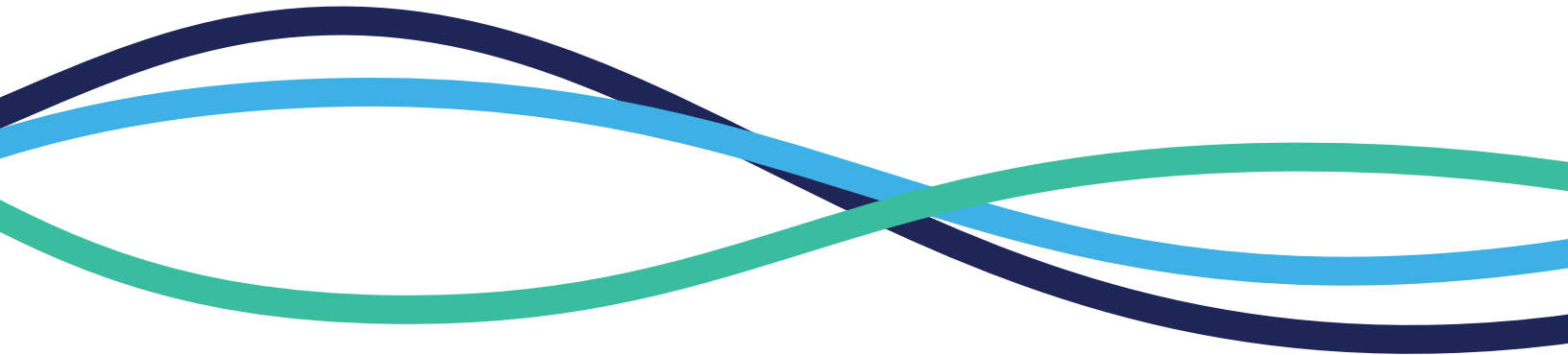




After the Hospital:

A Guide to Post-Acute Care



Acknowledgments

The Continuum of Care Council (CCC) is an advisory council of the Massachusetts Health & Hospital Association (MHA), established with the goals to optimize patient care, experiences, and clinical and economic outcomes through population health strategies. It provides a forum for members to engage in cross-continuum collaboration to address regulatory and clinical barriers that impede caregivers' vital work.

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**We hope that this guide will help many patients and families
in making the best decisions about their post-acute care needs.**



Section 1. Introduction

The Massachusetts Health & Hospital Association (MHA) prepared this guide to support you and your family to make the best decisions about your post-acute care options. The information in this guide can help you to make these healthcare choices confidently.

Many people need medical care after a health event to recover from an injury, illness, surgery, and/or hospitalization. For example, some people may need rehabilitation; comfort care that focuses on providing relief from pain and other symptoms of a serious illness; or end-of-life care. All of this care provided outside of the traditional hospital setting is referred to as “post-acute care.” It is very important that you receive the right care, at the right time, and in the right place to meet your individual goals and needs and to support your quality of life. For the best outcomes, it is also critical that you receive care from providers who can meet your needs in a culturally competent way.

Your healthcare team may recommend post-acute care (PAC) for you.

Most people have never heard of the term “post-acute care.” Some people use the term PAC instead of using post-acute care. The word “acute” means a sudden and intense new situation.

This guide explains your options for care after a major change in your health.

How Can Post-Acute Care Help Me?



Post-Acute Care Can:

- ✓ Support recovery after a health event, usually for a limited-time period
- ✓ Help restore function and improve your quality of life
- ✓ Provide therapy such as physical, occupational, and speech therapy
- ✓ Provide intravenous (IV) therapy such as antibiotics or fluid
- ✓ Provide wound care
- ✓ Provide services to address mental health or substance use disorder needs
- ✓ Provide education about disease management
- ✓ Provide comfort care, palliative care (care that focuses on providing relief from pain and other symptoms of a serious illness), or end-of-life care
- ✓ Be provided at home by community service professionals
- ✓ Be provided in outpatient clinics or doctors' offices
- ✓ Be provided at a facility such as a skilled nursing facility (SNF), nursing home, long-term acute care hospital, or inpatient rehabilitation facility
- ✓ Be provided through virtual telehealth appointments or other services using technology, including SNF-at-home or mobile integrated health

OVERVIEW OF POST-ACUTE CARE SERVICES

Post-acute care (PAC) includes a range of services to address your goals and needs. PAC services can be provided at home, in an outpatient setting in your local community like a doctor's office or hospital clinic, or at a facility for a short-term stay like a nursing home (see Figure 1). You should work with your provider to ensure that the care planning process meets the care goals that you and your family/caregiver have set and that they are addressed in a comprehensive way. The PAC planning process should also address any behavioral health needs you have for mental health and/or substance use disorder services. Always check with your health plan or insurance company to ensure that the services that you need are covered.

Figure 1. Post-acute care services





Section 2. Your Roadmap to Making the Best Choices

We know that finding the right post-acute care at a time of stress and uncertainty can be hard for you and your family.

To make this process easier for you, this guide gives you five steps to follow.

Step 1. Understand Your Care Needs

Step 2. Learn About Services that Meet Your Needs

Step 3. Talk to Your Health Insurance Company or Health Plan

Step 4. Find Out More About Your Providers

Step 5. Make the Choice that is Right for You

Step 1. Understand Your Care Needs

It is important to understand your specific needs for post-acute care services. Understanding your needs will help you have a successful care experience. A successful care experience is critical to your recovery. For anticipated events, such as a scheduled surgery, many people have a plan of care in advance of the surgery.

POST-ACUTE CARE PLAN

- **Yes – I have a plan for post-acute care.** For planned events, such as scheduled surgery for a hip or knee replacement, many people will have a plan for post-acute care in advance of the event. You should review this plan with your healthcare provider to make sure that it is still the best plan for you.
- **No – I need a plan for post-acute care.** Some events are not planned. Some needs may not be known until your hospital stay. This is especially true for unanticipated events, such as a stroke. In these types of circumstances, the planning process often occurs in the hospital. You will need the support of your healthcare team. You may also want to check with your health plan or health insurer to confirm coverage of needed medications, therapies, in-patient care at a rehabilitation facility, long-term acute care hospital, nursing home, or assisted living residence, and any other care or services that may be needed.

