MEDICARE RIGHTS CENTER
Getting Medicare right

National Council on Aging

Guide to hospital discharge planning

Hospital discharge planning is a process that determines what care you need after you leave the hospital. Discharge plans are an important part of preventing you from being re-admitted to the hospital.

Medicare expects providers to have basic knowledge of discharge planning requirements.

Discharge planning timeline

1. **You are admitted to the hospital as an inpatient.**
   Hospitals should screen most inpatients within two days of entering the hospital to decide if they need a discharge plan. Medicare requires the hospital to create a discharge plan if it finds that you are at high risk for complications (such as a worsening condition) without a discharge plan.

2. **Hospital staff evaluate your needs and create a discharge plan.**
   A registered nurse, social worker, or other qualified hospital staff member will begin to create your discharge plan based on
   - The type of care you need
   - The availability of post-hospital health care services (such as home health care) in your community
   - The availability and/or capability of family and friends to provide follow-up care in the home

   Through surveys and other methods, hospital staff will then evaluate
   - Your physical, social, and emotional needs
   - Your goals and preferences
   - If it is realistic for you to return to where you were before hospitalization (either home or facility)

3. **A discharge planner shares the discharge plan with you.**
   Your discharge plan includes information like where you will be discharged to, what type of care you need, and who will provide that care. It should be written in simple language and include a complete list of your medications with dosages and information about how to take them.

4. **You leave the hospital, and your discharge plan is implemented.**
   Hospitals are responsible for making sure you have all resources you need related to your health care once you leave the hospital. If needed, the hospital must provide
   - Training for you and/or a caregiver on how to provide care
   - Referrals to Medicare-approved or in-network home health care agencies, skilled nursing facilities (SNFs), hospice agencies, and/or durable medical equipment (DME) suppliers
   - Referrals to community resources that may benefit you

Medicare coverage of post-hospital care

Medicare covers outpatient therapy services, skilled nursing facility care, home health care, and hospice care. If you have Original Medicare, call 1-800-MEDICARE to learn when Original Medicare covers these services. If you have a Medicare Advantage (MA) Plan, contact your plan to learn when it covers these services.

Outpatient therapy

Covered by Original Medicare Part B and Medicare Advantage Plans

- Physical therapy
- Occupational therapy
- Speech therapy

SNF care

Covered by Original Medicare Part A and Medicare Advantage Plans

- Semi-private room and meals
- Skilled nursing and/or therapy
- Medically necessary medications
- Medical supplies and equipment
- Medical social services
- Ambulance transportation when needed

Home health care

Covered by Original Medicare Part A/B and Medicare Advantage Plans

- Intermittent skilled nursing care
- Physical and speech therapy
- Durable medical equipment and medical supplies
- Medical social services
- Home health aide services (personal care)
- Occupational therapy if skilled care or other therapies needed

Hospice care

Always covered by Original Medicare Part A (even for those with an MA Plan)

- Doctor services and nursing care
- Therapy (physical, speech, and/or occupational)
- Short-term inpatient care for beneficiary and respite care for caregiver
- Hospice aide and homemaker services
- Drugs for pain management control and symptoms
- Grief and loss counseling

This toolkit for State Health Insurance Assistance Programs (SHIPs), Area Agencies on Aging (AAAs), and Aging and Disability Resource Centers (ADRCs) was made possible by grant funding from the National Council on Aging.