

DISCHARGE PLANNING

Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>Note: CMS recommends but does not require that a discharge evaluation and plan be done on all inpatients to avoid non-compliance with the screening and planning requirements; improve care coordination and prevent readmissions.</p>					
<p>If your hospital does not evaluate the need and prepare discharge plan on all inpatients, does it:</p> <p>a. perform a screening at least 48 hours prior to discharge or document an evaluation done at or before admission?</p> <p>b. have evidence of discharge planning screening done on patients with lengths of stay less than 48 hours?</p> <p>c. assess functional status, cognitive abilities, type of post-hospital care the patient requires, availability of the services and family support to determine continuing care needs after the patient leaves the hospital setting?</p> <p>d. have a policy and are staff aware of how, when and whom to notify of changes in the patients clinical condition that might warrant the development of an evaluation and plan for patients not previously identified in need of one?</p> <p>A-0800 COP §482.43(a)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the hospital's discharge planning policies and procedures include these four stages:</p> <p>a. screening all inpatients to determine who is at risk for adverse outcomes post-discharge if they do not receive discharge planning?</p> <p>b. evaluating the post-discharge needs of all inpatients identified in the first stage, or when patients/patient's representative and/or physicians requests one?</p> <p>c. developing a discharge plan if indicated by the evaluation or at the request of the patient's physicians?</p> <p>d. initiating implementation of the discharge plan prior to discharge of an inpatient?</p> <p>A-0799 COP §482.43 A-0800 COP §482.43(a)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are staff educated on the discharge planning process, policies and procedures?</p> <p>A-0800 COP §482.43(a)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the hospital have a standard process for notifying physicians that they may request a discharge planning evaluation or plan and that the</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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hospital will conduct an evaluation or do a plan upon request? A-0806 COP §482.43(b)(1) A-0819 COP §482.4(c)(2)					
Are discharge plans developed for patients at the request of the patient's physician, even if the needs assessments have determined them to be unnecessary? A-0819 COP §482.43(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Can both the discharge planning and unit nursing staff personnel describe the process for a patient or the patient's representative to request a discharge planning evaluation? A-0806 COP §482.43(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the hospital have a standard process for notifying patients (or their representative) that they may request a discharge planning evaluation and that the hospital will conduct an evaluation upon request? A-0806 COP §482.43(b)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DISCHARGE EVALUATION AND PLANNING					
Does the discharge planning evaluation (needs assessment) evaluate the:					
a. psychosocial needs post discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. patient's ability to perform activities of daily living, including the availability, ability and willingness for self-care or care provided by family/caregivers and the availability of post-hospital resources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. possibly the patient's needs will be met in their pre-hospital environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. need for specialized medical equipment or home and physical environment modifications and whether the equipment is available and if modifications can be made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
e. availability of additional community-based services if needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
f. whether the prior facility, if applicable, has the capability to provide necessary post-hospital services to the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
g. patient's insurance coverage, if applicable, and how coverage might not provide for necessary post-acute services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-0806 COP §482.43(b)(3)&(b)(4)					

