Summary of CMS Proposed Rule for Discharge Planning Requirements

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Overview

On November 3, the Centers for Medicare & Medicaid Services (CMS) issued a Proposed Rule that would revise the discharge planning conditions of participation (CoPs) for Hospitals, Critical Access Hospitals (CAHs), and Home Health Agencies (HHAs), and would also implement the discharge planning requirements of the Improving Medicare Post-Acute Care Transformation Act of 2014. The Proposed Rule is aimed at improving health outcomes and reducing health care costs by decreasing patient complications and avoidable hospital readmissions, proposing to accomplish these goals in part through more-robust discharge planning requirements. CMS intends these requirements to increase communication between providers, patients, and families/caregivers in the discharge planning process, and focuses on incorporating patient goals and preferences and on utilizing quality and resource-use data to help patients select their post-acute care (PAC) setting and provider.

Hospitals

The proposed revisions to the hospital discharge planning requirements also apply to Long Term Care Hospitals (LTCHs) and Inpatient Rehabilitation Facilities (IRFs). Although the current regulation at 42 C.F.R. § 482.43(a) requires hospitals to identify patients who need a discharge plan, CMS states that it does not always result in a discharge plan, contributing to widespread variation in discharge plans and transitions across acute care hospitals. CMS also notes that the regulation at 42 C.F.R. § 482.43(b) regarding the discharge planning evaluation of patients requiring post-hospital services likewise does not guarantee the development of a discharge plan.

CMS proposes six new standards at 42 C.F.R. § 482.43 and asserts that, to achieve better patient outcomes and transitions, more-specific requirements for hospitals are necessary regarding precise measures that must be undertaken before a patient's discharge or transfer to a PAC setting. The most salient is a requirement that a discharge-needs evaluation be completed for all inpatients and certain categories of outpatients (e.g., those who undergo same-day procedures with anesthesia or sedation, or patients treated in the emergency department who are identified as needing a discharge plan). The Proposed Rule would require discharge plans to be written and focus on the specific "goals, preferences and needs of a patient."

The Proposed Rule also includes five new standards for CAHs, creating a CAH discharge planning CoP for the first time. The new CAH CoP requires in part that CAHs assist patients and families/caregivers in selecting a PAC provider by using and sharing quality and resource-use data on HHAs, skilled nursing facilities (SNFs), IRFs, or LTCHs.

Home Health Agencies

The Proposed Rule includes two new standards for HHAs:

- *"Discharge or Transfer Summary Content"* proposes a list of minimum requirements for the discharge or transfer summary content, including diagnosis and treatment information,

social supports, and the patient's goals and treatment preferences.

- *"Discharge Planning Process"* includes, among other requirements:
  - Timely identification of each patient's discharge goals, preferences, and needs;
  - Development and ongoing reevaluation of a discharge plan for each patient;
  - Involvement of the physician responsible for the home health plan of care in the ongoing discharge planning process; and
  - Providing quality and resource-use data to patients and families/caregivers upon transfer to another HHA or discharge to an SNF, IRF, or LTCH.

Effects of New Requirements on Post-Acute and Long Term Services Providers

According to CMS Acting Administrator Andy Slavitt, "CMS is proposing a simple but key change that will make it easier for people to take charge of their own health care. If this policy is adopted, individuals will be asked what's most important to them as they choose the next step in their care."

According to Greg Crist, senior vice president of public affairs for the American Health Care Association, the Proposed Rule's requirements would "enhance the transfer process to skilled-nursing care centers, increase the sharing of patient information between skilled-nursing centers and hospitals, and improve patient safety." However, there also is concern that quality metrics provided to patients, such as the Nursing Home Compare comparative data, may be outdated, thus leading patients to make a misinformed choice. Nonetheless, one outcome seems certain: patients will receive discharge instructions tailored to their goals and preferences and will be more involved in choosing their care provider and setting upon discharge from providers affected by the Proposed Rule.

Interested stakeholders may file comments with CMS until January 3, 2016. Written comments may be filed electronically[1] or should be addressed to:

Centers for Medicare & Medicaid Services, Department of Health and Human Services
Attention: CMS–3317–P
P.O. Box 8016
Baltimore, MD 21244–8016

1 http://www.regulations.gov/#!home

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