§ 2994-ll. Instruction to identified caregiver. 1. As soon as possible and not later than twenty-four hours prior to a patient's discharge from a hospital, the hospital shall consult with the identified caregiver along with the patient regarding the caregiver's capabilities and limitations and issue a discharge plan that describes a patient's after-care needs at his or her residence. In the event the hospital is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient. In the event that the identified caregiver is unwilling or unable to confidently provide proper care, the hospital shall assess whether other services, including but not limited to home care services, are needed and, if necessary, order such services. The hospital shall promptly document the attempt in the patient's medical record. At minimum, a discharge plan shall include:

(a) the name and contact information of the caregiver identified under this article;

(b) a description of all after-care tasks recommended by the discharging physician, taking into account the capabilities and limitations of the caregiver; and

(c) contact information for health care, community resources, and long-term services and supports necessary to successfully carry out the patient's discharge plan.

2. The hospital issuing the discharge plan must offer caregivers with instruction in all after-care tasks described in the discharge plan.

(a) At minimum, such instruction shall include:

(i) a live or recorded demonstration of the tasks performed by a hospital employee authorized to perform the after-care task, provided in a culturally competent manner and in accordance with the hospital's requirements to provide language access services under state and federal law;

(ii) an opportunity for the caregiver and patient to ask questions about the after-care tasks; and

(iii) answers to the caregiver's and patient's questions provided in a culturally competent manner and in accordance with the hospital's requirements to provide language access services under state and federal

law.

(b) Any instructions required under this article shall be documented in the patient's medical record, including, at minimum, the date, time, and contents of the instruction.

3. The department is authorized to promulgate regulations to implement the provisions of this article, including but not limited to, regulations to further define the content and scope of any instruction provided to caregivers under this article.