

GUIDE FOR IMPLEMENTATION OF TRANSFER OR DISCHARGE REQUIREMENTS

1. Each facility must develop facility policies and procedures for transfer or discharge.
2. The notice must be written in a language and manner the resident and resident's representative(s) understands. Be conscientious of language barriers, visual barriers, or physical limitation of the resident.
3. The notification form should be typed **using at least 12 point font** and include the facility identification information.
4. The notice must be given in accordance with North Dakota Administrative Code (NDAC) Section 75-01-03-06.2 which provides as follows:
 1. Any notice required to be given by this chapter may be given by first class mail or personal delivery unless some provision of law specifically requires notice to be given in another manner.
 2. Any notice required to be given by certified or registered mail may be so given without requesting a return receipt unless some provision of law specifically requires a return receipt to be requested.
 3. Any notice given by certified or registered mail, return receipt requested is deemed to be effectively given if delivered or if refused.
 4. Any notice required to be given by certified or registered mail, return receipt requested, if returned undelivered but not refused, may be supplemented by a notice given by first class mail. A notice given by first class mail, in supplementation of such a returned notice, is deemed to have been received unless it is shown, by a preponderance of the evidence that:
 - a. The mail was not properly addressed;
 - b. The mail containing the notice was returned by the postal service;
 - c. The mailing of the notice cannot be shown by an affidavit.
5. The original notice must be given to the resident, with a copy given to the resident's representative(s), and a copy placed in the resident's medical record.
6. A copy of the notice must be sent to a representative of the Office of the State Long-Term Care Ombudsman (refer to 42 CFR §483.15 (c)(3)(i).
7. Refer to 42 CFR §483.15 (c)(2)(ii), regarding a physician's documentation supporting the transfer or discharge, in the resident's medical record.
8. To calculate the correct date for the appeal, always add 30 days after the date the notice will be issued to the resident. Count the days on a calendar for the exact date to be recorded in the Right to Appeal section of the forms.
9. DO NOT give a Notice of Transfer or Discharge for Nonpayment for a failure by a resident or their representative to pay for charges for private rooms, bed holds in excess of 15 consecutive hospital days or 24 therapeutic leave days per calendar year, special services not included in the daily rate, or Medicare Part B coinsurance and deductible (refer to NDAC Chapter 75-01-03-08.1(7)(j).
10. The requirements for bed hold do not apply for a Medicare only hospital based distinct part nursing facility, or a swing bed unit.

Revised February 2009 & January 2013 by Joan Coleman, Health Facilities and Joan Ehrhardt, State Ombudsman; and December 2016 by Joan Coleman, Health Facilities and Karla Backman, State Long-Term Care Ombudsman.

GUIDELINES FOR COMPLETING TRANSFER AND DISCHARGE FORMS

Three (3) transfer and discharge forms have been developed. The purpose of these forms is to address the various types of transfer or discharge:

1. Transfer for hospitalization;
2. General transfer or discharge; or
3. Transfer or discharge for non-payment.

NOTICE OF TRANSFER FOR HOSPITALIZATION

Facility identification information: Enter your facility name and location.

Resident Name: Enter resident's full name.

Transfer Information:

Under this section you need to complete the following for either an emergency medical transfer or non-emergency transfer:

1. Check one of the reasons for the authorized emergency medical transfer as stated in NDAC 75-01-03-08.1(7) a, b, c., or f. (Note: the reasons are not in alphabetical order).
 - a. The resident has an urgent medical need, which cannot be met in the facility;
 - b. The resident's physical condition endangers or poses a threat to the health or safety of the resident or other persons in the facility.
 - c. In cases involving a mental condition or behavioral problem, the behavior of the resident creates a serious and immediate threat to the resident or other residents or persons in the facility and all reasonable alternatives to transfer or discharge consistent with the attending physician's orders, have been attempted and documented in the resident's medical record; or
 - f. The resident's health or safety is at risk because the facility cannot reasonably accommodate the needs of the resident.
2. Enter the location (i.e. hospital name and town/city) where the resident is being transferred;
3. Enter the date the transfer for hospitalization will occur; and
4. Enter the specific reason(s) for the emergency medical transfer or non-emergency transfer.

(Note: For a non-emergency medical transfer, do not check a reason, only enter in writing the reason why the resident is being transferred, in the reason section, i.e. surgery).

