy, including all medications and treatment procedures prescribed and any other specific care that is required.

The workers' own observations, information secured by the worker from the home operator and the medical report are then evaluated by the worker against predetermined criteria that has been established for both types of care.

Some of the criteria for nursing care are continued bedside care, frequent applications of surgical dressings, administration of medications and other prescribed treatment requiring professional judgment in its administration, irrigations, catheterizations, full bed baths, turning in bed, feeding when there is danger of choking because of swallowing difficulties, intravenous or tube feedings, skilled help in learning to use a prosthesis or to walk, etc.

Some criteria for rest care are the application of simple dressings, administration of simple routine medications not requiring professional judgment in its administration, simple enemas, toilet help, considerable help with dressing, undressing, shaving, simple feedings, taking pulse, respiration and temperature, etc.

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*Abstracted from a talk by Mr. Pollard before the Maine Nursing Home Association in Portland, February 18th, 1960.

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When the type of care needed cannot be determined on the basis of the worker's observation, physician's report and discussion with the nursing home operator, because of incomplete medical information or inconsistencies, the worker will consult with the district health officer and/or the district health nurses. The worker, will, however, make the final decision regarding the type of care needed.

Once a determination has been made concerning the type of care needed, the worker must look at the type of care that the home is licensed to provide. This is done by simply determining whether the home is licensed as a Nursing Home or as a Rest Home. Licensing regulations recognize two types of facilities that may offer nursing care. The distinction between the two types of home is based on the amount of direct skilled nursing care that is available per patient. The nursing home facility which includes nursing and convalescent homes is considered able to provide more skilled nursing care per patient than the facility that is licensed as a rest home.

If the client has been determined to need rest care he will be classified according to the standard rate for rest care whether he is in a nursing home or rest home. The client who is determined to need nursing care will be classified at the standard rate of payment for nursing care provided he is in a nursing home. The client residing in a Rest Home will never be classified a rate of payment in excess of the rate for rest care.

With seven nursing home operators covering the state, there are bound to be variations in judgment and consequently in decisions. The Department is aware of this and is constantly looking for ways that tend to decrease the degree of variation.

For those patients who do not clearly fall into one classification or the other, the worker uses the district health officers who are physicians and/or the district health nurse. Presently, five different health officers are being used, here again is the opportunity for five different interpretations of similar situations. A great deal of consideration is now being given to the possibility of using a maximum of three district health officers and providing more intensive training opportunities around the Nursing Home Program for these three.

From the very inception of the program, there have been joint meetings for the nursing home workers and district health personnel, designed to create a greater degree of understanding and consequently greater uniformity between a team consisting of a nursing home worker and district health officer in Machias and a team consisting of a worker and health officer from Portland, for example. In these meetings actual cases that present classification problems are used.

Also, with the exception of a brief period, monthly meetings for all of the nursing home workers have been held and these meetings have been devoted almost exclusively to problems of classification.

A sizeable sample of nursing and rest home cases throughout the States is currently being studied in order to evaluate the decisions that are being made against the intent of the Department's written policy. This should help to locate some of the problem areas in policy and to devise ways to clarify policy and methods to an extent that more uniformity will be assured. The casework supervisors and district supervisors also need a great many records and have regular conferences with the nursing home worker in their district and are constantly measuring the worker's decision against existing policy.

There is evidence that the workers who were involved in the program from the time of its inception are more clearly abiding by the intent of the policy and that they experience less confusion and uncertainty on gathering the needed material, measuring it against policy and arriving at a uniform decision.

A survey done in December of 1959 showed that at that time there were approximately 1,150 individuals for whom the Department was making a payment for nursing and rest home care. This is a substantial increase over the 891 individuals for whom payment was made in June of 1958. In June of 1958, forty-five per cent of those 891 individuals were classified as rest care patients and fifty-five per cent as nursing care patients. However, by December 1959, sixty-four per cent of the 1,150 patients were classified as nursing care patients and thirty-six as rest care patients. The Department is frankly concerned over the reason for the sharp increase in the number of patients classified as needing nursing care. Should the number of cases and payment for nursing and rest care continue to increase and the ratio of nursing care cases to rest cases continue its present trend, a fiscal crisis might well arise. It is thus imperative that greater uniformity in classification be attained.