Your hospital doctors have referred you to a Skilled Nursing Facility (SNF) for rehabilitation and/or additional medical treatments. This is a brief introduction to answer questions to help you better understand these Medicare rules.
Medicare Coverage for Skilled Nursing Facility Services

Most insurance plans follow the Medicare rules. Medicare has four essential requirements that must be met to cover your stay.

**All four of these requirements must be met:**

1. You must have a qualifying hospital stay of at least three days. (This requirement may be waived by certain Medicare Advantage programs.)

2. Your need for daily skilled rehabilitation (at least five days per week) or skilled nursing care (seven days per week) to treat your condition. “Skilled care” means that the level of care you need can only be provided by licensed rehabilitation therapists (physical therapist, occupational therapist, speech therapist) or licensed nurses.

3. Your care needs cannot be “reasonably” met at home or another level of care site (i.e. Adult Family Home, Assisted Living Facility).

4. A physician must certify that you need this level of care.

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**Care Coverage**

After you are admitted to a Skilled Nursing Facility, your care will be regularly assessed. Your condition will be tracked by nurses, therapists and medical providers who are assisting in your care to assure that you are making the best recovery. Your Medicare plan will continue to cover your stay (up to 100 days) provided you continue to meet the four requirements.

**Examples of when your Medicare coverage might end:**

- When you no longer need intravenous (IV) antibiotics
- When a wound has healed enough that daily nursing care from a licensed nurse is no longer needed
- When you have recovered sufficient strength to safely return: home, to a Adult Family Home (AFH), Assisted Living Facility (ALF) or hired private caregivers in the home
- When you are no longer making significant progress with therapies (a plateau)

When you no longer meet the four listed requirements on a daily basis, you and your family will be given at least two days’ notice that your Medicare coverage will end. If you decide to remain in the facility after your coverage ends, you will be responsible for paying the facility's charges. If you disagree with the decision to end your Medicare coverage, you can appeal the decision.

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**What is a Skilled Nursing Facility?**

Skilled Nursing Facilities offer both short and long-term care options for patients with temporary or permanent health problems too complex, or serious, for home care or an assisted living setting.

The following five services are provided at Skilled Nursing Facilities: (SNFs):

1. **Physical Therapy (PT):** Will help you with gross motor skills i.e. walking, going up and down stairs, balance, getting in and out of bed, getting in and out of a car etc.

2. **Occupational Therapy (OT):** Will help you with activities of daily living (ADLs) i.e. grooming, dressing, toileting skills, kitchen skills etc.

3. **Speech Therapy (ST):** Will help you with communication skills, strengthen swallowing muscles, cognitive skills i.e. memory, problem solving, social skills etc.

4. **Social Services:** Will help you with community resources i.e. facility (SNF), community, state and federal service (DSHS, Medicaid). And will help you with discharge planning or transitioning to Adult Family Home (AFH), Assisted Living Facility (ALF) etc.

5. **Medical Providers:** Will monitor/exam you two to three times per week. This will be an Everett Clinic provider (physician, physician assistant or nurse practitioner) who works in conjunction with your primary care provider.