



## Missouri Department of Health and Senior Services

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RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



**Sarah Willson**  
Director

**Mike Kehoe**  
Governor

May 19, 2025

Subject: CMS QSO-25-14-NH  
Transfer or Discharge Notice Expectations

Dear Nursing Home Administrator:

The purpose of this communication is to clarify newly issued guidance, provided via CMS QSO-25-14-NH, regarding expectations of permitting residents to return to the Nursing Home, referenced herein as the “facility,” following transfer to an acute care setting. This correspondence clarifies the requirements for when the facility transfers or discharges a resident under any circumstances and documentation required for transfers or discharges, and the email address to where a facility is to send copies of discharge notices to the Long-Term Care Ombudsman Program. To support this information, enclosed are a Question and Answer guide and a document that lists county-specific contact information for the Long-Term Care Ombudsman Program.

### Federal Regulations

Federal regulations governing Nursing Homes provide various protections for residents, including the right to remain in the facility unless a limited set of circumstances applies. Specifically, Title 42 of the Code of Federal Regulations (“42 CFR”), Section 483.15(c)(1)(i) states that *“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

As a reminder, facilities are required to determine their capacity and ability to care for the residents they admit and should not admit residents whose needs they cannot meet based on the facility’s assessment. Accordingly, absent atypical changes of a resident’s condition, it is considered rare that a facility properly assessed their capacity and ability to care for a resident then discharged the same resident based on the facility’s inability to meet the resident’s needs.

### Transfers and Discharges

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When a facility transfers or discharges a resident under any circumstance, the facility must ensure the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving healthcare facility or provider, or others depending on the individual circumstance. In all cases, a copy of the Notice of Discharge must be sent to the Long-Term Care Ombudsman Program. Be reminded that regulations limit the circumstances when a facility may initiate a transfer or discharge, thus protecting residents from involuntary discharges. Circumstances that do not meet those specified at 42 CFR § 483.15(c)(1)(i) are not permissible.

- In situations where the facility has decided to discharge the resident while the resident is hospitalized, the facility must send a notice of discharge to the resident and resident representative before the discharge and send a copy of the Notice of Discharge to the appropriate regional office of the Long-Term Care Ombudsman Program.

### **Emergency Transfers**

Emergency transfers are temporary in nature and typically based on an emergent need for acute care, NOT a discharge. In such instances, 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). Not less than monthly, a list of residents temporarily transferred on an emergency basis must be emailed to the appropriate regional office of the Long-Term Care Ombudsman Program. At minimum, the list sent must include the residents' first and last names, date of birth, transfer location, transfer date, and transfer address.

Please note that if a decision is made to discharge such residents, including after a subacute rehabilitation stay, a discharge notice is required, and that notice must be sent to the appropriate regional office of the Long-Term Care Ombudsman Program at the same time it is provided to the resident or their representative. Copies of all notices, including emergency transfers must be emailed to the Long-Term Care Ombudsman Program as soon as is practicable. To facilitate this process, contact information for the Long-Term Care Ombudsman Program is included as an enclosure to this correspondence.

### **Not Permitting Residents to Return**

Not permitting a resident to return following hospitalization constitutes a discharge and requires a facility to meet the requirements as outlined in §483.15(c)(1)(ii).

If the facility does not permit a resident's return to the facility (i.e., discharges the resident) based on inability to meet the resident's needs, documentation must be in accordance with requirements at §483.15(c)(2)(i)(B). The facility must notify the resident, his or her representative, and the LTC ombudsman in writing of the discharge, including notification of appeal rights. (§483.15(c)(3) and (5)(iv)) If the resident chooses to appeal the discharge, the facility must allow the resident to return to his or her room or an available bed in the nursing home during the appeal process, unless there is documented evidence that the resident's return would endanger the health or safety of the resident or other individuals in the facility.

### **Notice to the Long-Term Care Ombudsman Program**

As indicated throughout this correspondence, notice must be made to the Long-Term Care Ombudsman Program for resident transfers or discharges. Please understand that only the completed discharge notice should be provided and that submission of supportive evidence (e.g., care plan,

medical record, discharge summary, physician's notes, etc.) is not required and could jeopardize the resident's confidentiality.

### **Additional Notice Requirements for Residents through the Protection and Advocacy System**

Residents with certain disabilities have additional legal and civil protections through the federal and State-authorized Protection and Advocacy agency, [Missouri Protection and Advocacy Services](#). Applicable conditions include a diagnosis of mental illness, intellectual disabilities, developmental disabilities, and traumatic brain injury. The services of the Protection and Advocacy Agency are provided without cost to the individual served.

When a discharge or transfer notice is served to subject residents, the agency's contact information must be provided:

Missouri Protection and Advocacy Services  
925 South Country Club, Suite B  
Jefferson City, MO 65109  
Email: [app.unit@mo-pa.org](mailto:app.unit@mo-pa.org)  
Telephone: 1-800-392-8667  
Online: [www.moadvocacy.org](http://www.moadvocacy.org)  
Online Intake: <https://www.moadvocacy.org/request-help>

### **Discharge/Transfer Notices**

Throughout regulation, residents are afforded specific rights about what to expect when receiving care from a Nursing Home and have available online only the [Transfer Discharge Tip Sheet - Certified](#) that further outline expectations. Accordingly, provision of a complete notice of discharge or transfer not less than 30 days prior to a transfer or discharge is an important tool for the resident, their representative and/or family, and the facility.