COMMON EXAMPLES OF POST-ACUTE CARE NEEDS

- Help with eating, bathing, getting dressed, and toileting
- Help with meals to meet nutritional requirements
- Assistance getting around your home
- Assistance with grocery shopping, light housekeeping, and laundry
- Companionship to enhance wellbeing and prevent loneliness
- Assistance with connecting with family and friends
- Help monitoring your temperature, blood pressure, heart rate, comfort level, and weight
- Assistance with medications
- Education about medications and potential side effects
- Therapy needs, such as physical therapy, occupational therapy, speech therapy, cognitive therapy
- Skilled nursing care, wound care, and intravenous (IV) medications
- Help using medical equipment and supplies such as home oxygen or nebulizers
- Accessing transportation for follow-up medical appointments or dialysis
- Accessing technology, such as telehealth
- Pain management
- Comfort care, palliative care, serious illness management, and end-of-life support
- Help caring for your pet



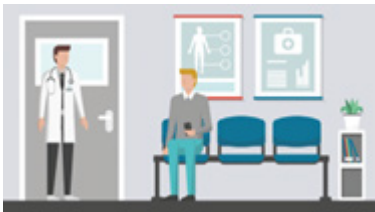
ADVANCED CARE PLANNING

Planning for your future care can include planning for the unexpected, as well. If you have not already done so, it is recommended that you designate a healthcare agent and complete a signed "Health Care Proxy" to make decisions about your care should you not be able to do so. If you or a family member has a serious advancing illness or medical frailty, adults can choose to complete a POLST form (Portable Medical Orders for Life Sustaining Treatment) with your physician, nurse practitioner, or physician assistant. Talk to your clinician about your prognosis, treatment options, and the care you want / do not want. Your clinician will transfer your choices to the POLST form, which is followed by every clinician across all care settings. Honoring Choices MA provides up-to-date healthcare planning information, no-cost Massachusetts planning documents, and many resources for adults, families, and caregivers. Its network of Community Partners can help you get connected to care in your community as well. **Please note:** the current MOLST system is transitioning to the digitally-based POLST system in the summer of 2024 and you may see these terms used interchangeably. See resources and links to MOLST/POLST forms later in this guide.

CARE AT HOME, IN A FACILITY, OR AS AN OUTPATIENT



Home-based care. Many people receive post-acute care at home. For example, you might need help with health-related care, such as skilled nursing care and physical therapy. You might also need personal care, such as help bathing, dressing, and going to the bathroom. You might also require assistance with transportation to and from medical appointments.



Outpatient-based care. Many people receive rehabilitation services or intravenous medications at an outpatient clinic. You might need to go to a provider several times per week for medical or therapy treatments.



Facility-based care. Some people receive care in a facility for a short-term stay. Depending upon your individual post-acute care needs, you might benefit from receiving around-the-clock care in a facility to meet your post-acute care needs. While in the facility, you may also need a plan to manage things at home and stay connected to loved ones.

The Care Transition Process for Post-Acute Care Services

A care transition takes place every time you move from one setting to another.

You may experience a wide variety of care transitions when you receive PAC services. For example, you might move from hospital to home, from home to the hospital, and from the hospital to a skilled nursing or rehabilitation facility. After you leave the facility, you may continue to receive post-acute care at home. Your home could be a private residence or an assisted living community. You may also receive care in an outpatient clinic that supports your rehabilitation and recovery after a hospital stay.

The care transition process is equally important for behavioral health conditions, including mental health and substance use disorders.

A smooth care transition process is important to your recovery.

It is best to work closely with your healthcare team, which may include a physician, nurse, case manager, social worker, and your primary care provider to make sure your care transition goes smoothly. If the care transition was not planned before hospitalization, then the transition plan should begin right after your admission to the hospital.

- 1. Know what care you will be receiving and for how long.** Make sure you have all the information you need about where you are going and what type of care you'll receive. Are you going home or to a facility? If you have different options, where would you most prefer to receive care? What kind of care do you need? What kind of care is offered at each facility?
- 2. Designate a family caregiver.** Be familiar with the CARE Act (Caregiver, Advise, Record, Enable). This act, which was signed into law in Massachusetts in 2017, requires that a designated family member's or friend's name be recorded at the time of a hospital admission so that your hospital providers know who to talk to about your care transition. This act also requires that patients and designated family members or friends receive advance notice prior to your discharge to your home or other care facility so that they are aware of when you will be transferred. Clear instructions on home care tasks, especially medically related ones, must be given to this person (and demonstrated) before you leave the hospital – particularly if you are being discharged home.
- 3. Understand your care goals and needs.** Make sure that you can answer these questions: What is the primary goal of treatment? Will your functioning improve? If so, by how much? Will you fully recover? Will you need additional care? What type of additional care might you need and for how long?
- 4. Work with your hospital case manager (registered nurse, social worker) and insurer representative (as needed) for support.** You, your family members, and community providers should be partners in your care transition, whether you are going home or to another facility.
- 5. Address the issues one by one.** This can help you to manage your expectations and recovery.

If you are leaving the hospital or any other facility, make sure to:

1. Get a customized discharge plan based on your specific needs, including a list of medications and instructions on how and when to take them, and an explanation of any other specific care instructions.
2. Schedule timely follow-up care with healthcare providers as recommended.
3. Be sure you have a hospital contact name and phone number for questions, concerns, and follow-up instructions.

Step 2. Learn About Services that Meet Your Needs

It is important to understand the range of services that are available to meet your care needs. You can do this with the support of your healthcare team and health insurance company. You may also want to consider what type of non-medical support you might receive from family, friends, and neighbors.

Post-acute care services are available in three types of settings:

At home

At an outpatient clinic in your local community

At a facility such as a skilled nursing facility, an inpatient rehabilitation facility, or a long-term acute care hospital

Post-acute care services that address specific behavioral health conditions can include:

Social supports such as club houses

Recovery groups such as Alcoholic Anonymous, Narcotics Anonymous, or recovery learning communities

Other types of peer groups for mental health and substance use disorder conditions

Residential treatment facilities



The Choice of Home or Facility

You may prefer to receive post-acute care in your home. Care at home may be optimal depending on your care needs. In Massachusetts, some Medicaid and/or Medicare health plans are flexible in providing care to you in your home or community. The [One Care program](#), [Senior Care Options \(SCO\)](#), [home care organizations](#), and the [Program-of-All-Inclusive Care for the Elderly](#) (also called the PACE program) are generally flexible. In addition, some medical professionals can provide virtual telehealth appointments using personal computers, tablets, smartphones, telephones, and other devices. It is important to understand your healthcare team's recommendation for post-acute care and find the service and setting that provides the best care experience. You should also ask your insurer for any guidelines that can help you make the best possible decisions.

SERVICES IN YOUR HOME

Most people go home after a hospitalization. Home may be in a private residence or an assisted living community. Going home will require advance planning to put the right services and supports in place to meet your care needs. Every patient must have an individualized plan of care based upon a full assessment of their needs. The plan of care will also detail your expected recovery timeline. Home health providers should deliver care in your home in accordance with your plan of care. As a reminder, not all insurance plans cover all home care services, so be sure to check with your insurer before scheduling services.

SERVICES IN YOUR LOCAL COMMUNITY

Many people go home after the hospital and have ongoing care needs met through outpatient appointments with local providers. For example, following major surgery, a patient may need to go to a physical therapist several times a week for a couple of months. Treatments like this are referred to as "outpatient" services.

