Castleton
Home Care

What Medicare Really Covers (and What It Doesn't) for Your Aging Parent

A plain-English guide for families caring at home

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SECTION 1

Your Mom's Story Is Probably a Lot Like This

For months, you've been juggling work, your own kids, and late-night worry about Mom living alone. You've noticed the little things: the dent on the car she "doesn't remember," the pill organizer that never seems quite right, the almost-fall she laughs off but you can't forget. Somewhere in the back of your mind, you keep telling yourself, *"If it gets bad, Medicare will pay for help."* After all, that's what it's for... right?

Then the crisis hits. Maybe it's a hospital stay after a fall or a new diagnosis that suddenly makes everything feel urgent. A discharge planner mentions "short-term home health" and "Medicare coverage," and for a moment you can breathe again. But a few weeks later, the nurse and therapist stop coming, the Medicare benefit ends, and you're told that ongoing help with bathing, dressing, meals, or just keeping Mom safe at home is considered **"custodial care"** — the kind Medicare does **not** pay for.

You're still working, Mom still needs help every day, and now the question is on you: *"How are we going to manage this?"*

> **MYTH vs. REALITY**
>
> **Myth:** "Medicare will cover a caregiver if Mom can't take care of herself."
>
> **Reality:** Surveys show that well over half of Americans incorrectly believe Medicare will cover long-term care, including help in a nursing home or at home. Families only discover the fine print when they're already in crisis — tired, scared, and trying to make fast decisions about safety, money, and what's fair to everyone.

By the end of this guide, you'll know **what Medicare is good at**, **what it won't pay for**, and **where home care fits into keeping your parent safe** and supported at home.

SECTION 2

What Is Medicare, Really?

Medicare is, at its core, **health insurance** — not "everything my aging parent might ever need" insurance. It's a federal program designed primarily for people 65 and older, with some younger adults qualifying early because of disabilities, End-Stage Renal Disease (ESRD), or ALS.

That distinction matters, because Medicare was built to pay for **medical and "skilled" care**: hospital stays, rehab, doctor visits, and short-term nursing or therapy — **not** for the ongoing hands-on help that keeps your parents safe day after day. Long-term assistance with bathing, dressing, meals, or supervision is considered **custodial care**, and Medicare and most traditional health insurance plans specifically do not cover that when it's the main need.

Medicare covers medical visits and skilled care at home — but only while a clinical need exists.

SECTION 3

What Medicare Covers

3.1 Hospital, Rehab, and Hospice (Part A)

Think of Medicare Part A as the "hospital and bed-based care" side of Medicare. It's the part that steps in when your parent is admitted as an inpatient, needs rehab in a skilled nursing facility, qualifies for hospice, or needs short-term skilled care at home after a hospital stay. For most people who worked and paid Medicare taxes, Part A feels automatic and "free" because there's no monthly premium — even though there are still deductibles and daily copays.

Under Part A, Medicare helps pay for **inpatient hospital stays** when your parent is formally admitted: the room, meals, nursing, and the medical supplies and services they need. If they still need daily skilled nursing or intensive rehab after that hospital stay, Part A can then cover a **short-term stay in a Medicare-certified skilled nursing facility (SNF)** for rehab — not long-term "nursing home" living — provided they had a qualifying inpatient stay and their doctor certifies they need daily skilled care.

Part A may also pay for a limited period of **skilled home health care** after a qualifying hospital or SNF stay, and it covers **hospice care** when a doctor certifies that your parent has a terminal illness and a life expectancy of about six months or less.

3.2 Doctors, Tests, and Preventive Care (Part B)

If Part A is the "hospital bed," Medicare Part B is the everyday medical side — the piece that follows your parent home and into the doctor's office. Part B helps pay for services from **doctors and specialists**, including office visits, telehealth, outpatient procedures, lab work, X-rays, MRIs, and other imaging.

