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Medicare and long-term care: what's covered

62% of adults 50 and older believed Medicare would pay if they moved permanently into a nursing home. It doesn't. Medicare covers short-term skilled care, not long-term help with daily life.

Covered vs. not covered

MEDICARE CAN COVER	MEDICARE DOES NOT COVER
Short-term skilled nursing care ("rehab") after a qualifying hospital stay	Assisted living or memory care
Daily skilled care a doctor orders, like IV medications or physical therapy	Custodial care: help with bathing, dressing, eating, the bathroom
Care in a Medicare-certified facility	A long-term or permanent nursing home stay

Rehab costs, Original Medicare 2026

DAYS IN A SKILLED NURSING FACILITY	YOUR PARENT PAYS, PER BENEFIT PERIOD
Days 1 to 20	$0 per day, after the $1,736 Part A deductible
Days 21 to 100	$217 per day
Day 101 and beyond	All costs

To qualify for rehab

1. An inpatient hospital stay of at least 3 days in a row
2. Observation time doesn't count. Ask daily: "Inpatient or observation?"
3. Enter the facility generally within 30 days
4. Medicare Advantage plans set their own rules. Call the plan.

Who actually pays

1. Your parent's own money. Most assisted living residents pay privately.
2. Medicaid: primary payer for 63% of nursing facility residents (Medicare: 14%). Rules vary by state.
3. VA Aid and Attendance for eligible veterans and surviving spouses
4. Long-term care insurance, if a policy already exists

Get free, unbiased Medicare counseling from your State Health Insurance Assistance Program (SHIP). Most states look back 5 years at asset transfers for Medicaid, so talk to an elder law attorney before moving any assets.

Sources: U-M National Poll on Healthy Aging (2024); Medicare.gov; KFF (2025); NCAL; VA.gov. General information, not medical, legal or financial advice.