As part of the discharge process, you may need access to common outpatient services such as:

- Therapy, including physical therapy, occupational therapy, or speech therapy
- Rehabilitation including cardiac rehabilitation
- Behavioral health services, including mental health services and substance use disorder treatment
- Doctor/specialist follow-up visits
- Lab work and medical imaging

Home healthcare services may include:

- Post-surgical nursing care, such as wound care
- Rehabilitative nursing after a stroke or cardiac event
- Pulmonary care
- Therapy, including physical therapy, occupational therapy, and speech therapy
- Medication management and administration
- Wound care
- Intravenous therapy
- Personal care services to help you with bathing, dressing, and toileting
- Assistance with walking, mobility, and transfers
- Assistance in monitoring your health status, reducing the need for office visits for routine checks
- Monitoring your temperature, pulse, respiration, blood pressure, and weight
- Communicating with your provider and healthcare team
- Palliative care services for serious illness management and hospice care for comfort care and end-of-life support
- Behavioral health services, including mental health services and substance use disorder treatment
- Case management
- Assistance with meal preparation and eating
- Assistance with household tasks, such as laundry, light housecleaning, grocery shopping, and errands
- Companionship and socialization
- Caregiver support

SERVICES IN A SPECIALIZED CARE FACILITY

Some people have care needs that vary in intensity and specialty and that require around-the-clock care in a facility. There are three common types of facilities for this type of care:

<p>Skilled Nursing Facility (SNF)</p>	<p>Some people need skilled nursing care after a hospitalization. This type of facility is also called a SNF.</p> <p>SNFs are also known as nursing homes and provide short-term care (up to 100 days if necessary, depending on your needs). Short-term rehabilitation patients are usually separated from long-term stay residents (who are residents of the SNF).</p> <p>Services include skilled nursing care, physician supervision, physical therapy, occupational therapy, speech-language therapy, social services, meals, dietary counseling, medical monitoring, administering oral and IV medications, wound care, and managing medical supplies and equipment used in the facility.</p> <p>In a SNF, you'll receive one or more therapies for an average of one to two hours per day. Medicare typically covers skilled nursing facility care only if a patient has been admitted to a hospital for three consecutive midnights. Be sure to confirm with the hospital that your stay in a skilled nursing facility will be covered by Medicare.</p>
<p>Inpatient Rehabilitation Facility (IRF)</p>	<p>Some people need to go to an inpatient rehabilitation facility after hospitalization. This type of facility is also called an IRF.</p> <p>IRFs are rehabilitation hospitals that provide intensive rehabilitation therapy, physician supervision, and nursing care, with physicians, nurses, and therapists coordinating care.</p> <p>To be in an IRF, patients must require both physician oversight for their medical care and therapy to improve function. Because IRFs provide hospital-level care, you do not need a hospital stay to qualify for admission. You can be admitted from home or directly from the emergency department if you meet IRF admission criteria and your insurance approves your stay.</p> <p>Services include physician services (5-7 times per week), physical therapy, respiratory therapy, occupational therapy, speech pathology, nursing services (24/7), medication monitoring, and managing other services and supplies.</p> <p>The amount of daily rehabilitative therapy in an IRF is more intensive than a SNF. In an IRF, you will receive three hours of therapy five days per week, or a total of 15 hours of therapy over a seven-day period.</p>
<p>Long-Term Acute Care Hospital (LTACH)</p>	<p>Long-term acute care hospitals serve patients with more complex needs than patients who go to SNFs and IRFs. They require longer hospital stays (often more than 25 days) and require prolonged, highly specialized care. This type of facility is also called a LTACH.</p> <p>Patients who are on life-sustaining equipment such as machines to assist you in breathing, or who need 24/7 medical and nursing management, may be referred to an LTACH after acute care hospitalization.</p> <p>LTACHs provide a much higher level of care than SNFs and specialize in treating patients who may have more than one serious condition.</p> <p>Services include inpatient hospital services and supplies, meals, nursing care, medications administered during the stay, rehabilitation services, pain management, and intensive respiratory therapy.</p>

Assisted Living Residence (ALR)

Assisted living residences (ALRs) emphasize aging with dignity and choice, while offering a high-quality lifestyle in a home-like supportive, non-clinical environment. Residents transitioning from living independently in their home often choose assisted living for a variety of reasons. Most residents receive support with certain activities of basic daily living, such as bathing, dressing, grooming, or mobility, and may receive limited assistance with medications. Residents also benefit from activities and programs tailored to meet their needs that focus on health, exercise, socialization, recreation, and wellness. Some of these individuals live in special memory care units that support those living with Alzheimer's disease or other dementias. Assisted living may be a good shorter-term option if someone is not ready to be home alone after a hospitalization and needs support with activities of daily living. Regardless of need or ability, every resident can benefit from the community atmosphere of assisted living. The services that would typically be provided in a private residence can also be provided in the assisted living setting, such as physical therapy, home care services, hospice, and other care as needed.

Services in a Facility for Behavioral Health Conditions

Behavioral health conditions include both mental health and substance use disorder conditions. Although this guide does not cover the range of facilities that provide post-acute care for people with behavioral health conditions, you should know that there are facility-based care options for people with behavioral health conditions. Two examples are:

Partial Hospital Programs operate for six hours a day and are often used as "step-down" programs to help facilitate timely discharges. This may be appropriate for individuals who are trying to cope with psychiatric issues, such as mood disorders, anxiety, and post-traumatic stress disorder. This program can also help those with co-occurring substance use disorder issues. Individuals attend a partial hospital program after an inpatient psychiatric hospital stay or to prevent further worsening of symptoms that would require hospitalization.

Residential Treatment Facilities can be appropriate for individuals to address mental health and/or substance use disorder needs.

To learn more about your options for facility-based or community-based options, you should speak to your provider and specialists.

PALLIATIVE CARE

According to the [Center to Advance Palliative Care](#) (CAPC), palliative care is specialized medical care for people living with a serious illness. This type of care is focused on providing relief from the symptoms and stress of a serious illness. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a specially trained team of physicians, nurses, and other specialists, who work together with a patient's other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness, and it can be provided along with curative treatment.

Understanding Palliative Care: Palliative Care Improves Quality of Life and Lowers Symptom Burden.

"Palliative care specialists improve the quality of life for patients whose needs are most complex. Working in partnership with the primary care physician, the palliative care team provides: (1) time to devote to intensive family meetings and patient/family counseling; (2) skilled communication about what to expect in the future in order to ensure that care is matched to the goals and priorities of the patient and the family; (3) expert management of complex physical and emotional symptoms, including complex pain, depression, anxiety, fatigue, shortness of breath, constipation, nausea, loss of appetite, and difficulty sleeping; and, (4) coordination and communication of care plans among all providers and across all settings." Source: The Center to Advance Palliative Care (CAPC).

HOSPICE SERVICES

When the goal of treatment begins to shift from curing illness to providing comfort as a patient is reaching the end of their life, hospice care is a common choice. This decision is a very personal one and directly involves the patient, family, physician, and any loved ones who may serve as caregivers. The patient's wishes are always the priority.

Hospice care is provided by a team of healthcare professionals, who work with the patient and their family to design and implement a plan of care unique to the patient's diagnosis.

