

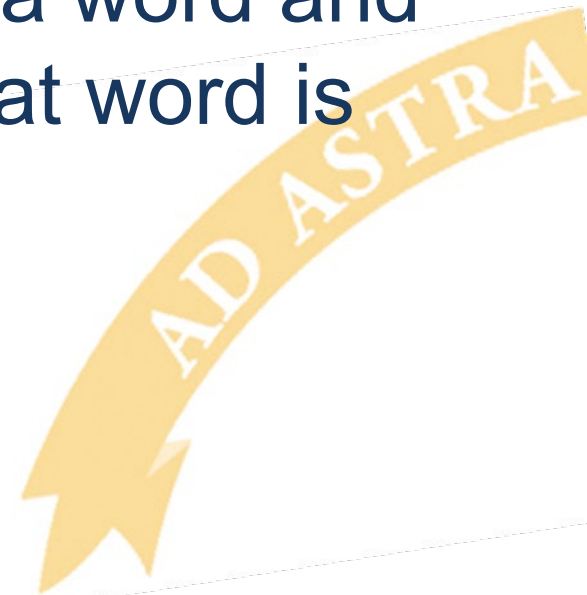


483.15 Admit, Transfer, Discharge

Dawne Altis RN

First Things First

- Do you have your State Operations Manual on your Desk Top????
 - [SOM - Appendix PP \(cms.gov\)](https://cms.gov)
- Save it as a PDF! You can right click, scroll down to find and type in a word and it will take you to every time that word is mentioned.



Federal Regulations by Number

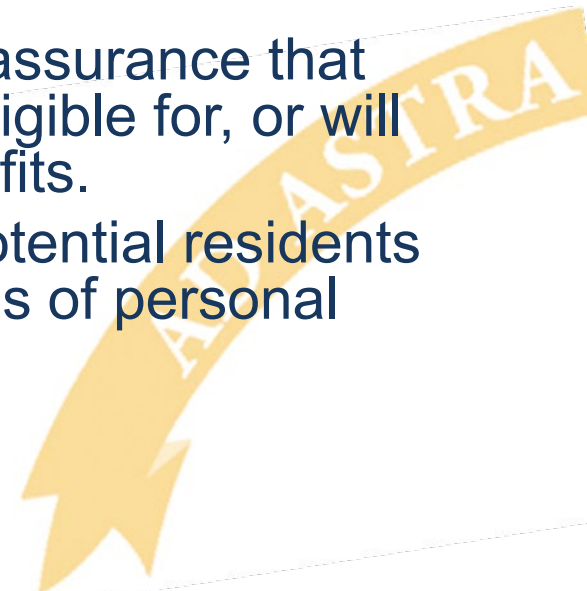
- F620- Admission Policy
- F621- Equal Practices Regardless of Payment Source
- F622- Transfer and Discharge Requirements
- F623- Notice of Requirements Before Transfer/Discharge
- F624- Preparation for Safe/Orderly Transfer/Discharge
- F625- Notice of Bed Hold Policy Before/Upon Transfer
- F626- Permitting Residents to Return to Facility

Important Definitions

- **“Facility-initiated transfer or discharge”**: A transfer or discharge which the resident objects to, did not originate through a resident’s verbal or written request, and/or is not in alignment with the resident’s stated goals for care and preferences.
- **“Resident-initiated transfer or discharge”**: Means the resident or, if appropriate, the resident representative has provided verbal or written notice of intent to leave the facility (leaving the facility does not include the general expression of a desire to return home or the elopement of residents with cognitive impairment).
- **“Transfer and Discharge”**: Includes 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 does not refer to movement of a resident to a bed within the same certified facility. (*See §483.5*) Specifically, transfer refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility when the resident expects to return to the original facility. Discharge refers to the movement of a resident from a bed in one certified facility to a bed in another certified facility or other location in the community, when return to the original facility is not expected.
- **Bed-hold**: Holding or reserving a resident’s bed while the resident is absent from the facility for therapeutic leave or hospitalization.
- **“Therapeutic Leave”**: *Resident* absences for purposes other than required hospitalization

F620 Admission Policy

- The facility must establish and implement an admissions policy.
- The facility must-
 - (i) Not request or require residents or potential residents to waive their rights as set forth in this subpart and in applicable state, federal or local licensing or certification laws, including but not limited to their rights to Medicare or Medicaid; and
 - (ii) Not request or require oral or written assurance that residents or potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits.
 - (iii) Not request or require residents or potential residents to waive potential facility liability for losses of personal property.



