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## **Transfer and Discharge Medicare/Medicaid Certified Skilled Nursing Facilities (SNF) and Intermediate Care Facilities (ICF)**

*Federal Regulatory Authority: 42 CFR §483.15 Admission, transfer and discharge rights; F622 Rev. 173, Issued: 11-22-17, Effective 11-28-17, Implementation 11-28-17; F623 Rev. 173, Issued: 11-22-17, Effective 11-28-17, Implementation 11-28-17; F626 Rev. 173, Issued: 11-22-17, Effective 11-28-17, Implementation 11-28-17.*

**Note: Notices of transfer and discharge must also comply with State Statute and Regulation: Section 198.088, RSMo and 19 CSR 30-82.050 Transfer and Discharge Procedures.**

### **42 CFR §483.15(c)(1) Transfer and discharge-Facility requirements**

- (i) **The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless—**
  - (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.

## 42 CFR §483.15(c)(2) Documentation

When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.

(i) **Documentation in the resident's medical record must include:**

- (A) The basis for the transfer per paragraph (c)(1)(i) of this section.
- (B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).

(ii) The documentation required by paragraph (c)(2)(i) of this section must be made by—

- (A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and
- (B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.

(iii) Information provided to the receiving provider must include a minimum of the following:

- (A) Contact information of the practitioner responsible for the care of the resident.
- (B) Resident representative information including contact information
- (C) Advance Directive information
- (D) All special instructions or precautions for ongoing care, as appropriate.
- (E) Comprehensive care plan goals;
- (F) All other necessary information, including a copy of the resident's discharge summary, consistent with §483.21(c)(2) as applicable, and any other documentation, as applicable, to ensure a safe and effective transition of care.

## Emergent Transfers to Acute Care

- Residents who are sent emergently to the hospital are considered facility-initiated transfers because the resident's return is generally expected.
- Residents who are sent to the emergency room, **must** be permitted to return to the facility, **unless** the resident meets one of the criteria under which the facility can initiate discharge.
- In a situation where the facility initiates discharge while the resident is in the hospital following emergency transfer, the facility must have evidence that the resident's status is not based on his or her condition at the time of transfer) meets one of the criteria at 42 CFR §483.15(c)(1)(i)(A) through (D).

## 42 CFR §483.15(c)(3) Notice before transfer

**Before a facility transfers or discharges a resident, the facility must—**

- (i) Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.
- (ii) Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and
- (iii) Include in the notice the terms described in paragraph (c)(5) of this section.

#### **42 CFR §483.15(c)(4) Timing of the notice**

- (i) Except as specified in paragraphs (c)(4)(ii) and (c)(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.
- (ii) Notice must be made **as soon as practicable before transfer or discharge when—**
  - (A) The safety of individuals in the facility would be endangered under paragraph (c)(1)(i)(C) of this section;
  - (B) The health of individuals in the facility would be endangered, under paragraph (c)(1)(i)(D) of this section;
  - (C) The resident's health improves sufficiently to allow a more immediate transfer or discharge, under paragraph (c)(1)(i)(B) of this section;
  - (D) An immediate transfer or discharge is required by the resident's urgent medical needs, under paragraph (c)(1)(i)(A) of this section; or
  - (E) A resident has not resided in the facility for 30 days.

#### **42 CFR §483.15(c)(5) Contents of the notice. The written notice specified in paragraph (c)(3) of this section must include the following:**

- (i) The reason for transfer or discharge;
- (ii) The effective date of transfer or discharge;
- (iii) The location to which the resident is transferred or discharged;
- (iv) 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;
- (v) The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman;
- (vi) 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 established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and
- (vii) 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.

#### **Emergency Transfers**

- When a resident is temporarily transferred on an emergency basis to an acute care facility, this type of transfer is considered to be a facility-initiated transfer and a notice of transfer must 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 be sent to the ombudsman**, but may be sent when practicable, such as in a list of residents on a monthly basis.

#### **42 CFR §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.

#### **42 CFR §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.