

## CRITICAL ACCESS HOSPITALS

DISCHARGE PLANNING					
Self-Assessment Questions	YES	NO	N/A	Date/Initials	Comments
<p>Does hospital have an effective discharge planning process that:</p> <p>a. focuses on the patient's goals and treatment preferences?</p> <p>b. includes the patient and his or her caregiver/support person(s) in the post-discharge care?</p> <p>c. Ensure effective transition to post-discharge care</p> <p>d. Reduce factors leading to preventable readmissions</p> <p>C-1400 COP §485.642</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the discharge planning process identify, at an early state of hospitalization if patient is 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?</p> <p>C-1404 COP §485.642(a)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Has the discharge planning evaluation been made in a timely matter to ensure that appropriate arrangements for post-CAH care will be made before discharge and to avoid unnecessary delays in discharge?</p> <p>C-1406 COP §485.642(a)(1)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the discharge planning evaluation include evaluation of post-CAH services including need for post CAH extended care services, home health and non-home health and community services?</p> <p>a. Is there a determination regarding availability of needed services and patient access to services?</p> <p>C-1408 COP §485.642(a)(2)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Does the discharge planning evaluation been included in the patient's medical record for use in establishing an appropriate discharge plan and has the results of the evaluation been discussed with the patient (or the patient's representative)?</p> <p>C-1410 COP §485.642(a)(3)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>Upon the request of patient's physician, has the CAH arranged for the development and initial implementation of a discharge plan for the</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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patient? C-1412 COP §485.642(a)(4)					
Has the discharge planning evaluation or discharge plan been developed by, or under the supervision of, a registered nurse, social worker, or other appropriately qualified personnel? C-1417 §485.642(a)(5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the policies and procedures for the discharge planning process require regular reevaluation of the patient's condition to identify changes that require modification of the discharge plan? Is the discharge plan updated to reflect identified changes? C-1420 COP §485.642(a)(6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the discharge planning process assessed on a regular basis and does it include an 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? C-1422 COP §485.642(a)(7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH 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, HHA, SNF, IRF, or LTCH data on quality measures and data on resource use measures? Is the shared post-acute quality measure data applicable to the individual patient goals? C-1425 §485.642(a)(8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH discharge the patient, and also transfer or refer the patient 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-1430 C-1425 §485.642(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
The following questions pertain to the CAH discharge appeal notice required to be provided to all Medicare inpatients.					

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Is the CAH discharge appeal notice ( <a href="#">Important Message from Medicare</a> ) given to the Medicare patient or patient's representative no later than 2 calendar days following admission? 42 CFR 405.1205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the CAH require the notice 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? 42 CFR 405.1205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
If the beneficiary refuses to sign the notice, is a note added to the notice to indicate the refusal, and the date of refusal? 42 CFR 405.1205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is a copy of the signed and dated notice be given to the patient or patient's representative within 2 days of discharge? (Not required if initial notice delivered within 2 days of discharge.) 42 CFR 405.1205	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the CAH's policies assure that if the beneficiary appeals the notice of discharge, the CAH will provide a detailed notice to the beneficiary no later than noon of the day after the QIO notifies the CAH of the appeal? 42 CFR 405.1206	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do the CAH's policies assure the CAH provides documentation requested by the QIO no later than close of business of the first day after the material is requested? 42 CFR 405.1206	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### Key Resources and Links

- [42 CFR 405.1205](#)
- [42 CFR 405.1206](#)
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- [Appendix W](#), §485.639(dd)
- Critical Access Hospital Basic Training
- [CMS CAH page \(includes crosswalk\)](#)