



Family
Caregiver
Guide

For Family Caregivers: Leaving the Hospital and Going Where?

Planning for care after a discharge is often stressful. A thoughtful discussion with a knowledgeable professional can help you understand that there are options and what they might mean for you and your family member.

Sometimes the choice is reasonably easy. Your mother may be doing very well and is expected to recover fully. She lives with you, and you can manage with the help of other family members.

Sometimes it is not so easy. Your father is still recovering from his stroke and needs speech therapy and help relearning to walk. He may want to be at home, but you are not sure whether you can take time off from your job to be with him all day. What kind of help will he need? And for how long?

You need information and advice from the discharge planner or case manager assigned to your family member's care. You should find out who this person is as soon as possible, arrange a time to meet, and ask for resources for making this important decision.

Remember that your family member and you as the family caregiver have both rights and responsibilities.

Rights

Medicare and most state departments of health regulations recognize the importance of involving family caregivers in these discussions and set out your rights:

- ▶ To be involved in choosing where your family member will go after discharge
- ▶ To know the expected date of discharge
- ▶ To have an explanation of staff recommendations for after-discharge care
- ▶ To be given a list of providers for after-discharge care
- ▶ To find the phone number for the Beneficiary and Family Centered Care-Quality Improvement Office (BFCC-QIO) for your state, go to
http://www.nextstepincare.org/Links_and_Resources/Federal/Medicare_Appeals/.

Responsibilities:

- ▶ To discuss the choices with the discharge planner or case manager
- ▶ To decide which setting is best for your family member and you
- ▶ To select providers whose services you will accept so that you are ready when the discharge occurs, which may be very quick.

Does my Family Member Need Rehab (or More Rehab)?

If the answer is yes, Rehab can be provided at:

- ▶ A rehab hospital
- ▶ A program at a skilled nursing facility
- ▶ Home, through a certified home health agency
- ▶ An outpatient rehab center or at an adult day health center

There are rules, regulations, and requirements for each. There are also advantages and disadvantages to each.

Acute Rehab Hospital

Acute rehab hospitals are often very well-known facilities in their communities. Many family caregivers would like to have their family members transferred to such a facility. However, it is quite difficult to be accepted at these facilities, which are set up to provide services for specific populations. They provide focused, intensive therapies, which many patients are not able to undergo. Stays at these facilities are usually very short, and transfer to a skilled nursing facility for continued rehab is common.

Skilled Nursing Facility

Many people don't want to consider rehab in a skilled nursing facility because they think of it as placing their relative in a nursing home. **It is not the same.** In recent years many nursing homes have expanded their services to include short-term rehabilitation. Medicare (and other insurers) will pay for a limited amount of time in a rehabilitation facility **only if:**

- ▶ A doctor orders inpatient rehab services.
- ▶ Your family member can benefit from physical, occupational, or speech therapy following an illness, accident, or surgery.
- ▶ A rehab program is willing to accept your family member as a patient.

Be aware that rehab at a nursing home is usually only for a few weeks, not months. Continued rehab at home or at an outpatient rehab center or adult day health enter may be possible after rehab in the skilled nursing facility is over.

If your family member needs more extensive rehabilitation therapy than a home care agency can provide, and if he or she needs nursing care or round-the-clock supervision, a rehab program at a nursing home may be a good choice.

For more information, see the Next Step in Care family caregiver guide "[Planning for Inpatient Rehabilitation \(Rehab\) Services](#)" at www.nextstepincare.org.

Home, with Certified Home Health Agency Services

Medicare (and other insurers) will pay for rehab services provided by a certified home health agency **only if:**

- ▶ A doctor orders rehab services. The doctor (or nurse practitioner, physician assistant, clinical nurse specialist, or certified nurse midwife) who writes the order must see the patient personally within a certain time frame, and include in the order for home care the patient's clinical needs for home care.
- ▶ Your family member can benefit from physical, occupational, or speech therapy.
- ▶ This need is part-time and intermittent (not all day and not every day).
- ▶ Your family member is homebound (can leave home only with assistance).
- ▶ A certified home care agency is willing and able to accept your family member as a patient.

Home health aide services last only as long as there is a qualifying rehab or skilled nursing need – probably a few weeks, not months.

An Out-Patient Rehab Center or an Adult Day Health Center

Medicare (and other insurers) will pay for rehab services provided at an outpatient rehab center or an adult day health center **only if** the first two requirements above are met and in addition:

- ▶ An outpatient rehab center or adult day health center is willing and able to accept your family member as a patient.

Transportation may or may not be included in the service. Ask about transportation, including issues with stairs, confusion, and length of travel time.

Adult day centers may have separate costs for the day center itself. Ask about how long the day is, start and end times, nursing services, and meals.

If your family member does not need rehab but has a skilled nursing need

Your family member may have already had rehab, and have reached a “plateau” (rehab isn’t making any more improvement in your family member’s abilities). **That does not mean that your family member does not need care.**

Perhaps your family member needs only some additional help getting around the house, making meals, and getting dressed. Those needs do not qualify for Medicare home health services.

Medicare and other insurance will pay for a nurse to come to the home **only if:**

- ▶ A doctor orders home care services.
- ▶ The patient is homebound (cannot leave the home without assistance).
- ▶ The patient has a skilled nursing need, and
- ▶ This need is part-time and intermittent (not all day and not every day).

A home health aide may be part of the care, but only for a few hours and probably not every day. When the skilled nursing need ends, the home health aide service ends.

If your family member needs more care, or all-day or all-night assistance or supervision, consider what can be done on a long-term basis. Home care services can be paid for privately. If your family member has Medicaid, your family member *may* qualify for home health aide services for a set number of hours per day or per week, depending on your family member’s needs and type of Medicaid.

If your family member does not have or is not eligible for Medicaid and cannot pay privately, ask the discharge planner about other options for care in your family member’s area. These options could include adult day centers, companion programs, and a variety of other services. Be aware that there are frequently wait lists for services.

While it is rarely the first choice, a move to an assisted living or skilled nursing facility or other change in living arrangement may be the most dignified, safe, and comfortable option.

For more information, see the Next Step in Care family caregiver guide “Home Care: A Family Caregiver’s Guide” at http://nextstepincare.org/Caregiver_Home/Home_Care/.