

Hospital Discharge Planning

Transition into residential care can be particularly complex when it occurs unexpectedly. Sudden hospitalization often creates the need for families to find services quickly with limited planning or resources. Understanding about rights, and the options and procedures for residential care placement will help improve the care an individual receives.

What is hospital discharge planning?

- Discharge planning is a service provided by a hospital to help in finding and arranging for care after hospitalization.
- Understand who can assist you, what your options are and what rights you have.

Who handles discharge planning at the hospital?

- A hospital's social services department generally handles discharge planning.
- Ask the doctor or nurse to contact the discharge planner to discuss your care options.

When should I see a discharge planner?

- Examine residential care options as soon as possible so that you have plenty of time to choose the best place.
- Request to speak to a discharge planner at admission or shortly before admission.
- A hospital is a busy place. You can contact the social services department if a discharge planner does not return your call.

What assistance is provided?

- A discharge planner determines what assistance you need and assesses if you can get the required care where you were living prior to admission.
- The planner ensures that required care and services are delivered upon discharge.
- Services include but are not limited to education and counseling; transfers or referral to appropriate facilities; agencies or outpatient services, as needed, for follow-up care.

What's the process for returning to a residential care facility?

- Before being admitted to the hospital, an individual or his or her family should inform the facility that they would like a bed reserved.
- Many times a facility will not guarantee the same bed if a resident does not pay to reserve the bed.
- Some state Medicaid programs pay for bed holds. Check with the facility for rules.
- Ask the facility if there is a bed hold policy and resident rights about returning to the first available bed.
- Include the hospital discharge planner in your decision and ask for assistance. If you would prefer placement in a different facility, inform the hospital discharge planner right away and ask for assistance.

Finding residential care

- If you are not able to return home and need services from a residential care facility, the discharge planner should identify local facilities, vacancies and provide you with information about them.

- You will usually be required to contact and research facilities yourself. Keep a detailed log of information you find. Select the facilities you prefer and ask the discharge planner to follow up.
- Choose more than one facility. There may not be a current vacancy at your top choice and alternatives are important.
- The planner should contact your preferred facilities to provide needed medical information and discharge status.

What happens if there are no vacancies in the facilities I prefer?

- If the facilities you most prefer have no vacancies, you may need to expand your list.
- A hospital cannot force an individual to go to a facility that does not meet his or her needs, that is not Medicare/Medicaid certified, or that is too distant from family.
- An individual cannot be forced to be discharged without consent from a legal representative.
- However, if the hospital believes an individual does not need additional hospitalization yet declines discharge, a Notice of Non-Coverage might be issued. Subject to an individual's right to appeal, the notice can require payment of any further hospitalization.

Appeals

- If you feel you are being asked to leave the hospital too soon and you have not been able to resolve your concerns or needs with your doctor, ask the hospital or your Medicare health plan for a written Notice of Non-Coverage.
- The Notice of Non-Coverage explains how to appeal the discharge decision.
- Immediate appeal of the notice allows for stay in the hospital without any financial risk until the appeal has been determined.
- Immediate appeals must be filed by noon of the first working day after you receive the written Notice of Non-Coverage in order to avoid financial risk.

Your Medicare rights

A hospital must give you a copy of the Important Message from Medicare notice at the time you are admitted. It informs you that:

- You have the right to receive all the hospital care necessary for the proper diagnosis and treatment of the illness or injury covered by Medicare, or covered by your Medicare health plan if you are a plan enrollee.
- You have the right to know about any decisions that the hospital, your doctor, your Medicare health plan, or anyone else makes about your hospital stay and who will pay for it.
- Your doctor, your Medicare health plan, or the hospital should arrange for services you will need after you leave the hospital. You have a right to know about these services, who will pay for them and where you can get them.

The Alzheimer's Association is the leading voluntary health organization in Alzheimer care, support and research.

Created May 2006