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Post-acute Care for People with Cancer

Post-acute care may provide options for people with cancer who are not able to return home after being in the hospital. There are several types of facilities that provide post-acute care. Each focuses on a specific type of care needed to help people regain their strength and ability to care for themselves.

What is post-acute care?

Post-acute care is medical or supportive care given to a person who is leaving an acute care setting (such as a hospital) but is not ready to return to their home.

- The goal of post-acute care is to increase a person's ability to care for themselves and become more independent.
- Post-acute care provides options for people who have developed short term disabilities during acute care for their cancer and need therapy or additional support while they recover.
- Post-acute care may be used to meet a wide variety of needs. There are several types of facilities that provide this type of care. Some provide more skilled medical or nursing care while others focus on helping with activities of daily living such as bathing, dressing and eating (custodial care).
- Post-acute care is short-term, usually less than 100 days. People who need medical or supportive care for a longer time will likely need long-term residential care.
- For people with cancer, post-acute care is most often needed after hospitalization for cancer treatment or for a complication of treatment. Post-acute care may also be needed if someone getting treatment as an outpatient needs help to get stronger and become able to care for themselves.

What are the benefits of post-acute care?

Post-acute care provides options for people who want to return home after a stay in an acute care setting but are not strong enough or not able to care for themselves yet. This can be especially helpful for people who do not have a family member or friend who can provide the hands-on care they need.

People who have developed short term disabilities or need care provided or supervised by doctors, nurses, or therapists (such as physical, occupational, or speech therapists) may find that a post-acute care setting can provide the needed services along with help doing activities of daily living.

Post-acute care has been shown to lower the chance that the person will end up in the emergency room or be readmitted to the hospital. It can also lower the chance that a person will need to be placed in a long-term care facility.

When is post-acute care needed?

There are many reasons that people might need post-acute care after being in the hospital. This might include people who:

- Have physical or mental limitations that make it unsafe for them to be at home alone
- Are considered fragile because of exhaustion, weakness, weight loss, limited physical activity, and walking slowly
- Don't have someone who can provide the care they need at home
- Need a caregiver with them around the clock but don't have someone who can be with them and lack the resources to hire someone
- Need skilled nursing or other medical care that cannot be provided in the home
- Need intensive rehabilitation such as physical, occupational, or speech therapy

Cancer treatment can be very tiring and leave people weak, exhausted, and unable to take care of themselves. If you or a loved one are concerned about being able to return home safely, talk to your cancer care team about options.

What post-acute care options are available?

The best option for post-acute care will depend on a person's specific needs. There are five main types of post-acute care:

- **Inpatient rehabilitation facilities (IRF) or inpatient rehabilitation units in hospitals** are designed to help people who have become weaker while in the hospital regain strength and independence so that they can safely go home or to another independent living option. Inpatient rehabilitation provides “acute rehabilitation” to people who can tolerate therapy for at least 3 hours a day, 5 days a week. Several therapy types may be provided, such as physical, occupational, and speech therapy.
- **Skilled nursing facilities (SNF) or skilled nursing care** is a short-term option for people who need care that can only be given by or under the direction of a registered nurse or physician. These facilities have nurses on duty around the clock to treat and evaluate a person’s care while closely watching their condition. For instance, skilled nursing care might include wound care and intravenous (IV) medication. Skilled nursing facilities may also provide “sub-acute” rehabilitation for people who cannot tolerate 3 hours of therapy a day. Some skilled nursing facilities can also manage serious memory issues such as dementia.
- **Nursing homes** may be an option for people who need assistance with activities of daily living but don’t have medical needs that must be provided or overseen by doctors or nurses. While usually thought of as a long-term care option, a nursing home may provide short term care for people who need physical assistance as they recover from cancer treatment.
- **Assisted living facilities** can provide a safe environment for someone who is no longer independent enough to live alone. These facilities have staff available around the clock to help people live as independently as possible. Assisted living facilities vary in the level of services offered but usually provide basic medical care and help with medicines, personal care, meals, transportation, laundry and social activities. Some also have a nursing home on the same campus in case a person is no longer able to care for their physical needs.
- **Long-term care hospitals (LTCH) or long-term acute care hospitals** are facilities that provide acute care services over a longer period of time. Unlike other types of post-acute care, LTCHs provide the same level of medical care as many hospitals but for longer periods of time. They can provide services such as complex wound care, breathing support, and intravenous (IV) therapy. People may get transferred from an acute care hospital to a LTCH if they have complex medical needs that would usually be given in a hospital and need to be continued, on average, for at least 25 days.

Many of these facilities do not provide cancer treatment. If a person needs to continue cancer treatment, someone from outside the facility may need to provide transportation

to medical appointments and treatments.

Inpatient [hospice](#) may be a good option for people who are in the last phases of an incurable illness but whose care cannot be managed at home. Inpatient hospice care may be given in a designated hospice unit or facility or may be given in a skilled nursing facility (SNF).

How is post-acute care paid for?

Payment for post-acute care depends on the type of care being provided, the type of facility the person is in, and what type of insurance coverage they have.

