Residential Care Services (RCS)

Adult Family Home (AFH) • Assisted Living Facility (ALF) • Enhanced Services Facilities (ESF)

Notice of Transfer or Discharge

This form may be used to meet the requirement for notice of transfer or discharge initiated by the AFH, ALF, or ESF in accordance with RCW 70.129.110 and WACS 388-76-10616, 388-76-10617, 388-78A-2660, 388-78A-2661, 388-107-0280, and 388-107-0281. The effective date of this notice must be at least 30 days from the date notice given, unless an exception applies under RCW 70.129.110(4).

Notice of: ☐ **Transfer** ☐ **Discharge**

Resident Name	ACES ID (Medicaid Only)
AFH / ALF / ESF Name	
This notice is to inform you that the AFH / ALF / ESF intends to transfer or discharge you. If you do not understand this form, ask the facility or a relative or friend to explain. Please read the information under "Your Rights and Resources" on the second page.	
Address of AFH / ALF / ESF Transferring or Discharging from:	Effective Date of Transfer
Location Transferring or Discharging to: Name and Address	Phone

Reason(s) for the transfer or discharge (if needed, attach a separate sheet to add more information)**:**

- ☐ The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.
- ☐ The safety of individuals in the facility is endangered.
- ☐ The health of individuals in the facility would otherwise be endangered.
- ☐ The resident has failed to make the required payment for their stay.
- ☐ The facility ceases to operate.

Brief explanation supporting the transfer or discharge action:

Notice provided by:	**Notice received by (optional):**
Provider / Administrator Name Date	Resident / Representative Signature Date

Notice Distribution

The facility must provide a copy of this notice to the resident and to the resident representative, if the resident has one.

For residents with Medicaid, the facility must also provide a copy of the notice within three calendar days to:

- Long-Term Care Ombudsman Program: email: Discharges@mschelps.org or e-fax (253) 216-3699
- DSHS Case manager: Send via fax (855) 635-8305, mail to DMS at PO Box 45826 Olympia, WA 98599-5826, or email PDF (one file per email) to hclantd@dshs.wa.gov.

Read the information below for important rights and resources.

Your Rights and Resources: All Residents

Washington state ombuds:

For assistance and information about this notice please contact your long-term care ombuds toll-free at 1-800-562-6028 or by email ltcop@mschelps.org. The Washington Long-Term Care Ombudsman Program is located at 1200 S. 336th Street Federal Way, WA 98003. You can find your local ombuds person through their program website: www.waombudsman.org, under “Find an Ombuds".

Disability rights Washington:

If you have a diagnosis of a mental illness or an intellectual disability, you may contact disability rights Washington 1-800-562-2702 or (206) 324-1521. You may also make your request in writing by fax at (206) 957-0729, email at info@dr-wa.org or mail at Disability rights Washington, 315 5th Ave S, Suite 850, Seattle WA, 98104.

DSHS Home and Community Living Administration (HCLA):

You have the right to make a complaint to the complaint resolution unit (CRU) at 1-800-562-6078 or online at https://www.dshs.wa.gov/altsa/home-and-community-services/report-concerns-involving-vulnerable-adults.

The following notice applies only to residents whose care is paid through Medicaid:

Residents with Medicaid ONLY

Legal counsel:

If you receive Medicaid, you have a right to a free lawyer to help you respond to a notice of transfer or discharge. If you want a free lawyer to help you, please call the long-term care discharge defense screening line at 888-437-0017. Please note that the right to a lawyer is subject to the availability of funding.

DSHS Case manager:

You may contact your DSHS case manager with questions about this notice or to learn about other living options. Your DSHS case manager is:

DSHS Case Manager Name
DSHS Case Manager Contact Information (phone and email)