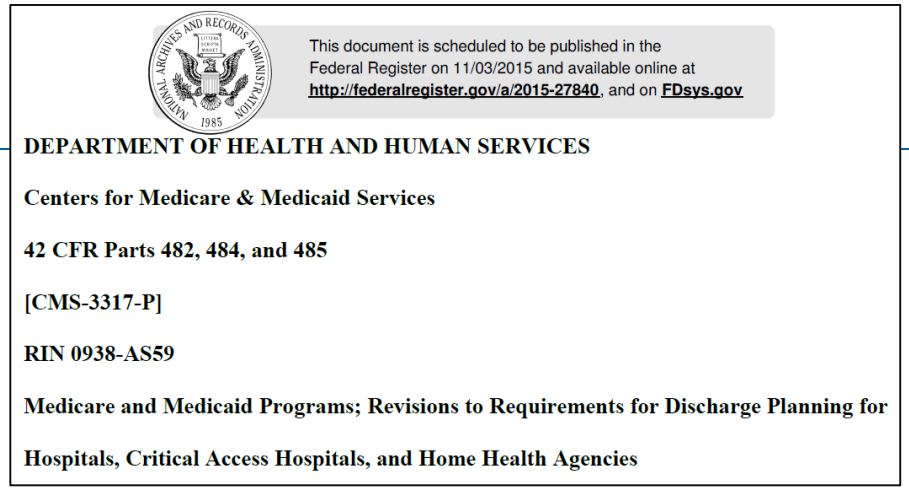

This document is scheduled to be published in the Federal Register on 11/03/2015 and available online at http://federalregister.gov/a/2015-27840, and on FDsys.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

42 CFR Parts 482, 484, and 485

[CMS-3317-P]

RIN 0938-AS59

Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies

STROUDWATER

Proposed Revisions to Discharge Planning Requirements

Hospitals & Critical Access Hospitals

Medicare & Medicaid Programs

(PROPOSED)

CMS 42 CFR Parts 482, 484, 485: Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access hospitals, and Home Health Agencies, http://federalregister.gov/a/2015-27840

STROUDWATER

Proposed Rules

STROUDWATER

This proposed rule would revise the discharge planning requirements that Hospitals, including Long-Term Care Hospitals and Inpatient Rehabilitation Facilities, Critical Access Hospitals, and Home Health Agencies must meet in order to participate in the Medicare and Medicaid programs. The proposed rule would also implement the discharge planning requirements of the Improving Medicare Post-Acute Care Transformation Act of 2014.

Hospital Discharge Planning

STROUDWATER

The hospital must develop and implement an effective discharge planning process that focuses on the patient's goals and preferences and prepares patients and their caregivers/support person(s), to be active partners in post-discharge care, planning for post-discharge care that is consistent with the patient's goals for care and treatment preferences, effective transition of the patient from hospital to post-discharge care, and the reduction of factors leading to preventable hospital readmissions.

Design

Hospital Discharge Planning

STROUDWATER

The discharge planning process policies and procedures must meet the following requirements:

- Be developed with input from the hospital's medical staff, nursing leadership as well as other relevant departments
- Be reviewed and approved by the governing body
- Be specified in writing

Applicability

Hospital Discharge Planning

STROUDWATER

The discharge planning process must apply to:

- All inpatients
- Outpatients receiving observation services
- Outpatients undergoing surgery or other same day procedures for which anesthesia or moderate sedation are used
- Emergency department patients identified in accordance with the hospital's discharge planning policies and procedures by the emergency department practitioner responsible for the care of the patient as needing a discharge plan
- Any other category of outpatients as recommended by the medical staff and specified in the hospital's discharge planning policies and procedures approved by the governing body

Discharge Planning Process

Hospital Discharge Planning

STROUDWATER

The hospital's discharge planning process must ensure that the discharge goals, preferences, and needs of each patient are identified and result in the development of a discharge plan for each patient

- A registered nurse, social worker, or other personnel qualified in accordance with the hospital's discharge planning policies must coordinate the discharge needs evaluation and development of the discharge plan.
- The hospital must begin to identify the anticipated discharge needs for each applicable patient within 24 hours after admission or registration.
- The hospital's discharge planning process must require regular reevaluation of the patient's condition to identify changes that require modification of the discharge plan.
- The practitioner responsible for the care of the patient must be involved in the ongoing process of establishing the patient's goals of care and treatment preferences that inform the discharge plan.

