



Southern Caregiver Resource Center

Caring for those who care for others

Fact Sheet:

Medicare and Skilled Nursing Facility Care

To qualify for Medicare-covered skilled nursing facility (SNF) benefits, you must:

- Be in a hospital as an in-patient for at least three consecutive days (not counting the day of discharge) before entering a skilled nursing facility that is certified by Medicare.
- Be admitted to the skilled nursing facility for a hospital- related medical condition for which you were treated in the hospital. Or, you require skilled nursing services for a condition that began while receiving treatment in the skilled nursing facility for a hospital- related medical condition.
- Generally be admitted to the facility within 30 days of your discharge from the hospital.
- Be certified by a medical professional as needing daily skilled care or skilled rehabilitation services.

Medicare Part A can help pay for up to 100 days of skilled care in a skilled nursing facility during a benefit period. All covered services for the first 20 days of care are fully paid by Medicare. All covered services for the next 80 days are paid by Medicare, except for a daily coinsurance amount. The daily coinsurance in 2017 is \$164.50 for day 21 to 100. You are responsible for the coinsurance. If you require more than 100 days of care in a benefit period, you

are responsible for all charges beginning with the 101st day.

A skilled nursing facility is different from a nursing home. It is a special kind of facility that primarily furnishes skilled nursing and rehabilitation services. It may be a separate facility or a distinct part of another facility such as a hospital.

Medicare does not pay for custodial care if that is the only kind of care you require. Custodial care includes assistance in walking, getting in and out of bed, eating, dressing, bathing and taking medicine.

Gaps in SNF Coverage

In 2017 you pay:

- \$164.50 daily coinsurance for days 21 through 100 in each benefit period.
- All costs after 100 days in a benefit period.
- All costs for care that is less than the level of care Medicare covers in a SNF.
- All costs if you were not transferred to the SNF in a timely manner after a qualifying hospital stay.
- For care in a general nursing home, or in a SNF not approved by Medicare, or for just custodial care in a Medicare-approved SNF.

After your loved one is placed in a skilled nursing facility, you may have concerns about their care. What can you do?

- Step 1: Speak to the nursing home administrator and work on a solution.
- Step 2: If your concerns are not addressed, contact the Ombudsman Program.
- Step 3: If you still have a concern, contact the State Department of Health Services.

Resources

Southern Caregiver Resource Center

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Southern Caregiver Resource Center offers free support services to caregivers of adults with chronic and disabling conditions in San Diego and Imperial counties. Services include information and referral, needs assessments, care planning, family consultation, case management, individual counseling, legal and financial consultation, respite care, education and training, and support groups.

California Advocates for Nursing Home Reform

(800) 474-1116
www.canhr.org

California Department of Public Health

(800) 236-9747

California Long- Term Care
Ombudsman

(800) 231-4024

Medicare

(800) 633-4227

www.medicare.gov