FAMILY GUIDE

Preparing for a Loved One's Hospital Discharge

A checklist for a safe transition home, from the first day of the hospital stay to the first week back.

By the MedWise Caring care team · Updated November 7, 2026 · Serving families across Massachusetts

THE SHORT ANSWER

Start planning on the day of admission. Ask to meet the discharge planner or case manager, find out what care will be needed at home, and arrange home health and home care before discharge day. Get an updated medication list, a follow-up appointment and the warning signs to watch for. Medicare patients should receive the "Important Message from Medicare." If you believe discharge is too soon, you can request a fast appeal no later than the planned discharge day.

Key takeaways

- Discharge planning starts at admission. Don't wait for the day you're told to leave.
- Ask whether your loved one is "inpatient" or "outpatient observation." It affects Medicare coverage for rehab.
- Before leaving, have the medication list, follow-up appointments, equipment and home help confirmed.
- Medicare patients can request a fast appeal if they think discharge is too soon. File by the discharge day.
- The first 72 hours at home carry the most risk. Plan for extra help.

During the hospital stay: start planning early

- [ ] **Ask who the discharge planner or case manager is** and how to reach them. Share the home situation honestly: stairs, who lives there, and who can help.

- [ ] **Ask about status:** is your loved one admitted as an *inpatient* or under *outpatient observation*? Medicare requires a qualifying inpatient stay of at least three days before it covers skilled nursing facility rehab. Observation patients should receive a Medicare Outpatient Observation Notice (MOON).
- [ ] **Ask what the team expects:** going home, short-term rehab, or home with services? Roughly when?
- [ ] **Bring the right documents:** insurance cards, current medication list, Health Care Proxy and power of attorney.
- [ ] **Ask for teaching:** if family will help with wound care, transfers, injections or equipment, ask nurses and therapists to show you before discharge day, then do it while they watch.

Know your Medicare discharge rights

People with Original Medicare who are hospital inpatients should receive a notice called **"An Important Message from Medicare About Your Rights"** within two days of admission, and again before discharge if more than two days pass. It explains your right to appeal if you think you're being discharged too soon.

- To appeal, follow the instructions on the notice and contact the **Beneficiary and Family Centered Care Quality Improvement Organization (BFCC-QIO)** listed on it, **no later than the planned discharge day**.
- If you request the appeal on time, your loved one can stay in the hospital during the review without paying for the extra days, except for any usual coinsurance or deductibles.
- The BFCC-QIO usually decides within one day of getting the information it needs.
- Medicare Advantage members appeal through their plan, under different rules.

Questions to ask before discharge

- What is the diagnosis, and what should recovery look like over the next few weeks?
- What can they do on their own, and what needs help (walking, stairs, bathing, toileting)?
- Which medications are new, changed or stopped? Why? When is the next dose due?
- Will a home health agency visit for nursing or therapy? Has the referral been sent, and when is the first visit?
- What equipment is needed (walker, shower chair, commode, hospital bed, oxygen), and who is delivering it?
- Are there diet, activity or driving restrictions?
- Which warning signs mean calling the doctor, and which mean calling 911?
- When is the follow-up appointment, and with whom? Will the primary care doctor get the discharge summary?

- Who do we call with questions after hours?

Medications: the most common source of problems

- [ ] Get a **written, updated medication list** and compare it with what's at home. Remove or set aside stopped medications.
- [ ] Fill new prescriptions **before or on the way home**, not the next day.
- [ ] Set up a **weekly pill organizer** and a simple schedule.
- [ ] Ask the pharmacist to review for interactions, especially with over-the-counter drugs and supplements.
- [ ] Make sure someone is there for the evening and bedtime doses on the first night.

Get the home ready

- [ ] Clear walkways. Remove loose rugs and cords.
- [ ] Set up a bedroom on the main floor if stairs are a problem.
- [ ] Add night lights between the bed and the bathroom.
- [ ] Install grab bars, a raised toilet seat and a shower chair as needed.
- [ ] Put the phone, water, glasses and the call list within reach.
- [ ] Stock easy meals, fluids and any special diet items.
- [ ] Confirm equipment is delivered and set up before arrival.

Arrange help at home

Two kinds of help are often needed, and they're arranged differently:

- **Home health care** (skilled nursing and therapy visits) is ordered by the hospital or doctor. It is often covered by Medicare for people who are homebound. Confirm the agency name and the first visit date.
- **Home care** (non-medical help with bathing, meals, medications, overnight supervision and transportation to appointments) is arranged directly by the family with a home care agency. Set it up *before* discharge, especially for the first nights home. See home care vs. home health care.

The first 72 hours at home

- [ ] Have someone with your loved one for the first day and night, at minimum.
- [ ] Follow the medication schedule exactly and write down each dose.
- [ ] Watch for warning signs: new or worse shortness of breath, chest pain, fever, confusion, a wound getting worse, not eating or drinking, or falls.

- [ ] Keep the discharge papers, medication list and phone numbers in one folder by the phone.
- [ ] Confirm the home health start date and the follow-up appointment, and arrange a ride.
- [ ] Help with fluids, nutrition, walking and bathroom trips, as instructed.

If you see signs of a medical emergency, call 911.

Printable discharge checklist

Done	Task	Who / when
☐	Met discharge planner; shared the home situation	
☐	Confirmed inpatient vs. observation status	
☐	Received "Important Message from Medicare" (if applicable)	
☐	Family trained on any care tasks	
☐	Updated medication list received and reviewed	
☐	New prescriptions filled	
☐	Equipment delivered and set up	
☐	Home health referral sent; first visit date confirmed	
☐	Home care arranged for first days and nights	
☐	Follow-up appointment scheduled; transportation arranged	
☐	Warning signs and after-hours number written down	
☐	Home safety changes completed	

Frequently asked questions

When does hospital discharge planning start?

Ideally on the day of admission. Ask to meet the discharge planner or case manager early so home services, equipment and help can be arranged before discharge day.

Can I refuse or appeal a hospital discharge?

Medicare patients can request a fast appeal if they believe discharge is too soon. Follow the instructions on the Important Message from Medicare and contact the BFCC-QIO no later than the planned discharge day. If you file on time, you can stay during the review without paying for the extra days, apart from usual coinsurance or deductibles.

What is the difference between inpatient and observation status?

Observation is an outpatient status, even if your loved one stays overnight in a hospital bed. Medicare only covers skilled nursing facility rehab after a qualifying inpatient stay of at least three days, so ask which status applies.

Does Medicare pay for help at home after a hospital stay?

Medicare covers home health care (intermittent skilled nursing and therapy) for people who are homebound and qualify. It does not cover 24-hour care or non-medical help when that is the only care needed. Families usually arrange that through a home care agency.

What are warning signs after discharge?

Call the doctor for new or worse shortness of breath, fever, confusion, a worsening wound, not eating or drinking, or a fall. Call 911 for chest pain, severe breathing trouble or other emergencies.

How soon should we arrange home care?

Before discharge day if possible, so help is in place for the first days and nights home, when the risk of falls and medication mistakes is highest.

Questions about care at home? Visit **medwisecaring.com** to talk with the MedWise Caring care team.

Sources

1. Medicare.gov — Getting a fast appeal in a hospital
2. AARP — Does Medicare cover home health care? (updated May 2024)

This guide is general information, not medical, legal or financial advice. Coverage rules and costs change; confirm details with your doctor, insurer, Medicare, MassHealth or an elder law attorney. If you think someone is having a medical emergency, call 911.