Discharge Planning Process *Continued*

Hospital Discharge Planning

STROUDWATER

- The hospital must consider caregiver/support person and community based care availability and the patient's or caregiver's/support person's capability to perform required care including self-care, care from a support person(s), follow-up care from a community based provider, care from post-acute care practitioners and facilities, or, in the case of a patient admitted from a long term care facility or other residential facility, care in that setting, as part of the identification of discharge needs.
- The patient and caregiver/support person(s) must be involved in the development of the discharge plan, and informed of the final plan to prepare them for post-hospital care.
- The discharge plan must address the patient's goals of care and treatment preferences.
- The hospital must assist the patients, their families, or the patient's representative in selecting a post-acute care provider by using and sharing data.

Discharge Planning Process *Continued*

Hospital Discharge Planning

STROUDWATER

- The evaluation of the patient's discharge needs and the resulting discharge plan must be documented and completed on a timely basis, based on the patient's goals, preferences, strengths, and needs, so that appropriate arrangements for post-hospital care are made before discharge to avoid unnecessary delays in discharge.
- The hospital must assess its discharge planning process on a regular basis. The assessment must include ongoing, periodic review of a representative sample of discharge plans, including those patients who were readmitted within 30 days of a previous admission, to ensure that the plans are responsive to patient post-discharge needs.

Discharge to Home

Hospital Discharge Planning

STROUDWATER

- Discharge instructions must be provided at the time of discharge.
- The discharge instructions must include, but are not limited to
  - Instruction on post-hospital care
  - Written information on warning signs and symptoms that may indicate the need to seek immediate medical attention.
  - Prescriptions and over-the counter medications that are required after discharge
  - Reconciliation of all discharge medications with the patient's pre-hospital admission/registration medications
  - Written instructions in paper and/or electronic format regarding the patient's follow-up care, appointments, pending and/or planned diagnostic tests, and pertinent contact information

Discharge to Home *Continued*

Hospital Discharge Planning

STROUDWATER

- The hospital must send the following information to the practitioner(s) responsible for follow up care, if the practitioner is known and has been clearly identified:
  - A copy of the discharge instructions and the discharge summary within 48 hours of the patient's discharge
  - Pending test results within 24 hours of their availability
  - All other necessary information
- The hospital must establish a post-discharge follow-up process.

Transfer to Another Health Care Facility

Hospital Discharge Planning

STROUDWATER

- The hospital must send necessary medical information to the receiving facility at the time of transfer.

Requirements for Post-Acute Services

Hospital Discharge Planning

STROUDWATER

For those patients discharged home and referred for HHA services, or for those patients transferred to a SNF for post-hospital extended care services, or transferred to an IRF or LTCH for specialized hospital services, the following requirements apply

- The hospital must include in the discharge plan a list of HHAs, SNFs, IRFs, or LTCHs that are available to the patient, that are participating in the Medicare program, and that serve the geographic area (as defined by the HA) in which the patient resides, or in the case of a SNF, IRF, or LTCH, in the geographic area requested by the patient.

Requirements for Post-Acute Services *Continued*

Hospital Discharge Planning

STROUDWATER

- The hospital, as part of the discharge planning process, must inform the patient or the patient's representative of their freedom to choose among participating Medicare providers and suppliers of post-discharge services and must, when possible, respect the patient's or the patient's representative's goals of care and treatment preferences, as well as other preferences they express. The hospital must not specify or otherwise limit the qualified providers or suppliers that are available to the patient.
- The discharge plan must identify any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, as specified by the Secretary, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare.

Critical Access Hospital Discharge Planning

STROUDWATER

A Critical Access Hospital (CAH) must develop and implement an effective discharge planning process that focuses on preparing patients to participate in post-discharge care, planning for post-discharge care that is consistent with the patient's goals for care and treatment preferences, effective transition of the patient from the CAH to post-discharge care, and the reduction of factors leading to preventable readmissions to a CAH or a hospital.

