

Reminder to Nursing Facilities: Transfer and Discharge, Bed-Hold, Re-Admission

In accordance with §483.15(c)(1) Transfer and discharge – Facility requirements (F622)

(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless they meet one of the six criteria listed below:

(A) The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;

(B) 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;

(C) The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;

(D) The health of individuals in the facility would otherwise be endangered;

(E) 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; or

(F) The facility ceases to operate.

(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to §431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.

Facilities must also provide notice of bed-hold policy and return in accordance with §483.15(d) – F625 as listed below:

§483.15(d)(1) Notice before transfer. 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—

(i) 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;

(ii) The reserve bed payment policy in the state plan, under §447.40 of this chapter, if any;

(iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and

(iv) The information specified in paragraph (c)(5) of this section.

§483.15(d)(2) Bed-hold notice upon transfer. 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 policy described in paragraph (e)(1) of this section.

Remember that nursing home bed-hold policies apply to ALL residents.

In regards to permitting residents to return to the facility, facilities must be in compliance with §483.15(e)(1) – F626 as listed below:

§483.15 (e)(1) Permitting residents to return to facility

A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.

(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident—

(A) Requires the services provided by the facility; and

(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.

(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.

§483.15 (e)(2) Readmission to a composite distinct part.

When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.

Concerns have been raised by State officials that facilities may not be abiding by these guidelines particularly when a resident is returning from a hospital stay. Facilities are encouraged to review F622, F625 and F626 for complete information regarding the regulatory requirements and the interpretative guidelines regarding transfer and discharge, bed-hold and re-admission criteria.

Reminder to Nursing Facilities – Discharge Letters (F623 – New Regulations Effective 11/28/2016)

Please be reminded, the following information should be included in the notice of discharge issued to the residents in your facility.

Additionally, a copy of ALL involuntary discharge notices should be sent to: Virginia Moore-Bell, Office of the State Long Term Care Ombudsman, Alabama Department of Senior Services, 201 Monroe Street, Suite 350, Montgomery, AL 36104, fax (334) 353-1596, email virginia.bell@adss.alabama.gov.

Discharge Letters:

Discharge Letters issued to residents **MUST** include the following information as outlined in 42 C.F.R. 483.15 (c)(5)(i-vi); *Contents of the notice*:

- The reason for the transfer or the discharge;
- The effective date of transfer or discharge;
- The location to which the resident is transferred or discharged;
- 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; ***You have the right to appeal this action to the Alabama Medicaid Agency by filing a written request which must be received by the Alabama Medicaid Agency within 30 days of the date of this letter. The name, address, and telephone number for filing an appeal are: Alabama Medicaid Agency, ATTN: Ozenia Patterson - Long Term Care Division, 501 Dexter Avenue, Montgomery, AL, 36104, (334) 242-5577, fax (334) 353-5696; ozenia.patterson@medicaid.alabama.gov;***
- The name, address (mail and email) and telephone number of the Office of the State Long Term Care Ombudsman; ***Virginia Moore-Bell, Office of the State Long Term Care Ombudsman, Alabama Department of Senior Services, 201 Monroe Street, Suite 350, Montgomery, AL 36104, 1-877-425-2243 or (334) 242-5753, fax (334) 353-1596, email Virginia.Bell@adss.alabama.gov;***
- For nursing facility residents with intellectual and developmental disabilities or related disabilities, the address (mail and email) and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities individuals under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000: ***Alabama Disabilities Advocacy Program (ADAP), Box 870395, Tuscaloosa, AL 35487-0395, (205) 348-4928, email adap@adap.ua.edu;*** and
- For nursing facility residents with a mental disorder or related disability, the address (mail and email) 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: ***Alabama Disabilities Advocacy Program (ADAP), Box 870395, Tuscaloosa, AL 35487-0395, (205) 348-4928, email adap@adap.ua.edu.***

Please double check your discharge letters.

An Important Note from Medicaid – LTC Discharge Dates Are Needed

The Alabama Medicaid Agency will be verifying if recipients are being discharged from the nursing homes programs in the near future. Many times recipients are not being discharged from the assigned program through the LTC Software.

Nursing Home Common Error

Discharge the recipient if he or she returns to the community. The LTC segment needs to be end dated for the recipient to receive services in the community. If admitted to a hospital, the recipient must be discharged and readmitted on the LTC file. The Form 161 must be completed

before the readmission is submitted through the LTC software. A discharge should also be submitted if the recipient elects the hospice benefit.

Hospice Common Error

Hospice providers should fax the Form 165B (Hospice Recipient Status Change Form) to Qualis Health at (888) 213-8548, for revocations and discharges.