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**Subject:** CMS needs your comments on discharge planning proposed rule on patient preferences

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**November 3, 2015**

## **CMS needs your comments on discharge planning proposed rule on patient preferences**

The Centers for Medicare and Medicaid Services has issued a Notice of Proposed Rulemaking to revise the discharge planning requirements that Hospitals, including Long-Term Care Hospitals and Inpatient Rehabilitation Facilities, Critical Access Hospitals, and Home Health Agencies must meet in order to participate in the Medicare and Medicaid programs. The proposed rule would also implement the discharge planning requirements of the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014.

Currently, the IMPACT Act requires hospitals, including inpatient rehabilitation facilities, long-term care hospitals, critical access hospitals, and home health agencies to develop a discharge plan based on the goals, preferences, and needs of each applicable patient. Under the proposed rule, hospitals and critical access hospitals would be required to develop a discharge plan within 24 hours of admission or registration and complete a discharge plan before the patient is discharged home or transferred to another facility.

Specific revisions under the proposed rule include, but are not limited to:

- Provide discharge instructions to patients who are discharged home (proposed for hospitals and critical access hospitals only);
- Have a medication reconciliation process with the goal of improving patient safety by enhancing medication management (proposed for hospitals and critical access hospitals only);
- For patients who are transferred to another facility, send specific medical information to the receiving facility; and
- Establish a post-discharge follow-up process (proposed for hospitals and critical access hospitals only).

The proposed rule emphasizes the importance of the patient's goals and preferences during the discharge planning process. CMS advises that in planning transitions providers should consult with Aging and Disability Resource Centers, Area Agencies on Aging, and Centers for Independent Living, or SAMHSA's treatment locator. These improvements should ensure that patients and their caregivers can work with organizations that provide community supports and help promote their personal goals upon discharge from the hospital or post-acute care setting.

**CMS is seeking feedback from the public on the proposed rule and will accept comments until January 4, 2016. Comments should be submitted electronically through [regulations.gov](#).** You can learn more about the proposed rule – Revisions to Discharge Planning Requirements (CMS-3317-P) by reading the [CMS press release](#) and the [Federal Register notice](#).

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