Requirements for Discharge Planning for Hospitals
Final Rule Summary

On September 30, the Centers for Medicare & Medicaid Services (CMS) published in the Federal Register the Medicare and Medicaid Programs; Revisions to Requirements for Discharge Planning for Hospitals, Critical Access Hospitals, and Home Health Agencies, and Hospital and Critical Access Hospital Changes to Promote Innovation, Flexibility, and Improvement in Patient Care final rule. The final rule revises the discharge planning requirements that hospitals, including children’s hospitals, must meet in order to participate in the Medicare and Medicaid programs. The rule also finalizes hospital patients’ rights regarding patient access to medical records. The Children’s Hospital Association (CHA) previously submitted comments to the proposed rule, urging CMS to consider pediatric patients as it establishes discharge planning requirements and provide flexibility so hospitals may tailor discharge plans to meet the needs of pediatric patients. In particular, we urged CMS to reconsider the requirement for hospitals to provide a list of available Medicare-participating post-acute care providers to patients. While CMS did not accept our comment, CMS provided some guidance in the comment section. The final rule is effective November 29, 2019.

Condition of Participation: Discharge Planning

The hospital must have an effective discharge planning process that focuses on the patient’s goals and treatment preferences and includes the patient and his or her caregivers/support person(s) as active partners in the discharge planning for post-discharge care. The discharge planning process and the discharge plan must be consistent with the patient’s goals for care and his or her treatment preferences, ensure an effective transition of the patient from hospital to post-discharge care, and reduce the factors leading to preventable hospital readmissions.

A. Discharge planning process. The hospital’s discharge planning process must identify, at an early stage of hospitalization, those patients who are likely to suffer adverse health consequences upon discharge in the absence of adequate discharge planning and must provide a discharge planning evaluation for those patients so identified as well as for other patients upon the request of the patient, patient’s representative, or patient’s physician.

1) Any discharge planning evaluation must be made on a timely basis to ensure that appropriate arrangements for post-hospital care will be made before discharge and to avoid unnecessary delays in discharge.

2) A discharge planning evaluation must include an evaluation of a patient’s likely need for appropriate post-hospital services, including, but not limited to, hospice care services, post-hospital extended care services, home health services, and non-health care services and community based care services.
providers, and must also include a determination of the availability of the appropriate services as well as of the patient’s access to those services.

3) The discharge planning evaluation must be included in the patient’s medical record for use in establishing an appropriate discharge plan and the results of the evaluation must be discussed with the patient or the patient’s representative.

4) Upon the request of a patient’s physician, the hospital must arrange for the development and initial implementation of a discharge plan for the patient.

5) Any discharge planning evaluation or discharge plan required under this paragraph must be developed by, or under the supervision of, a registered nurse, a social worker, or other appropriately qualified personnel.

6) 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 discharge plan must be updated, as needed, to reflect these changes.

7) 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.

8) The hospital must assist patients, their families, or the patient’s representative in selecting a post-acute care provider by using and sharing data that includes, but is not limited to, home health agencies (HHA), skilled nursing facilities (SNF), inpatient rehabilitation facilities (IRF), or long-term care hospitals (LTCH) data on quality measures and data on resource use measures. The hospital must ensure that the post-acute care data on quality measures and data on resource use measures is relevant and applicable to the patient’s goals of care and treatment preferences.

B. Discharge of the patient and provision of the patient’s necessary medical information. The hospital must discharge the patient, and also transfer or refer the patient where applicable, along with all necessary medical information pertaining to the patient’s current course of illness and treatment, post-discharge goals of care, and treatment preferences, at the time of discharge, to the appropriate post-acute care service providers and suppliers, facilities, agencies, and other outpatient service providers and practitioners responsible for the patient’s follow-up or ancillary care.

C. Requirements related to post-acute care services. 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:
1) 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 HHA) in which the patient resides, or in the case of a SNF, IRF, or LTCH, in the geographic area requested by the patient. HHAs must request to be listed by the hospital as available. (CHA had raised concerns that a list of post-acute care providers participating in Medicare may not be appropriate for children’s hospitals or our patients. While CMS did not address our comments in the final rule, CMS responded in the comment section by stating that it would not expect hospitals to provide patients with a list of providers that do not provide services that will meet the needs of the patients).

   (i) This list must only be presented to patients for whom home health care post-hospital extended care services, SNF, IRF, or LTCH services are indicated and appropriate as determined by the discharge planning evaluation.

   (ii) For patients enrolled in managed care organizations, the hospital must make the patient aware of the need to verify with their managed care organization which practitioners, providers or certified suppliers are in the managed care organization’s network. If the hospital has information on which practitioners, providers or certified suppliers are in the network of the patient’s managed care organization, it must share this with the patient or the patient’s representative.

   (iii) The hospital must document in the patient’s medical record that the list was presented to the patient or to the patient’s representative.

2) 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.

3) The discharge plan must identify any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare.

Condition of Participation: Patient’s Rights

The final rule clarifies that the patient has the right to access their medical records, including current medical records, upon an oral or written request, in the form and format requested by the patient, if it is readily producible in such form and format (including in an electronic form or format when such medical records are maintained electronically). If the form or format requested by the patient is not readily producible, the hospital must provide
the requested information in a readable hard copy form or such other form and format as agreed to between the hospital and the patient, within a reasonable time frame. The hospital must not frustrate the legitimate efforts of the patient to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.