This is also where most **Medicare-covered home health** lives. Under Part B, if your parent is homebound and needs intermittent skilled nursing or therapy, Medicare can cover home health visits and a limited amount of home health aide help for things like bathing or getting dressed. That aide support is **only covered while the skilled nursing or therapy is also happening** and stops when the skilled need ends.

Part B also helps pay for **durable medical equipment (DME)**: walkers, wheelchairs, hospital beds, oxygen equipment, and similar items when a doctor prescribes them. After the Part B deductible, Medicare generally pays 80% of the approved amount.

3.3 Prescriptions (Part D or Medicare Advantage)

Original Medicare doesn't really handle the everyday prescriptions your parent picks up at the pharmacy. That's where **Part D** comes in — optional, separate drug coverage run by private insurance companies. Every Part D plan has its own list of covered medications (formulary), and those drugs are arranged in tiers (lower tiers usually mean lower copays).

Starting with the new rules, there's now a **hard cap of about $2,100** on annual out-of-pocket drug costs. Once your parent hits that, their plan pays 100% of covered drugs for the rest of the year.

3.4 Medicare Advantage (Part C) Extras

Medicare Advantage (Part C) is the "all-in-one" bundled alternative to Original Medicare through a private insurer. By rule, every Medicare Advantage plan must cover all the medically necessary services that Original Medicare would cover. Most plans also roll in **prescription drug coverage (Part D)** and layer on extras Original Medicare doesn't cover at all, like **routine dental, eye exams and glasses, and hearing tests and hearing aids**. Those extras vary a lot by plan and year.

SECTION 4

Home Health: Where Families Get Confused

4.1 Skilled Home Health vs. Private Home Care

When someone says "we'll bring in home care," they could be talking about two very different things:

Skilled Home Health (Medical)	Non-Medical Home Care (Private / Personal Care)
Medical care at home ordered by a doctor and provided by licensed clinicians (nurses, therapists)	Help with daily living provided by trained caregivers: bathing, dressing, meals, errands, companionship
Short-term and goal-oriented: stabilize, teach, rehabilitate, then discharge	Flexible and ongoing: a few hours a week to many hours a day, for months or years
Medicare can cover when criteria are met	Usually paid privately, via LTC insurance, Medicaid, or VA benefits

Bottom line: Skilled home health sends a nurse to adjust Mom's medications; non-medical home care sends a caregiver to remind her to take them, help her shower safely, make lunch, and keep her company so she's not alone with her worries all afternoon. Together, they can work hand-in-hand — but they are not interchangeable.

4.2 What Medicare Home Health Can Cover

When Medicare talks about "home health," it means short-term medical care brought to your parent at home to treat an illness or injury. Under this benefit, Medicare can cover:

- Part-time or intermittent skilled nursing visits (wound care, injections, IV/tube feedings, monitoring unstable conditions, teaching family how to manage a new diagnosis)
- Physical, occupational, and speech-language therapy ordered in a home health plan of care
- Limited home health aide time for personal care (bathing, grooming, walking, transfers) — **only while skilled nursing or therapy is also active**

Once the skilled need ends, the aide hours end too. Medicare doesn't convert into ongoing daily help.

4.3 Requirements Families Need to Know

Medicare home health isn't something you can just "call and start." Four boxes must be checked:

1. **Doctor's order:** Your parent's doctor must certify that home health is medically necessary and write a plan of care.
2. **Homebound status:** Your parent must be considered homebound — meaning it's a major, taxing effort to leave home. They can still go to medical visits or religious services.
3. **Skilled need:** There must be a documented need for intermittent skilled care (nursing or therapy) — not just ongoing help with bathing or meals.
4. **Medicare-certified agency:** Services must come from a Medicare-certified home health agency that meets federal standards.

4.4 The Catch

MYTH vs. REALITY

Myth: "Once Medicare starts paying for home health, it will keep going as long as Mom needs help."

