



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Long-Term Support Administration
PO Box 45600, Olympia, Washington 98504-5600

May 30, 2018

AL TSA: NH #2018-015
UPDATED INFORMATION REGARDING REQUIRED NOTICE
WHEN RESIDENTS TRANSFER OR DISCHARGE TO ACUTE CARE

Dear Nursing Facility/Home Administrator:

The purpose of this letter is to provide updated information regarding the discharge and transfer notice requirements for residents transferred or discharged to acute care.

The regulation at 42 CFR 483.15(c)(3)(i) requires, in part, that before a facility transfers or discharges a resident, the facility must “notify the resident and the resident’s representative(s) of the transfer or discharge and the reasons for the move in writing....” The facility must also “...send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman (LTC Ombuds).”

As this new regulation took effect, initially Residential Care Services (RCS) advised providers that notice to the LTC Ombuds was not required for residents transferred to the acute care setting unless the resident was not able to return to the facility. After further consultation with the Centers for Medicare or Medicaid Services (CMS) Central Office, we now understand **facilities are required to send notice to the LTC Ombuds for all transfers to the acute care setting.**

Clarification on two common transfer circumstances:

1. **Resident transfer to acute care with an expected return to the nursing home.**
When a resident is temporarily transferred on an emergency basis to an acute care facility (an emergency room visit or an inpatient admission, for example), notice of the transfer must be provided to the resident and resident representative as soon as practicable. Copies of notices for emergency transfers must also be sent to the LTC Ombuds, but may be sent when practicable (periodically).
2. **Resident transfer to acute care with expected return, then transitions to a discharge from the nursing home.** In situations where the facility has decided to discharge the resident while the resident is still hospitalized, the facility must send a notice of discharge to the resident and resident representative, and must also send a copy of the discharge notice to the LTC Ombuds. Notice to the LTC Ombuds must occur at the same time the notice of discharge is provided to the resident and resident representative, even though, at the time of initial emergency transfer, sending a copy of the transfer notice to the LTC Ombuds only needed to occur when practicable (periodically).

The notice to the LTC Ombuds allows them to educate residents and advocate for them during the discharge process. To help them work effectively, the LTC Ombuds office recommends sending the periodic notices with all the required information in a list format to the state LTC Ombuds office approximately every two weeks. Additionally, to help them understand the reason for the transfer or discharge, please document only the conditions, symptoms or diagnoses that are the basis for the transfer or discharge, and do not include other medical diagnoses that are unrelated to the cause of the move.

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Over the past year, the CMS has published two memos with information about discharges and transfers, S&C 17-27-NH and S&C 18-08-NH. These memos may serve as an additional resources or provide context.

We apologize for the changed message, and hope this helps make the intent of the regulation clearer.

Thank you for your continued commitment to resident health and safety. If you have any questions, please contact your local RCS Field Manager.

Sincerely,

A handwritten signature in black ink, appearing to read "Candace Goehring". The signature is fluid and cursive, with a large loop at the end.

Candace Goehring, Director
Residential Care Services

DSHS: "Transforming Lives"