



What happens after a hospital stay?

You may:

Go home with or without care. If you need further care at home, it may be:

- Home health care – Medicare benefit *May include wound care by an R.N., Physical Therapy(P/T), Occupational Therapy(O/T), Speech Therapy, Social Worker, Home Health Aide - short term. Must be ordered by your doctor.*
- Home care – private pay or Long-Term Care Insurance *Can include meal preparation, light housework, personal care, buying groceries, assistance with transferring, transportation and other daily tasks.*
- Durable Medical Equipment (DME) – Medicare benefit *May include oxygen, wheelchair, walker or bedside commode. Must be ordered by your doctor.*

Go into Transitional Care Center (TCC) – Medicare benefit

- *Short term stay for people needing intensive rehabilitation before returning home. Must be ordered by your doctor. Can be within hospital setting or free standing – rehabilitative skilled nursing facility*
- *Emphasis on strength to go home (2 days – 2 weeks)*

Go into Skilled Nursing Facility (SNF) - Also called “nursing home”.

- Medicare benefit short term – 100 days but in reality closer to 21 days.
Once a person reaches their potential (based on staff evaluation), Medicare no longer pays and person is now considered “custodial care”. Payment is private pay, Medi-Cal or return home as able. P/T, O/T & speech end but patient remains at same facility.

After certain procedures such as a hip replacement, serious stroke, the patient is automatically moved to a TCC or SNF for intense rehabilitation to maximize individual’s ability to regain former abilities.

More questions? Call **Elder Options, Inc.** and ask to speak to one of our Geriatric Care Managers.

They will have the answers you’re looking for. We can help!

(916) 391-8083 (530) 626-6939 (530) 541-1812 (800) 336-1709