

# There's No Place Like Home

## Going Home After a Hospital or Skilled Nursing Facility Stay



Planning for both scheduled and unanticipated emergency hospitalizations will help ensure your safe return home. Go home strong by following the *A-M-P* guidelines.



**Advocate** for a safe discharge



**Maximize** insurance and benefit program coverage



**Prepare** for changing care needs



## Advocate for a Safe Discharge Plan

A safe hospital discharge plan is key to remaining in your home. Talk about your post-hospital needs early in your hospital stay. Your discharge plan should be in writing and include information about: post-hospital treatment needs; where to get necessary care after discharge; medication, supply and equipment needs; resources to manage your illness; and care costs. Ask hospital staff to help put post-hospital services in place. Speak up if you are worried that you are not ready to return home. You can ask for a Patient Advocate.

New Hampshire has a Patient's Bill of Rights and a law that lets you name a trusted person to be your designated caregiver and receive information about your post-hospital care needs.

Patient's Bill of Rights: [nh.gov/insurance/lah/documents/patients-bill-of-rights-template.pdf](http://nh.gov/insurance/lah/documents/patients-bill-of-rights-template.pdf).

Caregiver Advice, Record, and Enable Act: [gencourt.state.nh.us/rsa/html/XI/151/151-43.htm](http://gencourt.state.nh.us/rsa/html/XI/151/151-43.htm).

Federal law requires hospitals to provide discharge planning that is consistent with the patient's goals and includes the right to an identified caregiver: [law.cornell.edu/cfr/text/42/482.43](http://law.cornell.edu/cfr/text/42/482.43). Federal law also requires prompt resolution of any patient grievance: [law.cornell.edu/cfr/text/42/482.13](http://law.cornell.edu/cfr/text/42/482.13).

Medicare beneficiaries have additional rights. Within two days of hospitalization, you must receive a notice of certain rights, including the right to an expedited review. This notice, called Important Message from Medicare (IM), provides information about reporting quality of care concerns and appealing a hospital discharge. Hospital quality and discharge issues are handled by an organization called a Medicare Qualify Improvement Organization (QIO). Kepro is the QIO in New Hampshire: (1-888-319-8452) [keproqio.com/bene/beneoverview.aspx](http://keproqio.com/bene/beneoverview.aspx).

If you think you will need skilled nursing facility (SNF) care after your hospitalization and you are on Medicare, please review the information on page 2.

**Find Out More:** Speak to your health care provider before hospitalization. Get the “Medicare & You” handbook, call 1-800-MEDICARE.

**Look Online:**

Discharge Planning General: [caregiver.org/resource/hospital-discharge-planning-guide-families-and-caregivers/](https://www.caregiver.org/resource/hospital-discharge-planning-guide-families-and-caregivers/); and [medicare.gov/Pubs/pdf/11376-discharge-planning-checklist.pdf](https://www.medicare.gov/Pubs/pdf/11376-discharge-planning-checklist.pdf);  
Hospital Discharge Appeals for Medicare Beneficiaries: [keproqio.com/bene/statepages/newhampshire/](https://www.keproqio.com/bene/statepages/newhampshire/) and [medicare.gov/claims-appeals/your-right-to-a-fast-appeal/getting-a-fast-appeal-in-a-hospital](https://www.medicare.gov/claims-appeals/your-right-to-a-fast-appeal/getting-a-fast-appeal-in-a-hospital) and <https://www.medicareadvocacy.org/medicare-info/discharge-planning/>



## **Maximize Rehabilitation with Medicare Skilled Nursing Facility (SNF) Benefits**

After a hospitalization, you may need to get stronger by receiving skilled care, such as nursing (management and evaluation, assessment of a changing condition) or occupational/physical/speech therapy. The information in this section applies to most Medicare beneficiaries, but if you do not have original/traditional Medicare (e.g., you have a Medicare Advantage plan) certain requirements may be different. If you are on a Medicare Advantage plan, review your plan and contact your Medicare Advantage plan representative.