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<p>Does the discharge planning evaluation (needs assessment) include:</p> <p>a. information gathered from the clinical record and clinical observation?</p> <p>b. information provided by the patient including patient preferences and/or caregivers into both the needs assessment and decision-making process?</p> <p>c. discussion of the results of the evaluation with the patient or individual acting on his or her behalf?</p> <p>d. education and consultation to patient and family members or interested persons to prepare them for post-hospital care?</p> <p>A-0806 COP §482.43(b)(3)&(b)(4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Was the discharge planning evaluation and, as applicable, the discharge plan developed by an RN, social worker or other qualified personnel, as defined in the hospital discharge planning policies and procedures?</p> <p>A-0807 COP §482.43 (c)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Was the discharge planning evaluation completed in a timely basis to allow for appropriate arrangements to be made for post-hospital care and to avoid delays in discharge?</p> <p>A-0810 COP §482.43(b)(5)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Do discharge plans match the identified patient needs as determined by the needs evaluation?</p> <p>A-0817 COP §482.43(c)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Are discharge plans updated when significant changes in the patient's condition change discharge needs?</p> <p>A-0821 COP §482.43(c)(4)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
DOCUMENTATION					
<p>Does the patient's medical record contain documentation of:</p> <p>a. evidence of timely screening if discharge evaluation not done on all patients?</p> <p>b. needs assessment as needed?</p> <p>c. the initial implementation of discharge plans, including arrangements for post-hospital services and care?</p> <p>d. educating the patient, family, caregivers, and/or community providers about post-</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Does the hospital track and evaluate potentially preventable readmissions as part of its review of the discharge planning process and make changes in the discharge planning process as needed? A-0843 COP §482.43(e)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does your hospital: a. use community resources with or without family support whenever necessary? b. maintain a complete and accurate file on community-based services and facilities, including long-term care, sub-acute care, home care or other appropriate levels of care to which patients can be referred? c. transfer or refer patients, along with necessary medical information, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care? d. provide a list of all available Medicare hospice, home health or SNF providers in the geographic area served if the patient is in need of any of these services? e. identify those post-hospital providers with which the hospital has a financial interest? f. provide a list to patients enrolled in managed care organizations of home health and other post-acute services that have a contract with that managed care organization? g. arrange for necessary durable medical equipment as needed? A-0820 COP §482.43(c)(3)(5) A-0823 COP §482.43(c)(6)(7)(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the release of medical information to post-hospital providers: a. only to authorized individuals according to provision §482.24(b)(3)? b. done with consideration of the patient's rights for confidentiality, refusal and preference considered? A-0818 COP §482.43(c)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TRANSFERS AND DISCHARGES					
For patients discharged home, was the necessary information sent to the patient's established physician prior to the first post-discharge appointment or within 7 days, whichever comes first?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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A-0837 COP §482.43(d)					
<p>For transfers and referrals, did the information include the following:</p> <p>a. a reason for hospitalization? <input type="checkbox"/></p> <p>b. description of hospital course of treatment? <input type="checkbox"/></p> <p>c. patient's condition at discharge, including cognitive and functional status and social supports needed? <input type="checkbox"/></p> <p>d. medication list (reconciled to identify changes made during the patients hospitalization) including prescription and over-the-counter medications and herbal? <input type="checkbox"/></p> <p>e. list of allergies (including food as well as drug allergies) and drug interactions? <input type="checkbox"/></p> <p>f. pending laboratory work and test results, if applicable, including information on how the results will be furnished? <input type="checkbox"/></p> <p>g. for transfer to another facilities, a copy of the patient's advance directive, if the patient has one? <input type="checkbox"/></p> <p>A-0837 COP §482.43(d)</p>					
<p>For patients discharged home, did the information include the following</p> <p>a. description of care instructions reflecting training provided to patient and/or family or other informal caregiver(s)? <input type="checkbox"/></p> <p>b. if applicable, list of all follow-up appointments with practitioners with which the patient has an established relationship? <input type="checkbox"/></p> <p>c. referrals to potential primary care providers, such as health clinics, if available, for patients with no established relationship with a practitioner? <input type="checkbox"/></p> <p>A-0837 COP §482.43(d)</p>					
<p>For patients without an established physician, does the hospital have up to date information that can be provided regarding potential primary care providers that may be accepting new patients?</p> <p>A-0837 COP §482.43(d)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Can the hospital demonstrate, for patients who are transferred or discharged to another facility that necessary medical information, that was ready at the time of transfer, was sent to the receiving facility with the patient?</p> <p>A-0837 COP §482.43(d)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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When applicable, is their documentation in the medical record of providing the results of tests pending at time of discharge to the patient and/or post-hospital provider of care? A-0837 COP §482.43(d)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
The following questions pertain to the hospital discharge appeal notice required to be provided to all Medicare inpatients.					
Is the hospital discharge appeal notice (Important Message from Medicare) given to the Medicare patient or patient's representative no later than two calendar days following admission? A-0117 COP §482.13(a)(1) 42 CFR §405.1205(b)(1),(b)(2),(b)(2)(i-v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the notice required to be signed and dated by the patient or patient's representative to indicate that he or she has received the notice and can comprehend its contents? A-0117 COP §482.13(a)(1) 42 CFR §405.1205(b)(3)(i)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the beneficiary refuses to sign the notice, a note is added to its notice to indicate the refusal, and the date of refusal is considered the date of the receipt of the notice? 42 CFR §405.1205(b)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is a copy of the signed and dated notice given to the patient or patient's representative within 2 days of discharge? (Not required if initial notice delivered within 2 days of discharge.) A-0117 COP §482.13(a)(1) 42 CFR §405.1205(c)&(c)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the facility's policies assure that if the beneficiary appeals the notice of discharge, the hospital's will provide a detailed notice to the beneficiary no later than noon of the day after the QIO notifies the hospital of the appeal? 42 CFR §405.1206(e)(1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the facility's policies assure the hospital provides documentation requested by the QIO by close of business of the first day after the material is requested? 42 CFR §405.1206(e)(1)&(e)(2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Helpful Hints

- CMS' hospital [discharge planning worksheet](#)
- [KEPRO](#) QIO is now handling all Medicare beneficiary appeals.

Key Resources and Links

- [COP §482.43](#)
- [COP §482.24](#)
- [42 CFR §405.1205](#)