In addition, hospice provides all medications, services, and equipment related to a patient's terminal illness. Hospice care ensures they receive state-of-the-art pain control and symptom management. It is a philosophy of care that

focuses on quality of life and the whole person – body, mind, and spirit.

Hospice care enables patients to focus on living their remaining days fully, among friends and "family." "Family" is uniquely defined by each patient and includes those individuals chosen to support the patient during this time of life.

Most patients receive hospice care in their home, but hospice care may also be provided in freestanding hospice facilities, hospitals, SNFs, and other care facilities such as an assisted-living residence.

Hospice care provides:

- Specialized nursing and medical care, pain management, and emotional and spiritual support based on the patient's needs and wishes
- Support for the patient's chosen family
- Caring, not curing

Understanding Hospice Care: The Level and Location of Hospice Care

The type and amount or level of hospice care needed will vary across patients and conditions. If you or a loved one are exploring the option of hospice care, it is best to talk with your primary care provider to understand what options may be available. It is important to note that not all options are covered by all insurers; it is recommended that you check with your health insurance company or Medicare to ensure that the recommended hospice services are covered. The National Hospice and Palliative Care Organization is a great resource to begin exploring hospice care options and find care near you or a loved one: <https://www.nhpco.org/>.

Routine Hospice Care	This level of care is the most common level of hospice care. With this type of care, an individual has usually elected to receive hospice care at their home residence.
Continuous Home Care (CHC)	This level of care is provided for between 8 and 24 hours a day to manage pain and other acute medical symptoms. CHC services must be predominately nursing care, supplemented with caregiver and hospice aide services. CHC services are intended to maintain the patient at home during a pain- or symptom-related crisis.
Inpatient Respite Care (IRC)	This level of care is available to provide temporary relief to the patient's primary caregiver. Respite care is provided in a hospital, hospice facility, or a long-term care facility that has sufficient 24-hour nursing personnel present.
General Inpatient Care (GIP)	This level of care is provided for pain control or other acute symptom management. GIP begins when other efforts to manage symptoms are not sufficient. GIP can be provided in a Medicare-certified hospital, hospice inpatient facility, or nursing facility that has a registered nurse available 24 hours a day to provide direct patient care. This is a short-term benefit. Once symptoms are under control, the goal is for the patient to return to the previous setting.

Step 3. Talk to Your Health Insurance Company or Health Plan

The best way to find out what your health insurance will cover is to contact your insurer's customer service staff. Most insurers will pay for post-acute care, but health plans vary in what services they will cover and which providers may deliver the services. If you have a case manager at the hospital, they may be able to assist you with this process.

Always check with your insurer to verify the specifics around your coverage and benefits. Ask them what is covered based upon your healthcare needs and who can provide the service. Ask your plan what services are not covered and what you might be expected to pay.

If you are returning home from the hospital, you will want to work closely with your insurer to ensure that your needs are met. [This guide from the Massachusetts Division of Insurance \(DOI\)](#) is a helpful resource for patients.

HEALTH INSURANCE COVERAGE

Health insurers will vary in what they cover.

- Medicare, including original Medicare and Medicare Advantage
- MassHealth, including managed care and integrated care plans
- Commercial (health plans offered through an employer)
- Tricare (military benefits)
- Veterans Benefits Administration

QUESTIONS TO ASK YOUR HEALTH INSURER OR HEALTH PLAN

Take the time to ask your health insurer these types of questions.

- What is my post-acute care coverage?
- What is my coverage for care at home?
- What is my coverage for care in a facility?
- Does my coverage limit which facilities I can go to?
- What will these services cost me?
- Are there any restrictions on coverage for this service?
- Are there any limits on how long insurance will pay for this service?

MASSHEALTH AND MEDICARE COVERAGE FOR POST-ACUTE CARE

Medicaid (MassHealth)

MassHealth, under certain programs, can be more flexible than other insurers in providing coverage for care and services at home. For example, if you are enrolled in a One Care plan through the MassHealth One Care program, a plan through the Senior Care Options (SCO) program, or a PACE program through the Program of All-Inclusive Care for the Elderly (PACE), you may have coverage to receive your post-acute care needs at home. You will also want to ask your MassHealth insurer and/or health plan for the list of facilities with which they contract.

Medicare

Medicare has multiple coverage options, including traditional Medicare, Medicare Advantage plans, and Medicare supplemental plans. Medicare Advantage plans may include more services than traditional Medicare. However, Medicare Advantage plans may also require “prior authorization” (or insurance approval) for certain services, and you may be limited to network providers. Medicare supplemental plans help fill the gaps that are not covered by [Medicare Parts A \(for hospital-related care\) and Part B \(for other medical care\)](#). [This bulletin from the Massachusetts Division of Insurance](#) is a useful tool to explain the differences in Medicare options.

Each year, patients should assess their current coverage to see if it is best meeting their needs, and whether they have or need Medicare Part D (coverage for prescription drugs). With Medicare Advantage plans, a patient could see changes in the doctors, hospitals, nursing homes, and home care providers included in their networks from year to year. One portion of their expenses will be the monthly premium costs; this is when Medicare Advantage can look inexpensive. Patients also need to also consider their co-payments, co-insurance and any percentages of their total bills that they may be responsible for. They should examine their benefits statements and medical bills for the past year and add up what they paid in deductibles and copays to get a sense of the true costs of their plan. Then consider what you might pay the following year, especially if you need any major medical care or may need treatment at a rehabilitation facility.

If patients need assistance identifying appropriate insurance coverage, the state program Serving the Health Insurance Needs of Everyone (SHINE) provides free health insurance information, counseling, and assistance to people who are eligible for Medicare – as well as their caregivers. Certified trained counselors work with participants to help explore Medicare plan options.

More information about SHINE and its local offices [is available here](#) or at 1-800-243-4636.

COVERAGE FOR BEHAVIORAL HEALTH UNDER MASSHEALTH

According to experts, post-acute coverage for people with behavioral health needs, including mental health and substance use, is critically important. You will also want to ask your insurer and/or health plan for the list of facilities with which they contract.

For example, many people under MassHealth may be eligible to receive post-acute care behavioral health services through the Massachusetts Behavioral Health Partnership (MBHP). MBHP manages a variety of services in multiple settings to meet the needs of patients and promote the principles of rehabilitation, recovery, and resiliency. Services include outpatient mental health services, outpatient substance use disorder services, emergency services, and inpatient services.

[Visit here to learn more.](#)

Step 4: Find Out More About Your Providers



SAFETY

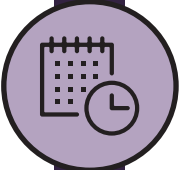
Ask your provider(s) to learn more about their safety protocols, emergency preparedness plans, and infection control policies and procedures. Safety questions and concerns should apply to all types of providers, from nursing homes to community providers such as home health providers.



