



5 Mistakes Families Make During Hospital Discharge – and How to Avoid Them

Mistake 1: Misunderstanding Hospital Status

- Inpatient = Medicare Part A. Needed for rehab coverage (3-day inpatient stay required).
- Observation = Outpatient, billed under Part B (20% copay for services/meds). Does not count toward the 3-day rule.
- Tip: Always ask, *"Is my loved one admitted as an inpatient?"*
- Talk to the doctor, involve the case manager, and know you must receive a MOON notice within 36 hours.

Notes: _____

Mistake 2: Assuming Your Loved One is Ready to Go Home

- "Stable" ≠ safe for home. Look for red flags: confusion, weakness, unsteady walking, inability to get out of house in emergency.
- Compare current condition to their normal baseline.
- Tip: Ask, *"Can my loved one manage a full day at home?"*
- If unsure, request a care meeting before discharge.

Notes: _____

Mistake 3: Not Knowing Your Rights

- You can appeal if you believe discharge is too soon (contact Medicare QIO – Commerce Health in Maryland).
- You can request a care conference with doctors, nurses, social worker.
- CARE Act: Hospitals must involve caregivers in discharge planning and provide training for medical tasks at home.

Notes: _____

Mistake 4: Trusting Medicare to Cover Everything

- Medicare does not cover long-term help with bathing, meals, cleaning.
- Home Health: Usually 2–3 visits/week for 1 hour; short-term, not full-time.



- Durable Medical Equipment: Usually 80% covered; patient pays 20%.
- Tip: Ask the case manager, “*What’s covered—and what’s not?*”

Notes: _____

Mistake 5: Assuming Help is Already Arranged

- Discharge plan is medical only—it doesn’t set up caregivers.
- Expect delays with home health or equipment delivery.
- Plan the first 72 hours at home:
 - Full list of medications and schedule
 - Safe transportation home
 - Easy meals prepared
 - Home ready with needed equipment
- Tip: Think like a project manager—don’t assume, confirm.

Notes: _____

Additional Notes

How I Can Help

As an independent patient advocate and care manager, I guide families through hospital discharges, Medicare coverage questions, appeals, and safe care transitions. I also provide personalized support for ongoing care planning.

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