

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH



Model Resident Transfer and Discharge Plan for Nursing Homes
and Community Residence Facilities

I Applicability

This plan is developed by the District of Columbia Department of Health, pursuant to the Nursing Home and Community Residence Facility Residents' Protections Act of 1985, D. C. Law 6-108 (hereinafter "the Act" D.C. Official Code §§ 44-1001.01 et seq., at § 44-1003.10, to ensure the safe and orderly removal of residents from nursing homes and community residence facilities (hereinafter "facilities") and to protect the residents' health, safety, welfare, and rights. This plan shall be followed whenever one more residents of a facility are to be transferred or discharged, either voluntarily or involuntarily, from the facility, unless alterations in the plan are necessary to meet the individual needs of a particular resident. The Mayor, where appropriate, shall, through his or her designee, provide assistance to the facility to comply with the requirements of this plan. **The Mayor shall comply with this Plan where he/she exercises his/her discretion to transfer or discharge a resident from a facility pursuant to §44-1003.05.**

II Commencement of Planning Process

Transfer or discharge planning by the facility shall begin as soon as the decision is made to transfer or discharge a resident.

III Minimum Requirements of Planning Process

Transfer and discharge planning provided by the facility shall be sufficient to ensure the provision to the resident of, at a minimum, the following: adequate notice of the impending transfer or discharge and the reasons therefore, a current assessment of the resident's physical, mental, and psychosocial status and needs; support services, including counseling, planning, and assistance in identifying alternative placements and in facilitating the move; and information on how to contest the transfer or discharge decision.

A. Adequate Notice

The facility shall provide adequate written and oral notice of the transfer or discharge to the resident and to his or her representative, in accordance with the requirements of the Act, at D.C. Official Code § 44-1003.02, and in accordance with applicable local and federal regulations. If the written notice given by a facility to a resident does not contain all the information required by the Act, it shall be considered defective, and it shall be deemed null and void. Written and oral notice to the resident shall be provided at the same time, to the greatest extent possible.

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B. Current Assessment

The facility shall provide the receiving facility or other caregiver to whom the resident is to be transferred or discharged with a current assessment of and care plan for the resident, so that appropriate care and services can be set up for the resident.

In all cases, the facility shall, no later than 48 hours before the transfer or discharge, provide or obtain, as applicable, each of the following:

1. A comprehensive medical assessment and evaluation of the resident, including a physical examination, that is documented in the resident's medical record; and
2. A post-discharge plan of care for the resident that is developed with the participation of the resident, if competent, and/or with the participation of his or her representative or guardian, or, in the case of a resident who has no known representative or guardian, with the participation of the long-term care ombudsman.

In cases of involuntary transfer or discharge, the facility shall, no later than 48 hours before the transfer or discharge, provide or obtain, as applicable, written documentation from the resident's attending physician indicating that the transfer or discharge is in accordance with the post discharge plan of care and is not contraindicated by the resident's medical condition.

In cases of voluntary transfer or discharge, the facility shall provide or obtain the documentation as noted in the preceding paragraph, unless the resident's attending physician is unable to so indicate.

C. Support Services

The facility shall provide the following support services as part of the transfer or discharge process:

1. The facility shall provide counseling for the resident and his or her representative, in accordance with the requirements of the Act, at D.C. Official Code § 44-1003.04, to prepare them for the move, to respond to their questions and concerns, and to minimize the possible effects of transfer trauma.
2. The facility and the Mayor, where appropriate, through his or her designee, shall identify alternative placements, including providing the resident and his or her representative with a list of appropriate facilities having available beds.
3. The facility shall provide information to the resident and his or her representative of his or her right to make at least two visits to a proposed alternative placement, and

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- a. Arrangements to allow the resident at least two visits to a proposed alternative placement, unless the attending physician determines that such visits are medically contraindicated or unless the need for immediate transfer or discharge requires otherwise;
 - b. If the resident declines to make the visits, documentation of that fact in the resident's clinical record; and
 - c. If applicable, documentation in the resident's clinical record of the physician determinations that indicate that such visits are medically contraindicated, and/or of the determinations that the need for immediate transfer and discharge did not allow for the visits to take place.
4. When placement alternatives are being offered, strong consideration to the resident's expressed preferences, including proximity of family and friends, number of roommates, medical services provided, and activities and programs.
 5. Assistance in obtaining continuity of services for the resident, as follows:
 - a. In cases of transfer, providing the receiving facility with an assessment of and care plan for the resident sufficiently in advance of the transfer to allow the receiving facility adequate time to put the proper services in place.
 - b. In cases of discharge, arranging or assisting the resident or his or her representative in arranging for the services required by the post-discharge plan of care to be provided to the resident in his or her new location by appropriate service agencies and/or healthcare providers.
 6. Planning for the move, by taking appropriate steps to ensure that a resident's personal belongings, medications, medical records, financial records, and medical and/or therapeutic equipment are clearly identified, labeled, and moved along with the resident.
 7. Arrangements for packing and labeling of the resident's belongings, and for safe and secure transportation of the resident and his or her belongings to the new placement.
 8. Accurate information to staff at the current facility and at the new placement regarding the details of the move.

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D. ~~Information on How to Contest the Decision~~

The facility shall provide information to the resident and to his or her representative, in accordance with the requirements of the Act, at D.C. Official Code §§ 44-1003.02 and 44-1003.03, concerning the resident's right to contest the transfer or discharge decision and the process for doing so. The facility shall further offer to assist the resident and his or her representative in completing and submitting the hearing request form, if a hearing is requested.

IV. Resident Participation in Planning Process

The facility shall ensure that the resident or his or her representative is involved to the greatest extent possible in the process of planning his or her own transfer or discharge, and that he or she is given the opportunity to choose among available alternative placements, except when an emergency makes prior resident involvement impracticable.

V. Information Provided to Resident at Time of Transfer or Discharge

The facility shall provide the resident or his or her representative with the following documents and information at or before the time of transfer or discharge:

- A. A written statement of the medical assessment and evaluation and the post discharge plan of care required under Section III (B), above.
- B. A written statement documenting the medications currently being taken by the resident.
- C. Copies of all prescriptions and medication orders currently in force for the resident.
- D. Information to assist the resident, the resident's representative, or the resident's guardian in obtaining additional prescriptions for necessary medication, through consultation with the resident's treating physicians.
- E. A written statement containing the date, time, method, mode, and destination of the transfer or discharge, and contact information for the new facility or other placement.

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VI. Limitations on Transfer or Discharge

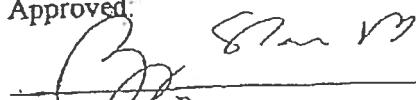
A facility may only transfer or discharge a resident if:

- A. The resident or his or her representative has consented in writing to the transfer or discharge, or
- B. The transfer or discharge is in accordance with a post discharge plan of care developed as required under Section III (B) above, and is to a safe and secure environment, where the resident will be under the care of another licensed, certified, or registered care provider, or under the care of another person who has agreed in writing to provide a safe and secure environment.

VII. Training

The facility shall periodically train its staff in transfer and discharge planning, according to policies and procedures developed in accordance with this plan, and shall maintain documentation of this training in the facility's records.

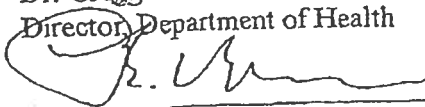
Approved:



 Dr. Gregg A. Pane
 Director, Department of Health

11/22/04

 Date



 Dr. Robert B. Vowels, Interim Senior Deputy Director
 Health Care Regulation and Licensing Administration

November 22, 2004

 Date