Reality: Medicare's home health coverage is temporary and completely tied to the need for skilled care. As soon as your parent no longer meets the medical criteria — or the doctor and agency decide those goals have been met — Medicare home health ends, even if your parent still needs help day to day. What's left (bathing, dressing, meals, supervision, companionship) is considered custodial care, and Medicare expects families, private home care, LTC insurance, or Medicaid to handle that ongoing support.

SECTION 5

What Medicare Does NOT Cover

5.1 Long-Term Care and Custodial Care

This is the heart of the misunderstanding: **Medicare does not cover long-term, day-in, day-out help with basic personal care when that's the main need.** Ongoing assistance with bathing, dressing, toileting, eating, getting in and out of bed, and simple supervision or companionship is considered custodial care, and Medicare specifically excludes it.

Medicare does not pay the room-and-board costs for long-term assisted living, memory care, or a nursing home stay when the primary need is help with daily activities. It also does not cover 24/7 care at home or live-in caregivers.

5.2 Homemaker and Companion Services

A lot of what keeps your parent safely at home isn't medical at all: housekeeping, laundry, cooking, grocery shopping, running errands, rides, and simple companionship. Original Medicare treats these as homemaker or custodial services and **does not cover them** when that's the main need.

5.3 Routine Dental, Vision, Hearing

Another surprise: Original Medicare does not cover routine dental care (cleanings, fillings, crowns, dentures), routine vision care (yearly eye exams, glasses, contacts), or routine hearing tests and hearing aids — unless tightly tied to a covered medical procedure. Some Medicare Advantage plans add these benefits, but they vary by plan and year.

5.4 Other Common Exclusions

- Long-term nursing home room and board (after skilled rehab ends)
- Purely cosmetic surgery (facelifts, tummy tucks)
- Routine massage therapy
- Concierge or "membership" doctor fees
- Services from doctors who have opted out of Medicare

SECTION 6

Medicare vs. The Help Your Parent Actually Needs

Medicare is built for hospital and rehab, but most families eventually need day-to-day help at home — and that's exactly where Medicare's support drops off.

A Day in the Life: What Medicare Pays For (and What It Doesn't)

Imagine your mom, six weeks after a fall and hip surgery, now back at home:

Time	What's Happening	Medicare?
8:00 AM	**Getting out of bed and showered** She needs help getting out of bed, walking to the bathroom, showering, and getting dressed.	NO - Custodial care. Medicare does NOT pay.
10:00 AM	**Nurse visit to check incision and meds** A home health nurse visits to check her incision, review medications, and report to the doctor.	YES - Intermittent skilled nursing. Medicare CAN pay.
11:00 AM	**Light housekeeping and lunch** Mom can't safely stand long enough to cook or clean. She needs someone to make lunch and tidy up.	NO - Homemaker service. Medicare does NOT pay.
2:00 PM	**Physical therapy session** A physical therapist works on strengthening, balance, and walking with a walker.	YES - Skilled therapy. Medicare CAN pay.
3:00 PM	**Mom alone for the afternoon** Your mom tires easily, gets confused with pain meds, and you worry she might fall or leave the stove on.	NO - Supervision/companionship. Medicare does NOT pay.
Nighttime	**Getting to the bathroom safely** She needs help getting to the bathroom at night. You consider an overnight caregiver.	NO - 24-hour / live-in care. Medicare NEVER covers this.

The gap between what Medicare will cover and what your parent actually needs day to day is exactly where families start looking at **private home care**, long-term care insurance, Medicaid, or a mix of family support.

SECTION 7

Where Non-Medical Home Care Fits In

Non-medical home care is the kind of help that keeps your parent safe, clean, and supported on all the days when there isn't a nurse or therapist at the door. It focuses on:

- **Personal care:** bathing, dressing, toileting, grooming, walking, transfers
- **Safety:** fall prevention, standby help in the shower, reminders
- **Meals:** planning, cooking, and clean-up
- **Rides and errands:** appointments, groceries, pharmacy
- **Companionship:** someone to talk with, play cards with, or simply be there

Because this support is considered non-medical and "custodial," **Original Medicare does not pay for ongoing non-medical home care**. Families usually pay privately (out-of-pocket), through long-term care insurance, sometimes with Medicaid or state programs, or with a mix of resources like VA benefits, life insurance conversions, or specialized state waiver programs.

