

Medical Levels of Care

Throughout your time at UT Southwestern, you might receive medical support in a variety of inpatient, outpatient, and/or home-based settings. This information sheet offers an overview of the different kinds of care. Consult with your physician to determine the best plan for your care. Your clinic social worker or case manager can help you understand what types of care are covered by your insurance.

Skilled Nursing Facility

Upon discharge from the hospital, you might stay at a skilled nursing facility for a limited time period while receiving skilled nursing services or rehabilitative therapies. Skilled nursing facilities are **not** long-term residences.

Medical insurance often covers a stay for up to 21 days (with certain qualifications). Patients may stay up to 100 days with a co-pay (or as indicated by their private insurance).

Rehabilitation

Physical, occupational, and speech therapy are available to patients in inpatient, outpatient, and home-based settings. If you need more than 3 hours of therapy per day, your physician might refer you to a rehabilitation facility for a brief period of time (3-14 days) to receive these services.

Most medical insurance plans pay for this service when the care is medically indicated by your physician. The amount of rehabilitation service allowed per year might be limited.

Home Health Care

Home health care sends professionals to your home to provide:

- Limited skilled nursing visits
- Physical, occupational, and/or speech therapy
- An aide for bathing or other personal care
- Medical social services

Home health care is available only to homebound patients. All care must be medically indicated and ordered by a physician. Visits are often 15-45 minutes long and do not provide caregiving tasks such as meal preparation or transportation.

Custodial Care

Custodial care offers personal assistance with activities of daily living (ADLs) such as ambulating, toileting, bathing, dressing, eating, and getting in/out of bed. Custodial care might also be called attendant or home aide care. These duties do not require a medical license to perform.

Medicare and other medical insurance often do not cover custodial care. This care might be provided through Medicaid, Veterans Affairs benefits, or long-term care insurance. Custodial care typically costs \$20-25 per hour when it is not covered by a benefits plan.

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Nursing Home

This is a residential facility where patients might live when they need long-term assistance with activities of daily living (ADLs). Nursing homes provide residents with nursing care, custodial care, meals, and transportation to/from medical appointments. Most rooms are shared by two people.

Payment for a nursing home might come from a long-term care insurance policy, Medicaid, Veterans Affairs benefits, or personal funds. Medicare and other medical insurance do not cover this service.

Hospice Care

Hospice is a type of care available to terminally ill patients who have decided curative treatment is no longer desired or helpful. Hospice care is managed by an agency whose specialized team comprises a physician, nurse, aide, social worker, and chaplain. The hospice team supports patients, families, and caregivers. Medication and equipment for patient care are provided through a hospice agency.

Most insurance plans pay hospice benefits when they are ordered by a physician who has verified that a patient has a qualifying diagnosis. Agency staff typically visit patients at home to provide care. Patients living in residential facilities can also receive hospice care; however, insurance will cover only medical care, not room and board expenses for long-term stays in a facility.