

Starting Discharge Planning Early: A Guide for Patients and Families

What is discharge planning?

As soon as you arrive in the hospital, your nurse case manager or social work case manager will begin working with your doctors to determine how long you can expect your hospital stay to be. Then they will meet with you and/or your family and give you an idea of what your needs for care might be after discharge (after you leave the hospital). This process of planning early for your care needs after your hospital stay is called **discharge planning**. If your hospital stay is complicated, this plan may not always be clear, and your original discharge plan might change throughout your hospital stay.

What are the different discharge options?

There are many options to continue your rehabilitation after you leave our hospital. This can include being discharged home and getting home care services, or being discharged to a different facility (care site) with different specialties and levels of care. Your care team will work with you and/or your family to choose the best option for you.

Home discharge care options

Skilled home care services (visiting nurses, physical therapy, occupational therapy, speech language pathology, social work, etc.)	
Description:	<ul style="list-style-type: none"> A skilled health professional will provide in-home services for a particular need, such as wound care, medication management, or therapy services for a period of time after discharge.

	<ul style="list-style-type: none"> • A case manager in the hospital will see if you qualify as a “homebound” patient. This is a requirement for Medicare coverage. • Home therapy services (physical, occupational, or speech therapies) are short 30-60 minute sessions, up to 3 times per week. • During a home care visit, a health professional called an aide may visit to help with bathing, but they cannot provide all-day care. • The home care services last until specific care goals are met, or if you stop making progress over several visits. Usually patients will get home care services for 6 weeks or less. Your primary care doctor can reorder more home care for you if you start having a new skilled care need.
Expected cost:	These services are covered 100% through Medicare if you meet the need requirements for skilled services and are considered homebound.

Outpatient physical, occupational, or speech therapy	
Description:	You will receive a referral or a doctor’s prescription for outpatient physical, occupational, or speech therapy. You will need to go to an office for these services.
Expected cost:	These services are covered 80% through Medicare Part B. Secondary insurance plans may or may not cover the remaining 20%.

Private duty home health aide	
Description:	<ul style="list-style-type: none"> • You can contract services with an aide from a private company to provide supervision or help with your daily living activities (like bathing, dressing, getting up and down from the bed or chair, toileting, eating, preparing meals, and taking medications). • A typical aide visit is 3-8 hours. However, some patients may need help for longer (8-24 hours) if they need companionship, supervision to stay safe, or help with repositioning in bed (at least every 2 hours if they cannot move in bed at all). • We can give you a resource guide with more information on this option. Please note that your case manager can't set up private duty services for you.
Expected cost:	On average, private duty services cost about \$32-40 an hour. This is usually not a covered insurance benefit, although there are some exceptions such as the Aid and Attendance benefit for qualified veterans. You may also be able to apply for Medicaid-based services (your social work case manager can provide more information).

Discharge options to other facilities

In some cases, patients will be discharged to another facility. These options work well for people who may need a longer recovery process or services that can only be provided in a facility.

Subacute skilled rehabilitation (SAR) or skilled nursing facilities (SNF)	
Description:	These facilities (often at a nursing home but on a separate unit) offer physical therapy (PT), occupational therapy (OT), speech and language pathology (SLP) for 1-3 hours, 5 days per week.
Expected cost:	<p>Your cost or coverage depends on how many days you stay. This is determined by your care team at the facility, along with your insurance company.</p> <ul style="list-style-type: none"> • Day 1-20: Covered 100% under traditional Medicare Part A. • Day 21-100: Covered 80% by traditional Medicare Part A. Most secondary insurance plans will cover the remaining 20%. • Day 100 and beyond: Not a covered insurance benefit through most insurance plans.

Inpatient acute rehabilitation	
Description:	<ul style="list-style-type: none"> • These facilities (often based in a hospital) offer skilled therapy for 3-5 hours a day. This service is more intense than subacute skilled rehabilitation (SAR). • To qualify for this service, you must be able to do at least 3 hours of rehabilitation services per day, as determined by your care team.
Expected cost:	If you qualify for this service, there is rarely a cost because this is considered part of your original hospital stay (for insurance purposes).

Long-term acute care (LTAC) or long-term care hospitals (also called critical illness recovery hospitals)	
Description:	<ul style="list-style-type: none"> • These facilities (specialized units located in a hospital) offer care for patients with complex medical or nursing needs, such as ventilator or wound care. • These are designed as transitional units, meaning they work to stabilize patients so that they can transition to a lower level of care. Patients continue to receive skilled therapy (like physical, occupational, or speech therapy) with the purpose of improving their severe illness or weakness.
Expected cost:	If you qualify for these services, there is rarely a cost because this is considered part of your original hospital stay (for insurance purposes).

