

Transfer Discharge Process Sample Letters

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Sample Notices

The following are samples and must include state specific requirements,
State agency contact and reviewed with facility counsel

THIRTY DAY DISCHARGE NOTICE

<<Date>>

<<Resident/Legal Representative>>

<<ADDRESS>>

<<CITY, STATE, ZIP>>

Dear _____:

This letter serves as a notice of discharge from ***(insert name and location of facility)*** . The reason for this notice and your upcoming discharge is due to ***(insert reason for transfer/discharge as approved by primary physician)*** .

The anticipated date of your discharge is ____ (DATE) ____ . A discharge planning conference will be held prior to your discharge to ensure a smooth transition to your new living setting. The location to which you'll be moving is ____ (LOCATION) ____ .

You have a right to relocation assistance and to be prepared for and oriented to being discharged. A separate notice will be provided inviting you, your representative and others to a discharge planning conference. In addition, you have a right to contact an advocate to discuss this notice, and to seek assistance.

You may call or write an Ombudsman (for persons over age 60) or a representative from _____ (for persons under age 60) to discuss this notice and help you understand your rights:

<<Insert Name and Contact of Long Term Care Ombudsman>>

<<Insert Name and Contact of all other appropriate advocacy representatives per State requirements and disability>>

If you wish to appeal this discharge decision, you may appeal your relocation or discharge plan by:

- Writing a letter, within _____ (*per State requirements*) days of having received this notice, to the regional office of the <<insert State Agency information>> asking for a review of the discharge/transfer notice and stating why this plan should not take place.



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- Send a copy of the appeal letter to the administrator of this facility.
- Within _____ days of having received your written appeal, the facility must provide written justification for the discharge to the _____.
- You may not be discharged, if you've filed a written appeal within _____ days of receiving this notice, until the _____ has completed its review and notified both you and the facility of its decision, within fourteen (14) days of having received written justification from the facility.
- You may appeal the decision of the _____ in writing, to the _____ within five (5) days after having received the decision by the _____.

The name/address/phone number for the regional office of the _____ Department of Health Services

<<Insert name and contact information for State Department of HSS Representative>>>

The name/address/phone number of this facility's administrator is:

<<insert Name and Contact information>>>

The name/address/phone number of _____ – Division of Hearing and Appeals is:

<<insert contact information >>>

We will continue to work very closely with you to assure that your relocation goes as smoothly as possible and that your questions and concerns will be addressed. Please feel free to contact me to answer any questions about this notice or your impending discharge from this facility. Thank you.

Sincerely,

This document is for general informational purposes only.

It does not represent legal advice nor relied upon as supporting documentation or advice with CMS or other regulatory entities.

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Sample - Formal Discharge Planning Conference Notice
FORMAL DISCHARGE PLANNING CONFERENCE NOTICE

<<Date>>

<<Resident/Legal Representative>>

<<ADDRESS>>

<<CITY, STATE, ZIP>>

Dear _____:

This letter serves as a notice of a formal discharge planning conference at <<Insert Name of Facility and address>>

The purpose of this meeting is to finalize plans for your relocation to _____ on _____ (Date).

At this meeting, the kinds of assistance to be provided to you in moving yourself, your belongings and funds will be discussed as well as making provisions for your continuing to receive medications and treatments in accordance to your plan of care. This meeting should result in the development of a post-discharge plan of care that includes instructions for your continued care in order to assist you in adjusting to a new living environment.

At the time of your discharge and upon your consent, a summary of your status will be made available to authorized persons and agencies. A final statement of any funds or property that has been held by this facility for you will be prepared.

FORMAL DISCHARGE PLANNING CONFERENCE

The meeting is scheduled for (DATE) at (TIME) located in _____.

You will be meeting with : _____.

You may invite, or decline to have present, any person of your choosing at this meeting. I recommend involving your friends/family members, your county care manager, as appropriate, your physician and an Ombudsman. <<insert State specific information>>

You may file a complaint about this discharge or discharge process by contacting the regional office of the Department of Health Services _____ by contacting:

<<Insert Contact Information>>

We will continue to work very closely with you to assure that your relocation goes as smoothly as possible and that your questions and concerns will be addressed. Please feel free to contact me to answer any questions about this notice or your impending discharge from this facility.

Sincerely,



SAMPLE

NOTICE OF WAIVER OF THE 30 DAY TIME PERIOD FOR A DISCHARGE

_____ I, _____ (RESIDENT’S NAME/DECISION-MAKER) _____, have been informed of my right to receive a written notice of discharge at least 30 days before the anticipated date of that discharge. I choose to/circumstances dictate that I leave the facility before the 30 day period has lapsed and I waive my right to receive notice within that time frame.

_____ I have received a written notice of discharge on __ (DATE) __. This notice states the reason for my being discharged, and the location to and date upon which I am to relocate. This notice informs me of and instructs me in how to file an appeal of this discharge/relocation decision. This notice provides me with contact information for the regulatory agency with which I can file an appeal and for advocacy organizations that can assist me in an appeal.

_____ I have been informed of my right to receive discharge planning and to have a discharge planning conference scheduled at least 14 days before the anticipated date of discharge. I choose to leave the facility before the 14 day period has lapsed and I waive my right to the formal discharge planning conference that adheres to these timelines. I understand I will receive discharge and relocation assistance as mandated in state and federal regulations.

_____ I have been informed of my right to receive a written notice of this discharge planning conference within 7 days before that conference. I choose to leave the facility before the 14 day period has lapsed and waive my right to receive written notice of this formal discharge planning conference.

Signature – Resident or Agent

Date

Signature – Facility Representative

Date