Right to Appeal: The date recorded here is thirty (30) days after the date this notice is issued. To establish the correct date, add 30 days to the date of issuance. Example: If this notice of transfer for hospitalization is issued April 10, 2016, count 30 days after this day and record May 10, 2016 as the date to be transferred. Always count the days on a calendar.

Right to Representation: This section must contain the name, address (both mailing and email), and telephone number of the Office of the State Long-Term Care Ombudsman.

Persons Notified:

Resident: Enter resident's name and date the notice was given to the resident.

Resident Representative(s): Enter name(s) of appropriate parties and the date the notice was given.

Facility Representative Who Completed the Form: Whoever completed the form must sign and date it.

Enter the date a copy of the notice was sent to a representative of the Office of the State Long-Term Care Ombudsman (refer to 42 CFR §483.15 (c)(3)(i)).

NOTICE OF TRANSFER OR DISCHARGE

Facility identification information: Enter your facility name and location.

Resident Name: Enter resident's full name.

Transfer or Discharge Information: Under this section, you need to:

1. Check one (1) of the authorized reasons for the transfer or discharge as stated in NDAC 75-01-03-08.1(7) b., c., d., e., f., g., h., i. (Note: the reasons are not in alphabetical order).
 - b. The resident's physical condition endangers or poses a threat to the health or safety of the resident or other persons in the facility;
 - c. In cases involving a mental condition or behavioral problem, the behavior of the resident creates a serious and immediate threat to the resident or other residents or persons in the facility and all reasonable alternatives to transfer or discharge, consistent with the attending physician's orders, have been attempted and documented in the resident's medical record;
 - d. The resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;
 - e. ~~The resident was accepted by the facility for the purpose of receiving specialized services and has fully benefited from those services or can no longer benefit from those services, provided that the purpose of the admission and the expected length of stay were agreed to, in writing, by or on behalf of the resident, prior to admission [This has been removed from the notice, as it fails to meet the Federal requirements];~~
 - f. The resident's health or safety is at risk because the facility cannot reasonably accommodate the needs of the resident;
 - g. A public official with jurisdiction over matters of health or safety, in the performance of official duties, determines if the health or safety of the resident is endangered by continued residence in the facility;
 - h. The facility's license is revoked, suspended, or not renewed, or the facility's participation in Medicare or Medicaid is terminated; or
 - i. The facility intends to cease operations.
2. Enter the location (i.e. place and town/city) where the resident is being transferred or discharged. Location must be appropriate and able to meet the resident's needs (i.e., the resident's home, swing bed, nursing facility, or basic care (facility));
3. Enter the date the transfer or discharge will occur; and
4. Enter the specific reason(s) for the transfer or discharge.

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Persons Notified:

Resident: Enter resident's name and date the notice was given to the resident.

Resident Representative(s): Enter names of appropriate parties and the date the notice was given to this person.

Facility Representative Who Completed the Form: The person completing the form must sign and date it.

Enter the date a copy of the notice was sent to a representative of the Office of the State Long-Term Care Ombudsman (refer to 42 CFR §483.15 (c)(3)(i)).

NOTICE OF TRANSFER OR DISCHARGE FOR NONPAYMENT

Facility identification information: Enter your facility name and location.

Resident Name: Enter resident's full name.

1. Enter the location (i.e. place and town/city) where the resident is being transferred or discharged;
2. Enter the date the transfer or discharge will occur; and
3. Enter the specific reason(s) for the transfer or discharge.

Right to Appeal: The date recorded here is thirty (30) days after the date the notice is issued. To establish the correct date, add 30 days to the date of issuance. Example: if this notice of transfer for nonpayment is issued April 10, 2016, count 30 days after this day and record May 10, 2016 as the date to be transferred. Always count the days on a calendar.

Right of Representation: This section must contain the name, address (both mailing and email), and telephone number of the Office of the State Long-Term Care Ombudsman.

Persons Notified:

Resident: Enter resident's name and date the notice was given to the resident.

Resident Representative(s): Enter names of appropriate parties and the date the notice was given to this person.

Facility Representative Who Completed the Form: Whoever completes the form must sign and date it.

Enter the date a copy of the notice was sent to a representative of the Office of the State Long-Term Care Ombudsman (refer to 42 CFR §483.15 (c)(3)(i)).