The senior care maze, on one page

Where someone lives is one choice. The care that comes to them is another. Here's how the pieces fit, who pays, and where families get stuck.

Checked against Medicare, Idaho and VA rules · Nov 8, 2026

THE HOSPITAL AND THE ER: WHERE MOST FAMILIES ENTER THE MAZE

Hospital & ER

Anyone can go to the ER from anywhere. What happens next depends on the care they were on.

The observation trap

Medicare pays for rehab only after 3 days as an admitted inpatient. ER time and "observation" don't count. Ask: am I admitted? (Medicare Advantage rules can differ.)

Your right to choose

Before discharge, the hospital must give you a list of home health agencies and rehab facilities and respect your choice.

On hospice and need the ER?

Call the hospice first. Care for the hospice illness that hospice didn't arrange may not be covered. You can stop hospice any time.

On home health and admitted?

An ER visit alone doesn't end it. If admitted, the agency picks back up once you're home. Tell them you went in.

WHERE THEY LIVE (TOP) AND THE CARE THAT CAN COME IN (ROWS)

	Own home	Retirement community	Assisted living	Short-term rehab	Long-term nursing home
	House, apartment or a family member's home WHO PAYS: You	Independent living. Meals, housekeeping, maintenance, a manager on site, often a fall or safety alert WHO PAYS: You	Housing plus daily help. Some have a locked memory care unit for dementia WHO PAYS: Mostly you. Medicaid can help with care, never the rent	A skilled nursing stay after the hospital to get strong enough to go home WHO PAYS: Medicare, for a limited number of days	24-hour nursing care to live in for good WHO PAYS: Medicaid or you. Not Medicare
Caregiver (home care) Bathing, meals, medicine reminders, rides, company. From an agency or hired directly. Pays: You, long-term care insurance, VA, some Medicaid. Not Medicare	✓ Yes	✓ Yes. Some stay all day or work shifts	✓ Usually, on top of the staff, if the facility allows	? As a companion, if the facility allows	? As a companion, if the facility allows
Home health Nurse plus physical, occupational and speech therapy, to get better. Must be homebound. Pays: Medicare	✓ Yes	✓ Yes	✓ Yes	✗ No. The rehab already gives skilled care	✗ No. The facility gives the nursing
Outpatient therapy You go to the clinic for therapy. Pays: Medicare Part B	✓ Yes, if not on home health	✓ Yes, if not on home health	✓ Yes, if not on home health	✗ No. Therapy is part of the stay	✓ Yes, usually arranged by the facility
Palliative care Comfort and symptom care while you can still get treatment. Pays: Usually Medicare Part B or insurance	✓ Yes	✓ Yes	✓ Yes	✓ Yes	✓ Yes
Hospice Comfort, not cure. Comes to wherever they live. Never together with home health for the same illness. Pays: Medicare (room and board not included)	✓ Yes	✓ Yes. You can live out your life there	✓ Yes	✗ Not for the same illness as the rehab stay	✓ Yes. Room and board still billed

WHAT CAN HAPPEN AT THE SAME TIME

- ✗ Home health + hospice for the same illness: never. Hospice takes over that illness.
- ✓ Caregiver + hospice: yes. A caregiver is help, not medical care, so they don't clash.
- ✓ Caregiver + home health: yes. Many families use both.
- ✗ Home health + outpatient therapy: no. Medicare won't pay a clinic for therapy while you're on home health.
- ✓ Hospice in a retirement community, assisted living or nursing home: yes. Hospice goes where they live.
- ? Home health + hospice for two different, unrelated problems: rare, but allowed.

WHO PAYS FOR WHAT

Medicare

Home health, short-term rehab (limited days), hospice, therapy, palliative visits. Not caregivers. Not long-term nursing home stays.

Medicaid

Long-term nursing home care. Through Idaho's Aged and Disabled Waiver, care at home or in assisted living (not room and board), if income and savings are low enough.

VA

Aid & Attendance can add money to a veteran's or surviving spouse's pension to help pay for care.

Long-term care insurance

If you bought a policy, it may pay for caregivers, assisted living or nursing home care.

You

Retirement communities, most assisted living, caregivers, and room and board, unless one of the others pays.

⚠ The gray area

Many families make too much for Medicaid but not enough to pay for assisted living or a full-time caregiver. Medicaid will not simply pay for a nice assisted living.

⚠ The look-back

Medicaid looks back 5 years at gifts and transfers. Giving the house or savings to the kids can delay coverage. The VA has its own 3-year look-back.

⚠ The Aid & Attendance middleman

Help filing for VA benefits is free from county veteran service officers and groups like the American Legion, VFW and DAV. Be careful of anyone charging fees or selling annuities to "qualify" you.

BEFORE A CRISIS

- Sign the paperwork now: a power of attorney for health care, a living will, and talk to the doctor about Idaho's POST form (Physician Orders for Scope of Treatment).
- Check inspection results before you choose. Medicare Care Compare shows star ratings and state inspection findings for nursing homes, home health and hospice.
- Know your plan. Medicare Advantage plans can require approval and use networks. Original Medicare works differently.
- Agency or hire your own caregiver? An agency handles background checks, payroll and backup. Hiring directly can make you an employer, with tax rules.
- Need daytime help only? Adult day programs give care and company during the day so family caregivers can work or rest.

WHO TO CALL FIRST (FREE)

- Area Agency on Aging of North Idaho: local options, caregiver support, programs.
- SHIBA: free Medicare counseling from the Idaho Department of Insurance, with an office in Coeur d'Alene. 800-247-4422.
- County Veterans Service Officer: free help with VA benefits like Aid & Attendance.
- Long-term care ombudsman: a free advocate for people in nursing homes and assisted living, run through the Area Agency on Aging.
- 211 Idaho CareLine: dial 211 or 800-926-2588 to find local help.

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