



Caregiver Fact Sheet

Medicare Home Health and Skilled Nursing Facility Rehabilitation Benefits for People with Dementia

People with diagnoses of dementia should be able to get Medicare home health and skilled nursing facility rehabilitation services, as long as they meet all program requirements.

- To qualify for Medicare home health, a person with dementia must:
 - Be under the care of a doctor or allowed provider (like a nurse practitioner or physician's assistant), who has had a face-to-face visit before home health starts
 - Need skilled nursing care, physical therapy, occupational therapy, and/or speech therapy
 - Be homebound
 - Have a provider's order for home health
 - Get home health from an agency that participates in the Medicare program
- To qualify for Medicare skilled nursing rehabilitation, a person with dementia must:
 - Have been in a hospital for at least three days in a row, if he or she is enrolled in traditional Medicare. Medicare Advantage plans may let their members get skilled nursing rehabilitation services with shorter hospital stays.
 - Need services that can only be provided in a nursing facility from a licensed nurse, physical therapist, occupational therapist, and/or speech therapist
 - Need the skilled services above at least five days a week
 - Go into a skilled nursing facility that participates in the Medicare program within 30 days of being in the hospital.

A person with Medicare can get up to 100 days of skilled nursing facility rehabilitation in a benefit period. A benefit period ends when someone hasn't been in a hospital or received skilled care in a nursing facility for 60 days.

Sometimes Medicare or Medicare Advantage Plans will stop paying for services because the person on Medicare is not making enough improvement. This affects all people with Medicare, but particularly those with dementia who may need more time to recover from an illness or injury. They are also more likely to have delirium (caused by treatable medical conditions like urinary tract infections or medication interactions) that can make them even more confused and limit their progress.

Medicare home health or skilled nursing facility rehabilitation should not stop just because someone is not making enough improvement. A person can qualify if skilled services are needed to keep current function or avoid losing function, even if no improvement is expected.

If you believe that Medicare or a Medicare Advantage Plan has stopped home health or skilled nursing facility services too soon, you have the right to file a complaint or an appeal.

- Medicare home health complaints: 800-633-4227
- Skilled nursing facility or hospital: 888-315-0636



Dementia Friendly North Central/East Texas 800-272-3921