## **Session 1**

## **Discharge Checklist**

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| Provider Documentation:   * Discharge Summary that includes a recapitulation of the resident’s stay that includes, but is not limited to diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results |
| * Patient Choice: *For patients being discharged to a post-acute provider (SNF, LTC, Home Health, IRF).* Quality and Resource information for post-acute providers in the geographic area provided in writing, discussed with patient, and documented in the medical record |
| * NOMNC: Patient provided with Notice of Medicare Non-Coverage 2 days before discharge |
| * Patient Notice provided within 24 hours of discharge   Patient notified of transfer or discharge and the reasons for the move. The patient notice includes:   * The reason for transfer or discharge * The effective date of transfer or discharge * The location to which the resident is transferred or discharged * A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request * The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman * For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities |
| * Copy of the patient notice of transfer or discharge sent to the State Ombudsman |
| * Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over the counter). |
| * A post-discharge plan of care that is developed with the participation of the patient and, with the resident’s consent, the patient representative(s), which will assist the patient to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services. |
| * Final summary of patient goals. |
| Additional information provided to next *post-acute care provider*   * Contact information of the practitioner responsible for the care of the resident * Resident representative information including contact information * Advance Directives * All special instructions or precautions for ongoing care, as appropriate * Comprehensive Care Plan Goals * Discharge Summary |

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| **MEDICARE CRITERIA** |
| * The patient requires skilled nursing or skilled rehabilitation services |
| * There is a physician order for skilled services |
| * Services are for a condition for which the patient received inpatient hospital services or for a condition that arose while receiving care in a SNF for a condition for which he received inpatient hospital services |
| * Services are required at least 7 days per week for skilled nursing |
| * Rehabilitation if required, is available at least 5 days per week |
| * If Physical Therapy is required, it is available at the frequency and duration required by the patient |
| * If Occupational Therapy is required, it is available at the frequency and duration required by the patient |
| * If Speech Therapy is required, it is available at the frequency and duration required by the patient |
| * As a practical matter, the daily skilled care can only be provided on an inpatient basis |
| * The services are reasonable and necessary for treatment of the patient’s illness or injury |
| * 3-Day inpatient qualifying stay within the last 30 days |