COVID-19 UPDATE

AdvocateAuroraHealth

CMS Discharge Planning Waiver

Situation: CMS has waived certain regulatory requirements for hospital discharge planning for post-acute care services during the pandemic to enable hospitals, critical access hospitals, and psychiatric hospitals to more easily transfer patients to post-acute levels of care.

Background: During the COVID-19 pandemic CMS has waived the following requirements related to giving patients choice when referred for home health agency (HHA) services, transferred to a skilled nursing facility (SNF), or to an IRF or LTCH for specialized hospital services:

- Assist patients, their families, or the patient's representative in selecting a post-acute care provider based upon quality measures and data that is relevant to the patient's goals of care and treatment preferences.

- Provide patients or the patient's representative with a choice of providers by:
  - providing a list of providers that served the patient's geographic area or requested geographic area (and document that the list was presented).
  - disclosing any financial interest between the hospital and the HHA or SNF.
  - providing them with a list of Medicare-participating HHAs and SNFs available
  - make managed care patients aware of the need to contact their payor to confirm in-network HHAs or SNFs or, if the hospital has the information, share it with the patient/SDM
  - inform them of their freedom to choose among the Medicare-participating HHAs and SNFs and when possible, respect the patient or their representative's preferences.
- Not specify or otherwise limit the choices available to the patient.

Assessment: These waivers are effective immediately and will facilitate discharges during the COVID-19 pandemic.

Recommendation: Provide patients or the patient's representative with a choice of post-acute care providers that have availability and ability to meet the patient's care needs. Honor patient preference for referral to facilities with availability.

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