

Notice of Resident/Patient Transfer or Discharge

This notice is intended to comply with the federal requirements found at 42 CFR §483.15(c).

Name of facility:

Name of resident:

Date of anticipated transfer or discharge:

Location of anticipated transfer or discharge:

Date notice provided:

Reason(s) for the transfer or discharge:

- The transfer or discharge is/was appropriate because the resident's health has/had improved sufficiently so the resident no longer needs/needed the services provided by the facility
- The transfer or discharge is/was necessary for the resident's welfare and the resident's needs cannot/could not be met in the facility
- The safety of individuals in the facility is/was endangered due to the clinical or behavioral status of the resident
- The health of individuals in the facility would otherwise be endangered
- 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
- This facility is closing
- Other:

If notice is/was not provided 30 days in advance of the transfer or discharge, select the reason(s) for the shorter notice:

- The resident's health improved sufficiently to allow a more immediate transfer or discharge
- The resident has not resided or did not reside in the facility for 30 days
- An immediate transfer or discharge is/was required by the resident's urgent medical needs
- The health of individuals in the facility is/was endangered
- The safety of individuals in the facility is/was be endangered
- Other:

Residents have appeal rights regarding transfers and discharges. Organizations that can assist with appeals are listed on the second page of this document. In addition, the Minnesota Office of Ombudsman for Long-Term care can be contacted at:

OFFICE of OMBUDSMAN for LONG-TERM CARE
PO Box 64971
St. Paul, MN 55164-0971
1-800-657-3591 or 651-431-2555 or MBA.OOLTC@state.mn.us

CENTERS for MEDICARE and MEDICAID SERVICES - Region V

233 North Michigan Ave, Suite 600
Chicago, IL 60601
312-353-9810 or ROCHIORA@cms.hhs.gov

LIVANTA, LLC (BFCC-QiO Program)

10820 Guilford Road, Suite 202
Annapolis Junction, MD 20701-1105
1-888-524-9900 or 1-888-985-8775 or www.livantaqio.com

MID-MINNESOTA LEGAL AID and MINNESOTA DISABILITY LAW CENTER

430 First Avenue North, Suite 300
Minneapolis, MN 55401-1780
1-800-292-4150 or mndlc@mylegalaid.org

MINNESOTA DEPARTMENT of HEALTH - Health Regulation Division

PO Box 64900
St. Paul, MN 55164-0900
651-201-4101 or health.fpc-licensing@state.mn.us

MINNESOTA DEPARTMENT of HEALTH - Office of Health Facility Complaints

PO Box 64970
Attention: Transfer or Discharge Appeals Coordinator
St. Paul MN 55164-0971
1-800-369-7994 or 651-201-4201 or health.ohfc-complaints@state.mn.us

The appeal request must be made in writing within 30 days of receiving the notice of discharge or transfer. It should include the following information:

1. Resident's name;
2. Name and address of the nursing home;
3. A brief description of why you think the discharge or transfer is improper;
4. A request for a hearing; and
5. If possible, a copy of the notice of transfer or discharge and a copy of the facility's bed-hold notice.

OFFICE of OMBUDSMAN for LONG-TERM CARE

PO Box 64971
St. Paul, MN 55164-0971
1-800-657-3591 or 651-431-2555 or MBA.OOLTC@state.mn.us

OFFICE of OMBUDSMAN for MENTAL HEALTH and DEVELOPMENTAL DISABILITIES

121 7th Place East
Metro Square Building
St. Paul, MN 55101-2117
1-800-657-3506 or 651-757-1800 or Ombudsman.mhdd@state.mn.us

Use this section to note who the notice was given to or mailed to. Have the staff member who delivered or mailed the notice sign and date it when they delivered or mailed the notice.

_____ Resident _____ Representative _____ Office of Ombudsman _____ N/A mailed
Facility Representative _____ Date _____