

FACILITY-INITIATED TRANSFERS AND DISCHARGES

Transfer and discharge are movement of a resident to a bed outside of a certified facility. Movement of a resident to a bed within the same certified facility does not constitute transfer or discharge.

WHAT IS THE DIFFERENCE?



A **transfer** refers to the movement of a resident from a bed in one facility to a bed in another facility **when the resident expects to return to the original facility.**



A **discharge** refers to the movement of a resident from one facility to a bed in another facility or other location in the community, **when return to the original facility is not expected.**

FACILITY-INITIATED TRANSFER OR DISCHARGE

A transfer or discharge is **facility-initiated** unless the resident takes the initiative and affirmatively wants to leave. The following are situations that are considered to be facility-initiated.

- a resident objects to a transfer or discharge;
- it did not originate through a resident's verbal or written request.
- it is not in line with the resident's goals for care and preference.
- it is an emergency transfer to the hospital.

PERMISSIBLE REASONS FOR DISCHARGE OR TRANSFER

1. The transfer or discharge is necessary to meet the resident's welfare and the resident's needs cannot be met in the facility.
2. The transfer or discharge is appropriate because the resident's health has improved sufficiently.
3. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident.
4. The health of individuals in the facility would otherwise be endangered.
5. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) to stay at the facility.
6. The facility ceases to operate.

EXAMPLE OF A FACILITY INITIATED DISCHARGE NOTICE

Facility Name

Notice of Transfer/Discharge Notice

1. **Date of Notice:** _____

2. **Resident Information:**

Resident Name: _____ Medicaid Number: _____

3. **Facility Information:**

Nursing Home Name: _____ Phone number: _____

Address: _____

City: _____, _____ MS _____ Zip Code _____

4. **Contact Person's Name:** _____ Phone Number: _____

5. Location to which Resident is **Discharged:**

Name: _____ Phone Number: _____

Address: _____

City: _____, _____ MS _____ Zip Code _____

6. **Name of Person to whom discharged** (if discharge is not to another facility):

7. **REASON FOR DISCHARGE OR TRANSFER1:**

Transfer or discharge is necessary for your welfare and your needs cannot be met in this facility.
Your health has improved sufficiently so that you no longer need the services provided by this facility.

The safety of other individuals in this facility is endangered due to the status of the resident.
The health of other individuals in this facility would otherwise be endangered.

You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at this facility.

This facility is closing.

8. Please provide a brief explanation to support this action. Attach additional documentation if necessary

9. **Date of Discharge2:** _____

You have the **Right to Appeal** this transfer/discharge by filing a Fair Hearing Request Form with the Mississippi Medicaid Agency. Completed form should be sent to: **Mississippi Division of Medicaid, ATTN: Office of Appeals 550 High Street, Suite 1000, Jackson MS 39201** or via email: INF.Appeals@medicaid.ms.gov. The office of appeals can be reached via telephone at **(601) 359-6093** or **(800) 421-2408**.

A **Fair Hearing Request Form** will be provided at your request by the Nursing Home or by your local long-term ombudsman³.

A copy of ALL Involuntary Discharge Notices must be sent to: 4

The Office of the State Long-Term Care Ombudsman and/or a Representative of the office.

You may reach the State Long-Term Care Ombudsman at (601) 359-4927. The Office of the State Long-Term Care Ombudsman, 200 S. Lamar Street, Jackson, MS 39201-4013. Via telephone at (601) 359-4927, or via email at ombudsman@mdhs.ms.gov

Disability Rights Mississippi

Residents with intellectual and developmental disabilities in need assistance, you may choose to contact **Disability Rights of Mississippi** at 5 Old River Place, Suite 101, Jackson, MS 39202. Phone number (800) 772-4057 or (601) 968-0600. E-mail at ptribble@drms.ms

MS Coalition for Citizens with Disabilities

Residents with intellectual or developmental disabilities in need of assistance, you may choose to contact **Mississippi Coalition for Citizens with Disabilities** at 2 Old River Place, suite M, Jackson, MS 39202 Phone number (601) 969-0601 or Toll free at (800) 721-7255 or pam@mspti.org

The facility may not transfer or discharge the resident while the appeal is pending.⁵

Signature of Patient or Representative _____

Date _____

Signature of Facility Witness _____

Date _____

Signature _____ Title _____

Date _____

¹ 42 CFR 483.15(c)(1)(i)(a)(b)(c)(d)(e)(f) Except as listed above, the facility must permit each resident to remain in the facility and not transfer or discharge the resident from the facility.

² 42 CFR 483.15(c)(4)(i) Except as specified in paragraphs (c)(4)(ii) and (8) of this section, the notice of transfer or discharge required under this section must be made by the facility at least 30 days before the resident is transferred or discharged.

³ For residents in long-term care facilities, the State Long-Term Care Ombudsman provides services that protect the health, safety, welfare, and rights of residents. The Ombudsman Program is authorized by the Older Americans Act and the Ombudsman services are always confidential and free.

⁴ Per 42 CFR 483.15(c)(3)(i) a copy of a facility-initiated transfer or discharge notice MUST be sent to the Office of the State Long Term Care Ombudsman Disability Rights, MS and MS Coalition or Citizens with Disabilities.

⁵ Pursuant to § 4321.230 of 42 CFR Part 483 The facility may not transfer or discharge the resident while the appeal is pending.