F620

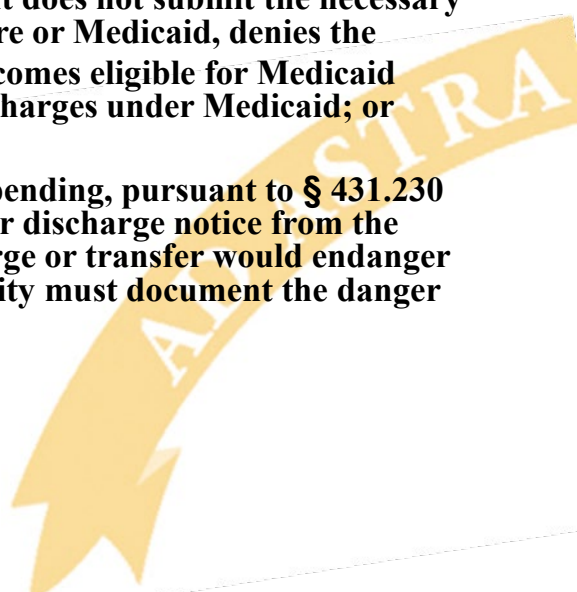
- The facility must not request or require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the
- facility. However, the facility may request and require a resident representative who has legal access to a resident's income or resources available to pay for facility care to sign a contract, without incurring personal financial liability, to provide facility payment from the resident's income or resources.
- §483.15(a)(4) In the case of a person eligible for Medicaid, a nursing facility must not charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under the State plan, any gift, money, donation, or other consideration as a precondition of admission, expedited admission or continued stay in the facility. However,—
- (i) A nursing facility may charge a resident who is eligible for Medicaid for items and services the resident has requested and received, and that are not specified in the State plan as included in the term “nursing facility services” so long as the facility gives proper notice of the availability and cost of these services to residents and does not condition the resident's admission or continued stay on the request for and receipt of such additional services; and
- (ii) A nursing facility may solicit, accept, or receive a charitable, religious, or philanthropic contribution from an organization or from a person unrelated to a Medicaid eligible resident or potential resident, but only to the extent that the contribution is not a condition of admission, expedited admission, or continued stay in the facility for a Medicaid eligible resident.
- §483.15(a)(5) States or political subdivisions may apply stricter admissions standards under State or local laws than are specified in this section, to prohibit discrimination against individuals entitled to Medicaid.
- §483.15(a)(6) A nursing facility must disclose and provide to a resident or potential resident prior to time of admission, notice of special characteristics or service limitations of the facility.
- §483.15(a)(7) A nursing facility that is a composite distinct part as defined in §483.5 must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under paragraph (c)(9) of this section

F621 Equal Practice Regardless of Payment Source

- **§483.15(b) Equal access to quality care.**
- **§483.15(b)(1) A facility must establish, maintain and implement identical policies and practices regarding transfer and discharge, as defined in §483.5 and the provision of services for all individuals regardless of source of payment, consistent with §483.10(a)(2);**
- **§483.15(b)(2) The facility may charge any amount for services furnished to non-Medicaid residents unless otherwise limited by state law and consistent with the notice requirement in §483.10(g)(18)(i) and (g)(4)(i) describing the charges; and**
- **§483.15(b)(3) The State is not required to offer additional services on behalf of a resident other than services provided in the State plan.**
- **§483.15(c)(9) Room changes in a composite distinct part. Room changes in a facility that is a composite distinct part (as defined in § 483.5) are subject to the requirements of § 483.10(e)(7) and must be limited to moves within the particular building in which the resident resides, unless the resident voluntarily agrees to move to another of the composite distinct part's locations.**

