

Hospital Discharge Planning

Discharge planning helps ensure that you and your caregivers have the information, resources, and care you need as you transition from the hospital to your home or other living arrangement. A discharge plan should consider two main elements: first, your need for further care after your hospital stay and second, the availability of such care.

Who qualifies for a discharge plan?

Hospitals are required to provide discharge plans to Medicare inpatients who were found to be at high risk of complications after leaving the hospital without discharge plans. Note that Medicare recommends but does not require hospitals to provide discharge planning for all hospital inpatients. Also, while Medicare encourages hospitals to provide abbreviated discharge plans to certain groups of hospital outpatients, Medicare does not require hospitals to provide these services to outpatients. Note that state law may require hospitals to provide additional discharge planning rights to patients.

Contact your SHIP for individualized help understanding the hospital discharge process, including laws specific to your state (SHIP contact information is at the bottom of this page).

What is included in a discharge plan?

The discharge plan is an action plan that works toward your health care goals. A discharge plan is based on input from you, your caregivers, and the results of the hospital's evaluation of your discharge planning needs. As such, the plan should address:

- Your need for follow-up care, including additional medical care, and medications.
- The most appropriate care setting for you after hospital discharge. If you are returning home, you will need to be able to care for yourself reasonably well. If not, the plan will explore the availability and capacity of caregivers or community-based supports to provide adequate assistance.
- Your access to coverage for follow-up care, including Medicare and Medicaid.

Local SHIP Contact Information

SHIP toll-free:

SHIP email:

SHIP website:

To find a SHIP in another state: Call 877-839-2675 or visit www.shiptacenter.org.

Physical, Occupational, and Speech Therapy

Medicare covers outpatient physical, occupational, and speech therapy if:

- Therapy is considered safe and effective medical treatment for you.
- You need technical skills that a trained therapist can provide or oversee.
- Your doctor or therapist sets up a plan of treatment before you get care.
- Your doctor regularly reviews your plan of treatment.

Skilled Nursing Facility (SNF) Care

Original Medicare may help pay for skilled nursing facility (SNF) care if:

- You need skilled nursing care seven days a week or skilled therapy services at least five days a week.
- You were formally classified as a hospital inpatient for at least three days in a row in the 30 days before going to a Medicare-certified skilled nursing facility.
- You have Medicare Part A before you're discharged from the hospital.

For days	Medicare covers	You pay
1-20	Full cost	Nothing
21-100	All but a daily coinsurance	\$157.50 coinsurance per day
Beyond 100	Nothing	Full cost

Hospice Services

Hospice care is palliative care intended to make you physically and emotionally comfortable if you are terminally ill and expected to live less than six months. The hospice benefit is covered under Original Medicare. If you have a Medicare Advantage Plan, your hospice care will be paid for by Original Medicare. Medicare will cover hospice care if:

- You have Part A and receive care from a Medicare-certified hospice agency.
- You have a terminal illness and your doctor certifies that you have fewer than six months to live.
- You elect to have Medicare pay for palliative care, like pain management.
- Your doctor regularly reviews your plan of care.

If billing for any of these services is suspicious, contact your Senior Medicare Patrol (SMP)

SMP toll-free:

SMP email:

SMP website:

To find a SMP in another state: [Call 877-808-2468 or visit www.smpresource.org.](http://www.smpresource.org)

Home Health Care Continued

In order to qualify for Medicare to cover your home health care:

1. **You must be homebound:** It must be extremely difficult for you to leave your home unassisted.
2. **You must need skilled care:** This is care that must be provided by a skilled nurse or therapist (physical therapist, speech therapist, or occupational therapist). Your skilled care need must be intermittent, which means you need care no more than once per day.
3. **Your doctor must certify that you need home health care:** Your doctor must sign a home health certification saying that you are homebound, need intermittent skilled care, and have had a face-to-face visit with a health care provider.
4. **You must receive care from a Medicare-certified home health agency:** If you have Original Medicare, find a certified agency by calling 800-Medicare or go to www.Medicare.gov. If you have a Medicare Advantage Plan, contact your plan to find out which agencies are in network.

Terms to Know

Appeal: A formal request you make to Medicare if you disagree with Medicare's coverage decision on a health care service or item you receive. You always have the right to appeal if Medicare denies coverage or payment of a service you receive.

Original Medicare Appeal: An appeal you make to Medicare if you get your Medicare benefits through Original Medicare and Medicare is denying a health care service or item you receive. There are two types of Original Medicare health appeals if your care is ending. These appeals run on an expedited timeline.

- **Ending Inpatient Hospital Care Appeal Process:** Follow this process if you are currently receiving care at a hospital as a hospital inpatient, and your provider told you that your care will end soon since you are determined to no longer be eligible for continued hospital care under Medicare coverage rules.
- **Ending SNF/HHA/CORF/Hospice Care Appeal Process:** Follow this process if you are currently receiving care at a Skilled Nursing Facility (SNF), Home Health Agency (HHA), Comprehensive Outpatient Rehabilitation Facility (CORF) or Hospice Agency and your provider told you that your care will end soon since you are determined to no longer be eligible for continued care under Medicare coverage rules.

Post-hospital care (also known as after-hospital care): Health care received in a facility like a skilled nursing facility (SNF), a nursing home, or in your home with help from a home health agency or outpatient therapy service to help you recover and avoid future hospital readmissions for the same condition or injury.