QUALITY

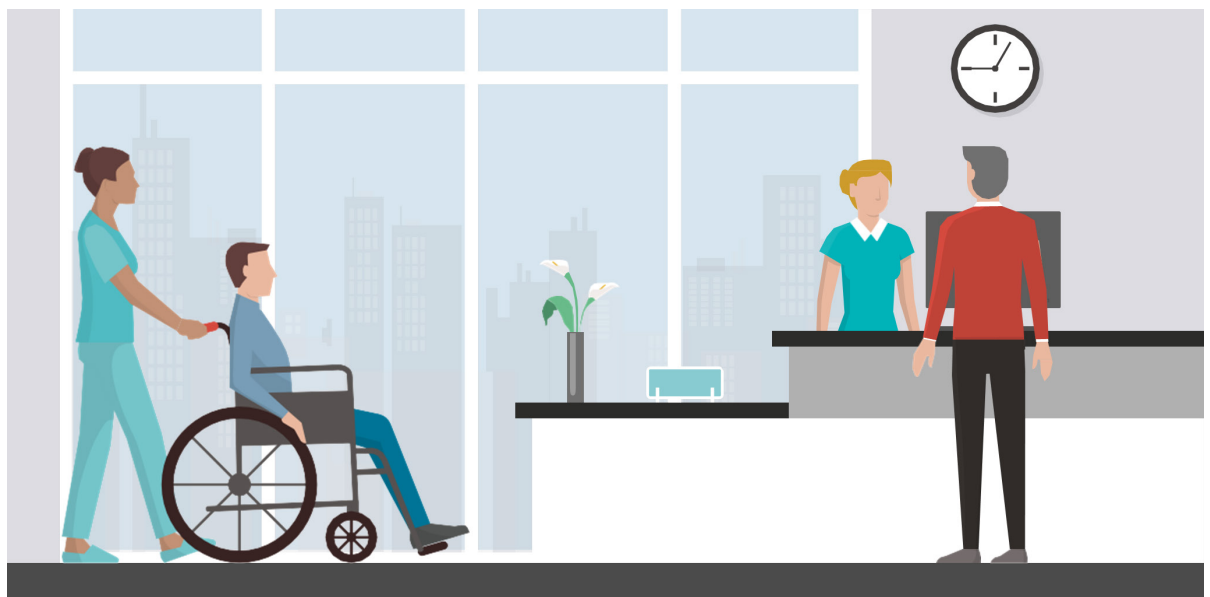
Patients and their families should collect information on the quality of home health agencies and facilities (see resources below). Patients should also find out how the facility communicates and shares important information with primary care providers.

Patients should review the list of resources below. It is important to note, however, that this list of resources is not comprehensive. The information on provider quality is limited in nature.



CONVENIENCE

Patients should take into consideration travel time and how convenient the facility is for family members and friends to visit. Patients and families should ask about visiting hours and policies as well as potential restrictions. Keep in mind that the most convenient option may not always be the best option, depending on quality, safety, and availability of services.



RESOURCES

The best way to learn more about quality and to pick a facility is to do some homework. Be sure to find out if your primary care provider or health insurance plan has an affiliation or agreement with the facility.

- Tour the facility and talk with residents, families, and staff – if that's possible
- Observe the facility's cleanliness
- Gather information on quality and discharge success

There are several resources that can help you learn more about the quality of a facility or agency.

Please note that depending on a variety of factors, including but not limited to bed availability, insurance coverage, and your specific care needs, you may not be able to be admitted at your facility of choice.

The Nursing Home Survey Performance Tool.

The Massachusetts Department of Public Health has developed the Nursing Home Survey Performance Tool. This tool provides information about individual nursing homes in Massachusetts to serve as a resource for consumers who are making decisions about their healthcare.

The Nursing Home Survey Performance Tool is available at:

<https://www.mass.gov/guides/nursing-home-survey-performance-tool>

Five-Star Nursing Home Quality Rating System.

The Centers for Medicare and Medicaid Services (CMS) has the Five-Star Nursing Home Quality Rating System. This system gives nursing facilities ratings for: (1) health inspections, based upon outcomes from state health inspection surveys; (2) staffing, based upon comparative staffing levels; and (3) quality, based upon resident-level quality measures. Nursing homes receive ratings based on how they compare to each other. Nursing homes also receive an overall star rating from one to five (five being the top score). The overall rating reflects a nursing home's performance on three sources: health inspections, staffing, and quality of resident care measures.

Five-Star Nursing Home Quality Rating System is available at:

<https://www.medicare.gov/care-compare/?providerType=NursingHome&redirect=true>

Medicare.gov. Find Healthcare Providers: Compare Care Near You.

Find Medicare-approved providers near you and compare care quality for doctors, hospitals, dialysis facilities, hospice centers, and more. The below site contains information on home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, and long-term acute care hospitals. For example, for inpatient rehabilitation facilities, you can find out how the facility scores along several key indicators. Indicators include complications, results of care, infection control, readmissions, and successful return to home and community.

Compare Care is available at:

<https://www.medicare.gov/care-compare/>

Veterans Administration's Community Living Center (CLC) Compare Report.

The Veterans Administration (VA) has also developed tools to report on quality. This tool provides information on the quality of care provided in nursing homes. This includes information about the VA Community Living Centers and private sector nursing homes with whom the VA contracts. The VA's system is called the VA's Community Living Center (CLC) Compare Report. This report features a star rating system adapted from Medicare's Five Star Rating Methodology. The CLC ratings are based on health surveys, staffing, and quality of resident care measures.

The VA's Compare Report is available at:

<https://www.accesstocare.va.gov/CNH/FindCommunityNursingHomes?LocationText=02465&SortOrder=0&Radius=50&UserLatitude=-1&UserLongitude=-1>

Ombudsman Programs.

An ombudsman is an advocate. The ombudsman service in Massachusetts offers a free service for older adults to voice their complaints and have concerns addressed so they can live with dignity and respect. These programs serve individuals in assisted living residences, home health care agencies, and long-term care facilities like nursing homes and rest homes.

Ombudsman information available at:

<https://www.mass.gov/service-details/ombudsman-programs>

Mass.gov. Checklists for deciding on a Long-Term Care Nursing Facility and Rest Home.

Some people will need longer-term stays. This site contains many helpful questions and guidance.