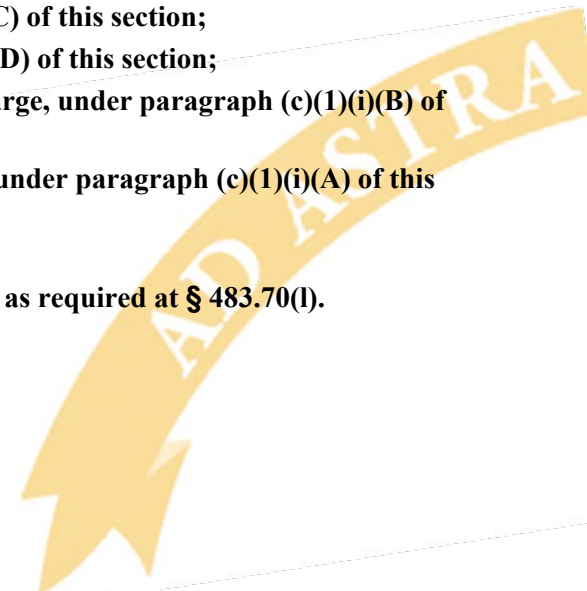
F622 Transfer and Discharge Requirements

- **§483.15(c) Transfer and discharge-**
- **§483.15(c)(1) 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.**



F623 Notice of Requirement Before Transfer/Discharge

- **§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 items described in paragraph (c)(5) of this section.**
- **§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.**
- **representatives, as well as the plan for the transfer and adequate relocation of the residents, as required at § 483.70(l).**



F623 Continued

- **§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.
- **§483.15(c)(6) Changes to the notice.**
- **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.**
- **§483.15(c)(8) Notice in advance of facility closure**
- **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**

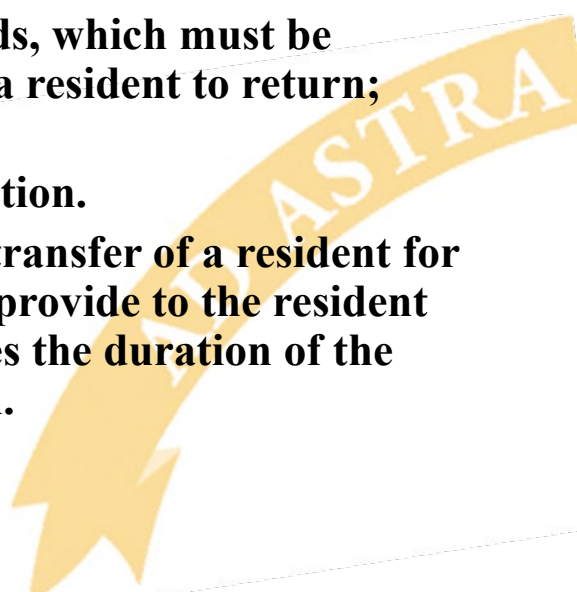
F 624 Preparation for Safe/Orderly Transfer/Discharge

- **§483.15(c)(7) Orientation for transfer or discharge.**
- **A 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.**



F625 Notice of Bed Hold Policy Before/Upon Transfer

- **§483.15(d) Notice of bed-hold policy and return—**
- **§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 (e)(1) 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 (d)(1) of this section.**



F626 Permitting Residents to Return to Facility

- **§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.**

What do surveyors review?

- This is a great resource
 - [Nursing Homes | CMS](#)
 - Survey Resources (ZIP) is everything the surveyors review while on site.
 - Appendix PP State Operations Manual
 - Appendix Q- Immediate Jeopardy
 - LTSCP Mapping Document
 - Psychosocial Severity Guide
 - Scope_Severity Grid