Skilled therapies may be provided in a SNF *only* if certain conditions are met.

1. You were admitted as a hospital inpatient for at least 3 consecutive days, not including the day of discharge. Hospital days do not count if you were admitted under emergency room care or observation status.
2. You require skilled care: skilled nursing 7 days per week or skilled therapy 5 days per week.
3. You entered a Medicare certified SNF within 30 days of leaving the hospital.

**Confirm Hospital Inpatient Status:** To preserve your right to Medicare SNF benefits, it is important for you to find out if you are a hospital inpatient. The hospital must provide you with a notice if you are not admitted as an inpatient but have been receiving observation services for more than 24 hours. This notice is called Medicare Outpatient Observation Notice or MOON. The MOON notice is not appealable. [cms.gov/newsroom/fact-sheets/medicare-outpatient-observation-notice-moon](https://www.cms.gov/newsroom/fact-sheets/medicare-outpatient-observation-notice-moon).

A January 2022 court ruling determined that individuals on traditional Medicare (not a Medicare Advantage program) who had hospital inpatient status changed to observation status have the right to appeal the observation status designation. Other Medicare beneficiaries do not have this appeal right but should still advocate for inpatient admission status if hospital inpatient level of care services are medically necessary.

**Appeal a SNF Notice of Non-Coverage:** Once you are in a SNF, Medicare will pay for “up to 100 days of care” if skilled care services are still necessary. Skilled care should continue even if the skilled services are necessary for the performance of a safe and effective maintenance program. If a SNF believes Medicare will no longer cover skilled services, the SNF must issue a notice of Medicare Non-Coverage. The notice provides information about how to

appeal the decision through the QIO. If you believe that SNF benefits should not be stopped, follow the directions on the notice and file an appeal.

**Look Online:**

Outpatient and Observation Status: [medicareadvocacy.org/medicare-info/observation-status/](http://medicareadvocacy.org/medicare-info/observation-status/)

Appeal of Medicare Denial of SNF Care: [medicareadvocacy.org/medicare-info/skilled-nursing-facility-snf-services/](http://medicareadvocacy.org/medicare-info/skilled-nursing-facility-snf-services/)

Standard for termination of Medicare SNF Benefits: [cms.gov/Center/Special-Topic/Jimmo-Center](http://cms.gov/Center/Special-Topic/Jimmo-Center) and

[cms.gov/Center/Special-Topic/Jimmo-Settlement/FAQs#:~:text=Medicare%20Advantage%20plans%20must%20cover,by%20the%20Jimmo%20Settlement%20Agreement](http://cms.gov/Center/Special-Topic/Jimmo-Settlement/FAQs#:~:text=Medicare%20Advantage%20plans%20must%20cover,by%20the%20Jimmo%20Settlement%20Agreement)

Appeal of Medicare SNF Benefit Termination: [medicare.gov/claims-appeals/your-right-to-a-fast-appeal/getting-a-fast-appeal-from-non-hospital-settings](http://medicare.gov/claims-appeals/your-right-to-a-fast-appeal/getting-a-fast-appeal-from-non-hospital-settings)



**Prepare for Changing Needs**

Before returning home, consider your care needs. Is home care or outpatient services needed? Does your home need any type of modification?

**Medicare Home Care Benefits:** Under traditional/original Medicare, if you have a skilled care need you may be eligible for Medicare skilled care in your home or as an outpatient. Part-time services may be available in your home if you are “homebound” and require medically necessary skilled nursing, physical, speech, or occupational therapy. A doctor must certify that you need home health services. Medicare may also provide medical equipment, such as a wheelchair or walker to keep you safe in your home. Medicare coverage should not be denied because the beneficiary’s condition is chronic or stable.