Health insurance coverage for post-acute care

Most private and government insurance will cover at least part of the cost of post-acute care if it must be given under the supervision of a doctor, registered nurse, or therapist. On the other hand, most insurance does not cover the cost of "custodial care," which focuses on helping people with bathing, eating, dressing, and similar activities of daily living.

Skilled nursing facilities

Most government and private insurance will cover the cost of care at a skilled nursing facility. In many cases, the person must have been treated in a hospital for at least 3 days and discharged within the last 30 days.

- **Medicare** covers the cost of skilled nursing care for up to 100 days as long as you continue to need skilled care. Medicare typically covers all costs for the first 20 days, but the person in the SNF will have to pay out-of-pocket costs for the rest of the stay. Medicare does not provide coverage for more than 100 days. However, if you leave the skilled nursing facility for at least 60 days and need to return, Medicare coverage may be reset for another 100 days.
- **Private insurance plans** vary in terms of what costs they will cover for skilled nursing care. Most provide some coverage but may require that the person receive care at an in-network facility or from an in-network provider. Some private insurance will provide coverage for out-of-network facilities, but the person receiving care will be responsible for more out-of-pocket costs.
- **Medicaid** covers the cost of skilled nursing care provided in Medicaid nursing homes. Covered services vary from state to state, so you will need to check with

your state Medicaid plan about what they cover.

- **The Veterans Administration** covers the cost of care at a skilled nursing facility as long as the care is considered medically necessary. There is no limit of number of days.

Inpatient rehabilitation facilities

Medicare and most private insurance plans will help pay for inpatient rehabilitation if certain criteria are met.

- **Medicare** will cover some or all of the cost for up to 100 days.
- Most **private insurance plans** will cover the same costs, but there may be restrictions about where you can go for these services. Your insurance provider should be able to give you a list of approved facilities.
- **Medicaid** plans differ by state, but many will cover the cost of inpatient rehabilitation as long as the person meets the state's guidelines for this level of care.
- **The Veterans Administration** provides inpatient rehabilitation in some of its facilities.

Nursing homes

Most private and government insurance plans do not pay for nursing home care.

- In certain situations, **Medicare** may pay for medically necessary skilled nursing care given in a nursing home. Also, some **Medicare Advantage** or other **Medicare Health Plans** may cover nursing home care if the nursing home has a contract with the plan.
- **Medicaid** covers the cost of care in facilities licensed and certified as Medicaid Nursing Facilities. This is for people who qualify for Medicaid and have no other way to pay for the needed care.
- **The Veterans Administration** may pay for nursing home care if the person is already enrolled in the VA Medical Benefits Package and meets certain criteria.

Assisted living facilities

Most health insurance plans do not cover the cost of assisted living. Assisted living is considered "custodial care" and focuses on activities of daily living, such as bathing, dressing and eating.

[Medicaid waivers](#) are offered in some states and may cover some assisted living costs if care and financial requirements are met.

Long-term care hospitals (LTCHs)

Because LTCHs provide similar services to acute care hospitals, most government and private insurance will cover the costs in the same way as hospitals. Certain requirements must be met, and the person must be either transferred directly from a hospital or have been discharged from a hospital in the last 60 days.

Long-term care insurance

For some people who need long-term care that is not covered by their health insurance plans, [long-term care insurance](#) may be an option. However, this type of insurance can be expensive and often does not start paying right away. If you don't already have long-term care insurance, it may not be available if you have certain health problems or already need long-term care.

How can I find a post-acute care facility?

Identifying your needs

If you or a loved one needs continued care after leaving the hospital, the care needs and goals need to be defined. For instance:

- What are the person's goals of care?
- Does the care need to be given by or overseen by physicians, nurses, or therapists?
- How complex is the medical care the person needs?
- Is the main need to improve physical strength and functioning?
- Is physical, occupational, or speech therapy needed? If so, is the person strong enough for 3 hours of therapy a day?
- Can the person perform their activities of daily living on their own, or do they need help?
- Is help needed to make sure that medicines are being taken as prescribed?

- Does the person have issues that could create safety risks, such as memory issues or risk of falls?
- Will the person be continuing cancer treatment or need to see a health care professional at an outside facility?
- What type of insurance coverage does the person have? Do they have long-term care insurance?

Defining your post-acute care needs can guide the decision about which type of facility might be best. Input from the person with cancer, their family and caregivers, as well as the cancer care team will be needed. A physical therapist, social worker, discharge planner, case manager, or patient navigator can also help define needs and identify options for post-acute care.

Finding a facility

Ask if your cancer center or hospital has staff who can help you find the best post-acute care options to meet your needs. There might be a social worker, discharge planner, case manager, patient navigator, or someone in a similar role.

Some questions you may want to ask to help in the search include:

- Does your cancer center or hospital have an affiliated facility?
- Are there facilities that your cancer or primary care team think are a good fit for you?
- Does your insurance have a list of post-acute care facilities that are in network?
- What post-acute care does your insurance help pay for? Do they only cover the cost of care in certain facilities?
- How close to caregivers, family and friends do you want to be? How far is too far?
- Has anyone you know been in the same type of facility? What was their experience like?

You can also compare facilities to help guide your decision at [medicare.gov/care-compare/](https://www.medicare.gov/care-compare/).