Design

Critical Access Hospital Discharge Planning

STROUDWATER

The discharge planning process policies and procedures must meet the following requirements:

- Be developed with input from the CAH's professional healthcare staff, nursing leadership as well as other relevant departments
- Be reviewed and approved by the governing body or responsible individual
- Be specified in writing

Applicability

Critical Access Hospital Discharge Planning

STROUDWATER

The discharge planning process must apply to:

- All inpatients
- Outpatients receiving observation services
- Outpatients undergoing surgery or other same day procedures for which anesthesia or moderate sedation are used
- Emergency department patients identified in accordance with the CAH's discharge planning policies and procedures by the emergency department practitioner responsible for the care of the patient as needing a discharge plan
- Any other category of outpatients as recommended by the medical staff and specified in the CAH's discharge planning policies and procedures approved by the governing body or responsible individual

Discharge Planning Process *Continued*

STROUDWATER

Critical Access Hospital Discharge Planning

The CAH's discharge planning process must ensure that the discharge goals, preferences, and needs of each patient are identified and result in the development of a discharge plan for each patient.

- A registered nurse, social worker, or other personnel qualified in accordance with the CAH's discharge planning policies must coordinate the discharge needs evaluation and development of the discharge plan.
- The CAH must begin to identify the anticipated goals, preferences, and discharge needs for each applicable patient within 24 hours after admission or registration.
- The CAH's discharge planning process must require regular re-evaluation of patients to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.
- The practitioner responsible for the care of the patient must be involved in the ongoing process of establishing the patient's goals of care and treatment preferences that inform the discharge plan.

Discharge Planning Process *Continued*

Critical Access Hospital Discharge Planning

STROUDWATER

- The CAH must consider caregiver/support person and community based care availability, and the patient's or caregiver's/support person's capability to perform required care including self-care, care from a support person(s), follow-up care from a community based provider, care from post-acute care facilities, or, in the case of a patient admitted from a long term care or other residential facility, care in that setting, as part of the identification of discharge needs.
- The patient and caregiver/support person(s) must be involved in the development of the discharge plan and informed of the final plan to prepare them for post-CAH care.
- The discharge plan must address the patient's goals of care and treatment preferences.
- The CAH must assist patients, their families, or their caregivers/support persons in selecting a post-acute care provider by using and sharing data.

Discharge Planning Process *Continued*

Critical Access Hospital Discharge Planning

STROUDWATER

- The evaluation of the patient's discharge needs and the resulting discharge plan must be documented and completed on a timely basis, based on the patient's goals, preferences, strengths, and needs, so that appropriate arrangements for post-CAH care are made before discharge to avoid unnecessary delays in discharge.
- The CAH must assess its discharge planning process. The assessment must include ongoing, periodic review of a representative sample of discharge plans, including those patients who were readmitted within 30 days of a previous admission to ensure that the plans are responsive to patient post-discharge needs.

Discharge to Home

Critical Access Hospital Discharge Planning

STROUDWATER

- Critical Access Hospital Discharge Planning
- Discharge instructions must be provided at the time of discharge.
- The discharge instructions must include, but are not limited to
  - Instruction on post-hospital care
  - Written information on warning signs and symptoms that may indicate the need to seek immediate medical attention
  - Prescriptions and over-the counter medications that are required after discharge
  - Reconciliation of all discharge medications with the patient's pre-hospital admission/registration medications
  - Written instructions in paper and/or electronic format regarding the patient's follow-up care, appointments, pending and/or planned diagnostic tests, and pertinent contact information

Discharge to Home *Continued*

Critical Access Hospital Discharge Planning

STROUDWATER

- Critical Access Hospital Discharge Planning
- The CAH must send the following information to the practitioner (s) responsible for follow up care, if the practitioner is known and has been clearly identified:
  - A copy of the discharge instructions and the discharge summary within 48 hours of the patient's discharge.
  - Pending test results within 24 hours of their availability.
  - All other necessary information.
- The CAH must establish a post-discharge follow-up process.

Transfer to Another Health Care Facility

The CAH must send necessary medical information to the receiving facility at the time of transfer.