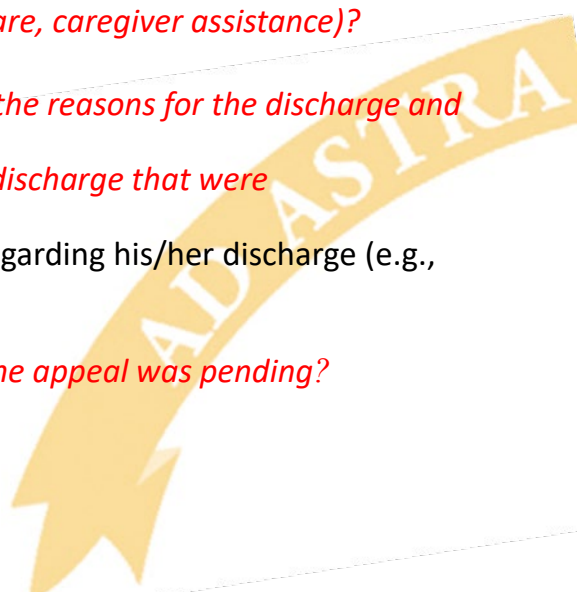
Critical Element Pathway

- **Review the following in Advance to Guide Observations and Interviews:**
- Review the most current comprehensive or most recent quarterly (if the comprehensive isn't the most recent) MDS/CAAs for Sections A – *Type of Assessment and Discharge Status (A0310F – 10 or 11, A0310G, and A2100)*, C – Cognitive Patterns, G – Functional Status, and Q – Participation in Assessment and Goal Setting.
- Physician's orders (e.g., medications, treatments, labs or other diagnostics, and the discharge order – planned or emergent).
- Pertinent diagnoses.
- Care plan (high risk diagnoses, behavioral concerns, history of falls, injuries, medical errors, discharge planning to meet the resident's needs including but not limited to resident education and rehabilitation, and caregiver support and education).
- *If investigating a complaint related to discharge, if there are other residents who had further investigation marked for the complaint care area, the team is required to sample three residents. If there weren't any other residents who had concerns regarding the complaint allegation, the team is only required to investigate the complaint resident. If concerns are identified, you may need to expand the sample and ask the facility for a list of facility-initiated discharged residents, as necessary. If the facility cannot provide a list of facility-initiated discharged residents, ask for a list of all discharged residents for the last three months.*

Facility Initiated

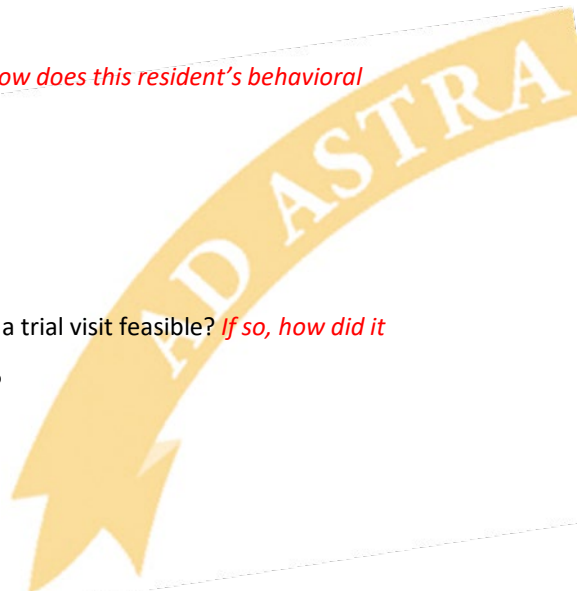
- Resident, Resident Representative or Family Interview

- *If the resident has been discharged or issued a notice of discharge, ask:*
 - *o Where is the resident currently/where is the resident going to be discharged?*
 - *o Is the resident safe?*
 - *o Was the resident informed of the location of discharge?*
 - *o How was the resident involved in selecting the new location?*
 - *o Does resident have any urgent medical needs?*
 - *o Where would the resident like to be?*
 - *o What is the most appropriate setting to meet resident's care needs?*
 - *o Has the resident experienced any physical or psychosocial harm from the discharge?*
 - *o Would the resident like to return to the facility from where he or she was discharged?*
 - *o What did the facility talk to you about regarding post-discharge care (e.g., self-care, caregiver assistance)?*
- *Ask the resident (or his or her representative) to share his or her understanding of the reasons for the discharge and what the facility said as to why the discharge was necessary.*
- *Ask the resident (or his or her representative) to share his or her objections to the discharge that were communicated with the facility. What was the facility response to the objections?*
- What information did the facility give the resident (or his or her representative) regarding his/her discharge (e.g., notice, final discharge plan)? When was it given? Was the information understandable?
- *Did you appeal the discharge? If so, were you allowed to stay in the facility while the appeal was pending?*



