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ACTS, 1987. – Chap. 655.

shall have access to all records, reports, audits, reviews, papers, books, documents, recommendations, correspondence, including information relative to the purchase of services or anticipated purchase of services from any contractor by any public body, and any other data and material that is maintained by or available to any public body described in section seven which in any way relate to the programs and operations with respect to which the inspector general has duties and responsibilities except records under the provisions of section eighteen of chapter sixty-six as defined in section three of said chapter sixty-six.

He may request such information, cooperation and assistance from any state, county or local governmental agency as may be necessary for carrying out his duties and responsibilities. Upon receipt of such request each person in charge of, or the governing body of any public body described in section seven, shall furnish to the inspector general or his authorized agent or representative such information, cooperation and assistance, including information relative to the purchase of services or anticipated purchase of services from any contractor by any public body, except records under the provisions of section eighteen of chapter sixty-six as defined in section three of said chapter sixty-six.

He may make such investigations, audits and reports relating to the administration of the programs and operations of the applicable public bodies described in section seven, as are in the judgment of the inspector general necessary and may conduct an examination of any public documents.

He shall have direct and prompt access to the head of any public body described in section seven, when necessary for any purpose pertaining to the performance of his duties and responsibilities under this chapter.

**SECTION 5.** Section 14 of said chapter 12A, as so appearing, is hereby amended by striking out paragraph (a) and inserting in place thereof the following paragraph:–

(a) *The inspector general may receive and investigate complaints or information from any public employee concerning the possible existence of any activity constituting fraud, waste and abuse in or relating to programs and operations as described in section seven.*

Approved January 4, 1988.

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**Chapter 655. AN ACT RELATIVE TO DISCHARGE PLANNING.**

Be it enacted, etc., as follows:

Section 51D of chapter 111 of the General Laws, as appearing in the 1986 Official Edition, is hereby amended by inserting after the ninth paragraph the following ten paragraphs:–

Each acute care hospital is hereby required, in accordance with applicable federal and state regulations, to create for each medicare patient determined to need assistance with post-hospital care, a written

comprehensive, individualized, discharge plan consistent with medical discharge orders and identified patient needs. Said plan shall be developed with the participation of appropriate health care professionals, the medicare patient and, as appropriate, the patient's family or representative. The patient's representative shall be selected in accordance with department regulations. The discharge plan shall be given to the patient or the patient's representative at least twenty-four hours prior to discharge, except where such a requirement is not feasible due to a short length of stay. If said plan is revised due to the medical needs of the patient or due to a space becoming available in an appropriate institutional setting, the twenty-four hour requirement shall not apply to the amended plan, except insofar as such timing relates to the filing of a request for review with the advocacy office as hereinafter provided.

The discharge plan shall include at least the following information:

- (1) identification of the post-hospital services needed by the patient, including home health and homemaker services, and of the post-hospital social needs of the patient, as determined in accordance with procedures set forth by the department;
- (2) the services that have been arranged for the patient;
- (3) the names, addresses, and telephone numbers of service providers;
- (4) the service schedule as requested by the hospital;
- (5) medications prescribed and instructions for their use or verification that such information was provided separately;
- (6) scheduled follow-up medical appointments or verification that such information was provided separately; and
- (7) such other information as the department may require.

Each hospital shall have a clear, concise front page on the discharge plan, which front page shall be written in large print and understandable language. The front page shall contain at least the following:

- (1) the name and telephone number of the hospital discharge planning coordinator to be contacted in the event the patient has any problems with post-hospital services after said patient leaves the hospital;
- (2) a notice that, in the event the patient or the patient's representative does not agree with the discharge plan, the discharge planning coordinator and the patient's physician shall meet with the patient or the patient's representative in an effort to develop a plan that is acceptable to the patient;
- (3) a notice, including the advocacy office telephone number, that, if an acceptable resolution is not reached as a result of the meeting provided for in clause (2), the patient or the patient's representative may file a request for review of the discharge plan with the advocacy office, as hereinafter provided;
- (4) a notice that signing the discharge plan does not necessarily indicate approval of the plan and does not preclude the right to request a meeting or a review pursuant to clauses (2) and (3); and
- (5) a signature line for the patient or the patient's representative acknowledging participation in the development of the discharge plan and receipt of a copy of said plan.

If the patient or the patient's representative does not sign the plan, the reason for not signing shall be noted on the plan. A signed or noted copy of the plan shall be retained in the patient's medical record. The patient's medical record shall also document that said plan was communicated orally to the patient or to the patient's representative.

No hospital may discharge a medicare patient without the patient or patient's representative having received, read and signed the front page of the discharge plan or upon decision of the advocacy office.

If a discharge plan cannot be agreed upon as a result of the meeting of the patient or the patient's representative, the discharge planning coordinator and the patient's physician, as provided for in this section, the patient or the patient's representative shall have the right to file a request for a review of said discharge plan with the department's advocacy office. The hospital also shall have the right to file a request for a review of said discharge. A request for review shall be made with the advocacy office not later than noon of the first working day after the date the patient or the patient's representative receives the written discharge plan. The hospital shall deliver to the advocacy office the records required to review the discharge plan by the close of such working day. The advocacy office shall either approve or disapprove the discharge plan within one working day of receiving the request for review and the hospital records. Said discharge plan shall not be approved unless the requirements set forth herein have been satisfied.

If the advocacy office approves the discharge plan, discharge shall occur pursuant to the approved plan by noon of the day following notification of the advocacy office's decision, unless hospital and patient agree otherwise. If the advocacy office does not approve the discharge plan, said office shall state the problems needing correction, and the hospital shall not charge the medicare patient for inpatient hospital services until an alternative plan is developed to resolve the problems set forth by the advocacy office. The requirements of this section relating to the initial discharge also shall apply to the alternative plan.

If a timely request for review has been filed with the advocacy office, the hospital shall not charge the medicare patient for inpatient hospital services furnished before noon of the day after said patient is notified by telephone or otherwise of the advocacy office's decision. If notice is made by telephone, the notice shall be made to both parties to the review and shall be followed by written notice as soon as possible.

No patient shall be discharged or transferred without a physician's order, except where such patient leaves against medical advice. No patient shall be discharged until the hospital has made all appropriate contacts to initiate the provisions for aftercare services.

A medicare patient treated at the emergency room of an acute care hospital shall be provided with a discharge plan in accordance with the requirements of this section, with the exception of the right to request a review of such discharge plan by the advocacy office prior to such discharge.

Approved January 4, 1988.