CAHs Impacted by CMS Rules on Burden Reduction

September 26, 2019

Burden Reduction

Today CMS released its final rule on Omnibus Burden Reduction (Conditions of Participation). Click here for the CMS fact sheet and here for the final rule.

CAH specific items include:

- Reducing the frequency that is currently required for CAHs to perform a review of all their policies and procedures to every other year *(see page 15, 126)*; and
- Removing the duplicative requirement for CAHs to disclose the names of people with a financial interest in the CAH *(see pages 17-18, 125)*.

For CAH swing-bed providers *(see pages 56-61)*:

- Removing the requirement for a facility to request or allow swing-bed patients to perform services for the facility;
- Removing the requirement for the facility to provide an ongoing activities program that is directed by a qualified professional because the patient's activity needs are addressed in the nursing care plan;
- Removing the requirement for facilities with more than 120 beds to employ a qualified social worker on a full-time basis of the hospital swing-bed and CAH bed limit requirements; and
- Removing the requirement for facilities to assist residents in obtaining routine and 24-hour emergency dental care because of the existing requirements to provide care in accordance with the needs of the patient (emergent and non-emergent).

Discharge Planning

Yesterday CMS released its final rule on hospital and home health discharge planning. Click here for the CMS fact sheet and here for the final rule. CAHs are expected to comply with the final requirements 60 days after publication.

The most notable new requirement for CAHs requires a CAH to discharge the patient, and also transfer or refer the patient where applicable, along with the necessary medical information at the time of discharge, to not only the appropriate post-acute care service providers and suppliers, facilities, agencies, but also to other outpatient service providers and practitioners responsible for the patient's follow-up or ancillary care. *See pages 78-102.*

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