Checklists are available at:

<https://www.mass.gov/info-details/checklists-for-deciding-on-a-long-term-care-nursing-facility-and-rest-home>

RESOURCES FOR BEHAVIORAL HEALTH AND RELATED SOCIAL SERVICES

The Massachusetts Behavioral Health Helpline (BHHL) has a searchable online collection of more than 6500 mental health, substance use, and support services in Massachusetts. You can filter results based on your location and needs.

https://www.treatmentconnection.com/search-treatment-facilities?page=1&limit=25&stateCode=Massachusetts&lat=42.358670324&long=-71.718185&limit_to_state=false&distance=250

Community Behavioral Health Centers (CBHCs) are located across Massachusetts, and provide a wide range of mental and substance use services and treatment both in-person and via telehealth. For more information and to locate your nearest CBHC use this link:

<https://www.mass.gov/community-behavioral-health-centers>

If you are struggling with mental health or substance use, there are 24/7 crisis services available through the following help lines:

The Massachusetts Behavioral Health Helpline is a 24/7 helpline to connect individuals and families to the full range of treatment services for mental health and substance use:

<https://www.masshelpline.com/>

The Massachusetts Substance Use Helpline is a 24/7 helpline to navigate substance use treatment and recovery services:

<https://helplinema.org/about/about-the-helpline>

Example Questions to Ask When Selecting a Nursing Home for a Short-Term Rehabilitation Stay

- Does the facility score high on inspection reports?
- Are services licensed or accredited?
- What areas have they identified for improvement?
- What type of infection control measures are in place?
- Is the place clean and well-maintained?
- Is the building easily accessible indoors and outdoors?
- Does the facility conduct patient/family satisfaction surveys?
- What specialized services are available?
- How much therapy do patients receive?
- What is the number of staff caring for each patient?
- What types of treatment team members will be active with my recovery?
- What can be expected about the transition from hospital to rehabilitation?
- What items should you bring and what is provided?
- How do family members participate in care planning meetings?
- What is the process for helping set up in-home services if needed after the stay?
- Are there suggested/recommended visitation hours for families and friends?

Example Questions to Ask When Selecting A Home Care Agency

- Does the agency have literature describing its services, fees, and billing?
If so, will they send you copies?
- Does the agency work with the client to develop a written plan of care or service contract?
If so, how often is this plan updated?
- Does the agency directly employ its workers or are they independent contractors?
(They should be directly employed.)
- Does the agency provide a written list of client and family rights?
- Will the agency provide interpreter services, if needed?
- How does the agency screen and evaluate their employees?
- Are caregivers, supervisors, and backup available 24/7/365?
- How does the agency investigate complaints and/or resolve conflicts between its staff and clients?
- Can the agency document that it carries professional and general liability insurance?
- Will the agency provide a list of local references?



Step 5. Make the Choice that is Right for You

Six Tips for Patients and Families in Finding Post-Acute Care

Tip #1. Make sure your care plan meets your goals. You will need to tell your healthcare team about your personal goals and needs so that they understand what is important to you. Your healthcare team includes your family and providers involved in your care. This could include your primary care provider, your specialist, case manager, or a care coordinator through your health insurer. They can help by discussing options that align with your goals.

Tip #2. Collect information on health insurance coverage and costs. You will want to contact your health insurer using the number on your insurance card. You will want to understand what your out-of-pocket costs will be with different care options.

Tip #3. Collect information about your provider options. You will want to learn about the quality and safety of the service provider, using trusted local, state, and federal information sources. There are resources in this guide to help you find this information.

Tip #4. Ask someone to be your “eyes and ears” for any care transitions. If possible, include someone who can serve as your care partner. You might want a trusted family member or friend to accompany you during transfers from one setting to another. This person can keep track of paperwork, discharge instructions, or other communications while you move from one setting to another.

Tip #5. Seek answers. Don't be afraid to ask questions. Some of the information may be new to you. The information can be confusing. Make sure your healthcare professional provides clear information and instructions about your post-acute care plan and follow up needs.

Tip #6. Designate a healthcare proxy and complete advance directives. Planning for your future care can include planning for the unexpected, as well. If you have not already done so, it is recommended that you designate a healthcare agent and sign a “Health Care Proxy” form so that someone can make decisions about your care should you not be able to do so. If you or a family member has a serious advancing illness or medical frailty, adults can choose to complete a POLST form (Portable Orders for Life Sustaining Treatment) with your physician, nurse practitioner or physician's assistant. Talk to your clinician about your prognosis, treatment options, and the care you want/do not want. Your clinician will transfer your choices to the POLST form, which is followed by every clinician across all care settings. [Honoring Choices MA](#) provides up-to-date healthcare planning information, no-cost Massachusetts planning documents, and many resources for adults, families, and caregivers. Its network of Community Partners can help you get connected to care in your community as well. Note: the state is switching this system to a digitally-based “POLST” system in summer of 2024 and the rollout will continue into 2025.

Key Community Organizations to Support Patients

Massachusetts has many types of community organizations that can help you in your recovery.

Aging Service Access Points (ASAPs) provide the following direct and protective services: information and referral; interdisciplinary case management; intake and assessment; development and implementation of service plans; monitoring of service plans; reassessment of needs; and investigations of abuse and neglect of elders.

More information is available at:

<https://www.mass.gov/service-details/aging-services-access-points-asap>

Note: Some Area Agencies on Aging (AAAs) are also ASAPs. AAA offices provide many different services to Massachusetts residents that are 60 years of age and older. The AAAs can assist and offer guidance on nutrition, caregiver support, assistance programs and referrals, ombudsmen assistance, insurance counseling, and even transportation.

Independent Living Centers (ILCs) are private, nonprofit, consumer-controlled organizations providing services and advocacy by and for people with all types of disabilities. They create opportunities and help you achieve your greatest level of independent living within your family or community.

More information is available at:

<https://www.mass.gov/independent-living-centers-0?>

Recovery Learning Communities (RLCs) are consumer-run networks of self-help/peer support, information and referral, advocacy, and training activities. Training in recovery concepts and tools, advocacy forums, and social and recreational events are all part of what goes on in an RLC. The doors are open to all individuals with a serious mental illness. RLCs work collaboratively with mental health providers, other human service agencies, and the community at large to forward the mission of community integration and respect for people with mental health conditions. RLC activities are designed to appeal to the range of people in the community, including people of all racial and ethnic backgrounds, and people of all co-occurring disabilities. RLCs are for everyone.

More information is available at:

<https://www.mass.gov/service-details/recovery-learning-communities>

Massachusetts Clubhouse Coalition (MCC). The Massachusetts Clubhouse Coalition is dedicated to expanding employment, housing, educational, social, and leadership opportunities available to Massachusetts residents who have a mental illness. The MCC was organized to uphold and promote the values, principles, and financial integrity of the international clubhouse model toward the empowerment of people with mental health needs. Toward this purpose, the MCC will take action, advocate, provide support, and offer opportunities to network and educate itself and the community while working as an organization to remove barriers to successful community integration. The Massachusetts Clubhouse Coalition is committed to helping clubhouses and individual clubhouse members reach their full potential.

More information about clubhouses:

<https://www.massclubs.org/massachusetts-clubhouses>

<https://www.massclubs.org/contact>



Section 3. Helpful Resources

Community Organizations

Aging Service Access Points (ASAPs)

<http://masshomecare.info/wp/wp-content/uploads/downloads/2015/03/ASAP-AAAs-by-City-Town-2014-10-14.pdf>
<https://www.mass.gov/service-details/aging-services-access-points-asap>

ASAPs provide the following direct and protective services: information and referral; interdisciplinary case management; intake and assessment; development and implementation of service plans; monitoring of service plans; reassessment of needs; and investigations of abuse and neglect of elders.

Independent Living Centers (ILCs)

https://www.mass.gov/independent-living-centers-0?_

If you have a disability, an Independent Living Center (ILC) can help you live on your own or be more independent while living with others.