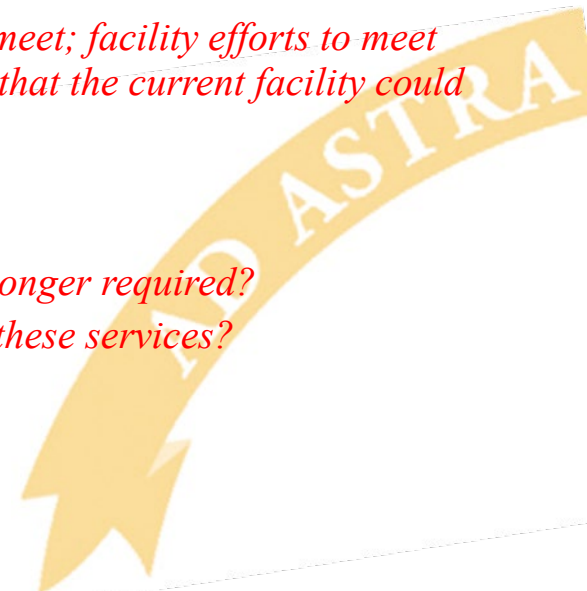
Facility Initiated- Staff Interview

- Why is the resident being discharged? *Based on the reason provided, refer to the appropriate section below:*
- **Inability to meet resident needs:**
- *o What services are you unable to provide to meet the resident's needs?*
- *o For residents being discharged to another healthcare provider: What did the facility do to try and provide necessary care and services to meet the resident's needs prior to discharge?*
- *o What does the new facility offer that can meet the resident's needs that you could not offer?*
- *o How did you determine your capability to care for the resident prior to the resident's admission?*
- *o Do you serve residents with similar needs? If yes, how do the needs of this resident differ?*
- **Health improved and no longer needs services by the facility:**
- *o What services were you providing to the resident?*
- *o How did you determine the resident's health had improved and services were no longer needed?*
- **Endangering the health or safety of others:**
- *o Describe the resident's clinical or behavioral status that endangered the health or safety of others.*
- *o How did the clinical or behavioral status endanger the health or safety of others? (Surveyors will need to determine if the reason provided gives adequate justification for discharge.)*
- *o What does the new facility offer that can meet the resident's needs that you could not offer?*
- *o How did you determine your capability to care for the resident prior to the resident's admission?*
- *o If a resident is discharged based on behavioral status: Do you serve residents with similar behaviors? If yes, how does this resident's behavioral status differ?*
- **Non-payment:**
- *o When and how did you notify the resident of non-payment?*
- *o When did the facility notify the resident of a change in payment status, if applicable?*
- *o How did the facility assist the resident to submit any third-party paperwork, if applicable?*
- Where is the resident being discharged to? How was the resident involved in selecting the new location? Was a trial visit feasible? *If so, how did it go?*
- What, when, and how was necessary healthcare information shared with staff at a new location, if applicable?
-



