

Sec. 26. [144.586] **REQUIREMENTS FOR CERTAIN NOTICES AND**

318.8 DISCHARGE PLANNING.

318.9 Subdivision 1. **Observation stay notice.** (a) Each hospital, as defined under
318.10 section 144.50, subdivision 2, shall provide oral and written notice to each patient that
318.11 the hospital places in observation status of such placement not later than 24 hours after
318.12 such placement. The oral and written notices must include:

318.13 (1) a statement that the patient is not admitted to the hospital but is under observation
318.14 status;

318.15 (2) a statement that observation status may affect the patient's Medicare coverage for:

318.16 (i) hospital services, including medications and pharmaceutical supplies; or

318.17 (ii) home or community-based care or care at a skilled nursing facility upon the
318.18 patient's discharge; and

318.19 (3) a recommendation that the patient contact the patient's health insurance provider
318.20 or the Office of the Ombudsman for Long-Term Care or Office of the Ombudsman for
318.21 State Managed Health Care Programs or the Beneficiary and Family Centered Care
318.22 Quality Improvement Organization to better understand the implications of placement in
318.23 observation status.

318.24 (b) The hospital shall document the date in the patient's record that the notice
318.25 required in paragraph (a) was provided to the patient, the patient's designated
318.26 representative such as the patient's health care agent, legal guardian, conservator, or
318.27 another person acting as the patient's representative.

318.28 Subd. 2. **Postacute care discharge planning.** Each hospital, including hospitals
318.29 designated as critical access hospitals, must comply with the federal hospital requirements
318.30 for discharge planning which include:

318.31 (1) conducting a discharge planning evaluation that includes an evaluation of:

318.32 (i) the likelihood of the patient needing posthospital services and of the availability
318.33 of those services; and

318.34 (ii) the patient's capacity for self-care or the possibility of the patient being cared for
318.35 in the environment from which the patient entered the hospital;

319.1 (2) timely completion of the discharge planning evaluation under clause (1) by
319.2 hospital personnel so that appropriate arrangements for posthospital care are made before
319.3 discharge, and to avoid unnecessary delays in discharge;

319.4 (3) including the discharge planning evaluation under clause (1) in the patient's
319.5 medical record for use in establishing an appropriate discharge plan. The hospital must
319.6 discuss the results of the evaluation with the patient or individual acting on behalf of the

319.7 patient. The hospital must reassess the patient's discharge plan if the hospital determines
319.8 that there are factors that may affect continuing care needs or the appropriateness of
319.9 the discharge plan; and
319.10 (4) providing counseling, as needed, for the patient and family members or interested
319.11 persons to prepare them for posthospital care. The hospital must provide a list of available
319.12 Medicare-eligible home care agencies or skilled nursing facilities that serve the patient's
319.13 geographic area, or other area requested by the patient if such care or placement is
319.14 indicated and appropriate. Once the patient has designated their preferred providers, the
319.15 hospital will assist the patient in securing care covered by their health plan or within the
319.16 care network. The hospital must not specify or otherwise limit the qualified providers that
319.17 are available to the patient. The hospital must document in the patient's record that the list
319.18 was presented to the patient or to the individual acting on the patient's behalf.