Recovery Learning Communities (RLCs)

<https://www.mass.gov/service-details/recovery-learning-communities>

Recovery Learning Communities (RLCs) are consumer-run networks of self-help/peer support, information and referral, advocacy, and training activities. Training in recovery concepts and tools, advocacy forums, and social and recreational events are all part of what goes on in an RLC.

Massachusetts Clubhouse Coalition (MCC)

<https://www.massclubs.org/massachusetts-clubhouses>

MCC is dedicated to assisting adults with major mental illness to live full, productive, stable lives in the community. There are 36 community-based vocational and social rehabilitation centers, called "clubhouses." Membership in the MCC is awarded to clubhouses (and their members and staff) which achieve certification from the International Center for Clubhouse Development (ICCD) ensuring the quality of services provided by these rehabilitation centers.

Honoring Choices, MA

<https://www.honoringchoicesmass.com/>

Honoring Choices Massachusetts is a consumer-oriented, non-profit organization focused on the rights of every adult to direct their healthcare choices and to make a plan to receive the best possible care that honors their values and choices all through their lives.

Professional Organizations

Association for Behavioral Healthcare (ABH)

<https://www.abhmass.org/>

The Association for Behavioral Healthcare promotes and advocates for community-based mental health and addiction treatment services.

Home Care Alliance of Massachusetts (HCA of MA)

<https://www.thinkhomecare.org/page/about>

The alliance can provide a comprehensive list of home health and home care agencies searchable by geography or service. This is a trade association of home care agencies that promotes home care as an integral part of the healthcare delivery system; it provides essential and timely information and learning opportunities to members.

Hospice and Palliative Care Federation of Massachusetts (HPCFM)

<https://www.hospicefed.org/>

This is a professional membership organization for hospice and palliative care providers. This federation provides resources and referrals to patients and families.

LeadingAge Massachusetts

<https://www.leadingagemma.org/>

This is a membership organization supporting not-for-profit aging service providers offering tools, resources, and advocacy and education to members. In addition, LeadingAge of Massachusetts provides information and resources for consumers.

Massachusetts Association of Behavioral Health Systems (MABHS)

<https://www.mabhs.org/contact.htm>

The Massachusetts Association of Behavioral Health Systems (MABHS) is the only trade association in Massachusetts whose central mission is to focus on inpatient psychiatric and substance use issues. Originally founded in 1989 by the freestanding psychiatric hospitals, the MABHS has grown over the years and now consists of 50 inpatient facilities statewide, from the Berkshires to Cape Cod. Its member facilities have more than 2,000 beds, and admit more than 60,000 patients on an annual basis.

Massachusetts Assisted Living Association (Mass-ALA)

<https://www.mass-ala.org/>

This is a trade association providing information, education, and advocacy on behalf of assisted living communities in Massachusetts.

At the beginning of each year, Mass-ALA publishes an Assisted Living Resource Guide. It serves as a user-friendly list of certified Massachusetts assisted living residences that are part of Mass-ALA's membership. The guide includes useful information on selecting an assisted living community, as well as frequently asked questions, financing information, a consumer checklist, and additional information that can help individuals make an informed decision.

Massachusetts Health & Hospital Association (MHA)

<https://www.mhalink.org/>

The mission of the Massachusetts Health & Hospital Association is to advance the health of individuals and communities by serving as the leading voice for all Massachusetts hospitals, healthcare systems, and other care providers to help them provide high-quality, cost-effective, and equitable healthcare.

Massachusetts Senior Care Association

<https://www.maseniorcare.org/about-massachusetts-senior-care-association>

This is a membership organization that represents a wide range of providers and services that meet the needs of older adults and people with disabilities. In addition to providing advocacy and educational programs for care providers, the association offers information and referral services to consumers.

Massachusetts Organization for Addiction Recovery (MOAR)

<https://www.moar-recovery.org/resources>

This is an organization providing support to recovering individuals, families, and friends recovering from alcohol and other addictions.

Insurance Coverage

Massachusetts Division of Insurance (DOI)

<https://www.mass.gov/info-details/consumer-guide-to-understanding-health-insurance>

The DOI provides information on insurance requirements in Massachusetts and available options for coverage.

MassHealth

<https://www.mass.gov/topics/masshealth>

MassHealth can provide information about Medicaid, CHIP, and long-term care coverage for MassHealth applicants, members, and providers.

MassHealth Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs)

<https://www.mass.gov/service-details/full-list-of-masshealth-acos-and-mcos>

This website lists all MassHealth ACOs and MCOs.

MassHealth Long Term Services and Supports (LTSS)

<https://www.mass.gov/doc/powerpoint-an-introduction-to-masshealth-long-term-services-and-supports-for-acos-mcos-cps/download>

This is a guide that provides basic information about the range of state LTSS and other covered services through MassHealth for providers within ACOs.

MassHealth One Care Program

<https://www.mass.gov/one-care>

The One Care program is a way to get your MassHealth and Medicare benefits together. One Care offers services that you cannot get when your MassHealth and Medicare benefits are separate. With One Care, you have one plan, one card, and one person to coordinate your care.

MassHealth Senior Care Options (SCO)

<https://www.mass.gov/senior-care-options-sco>

Senior Care Options (SCO) is a comprehensive health plan that covers all services normally paid for through Medicare and MassHealth. This plan provides services to members through a senior care organization and its network of providers. It combines health services with social support services by coordinating care and specialized geriatric support services, along with respite care for families and caregivers. SCO offers an important advantage for eligible members over traditional fee-for-service care. There are no co-pays for enrolled members.

MassHealth Program of All-Inclusive Care for the Elderly (PACE)

<https://www.mass.gov/program-of-all-inclusive-care-for-the-elderly-pace>

The Program of All-inclusive Care for the Elderly (PACE) is administered by MassHealth and Medicare to provide a wide range of medical, social, recreational, and wellness services to eligible participants. You do not need to be on MassHealth to enroll in PACE. However, if you meet the income and asset guidelines, you may be eligible for MassHealth and MassHealth may pay your PACE premium.

Medicare Coverage

<https://www.medicare.gov/>

This website includes information about Medicare costs, coverage, and plans.

Medicare Appeals

<https://www.medicare.gov/claims-appeals/how-do-i-file-an-appeal>

This page has information about filing an appeal for a Medicare denial.

Medicare Hospice Benefits

<https://www.medicare.gov/Pubs/pdf/02154-medicare-hospice-benefits.pdf>

This website includes the Centers for Medicare & Medicaid Services' official booklet about Medicare hospice benefits, including eligibility, services, and local hospice providers.

Medicare Mental Health Resources

<https://www.cms.gov/files/document/medicare-mental-health.pdf>

This website includes the Centers for Medicare & Medicaid Services booklet about Medicare mental health benefits, including covered services, inpatient and outpatient treatment options, and opioid use disorder treatment programs.