If you have a Medicare Advantage Plan (not traditional/original Medicare), your plan must provide at least the same level of health care coverage as traditional/original Medicare. You will need to contact your plan for specific details. You may need prior authorization or a referral to obtain home health services and contract with a covered home health agency.

**Find Out More:** Get the “Medicare & You” handbook, call 1-800-MEDICARE.

**Look Online:**

Original Medicare: [medicare.gov/Pubs/pdf/10969-medicare-and-home-health-care.pdf](http://medicare.gov/Pubs/pdf/10969-medicare-and-home-health-care.pdf) and [medicareadvocacy.org/medicare-info/home-health-care/#quick%20screen](http://medicareadvocacy.org/medicare-info/home-health-care/#quick%20screen)

Medicare Advantage: [medicareinteractive.org/get-answers/medicare-covered-services/home-health-services/medicare-advantage-and-home-health](http://medicareinteractive.org/get-answers/medicare-covered-services/home-health-services/medicare-advantage-and-home-health)

If your Medicare home care benefits are being terminated, you should receive a notice that explains your right to an expedited appeal through the QIO: [medicare.gov/claims-appeals/your-right-to-a-fast-appeal/getting-a-fast-appeal-from-non-hospital-settings](http://medicare.gov/claims-appeals/your-right-to-a-fast-appeal/getting-a-fast-appeal-from-non-hospital-settings)

**Medicaid Home Care Benefits:** If you are medically and financially eligible, the Medicaid program will provide services for you in your home. There is more than one Medicaid program that offers home care. One program, **Choices for Independence** (CFI) is for people

18 and older who need help in the home. Services may include help with personal care, household tasks, transportation, delivered-meals, adult day services, case management, medical equipment, home modifications (ramps, grab bars), and respite care. If you apply and are denied, call 603 Legal Aid 1-800-639-5290.

**Find Out More:** Call DHHS 1-844-275-3447 or ServiceLink 1-866-634-941

**Look Online:** [nhcarepath.dhhs.nh.gov/partner-resources/documents/cb-choices-booklet.pdf](http://nhcarepath.dhhs.nh.gov/partner-resources/documents/cb-choices-booklet.pdf)

**Veterans Benefits:** If you are a Veteran “Enrolled” in VA Health Care, and have certain medical needs, you may be eligible for home care benefits. If you are a “Wartime” Veteran with home care needs, you (and in some cases your spouse) may be eligible for a VA pension known as Aid and Attendance. If you have a “Service Connected Disability” of 70% or higher, you and family caregivers may be eligible for other benefits to help you stay at home.

**Find Out More:** Call VA Caregiver Support 855-260-3274 or NH Veterans Services 1-800- 622-9230.

**Look Online:** [dmavs.nh.gov/veterans-services](http://dmavs.nh.gov/veterans-services) and [https://www.va.gov/geriatrics/pages/Home\\_and\\_Community\\_Based\\_Services.asp](https://www.va.gov/geriatrics/pages/Home_and_Community_Based_Services.asp)

**Private Care:** Sometimes it makes sense to pay a private agency for services. Be sure to ask questions. Is the agency licensed, bonded, and insured? Is there a minimum hourly scheduling requirement? Is there enough staff?

**Fair Housing Rights:** If you are renting, living in assisted living or a nursing facility, Fair Housing Laws protect you against discrimination. Fair Housing laws may help if you are disabled and need special arrangements, such as home modifications to remain in your home. In addition, you cannot be treated differently due to race, color, national origin, disability, sex, religion, familial status, age, marital status, sexual orientation, gender identity.

**Find Out More:** Call the Fair Housing Hotline 1-800-921-1115.

**Look Online:** [fairhousing-nh.org/](http://fairhousing-nh.org/)

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NHLA Fair Housing: 1-800-921-1115

NHLA Justice in Aging: 1-800-353-9944



1-603-224-3333/800-639-5290 M – Th. 9 am to 2 pm

Apply online: [603LegalAid.org](http://603LegalAid.org)

