

COMPARISON OF ACUTE CARE, SWING BEDS, SUBACUTE CARE, CONGREGATE HOUSING, ASSISTED LIVING, BASIC CARE, AND NURSING HOMES

	Acute Care	Swing Beds	Subacute Care	Congregate Housing	Assisted Living	Basic Care	Nursing Homes
Definition	Care for an episode of illness, injury, deformity, or pregnancy which may have a rapid onset, be severe in nature, or have a short duration which requires medical treatment and continuous nursing care in a hospital setting.	Care provided in hospitals which are allowed to use an acute care licensed bed to provide care to a patient requiring a skilled nursing level of care.	A hospital or nursing facility-based separate unit used to provide skilled nursing level care. Subacute care provides 24-hour nursing coverage with a minimum of eight continuous hours of coverage by a registered nurse.	Housing shared by two or more persons not related to each other which is not provided in an institution.	An environment where a person lives in an apartment-like setting and arranges for services necessary to accommodate that person's needs and abilities in order to maintain as much independence as possible.	An institutionalized setting that provides room and board to individuals who, because of impaired capacity for independent living, require health, social, or personal care services but do not require regular 24-hour medical or nursing services.	An institutionalized setting that provides room and board and 24-hour care under the supervision of a licensed health care practitioner.
Comparison	Acute care includes the provision by an organized medical staff of medical diagnosis, treatment and care and therapeutic services to inpatients under the supervision of physicians.	Swing bed care is skilled nursing level care provided in a licensed and certified hospital with less than 100 beds. The hospital must also be located in a rural area. Rural areas are defined as areas with populations less than 50,000.	Subacute care is the same as swing bed care with the exception that subacute care units are not restricted to hospitals with less than 100 beds or areas with populations less than 50,000. North Dakota currently has subacute care units in Fargo, Bismarck, and Grand Forks.	In congregate housing environments, residents usually live in independent apartments. The emphasis is on community/ common spaces which may include a central lobby, dining room, and activity areas. Usually one meal a day is available in a common dining area. The provision of other services such as transportation and minimal housekeeping may or may not be provided.	Assisted living environments emphasize the freedom of choice. Residents live in apartment-like units. The services provided vary according to individual needs and may include meals, housekeeping, laundry, activities, 24-hour supervision, personal care, medication reminders, and varying levels of health care. Residents may choose their own additional home health service providers, if needed.	Basic care facilities are an institutionalized setting used to provide room and board as well as health, social, and assistance with daily living activities 24 hours a day. Other services offered include recreational and therapeutic activities, dietary consultation, and the administration of medications.	Nursing home facilities are institutionalized settings used to provide nursing, medical, and rehabilitative care, room and board, recreational activities, and assistance with daily living and protective supervision 24 hours a day.

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Funding Sources	<p>Acute care services are charged to the patient by a diagnostic resource group (DRG) system. An individual DRG is established for each medical service provided by the hospital. Each patient's diagnosis is classified into the appropriate DRG and the patient is then charged the rate for that DRG.</p> <p>Payment for the services can be in the form of private pay, Medicare, or Medicaid.</p>	<p>Payment for swing bed services can be in the form of private pay, Medicare, or Medicaid. Medicare payments for swing bed services have a lifetime limit of 100 days.</p> <p>Medicare reimburses swing bed services as a skilled nursing benefit, and Medicaid reimburses on a state-wide average as a long-term care benefit.</p>	<p>Payment for subacute care services can be in the form of private pay or Medicare. Medicare payments for subacute care services have a lifetime limit of 100 days. Medicaid does not provide for the payment of subacute care services.</p> <p>Medicare reimburses subacute care services as a skilled nursing benefit.</p>	<p>Currently, the Medicaid waiver for the aged and disabled, SPED program, and expanded SPED program do not participate in congregate housing.</p> <p>Therefore, all individuals living in a congregate housing environment are private pay residents. Residents of congregate housing can receive public housing assistance if they qualify. This assistance only provides help with the cost of the housing. Assistance is not provided to help defray the cost of assistance with daily living activities.</p>	<p>Assisted living environments provide and charge residents separately for housing costs and for the cost of any daily living activities assistance.</p> <p>Individuals living in an assisted living environment may be private pay or utilize public assistance programs.</p> <p>If the individual qualifies, housing assistance programs may be utilized to help the individual with housing costs.</p> <p>If the individual qualifies, the Medicaid waiver for the aged and disabled, SPED program, and expanded SPED program may be utilized to help the individual with the cost of daily living activities assistance.</p>	<p>Basic care facility residents are charged one rate, which provides for room and board, personal care, and daily living activities assistance.</p> <p>Basic care facility residents can be either private pay or state pay through the state's basic care program.</p>	<p>Nursing home facility residents are charged one rate, which provides for room and board, personal care, and daily living activities assistance.</p> <p>Nursing home facility residents can be either private pay or state pay through the Medicaid program.</p>
License	Hospitals are licensed by the State Department of Health and certified by the federal government.	Swing beds are not licensed separately but are a part of the licensed bed capacity of the hospital in which	Subacute care units are licensed by the State Department of Health as a nursing facility.	Congregate housing is not licensed by the state.	Based on a May 3, 1994, Attorney General's opinion, the following criteria describe residential	Basic care facilities are licensed by the State Department of Health.	Nursing home facilities are licensed by the State Department of Health.

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		<p>the swing beds are located.</p>			<p>environments which provide assisted living but which are not basic care facilities:</p> <ul style="list-style-type: none"> • The tenant may freely choose personal service providers. • The apartment-like unit in an assisted living facility must include a kitchen. • The tenant determines the services that allow the tenant to maintain the degree of independence the tenant believes appropriate. • Each tenant must be competent or have an existing onsite decision-maker (live-in spouse, parent, or adult child). <p>The opinion also states that the question of whether a residential environment is "institutional" in nature, and accordingly subject to licensure by the state, is a question which must</p>		

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					be answered on a case-by-case basis.		