If you have any questions regarding this correspondence, please email [LTCOmbudsman@health.mo.gov](mailto:LTCOmbudsman@health.mo.gov) or contact your county's Long-Term Care Ombudsman Program contact as illustrated in the enclosed.

Sincerely,

Jenny Hollandsworth  
Missouri State Long-Term Care Ombudsman  
Office of the State Long-Term Care Ombudsman  
Missouri Department of Health and Senior Services

Enclosures



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### **Questions and Answers Regarding Discharge Notices**

#### **Question 1: Should I send supportive information with the discharge notice to the Long-Term Care Ombudsman Program such as care plans, discharge summary, or physician's notes?**

Answer 1: No, the discharge notice is the only document that should be provided to the Long-Term Care Ombudsman Program.

#### **Question 2: Where can I obtain the contact information for my local Ombudsman Program?**

Answer 2: Please refer to Enclosure 2. Note that all correspondence should be sent to the proper email address for the county where the facility is located.

#### **Question 3: What is the correct agency contact information to be provided on the discharge notice for residents with mental illness or developmental disabilities?**

Missouri Protection and Advocacy Services  
925 South Country Club, Suite B  
Jefferson City, MO 65109  
Email: [app.unit@mo-pa.org](mailto:app.unit@mo-pa.org)  
Telephone: 1-800-392-8667  
Online: [www.moadvocacy.org](http://www.moadvocacy.org)  
Online Intake: <https://www.moadvocacy.org/request-help>

#### **Question 4: When can I send a list of residents discharged or transferred?**

Answer 4: The list of residents can be sent for emergency transfers such as transfer to an acute care setting and must be sent at least monthly to the Long-Term Care Ombudsman Program's email address reflected at Enclosure 2 and include, at minimum, the residents' first and last names, transfer location, and transfer date.

Please note that if these residents are being discharged, including after a subacute rehabilitation stay, a discharge notice is required. Additionally, such notice must be emailed to the Long-Term Care Ombudsman Program at the same time it is provided to the resident/representative.

#### **Question 5: If a resident is sent to the hospital due to the resident's clinical or behavioral status endangering the health and/or safety of other individuals in the facility, do I need to issue a Discharge/Transfer Notice?**

Answer 5: A hospital is not an appropriate discharge location. Admission assessments are key to ensuring the facility can care for the residents admitted. If there is evidence a facility cannot meet the resident's needs, or the resident poses a danger to the health and safety of his/herself or others, the facility must follow all the requirements as they apply to discharge including the basis for discharge, provide notice to the resident, his/her representative and the Long-Term Care

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Ombudsman Program, reason for discharge, discharge location and appeal rights information. A facility's determination not to permit a resident to return must not be based on the resident's condition when they were originally sent to the hospital.

**Question 6: The facility has decided to discharge the resident while the resident is still hospitalized. When must the discharge notice be sent, and to whom?**

Answer 6: If the facility discharges the resident while hospitalized, the facility must send a notice of discharge to the resident and resident representative and send a copy of the discharge notice simultaneously to the appropriate regional office of the Long-Term Care Ombudsman Program utilizing the email address in Enclosure 2.

**Question 7: A resident has completed their skilled rehabilitation and is being discharged. May the resident appeal their discharge?**

Answer 7: Yes. Residents have the right to appeal any discharge.

Missouri Long-Term Care Ombudsman Program by County

County	Agency	Email for Discharge Notices	Telephone
Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, Washington	Aging Best	<a href="mailto:tdlogombud@agingbest.org">tdlogombud@agingbest.org</a> Fax: 573-875-8907	573-443-5823
Bates, Benton, Carroll, Cedar, Chariton, Henry, Hickory, Johnson, Lafayette, Pettis, Saline, St Clair, Vernon	Care Connection for Aging Services	<a href="mailto:khinkebein@goaging.org">khinkebein@goaging.org</a> <a href="mailto:ckanak@goaging.org">ckanak@goaging.org</a>	660-747-3107
Barry, Barton, Christian, Dade, Dallas, Douglas, Greene, Howell, Jasper, Lawrence, McDonald, Newton, Oregon, Ozark, Polk, Shannon, Stone, Taney, Texas, Webster, Wright	Crosslines Community Outreach	<a href="mailto:cpayne@ccoarks.org">cpayne@ccoarks.org</a>	417-862-3598
Cass, Clay, Jackson, Platte, Ray	Mid-America Regional Council	<a href="mailto:abarnes@MARC.ORG">abarnes@MARC.ORG</a>	816-474-4240
Adair, Bollinger, Butler, Cape Girardeau, Carter, Clark, Dunklin, Franklin, Iron, Jefferson, Knox, Lewis, Lincoln, Macon, Madison, Marion, Mississippi, Monroe, Montgomery, New Madrid, Pemiscot, Perry, Pike, Ralls, Randolph, Reynolds, Ripley, St Charles, St Francois, St Louis, St Louis City, Ste Genevieve, Schuyler, Scotland, Scott, Shelby, Stoddard, Warren, Wayne	VOYCE	<a href="mailto:transfers@voycestl.org">transfers@voycestl.org</a>	314-918-8222
Andrew, Atchison, Buchanan, Caldwell, Clinton, Daviess, Dekalb, Gentry, Grundy, Harrison, Holt, Linn, Livingston, Mercer, Nodaway, Putnam, Sullivan, Worth	Young at Heart Resources	<a href="mailto:rwilliams@yahresources.org">rwilliams@yahresources.org</a> Fax: 816-396-0568	660-240-9400