MYTH vs. REALITY

Myth: "If Mom qualifies for any Medicare home health, she'll get a caregiver as long as she needs one."

Reality: Medicare may cover a limited home health aide while skilled nursing or therapy is active. Once that skilled care ends, the aide stops too. The everyday help — bathing, cooking, companionship — must come from non-medical home care, paid for privately or through other programs.

SECTION 8

What To Do Next (For Your Family)

When you're overwhelmed, the best thing you can do is turn this big, fuzzy problem into a short, concrete list of next steps. Use this page as a worksheet you can mark up with a pen.

STEP 1 Capture what's really happening this week

[ ] List every task your parent needs help with in a typical week

[ ] Include: showering/bathing, getting dressed, toileting/incontinence, getting in and out of bed or chairs

[ ] Meals (planning, cooking, feeding, dishes), medications (reminders, organizing)

[ ] Rides to appointments/errands, housekeeping, laundry, trash, mail

[ ] Confusion, memory issues, wandering, safety concerns

[ ] Loneliness, anxiety, depression — needs company

[ ] Wound care, injections, new or complex meds, therapy exercises (PT/OT/speech)

STEP 2 Sort tasks into "medical/skilled" vs. "daily living"

[ ] Mark each item "M" (medical/skilled — requires a nurse or therapist) or "D" (daily living/custodial)

[ ] Count: How many "M" items? ___ How many "D" items? ___

This shows how much of the load Medicare is built to handle — and how much it isn't.

STEP 3 Talk with a local home care agency

[ ] Call at least one reputable non-medical home care agency

[ ] Read them your list of "D" (daily living) items

- [ ] Ask: Which tasks can your caregivers help with?
- [ ] Ask: What schedule do families in our situation usually start with?
- [ ] Ask: What would that cost per week / per month?
- [ ] Ask: Is there a minimum number of hours per shift or per week?

This is an information-gathering call, not a commitment.

STEP 4 Review Medicare coverage with an expert

- [ ] Find your local SHIP (State Health Insurance Assistance Program) or a trusted Medicare broker
- [ ] Schedule a free phone or video review
  - [ ] Bring: your parent's Medicare card, any Advantage or Medigap cards, your "M vs D" task list
  - [ ] Ask them to explain what Medicare covers now, what it doesn't, and if any plan changes could help

STEP 5 Bring family into the loop

- [ ] Share your written list and notes from the agency and SHIP/broker calls
- [ ] Schedule a short family call or meeting
  - [ ] Agree on what feels urgent (safety issues, falls, meds, wandering)
  - [ ] Agree on what each person can realistically contribute (time, money, visits)
  - [ ] Decide whether to try non-medical home care now, on a trial basis, or set a trigger point

> **Remember**
>
> This simple checklist turns "I'm overwhelmed" into a concrete plan you and your family can act on together. You don't have to solve everything today — just take the first step.

You Don't Have to Figure This Out Alone.

When you're sorting through all of this, you shouldn't have to do it alone at your kitchen table with a stack of papers and Google tabs. At **Castleton Home Care**, we sit down with families every week who are asking the same questions you are — what Medicare will cover, where it stops, and how to keep Mom or Dad safe at home without burning out.

We can help you sort through what your parent actually needs, what pieces Medicare and other insurance will handle, and where non-medical home care can realistically make a difference for your family.

We offer a **free, no-pressure call or in-home visit** where we review your parent's situation together, talk through options, and answer your questions — so you can make a clear, confident plan, whether you decide to use our services now, later, or not at all.

Call: 770-810-5974
Email: office@castletonhomecare.com
Website: castletonhomecare.com

Scan the QR code to visit our contact page, or reach out today. If you're not quite ready for care, we're still here as a resource to help with any questions about your parent's safety at home.

Sources and Further Reading

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