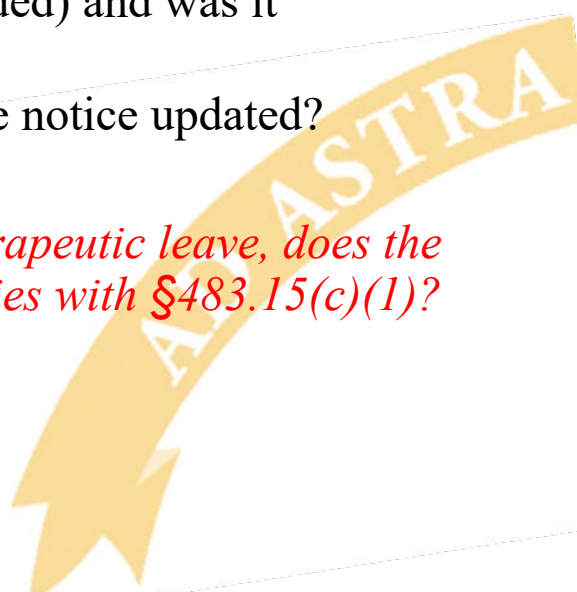
Facility Initiated – Record Review

- *What is the basis for the facility-initiated discharge?*
- *Review the resident's record to determine if there is adequate evidence to support the basis for the discharge. Use the following probes to guide the review of medical record evidence.*
- ***Inability to meet resident needs:***
 - *Has the facility attempted interventions to meet the resident's needs?*
 - *Has the facility consulted with the resident's attending physician and other medical professionals and followed orders and care plans appropriately in order to meet the resident's needs?*
 - *Is the facility providing care for residents with similar care needs?*
 - *Is there evidence in the record that discharge concerns, reasons, and location were discussed with the resident or the resident representative?*
 - *Did the physician document the specific needs the facility could not meet; facility efforts to meet those needs; and the specific services the receiving facility will provide that the current facility could not meet?*
- ***Improved and no longer needs care:***
 - *What services was the facility providing for the resident that are no longer required?*
 - *Does the resident's record support that the resident no longer needs these services?*
-



Record Review

- *The facility has or will cease to operate.*
- *Was the transfer or discharge documented in the resident's medical record and appropriate information communicated to the receiving health care institution or provider [see §483.15(c)(2)(i)(ii)(iii)].*
- Was advance notice given (either 30 days or, as soon as practicable, depending on the reason for the discharge) to the resident, resident representative, and a copy to the ombudsman:
 - Did the notice include all the required components (reason, effective date, location, appeal rights, Ombudsman, ID and MI info as needed) and was it presented in a manner that could be understood; and
 - If changes were made to the notice, were recipients of the notice updated?
- *If a resident was not permitted to return after a planned therapeutic leave, does the medical record contain a basis for the discharge that complies with §483.15(c)(1)?*



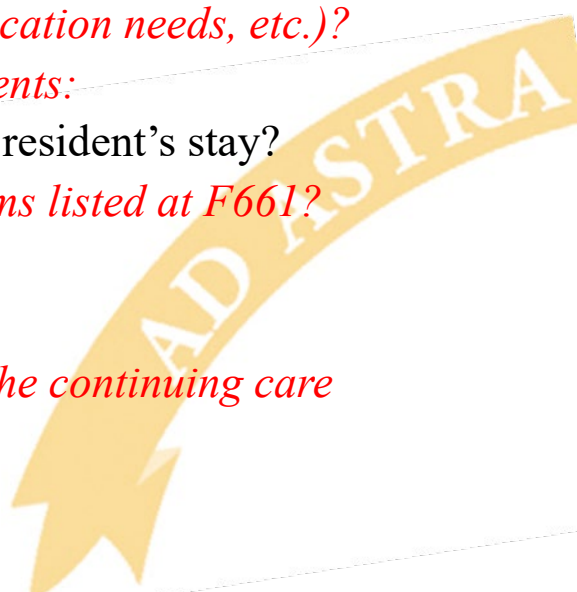
Determination

- *At the conclusion of this investigation, the surveyor should determine:*
- *Is this discharge facility-initiated? Yes or No*
- *If Yes, is there noncompliance with F622, F623, or F626 (CE3, 4, and 5 below – mark CE1 and CE2 as NA)*
- *If No, is there noncompliance with F660 and/or F661 (CE1 and 2 below – mark CE3, CE4, and CE5 as NA)*
-



Key Points of Resident Initiated:

- *Is there evidence of the resident's or resident representative's verbal or written notice of intent to leave the facility?*
- *Does the comprehensive care plan contain the resident's goals for admission and desired outcomes, and do these goals and desired outcomes align with an actual or planned discharge?*
- *Were discharge care planning needs updated as needed with the level of care the resident required at the time of discharge?*
- *Is there a discharge care plan and documented discussions with the resident and/or his or her representative containing details of discharge planning and arrangement for post-discharge care (e.g., home health service, physician visits, medication needs, etc.)?*
- *Is there a discharge summary which contains the required elements:*
 - ○ A recapitulation (*containing all required components*) of the resident's stay?
 - ○ A final summary of the resident's status *that includes the items listed at F661?*
 - ○ A reconciliation of all pre- and post-discharge medications?
- *Is there evidence that the discharge summary was conveyed to the continuing care provider or receiving facility at the time of discharge?*



