

## Proposed Rule on Discharge Planning Requirements

### OVERVIEW

On October 29<sup>th</sup>, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule on discharge planning requirements for hospitals, long-term care hospitals, inpatient rehabilitation facilities, critical access hospitals, and home health agencies. The proposed rule implements the discharge planning requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014.

CMS will be accepting comments on the proposed rule until December 28<sup>th</sup>. This document summarizes several major provisions of the proposed rule. More information is available [here](#).

### DISCHARGE PLANNING

CMS proposes to require hospitals, long-term care hospitals, inpatient rehabilitation facilities, critical access hospitals, and home health agencies to develop discharge plans that take into account patients' goals of care and preferences. CMS would also require hospitals, critical access hospitals, and home health agencies to establish a discharge plan for patients who are transferred to another facility. The plan must provide specific medical information to the receiving facility.

Hospitals, critical access hospitals, and home health agencies would also be required to use and share data on quality and resource use measures. The sharing of data is intended to better prepare patients and caregivers to select a high quality post-acute care provider.

### Hospital and Critical Access Hospital Discharge Planning

In the proposed rule, CMS would require hospitals and critical access hospitals to design a discharge plan for all patients and certain types of outpatients. Applicable outpatients include patients who are: receiving observation services; undergoing a same-day procedure where anesthesia or moderate sedation is used; emergency department patients who require a discharge plan; and any other category of outpatient that is specified in the hospital's discharge planning policy.

Hospitals and critical access hospitals would be required to begin the discharge planning process within 24 hours of admission or registration and must complete the discharge plan before the patient is discharged home or transferred to another facility. This requirement would not apply to emergency-level transfer patients. Provisions of the proposed rule would require hospitals and critical access hospitals to:

- Provide ongoing patient evaluations to identify any changes in the patient's condition that would require alternations to the discharge plan;
- Require that the provider responsible for the care of the patient be involved in the ongoing discharge planning process;
- Provide discharge instructions to patients who are discharged home. The discharge plans should focus on the patient's goals, preferences, and ability to adhere to post-hospital care;

- Educate patients and their caregivers on the availability of non-health care services and community-based providers; and
- Establish a medication reconciliation process that supports patient medication management.

CMS is soliciting comment on whether providers should be required to consult with their state's Prescription Drug Monitoring Program before prescribing controlled substances to patients.

### **Home Health Agency Discharge Planning**

In the proposed rule, CMS would also require home health agencies to develop a discharge plan based on the goals, preferences, and needs of each applicable patient.

Provisions of the proposed rule would require home health agencies to:

- Evaluate the patient's discharge needs and complete the discharge plan in a timely manner, to ensure that the patient's discharge or transfer is not unduly delayed;
- Provide ongoing patient evaluation to identify any changes in the patient's condition that would require alternations to the discharge plan;
- Require that the provider responsible for the care of the patient must be involved in the ongoing discharge planning process; and
- Consider the patient's or caregiver's capacity and capability to provide the necessary care; and
- Include the discharge evaluation in the medical record.