In accordance with the (1) Nursing Home and Community Residence Facility Residents' Protection Act of 1985 (D.C. Law 6-108, D.C. Official Code § 44-1001.01, et seq.) and (2) Federal regulations on nursing facilities (42 CFR 483.12 to 483.12(c)), this facility must inform you of its intent to discharge, transfer or relocate you within this facility.

"Resident's representative" means (A) Any person who is knowledgeable about a resident's circumstances and has been designated by that resident to represent him or her; (B) Any person other than a facility who has been appointed by a court either to administer a resident's financial or personal affairs or to protect and advocate for a resident's rights; or (C) The Long-Term Care Ombudsman or his or her designee, if no person has been designated or appointed in accordance with subparagraphs (A) and (B) of this paragraph.
Both D.C. Law 6-108 and Federal regulations require that this facility provide you with specific information, and because this facility is licensed in the District of Columbia and is a participant in the Medicare and/or Medicaid program(s), all such requirements must be met.

WHO SHOULD RECEIVE THIS NOTICE: This notice must be delivered to you, the resident, and your representative.

WHEN SHOULD YOU RECEIVE THIS NOTICE: You should receive this notice at least thirty (30) days prior to the date of transfer or discharge from the facility. You should receive this notice at least seven (7) days prior to a relocation within the facility. The time periods for notification may be changed by physician order, consent by the resident or the resident's representative or a determination by the Long-term Care Ombudsman.

REQUIRED CONTENTS: The following should be completed by the provider.

(1) This proposed action is a (a) Transfer ☐ (b) Discharge ☐ or (c) Relocation ☐

(2) The specific reason(s) for this action is as follows:

(3) You are scheduled to be discharged, transferred or relocated on or by (date)

(4) Your destination is

(5) If you are being transferred to a hospital or the transfer is for therapeutic leave, attached is this facility's bed-hold policy. Your available number of bed-hold days is

(6) The following person from the facility is responsible for supervising the discharge, transfer or relocation:

Name: 
Address: 
Telephone: 
Email: 

(7) You may contact the D.C. Long-Term Care Ombudsman as follows:
D.C. Long-Term Care Ombudsman Program
Legal Counsel for the Elderly
601 E Street, N.W., Building A-4th Floor
Washington, D.C. 20049
Tel. (202)434-2190, Fax (202)434-6595

(8) If you have a developmental disability, you may also contact:
Judith Heumann, Director
Department of Disability Services
1125 15th Street, N.W.
Washington, D.C. 20005
Attn: Transfer/Discharge of Resident from Nursing Home
Tel. (202)730-1700, Fax (202)730-1843

(9) If you have a mental health issue, you may also contact:
Stephen T. Baron, Director
Department of Mental Health
64 New York Avenue, N.E., 4th Floor
Washington, D.C. 20002
Attn: Transfer/Discharge of Resident from Nursing Home
Tel. (202) 673-7440, Fax (202) 673-3433

(10) Please find attached a Hearing Request Form and a statement of your hearing rights, together with a postage paid envelope preaddressed to the appropriate District official or agency.

Provider's signature: (INITIALS) ____________________________ Date: ____________________________
Resident's signature: ____________________________ Date: ____________________________
Resident's Representative: ____________________________ Date: ____________________________

Continued Compliance with D.C. Law 6-108 Required

When a resident is transferred or discharged from a nursing facility the nursing facility is required to comply with standards set forth in the Nursing Homes and Community Residence Facilities Residents' Protection Act, D.C. Law 6-108 (D.C. Official Code §44-1003.01 et seq.). Evidence that the resident and/or family member and/or responsible party have been given the reasons for, procedures for contesting and proposed effective date of discharge, transfer or relocation must be maintained in the resident's record. Documents must be written in accordance with District of Columbia Official Code §44-1003.02 through §44-1003.08.

Enclosures:

D.C. Long-Term Care Ombudsman Program
Legal Counsel for the Elderly
601 E Street, N.W., Building A-4th Floor
Washington, D.C. 20049

Julie Hudman, Ph.D., Director
D.C. Department of Health Care Finance
Medical Assistance Administration
825 North Capitol Street, N.E., 5th Floor
Washington, D.C. 20002

Appeal Rights Request for Hearing Form

cc: Sharon Lewis, RNC, MSA, CPM,
Program Manager
Health Regulation Administration
Department of Health
717 14th Street, N.W., 6th Floor
Washington, D.C. 20005

717 14th Street, N.W. 8th Floor, Washington, D.C. 20005 (202) 724-8800 Fax (202)442-9431 Revised 12/31/2008
YOUR APPEALS RIGHTS

In Accordance with the Nursing Home and Community Residence Facility Residents' Protection Act of 1985, D.C.
Law 6-108

(Transfer, Discharge, Relocation)

You have a right to challenge this facility's decision to discharge, transfer, or relocate you. If the decision is to discharge you from the facility or to transfer you to another facility and you think you should not have to leave, you or your representative have 7 days from the day you receive this notice to inform the Administrator [Residence Director, if a community residence facility] or a member of the staff that you are requesting a hearing and to complete the enclosed hearing request form and mail it in the preaddressed envelope provided. If you are mailing the hearing request form from the facility, the day you place it in the facility's outgoing mail or give it to a member of the staff for mailing shall be considered the date of mailing for purposes of the time limit. In all other cases, the postmark date shall be considered the date of mailing. If, instead, the decision is to relocate you within the facility and you think you should not have to move to another room, you or your representative have only 5 days to do the above.

If you or your representative request a hearing, it will be held no later than 5 days after the request is received in the mail, and, in the absence of emergency or other compelling circumstances, you will not be moved before a hearing decision is rendered. If the decision is against you, in the absence of an emergency or other compelling circumstances you will have at least 5 days to prepare for your move if you are being discharged or transferred to another facility, and at least 3 days to prepare for your move if you are being relocated to another room within the facility.

To help you in your move, you will be offered counseling services by the staff, assistance by the District government if you are being discharged or transferred from the facility, and, at your request, additional support from the Long-Term Care Ombudsman program. If you have any questions at all, please do not hesitate to call one of the phone numbers listed below for assistance.

D.C. Long-Term Care Ombudsman Program
Legal Counsel for the Elderly
601 E Street, N.W., Building A-4th Floor
Washington, D.C. 20049
Tel. (202)434-2190, Fax (202)434-6595

Judith Heumann, Director
Department of Disability Services
1125 15th Street, N.W.
Washington, D.C. 20005
Attn: Transfer/Discharge of Resident from Nursing Home
Tel. (202)730-1700, Fax (202)730-1843

Stephen T. Baron, Director
Department of Mental Health
64 New York Avenue, N.E., 4th Floor
Washington, D.C. 20002
Attn: Transfer/Discharge of Resident from Nursing Home
Request For Hearing

Date ____________________

This is a request for a hearing in accordance with the Nursing Home and Community Residence Facility Residents' Protections Act of 1985, (D.C. Law 6-108) and/or the Assisted Living Residence Regulatory Act of 2000 (D.C. Law 13-127). The resident(s) listed below challenges the involuntary □ transfer, □ discharge or □ relocation by __________________________ (name of facility).

A copy of the notice from the facility is enclosed. It was received by the resident(s) on __________________________ (date of receipt).

The move is being contested based on the following:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Sincerely,

Resident/Representative (Print) ______________ Date ______________

Resident/Representative (Signature) __________________ Date ______________

Enclosure

Revised 10/19/2011