Determination

- *At the conclusion of this investigation, the surveyor should determine:*
- *• Is this discharge resident-initiated? Yes or No*
- *• If Yes, is there noncompliance with F660 and/or F661 (CE1 and 2 below – mark CE3, CE4, and CE5 as NA)*
- *• If No, evaluate facility compliance with the Facility-initiated discharge requirements*
-





**Nottingham Health & Rehab
Joint Provider Training
Breanna Gregory**

Facility Assessment

An evaluation of the facility's overall processes where the facility determines the needs of its resident population and the resources necessary to provide the care and services to meet those needs.

Admissions

Prior to admitting any individual, the facility must determine if they have the ability to care for that person.

We are responsible for exercising due diligence when evaluating potential admissions, considering other residents, staffing, resources and competencies.

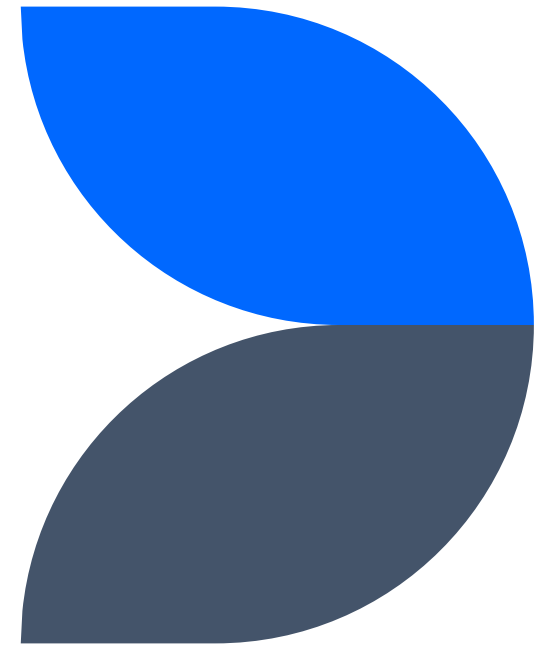
By accepting and admitting a resident, the facility is obligated to ensure the individual receives the care and services to attain and maintain the highest practicable level of physical, mental, and psychosocial well-being.



In General:

We agreed to admit them. We agreed to care for them until they improve and discharged on their own terms or they become deceased.

For the purposes of this presentation, we are going to assume that your admissions process is in line with your facility assessment.



A Discharge is Facility Initiated if:

- A resident objects to the discharge or transfer
- A resident did not request the discharge or transfer (in writing or verbally)
- It is not in line with the resident's preferences or goals
- It is an emergent transfer to the hospital

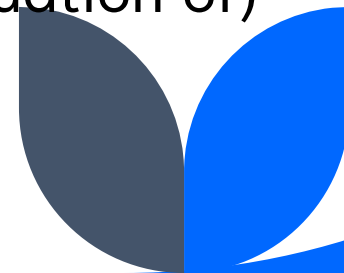


DEEP DIVE: 6 PERMISSIBLE REASONS



REASON #1: Resident's needs cannot be met in the facility

- Significant change in the resident's condition since admission
- Unless emergent, we must first attempt to meet the resident's change: (again, assuming you have looked at your facility assessment)
 - Assess the resident's current condition *and goals*
 - Root Cause any refusals or situations
 - Attempt alternatives and/or palliative/hospice
 - Physician or other medical provider involvement AND DOCUMENTATION
 - Revise the Care Plan (interventions and evaluation of)
 - Resident Rights



REASON #2: Health has improved

- Resident's overall health and ability to care for themselves has improved and the resident no longer needs skilled care.



REASON #2: What this reason is NOT:

NOMNC is a payor notice

NOT

A discharge notice

The conclusion of skilled coverage does not automatically or necessarily mean the resident no longer needs services provided by the facility.



