Hospitals are trying to prevent unnecessary admissions within 30 days after discharge. All hospitals in NY State are required to develop a written discharge plan.

All Discharge Plans MUST:

- Be agreed to and signed by the patient or health care proxy before discharge.
- Detail what post-hospital care is required and what arrangements have been made to provide it, including physical, occupational therapy and nursing home options for temporary rehabilitation or permanent residence placement.
- Include information about the patient’s schedule for follow-up treatment, and arrangements for special equipment or supplies needed at home, observe prescribed restrictions on such activities as lifting, climbing stairs or taking a bath.

Do NOT leave the hospital until you fully understand and approve your hospital discharge plan. Your signature is required for discharge. If you are not ready to leave, you have the right to appeal. (See Appeals & Complaints section)

Preparations for returning home are vital.

- Make sure you have necessary items such as medical supplies, walkers, hospital beds, shower chairs, and oxygen. Other supplies including special foods should be ready.
- Home modifications and safety precautions such as adequate lighting, grab bars and secure carpeting should be installed.
- Make sure you and your caregivers are aware of symptoms, including intense pain, fever or shortness of breath which should be reported immediately to your doctor.
- Call your county Office for the Aging to inquire about community services. 800-342-9871

Medicare will pay for home care if your doctor signs a home health certification stating that you are homebound and require at least intermittent skilled nursing care. You must receive this home care from a Medicare Certified Home Health Agency (CHHA).

Patient’s Rights, Medicare, Medicare Fraud, EPIC Helpline 800-333-4374
While in the hospital, it is important to know how the hospital will bill Medicare during your stay. Ask the hospital if you are considered an inpatient, outpatient or in observation status.

Why is your status important?
Your status determines whether Medicare Part A or Medicare Part B will provide health insurance coverage.

- Medicare Part A pays for your visit as an Inpatient.
- Medicare Part B pays for your visit as an Outpatient.
- Medicare Part B also pays for your visit as a patient under “Observation Status.”

The Center for Medicare and Medicaid Services (CMS) states that “Observation Status” can last up to 48 hours.

A patient will be financially responsible for nursing home care or rehabilitation if they have not been officially admitted - as an inpatient - to the hospital first for three days. This can cost thousands of dollars out of pocket per month. Make sure you ask questions so that you understand your status and your coverage.

Patients have the right to appeal a discharge and to file a complaint about the quality of their care:

- **Appealing a Discharge:** If you don’t think you should be discharged or to complain about the quality of your care, Call LIVANTA at 866-815-5440 within 24 hrs. of receiving a Notice of Discharge. Tell them that you don’t feel you should be discharged and why you wish to appeal. They will check with the charge nurse or hospital to determine if your discharge is appropriate. Medicare will provide coverage while your appeal is being considered.

- **Complaining About Quality of Care:** Examples include receiving incomplete or no discharge instructions, a change in condition was not treated, wrong medications were prescribed, a hospital acquired infection was not properly treated, or not receiving care in a timely manner. You can also complain to the NYS Dept. of Health by mail or by phone, 800-804-5447. Visit their Website at hospifo@health.ny.gov for more information.