Other long-term facility discharge options

These are facilities people often use after they've tried some of the above services and they need ongoing care. Your social work case manager can help review these options with you.

Independent senior apartments	
Description:	These facilities include many different options. Some offer services for help with medications, bathing, housekeeping, and meals. Overall, they focus on supporting independent living with increasing support services as needed.
Expected cost:	Costs for staying at these types of facilities are not covered by insurance. Costs can vary greatly based on the location and the services provided.

Assisted living facilities	
Description:	These facilities offer support with personal care and basic medical care and social activities. Facilities range from individual apartments to shared rooms, depending on the location and the level of care needed.
Expected cost:	Costs for staying at these types of facilities are not covered by insurance. Costs can vary greatly, and they are typically higher than independent senior apartments.

Group homes	
Description:	These are community-based small homes that provide basic care and supervision for patients with ongoing medical conditions that cannot return home.
Expected cost:	Costs for staying at these types of facilities are not covered by insurance. Some individuals who have community benefits based on financial need or disability status may qualify for waivers (government programs that provide services) to help with payment.

Extended care facilities	
Description:	These long-term care facilities offer medical, nursing, or custodial care (non-medical, basic personal care needs) in a nursing home environment. This option works well when a patient needs care services to be available all day and night.
Expected cost:	Costs for staying at these types of facilities are usually not covered by insurance. People can apply for Medicaid to help cover costs. Cost can range from \$6,000-12,000 or more each month.

Hospice	
Description:	<ul style="list-style-type: none"> Hospice services include medical, psychological, and spiritual support for people with conditions that can't be cured, and who want to focus on comfort care and quality of life. Services can be provided in the home, in a nursing facility, or at a residential (live-in) hospice. Your social work case manager can help with setting this up.
Expected cost:	Hospice services (including nursing care and other support services, medications, and equipment) are covered 100% under Medicare Part A. Room stays and meals are not covered, and their costs typically range from \$6,000-12,000 per month (depending on the facility). Some families may also hire private duty aides, which cost \$20-25 an hour (costs can vary and are paid out-of-pocket).

What are the skilled nursing facilities (SNFs) in Michigan that accept patients who are on ventilators?

Facility name	Address	Phone number
Riverview Health and Rehab Center	7733 E. Jefferson Detroit, MI 48214	(313) 432-1200
MediLodge of East Lansing	1843 N. Hagadorn Rd. East Lansing, MI 48823	(517) 332-5061
Michigan Masonic Home	1200 Wright Ave. Alma, MI 48801	(800) 321-9357
Omni Continuing Care	5201 Conner Ave. Detroit, MI 48213	(313) 517-5555

Facility name	Address	Phone number
MediLodge of Farmington	34225 Grand River Ave. Farmington, MI 48335	(248) 477-7373
MediLodge of Gaylord	508 Random Ln. Gaylord, MI 49735	(989) 732-3508
MediLodge of Grand Blanc	11941 Belsay Rd. Grand Blanc, MI 48439	(810) 694-1970
Mission Point of Greenville	828 E. Washington St. Greenville, MI 48838	(616) 754-7186
MediLodge of Livingston	3003 W. Grand River Ave. Howell, MI 48843	(517) 546-4210
Autumn Woods Health Care Facility	29800 Hoover Rd. Warren, MI 48093	(586) 574-3444

Where can I get more information about specific facilities?

Outside of your care team, you can also go to [medicare.gov/care-compare](https://www.medicare.gov/care-compare) to find more information. This site has great information to help you compare:

- Doctors and clinicians
- Hospitals
- Nursing homes (including rehabilitation services)
- Home health services
- Hospice care
- Inpatient rehabilitation facilities
- Long-term acute care hospitals
- Dialysis facilities
- Medical equipment and supplies

As an example of how the site tool works, we've included a small section of the comparison table for 3 long-term acute care hospitals in the Ann Arbor area below.

	Select Specialty Hospital-Ann Arbor	Pioneer Specialty Hospital	UM Health-Sparrow Specialty Hospital
Overview			
Distance from Ann Arbor	4.9 miles	34 miles	50.9 miles
Number of beds	36	30	36
Ownership type	For profit	For profit	Non-profit
Results of care			
Percentage of patients that were successfully weaned from the ventilator during their stay (national average: 52.8%)	70.8%	56.9%	60.5%

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