

1 10A NCAC 13B .5406 is readopted with changes as published in 36:12 NCR 1029-1032 as follows:

2
3 **10A NCAC 13B .5406 DISCHARGE CRITERIA FOR INPATIENT REHABILITATION FACILITIES**
4 **OR UNITS**

5 (a) Discharge planning shall be an integral part of the patient's treatment plan and shall begin upon admission to the
6 facility. After ~~established~~ goals ~~of care~~ have been reached, or a determination ~~by the interdisciplinary care team~~ has
7 been made that care in a less intensive setting ~~would be appropriate, to return to the setting from which was admitted,~~
8 or that further progress is unlikely, the patient shall be discharged to ~~an appropriate setting,~~ another inpatient or
9 residential health care facility that can address the patient's needs including skilled nursing homes, assisted living
10 facilities, nursing homes, or other hospitals. Other reasons for discharge may include an inability or unwillingness of
11 patient or family to cooperate with the planned therapeutic program or medical complications that preclude a further
12 intensive rehabilitative effort. The facility shall involve the patient, family, staff ~~members~~ members, and ~~referral~~
13 ~~sources~~ community-based services to include, but not limited to, home health services, hospice or palliative care,
14 respiratory services, rehabilitation services to include occupational therapy, physical therapy, and speech therapy, end
15 stage renal disease, nutritional, medical equipment and supplies, transportation services, meal services, and household
16 services such as housekeeping in discharge planning.

17 (b) The case manager shall facilitate the discharge or transfer process in coordination with the facility social worker.

18 (c) If a patient is being referred to another facility for further care, ~~appropriate~~ documentation of the patient's current
19 status shall be forwarded with the patient. A ~~formal~~ discharge summary shall be forwarded within 48 hours following
20 discharge and shall include the reasons for referral, the diagnosis, functional limitations, services provided, the results
21 of services, referral action ~~recommendations~~ recommendations, and activities and procedures used by the patient to
22 maintain and improve functioning.

23
24 *History Note: Authority G.S. 131E-75(b); 131E-79;*

25 *Eff. March 1, ~~1996.~~ 1996;*

26 *Readopted Eff. September 1, 2022.*