Prescription Drug Assistance

<https://www.mass.gov/prescription-drug-assistance>

Prescription Advantage is a state-sponsored prescription drug program for seniors and people with disabilities. It provides financial assistance to lower prescription drug costs and fill gaps in coverage.

SHINE Program (health insurance counseling)

<https://www.mass.gov/health-insurance-counseling>

This program provides free Medicare health insurance information, counseling, and education to Massachusetts residents with Medicare and their caregivers.

Conditions

Alcoholics Anonymous (AA)

<https://www.aa.org/find-aa>

AA Massachusetts is a state-wide recovery resource devoted to supporting individuals in Massachusetts. AA Massachusetts helps individuals struggling with alcoholism find the help they need on a local basis. There are AA meetings per county or city, to help people to take the next step to overcome alcohol addiction.

Bureau of Substance Addiction Services (BSAS)

<https://www.mass.gov/orgs/bureau-of-substance-addiction-services>

BSAS oversees the statewide system of prevention, intervention, treatment, and recovery support services for individuals, families, and communities affected by gambling and substance addiction.

Brain Injury Association

<http://www.biama.org/>

The Brain Injury Association of Massachusetts provides support, information and resources to survivors, families, and medical professionals about brain injury.

Helpline Substance Use Disorder Treatment Hotline

<https://helplinema.org/>

The Helpline is the only statewide, public resource for finding licensed and approved substance use treatment and recovery services. 1-800-327-5050

Advocacy and Legal

Center for Public Representation (CPR)

<https://www.centerforpublicrep.org/>

CPR is dedicated to enforcing and expanding the rights of people with disabilities and others who are in segregated settings. CPR uses legal strategies, advocacy, and policy to design and implement systemic reform initiatives to promote their integration and full community participation. Working on state, national, and international levels, CPR is committed to equality, diversity, and social justice in all its activities.

Disability Law Center (DLC)

<https://www.dlc-ma.org/>

The Disability Law Center (DLC) is the federally mandated protection and advocacy (P&A) agency for Massachusetts. The P&A system is a national network of disability rights agencies investigating abuse and neglect and providing legal representation and other advocacy services to people with disabilities. To aid P&A systems in fulfilling their mandate, Congress gave them extensive access authority.

Health Care for All (HCFA)

<https://hcfama.org/>

Health Care For All advocates for health justice in Massachusetts by working to promote health equity and ensure coverage and access for all.

Health Law Advocates (HLA)

<https://www.healthlawadvocates.org/>

Health Law Advocates (HLA) is a 501(c)(3) public interest law firm whose mission is to provide pro bono legal representation to low-income residents experiencing difficulty accessing or paying for needed medical services. HLA is committed to ensuring universal access to quality health care in Massachusetts, particularly for those who are most at risk due to such factors as race, gender, disability, age, or geographic location. With its partner organization, Health Care For All, HLA combines legal expertise with grassroots organizing and policy reform to advance the statewide movement for universal healthcare access.

Mental Health Legal Advisors Corporation (MHLAC)

<https://mhlac.org/what-we-do/>

MHLAC provides legal and policy advocacy for people with mental health challenges throughout the Commonwealth of Massachusetts. A state agency, its central priority is to address those concerns that are most closely related to clients' ability to live full and independent lives. Like other legal services offices, MHLAC focuses on combating poverty, which is often characterized as a "social determinant" of mental illness. When clients are put in institutional settings, MHLAC seeks to protect them from abusive treatment that can often wreak permanent damage.

MOLST-to-POLST Transition: Medical Orders for Life-Sustaining Treatment (MOLST) to Portable Orders for Life-Sustaining Treatment (POLST)

<https://shorturl.at/iMChd>

The Massachusetts POLST program helps people living with serious illness and advancing frailty engage in care planning conversations with their clinicians and care teams to ensure that their treatment preferences are understood and honored across all care settings. The longstanding MOLST program is being transitioned to a digitally-based POLST starting in the summer of 2024.

Ombudsman Programs

<https://www.mass.gov/service-details/ombudsman-programs>

These programs help elders and their caregivers to resolve and address concerns with nursing homes, home healthcare agencies, MassHealth-funded home care, and assisted living communities.

Medicare Rights Center

<https://www.medicarerights.org/>

This is an independent source of Medicare information and assistance that provides counseling, advocacy, and education to help consumers and professionals understand and navigate Medicare.

The National Alliance on Mental Illness of Massachusetts (NAMI)

<https://namimass.org/>

The National Alliance on Mental Illness of Massachusetts (NAMI Massachusetts) is the state's voice on mental illness. The mission of NAMI Massachusetts is to improve the quality of life for people diagnosed with mental health conditions and their families. It seeks to improve the public's awareness and understanding of mental health conditions and ensure that all people affected by a mental health condition receive the support they need in a timely fashion.

Office of Patient Protection

<https://masshpc.gov/opp>

The Office of Patient Protection safeguards the rights of health insurance consumers by regulating the internal appeal process and administering external reviews for consumers with fully insured Massachusetts health insurance.

Parent/ Professional Advocacy League (PPAL)

<https://ppal.net/>

The Parent/Professional Advocacy League (PPAL) is a statewide family organization dedicated to improving the mental health and well-being of children, youth, and families through education, advocacy, and partnership.



Frequently Asked Questions (FAQs)

QUESTION 1. WHAT IS POST-ACUTE CARE?

- PAC is the abbreviation for "post-acute care"
- It's important for many people to get post-acute care (PAC) after a health event
- Health events may include an illness, injury, surgery, or hospitalization
- PAC services include home health, skilled nursing care, therapy, and rehabilitation services
- PAC can support your continued recovery, improve your overall functioning, and optimize your quality of life
- PAC services can provide you with comfort care or end-of-life care

QUESTION 2. WHAT SHOULD I KNOW ABOUT POST-ACUTE CARE?

- It's important that you receive the right post-acute care (PAC), at the right time, and in the right place to meet your individual goals and needs that account for your life circumstances
- PAC can be provided at home, in an outpatient clinic, or in a facility such as a skilled nursing facility (SNF)
- PAC must be provided in a manner that is culturally competent for best outcomes
- PAC services are different in their intensity and type of care
- PAC transitions from one setting to another setting, such as from the hospital to home, are a crucial part of the process for best outcomes and to prevent a readmission to a hospital

QUESTION 3. DOES HEALTH INSURANCE COVER POST-ACUTE CARE?

- It's important to find out how your health insurance covers post-acute care (PAC)
- Depending upon your care needs and health insurance coverage, you may be able to choose between care at home or at a facility
- Most health insurance and health plans cover PAC, but coverage will vary by insurer
- Some health insurers are more flexible about paying for care at home
- Check with your health insurer and/or plan to find out what they will cover

QUESTION 4. HOW DO I LEARN MORE ABOUT QUALITY?

- Ask your healthcare team, your health plan, and your family/friends for information about quality. Care Compare is a resource available to the public that provides information on the quality of care, as well as other information on cost, and volume of services.

Visit: <https://www.medicare.gov/care-compare/>



Care After the Hospital: Guide to Post-Acute Care

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