**Policy**

# To provide safe departure from the facility

# To provide sufficient information for after care of the resident

**Definitions**

1. Discharge: To leave the facility without plans or intent to return; i.e. discharge to home, a lower level of care or another long-term care facility
2. Transfer: To leave the facility with plans or intention to return; i.e. transfer to an acute care facility for appropriate care
3. Transfer and discharge include movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge do not refer to movement of a resident to a bed within the same certified facility.

**Procedure**

Discharge and Transfer

1. Facility requirements­
   1. The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless the transfer or discharge is necessary for:
      1. 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 so the resident no longer needs the services provided by the facility;
      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. An immediate transfer or discharge is required by the resident’s urgent medical needs;
      6. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid;
   2. If the resident objects to the transfer/discharge for any of the above reasons (i-iv), the physician must document the following in the resident’s medical record:
      1. Reason for the transfer/discharge
      2. Attempts the facility made to meet the resident’s needs
      3. The service available at the receiving facility that will meet the resident’s needs
2. The facility may not transfer or discharge the resident while the appeal is pending, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility.
   1. The facility must document the danger that failure to transfer or discharge would pose.
3. Facility-Initiated Transfers and Discharges
   1. In situations where the facility has decided to discharge the resident while the resident is still hospitalized, the facility must send a notice of discharge to the resident and resident representative and must also send a copy of the discharge notice to a representative of the Office of the State LTC Ombudsman. Notice to the Office of the State LTC Ombudsman must occur at the same time the notice of discharge is provided to the resident and resident representative, even though, at the time of initial emergency transfer, sending a copy of the transfer notice to the ombudsman only needed to occur as soon as practicable as described below.
   2. For any other types of facility-initiated discharges, the facility must provide notice of discharge to the resident and resident representative along with a copy of the notice to the Office of the State LTC Ombudsman at least 30 days prior to the discharge or as soon as possible. The copy of the notice to the ombudsman must be sent at the same time notice is provided to the resident and resident representative.
   3. Emergency Transfers
      1. When a resident is temporarily transferred on an emergency basis to an acute care facility, notice of the transfer may be provided to the resident and resident representative as soon as practicable, according to 42 CFR 483.15(c)(4)(ii)(D). Copies of notices for emergency transfers must also still be sent to the ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis.
   4. Notices to the Ohio Department of Health must be emailed to [TransferDischargeNotices@odh.ohio.gov](mailto:TransferDischargeNotices@odh.ohio.gov) for the following types of discharge or transfers:
      1. Thirty Day Proposed Discharge Notices to Residents
      2. Emergency Discharge Notices
      3. Hospital Transfer Notices
         1. The following are examples of what to put in the email subject line
            1. Proposed Transfer – Doe, John or Proposed Discharge– Doe, John
4. Resident-Initiated Transfers and Discharges
   1. A resident-initiated transfer or discharge means the resident or, if appropriate, the resident representative has provided verbal or written notice of intent to leave
   2. the facility. The medical record must contain documentation or evidence of the resident’s or resident representative’s verbal or written notice of intent to leave the facility. A resident’s expression of a general desire or goal to return home or to the community or elopement of a resident who is cognitively impaired should not be taken as notice of intent to leave the facility. For resident-initiated transfers or discharges, sending a copy of the notice to the ombudsman is not required.
5. Notice before transfer: the facility must:
   1. Notice must be made as soon as practicable before transfer or discharge.
   2. Contents of the notice.
      1. The written notice must include the following:
      2. The reason for transfer or discharge;
      3. The effective date of transfer or discharge;
      4. The location to which the resident is transferred or discharged;
      5. A statement of the resident’s appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
      6. The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
      7. For nursing facility residents with intellectual and developmental disabilities or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities; and
      8. For nursing facility residents with a mental disorder or related disabilities, the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act.
   3. Changes to the notice.
      1. If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available.
   4. Notice in advance of facility closure.
      1. In the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents.
   5. Orientation for transfer or discharge.
      1. The facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand.
6. Notice of bed-hold policy and return:
   1. Notice before transfer.
      1. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies:
         1. The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;
         2. The nursing facility’s policies regarding bed-hold periods, which permit a resident to return
   2. Bed-hold notice upon transfer.
      1. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold

Discharges to Home

1. Explain discharge procedure to resident
2. The attending physician is required to write a discharge order
3. When the resident wishes to go home or the resident's family wishes to take the resident home and the attending physician cannot be reached or refuses to discharge the resident, the "Discharge Against Medical Advice" form must be signed by the resident or the resident's representative
4. When calling the attending physician for a discharge order, inquire whether or not the resident's medication is to be sent with the resident, including scheduled medications
5. If medications are to be included, write this in the order (Example: May be discharged to home with daughter, may take all medications)
6. Complete a Discharge Summary and Instruction Observation
   1. Run the medications report and attach to the printed Discharge Summary and Instructions
   2. Include instructions for post discharge care and explain to the resident and/or representative
   3. Give copy of Discharge Summary and Instruction Form and medication orders report to the resident and/or representative or person(s) responsible for care

Transfers to Another Provider

1. Obtain physician order for transfer
2. Arrange transportation for transfer
3. Explain transfer and reason to the resident and/or representative
4. Send the following documentation to the receiving provider:
   1. Continuity of Care Document (CCD)
   2. Most recent MDS
   3. Comprehensive care plan with short- and long-term goals
   4. Discharge summary
   5. Copy of most recent lab results
5. Explain and give copy of Bed hold form to the resident and/or representative, Note: If emergency transfer, this may be completed later, but as soon as possible
6. Send a copy of transfer Event and any other portions of medical record that was copied with the resident
7. Notify all appropriate departments of discharge
8. Document the reason for the transfer in the patient’s progress notes