REASON #2: Staying past the NOMNC

Discharge planning should begin upon admission and the Care Plan should reflect the resident's goals. In circumstances where someone is given a NOMNC but wishes to receive continued care, if the facility pursues discharge it **IS** a Facility Initiated Discharge.

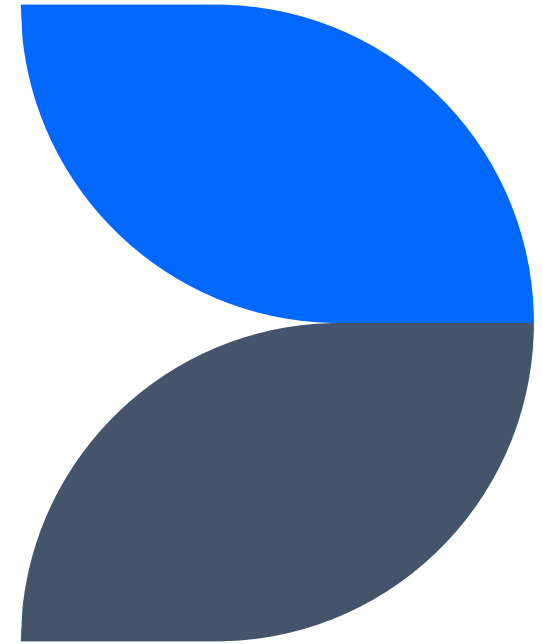
Why? Remember the definition of Facility Initiated Discharge:

- A resident objects to the discharge or transfer
- A resident did not request the discharge or transfer (in writing or verbally)
- It is not in line with the resident's preferences or goals



**REASONS #3 &
#4: Safety OR
Health of others
is endangered**

A resident's clinical or
behavioral status is
endangering
themselves or others



Immediate Hospital Transfer for **IMMEDIATE** risk to themselves or others:

- Ensure there is documentation *from a doctor or nurse practitioner* that the transfer was necessary because the safety or health of individuals was, or would have been, otherwise endangered.
- Discharge notice should identify that the individual is a danger to themselves or others.



When the acute facility is ready to discharge, we must reassess.

We should review the referral assuming the acute need has resolved, and our facility assessment says we can care for them.

If the new onset condition/behavior is resolved at the hospital:

You must accept them back

Initiate successful approaches used at the hospital and adjust Care Plan

If the new onset condition/behavior is NOT resolved at the hospital

(and not on your facility assessment and you do not have others with similar care needs/diagnosis):

Document physician determination in the medical record.

REASONS #3 & #4: *BEFORE* TRANSFER

Unless emergent (immediate threat to themselves or others), we must first attempt to meet the resident's needs:

- Assess the resident's current condition *and goals*
- Root Cause any refusals or situations
- Attempt alternative approaches/options
- Physician or other medical provider (behavioral health) involvement AND DOCUMENTATION
- Revise the Care Plan (interventions and evaluation of)
- Resident Rights



REASON #5: Failure to Pay

The resident has failed, after reasonable and appropriate notice, to pay for (or have paid under Medicare or Medicaid) a stay at the facility.

Ensure residents and/or the person handling their funds, understands payment requirements (Document education provided, conversations, and documents provided)

You cannot charge a family for care of their loved one. However, the person handling the resident's funds must know the responsibility as the resident's payee and the consequences of failure to pay



REASON #5: Failure to pay

- If a resident wishes to remain in the facility after a skilled stay or they exhaust their private pay resources and qualify for Medicaid, the facility must:
 - Ensure residents and/or their representative have the necessary assistance to submit the paperwork for Medicaid (if you are a Medicaid facility)
 - If denied by Medicaid, and the resident is appealing, the facility cannot discharge during the appeals process



REASON #5: Failure to Pay

If the nonpayment is the result of exploitation or misappropriation of resident's funds by the representative, we should take steps to notify authorities on their behalf. This would fall under your Abuse, Neglect, Exploitation, Mistreatment Policy. BEFORE initiating discharge



REASON #6: Facility Closes

Reach out to KDADS and the Ombudsman if you are closing

