

Nursing Facility Notice of Transfer or Discharge

Refer to 42 CFR 483.12. This form is required for those transfers or discharges initiated **by the nursing facility**, and not by the resident, legal guardian or representative.

Resident Information

Name _____ Medicaid ID (if applicable) _____

Resident Representative (if applicable)

Name _____ Address _____

Phone _____

Location to which resident is transferred or discharged (required)

Name _____ Address _____

Phone _____

Nursing Facility Information

Name _____ Address _____

Phone _____ Facility Contact Name _____ Contact Phone _____

Notice Information

Date notice is given _____ Date of Transfer/Discharge _____

The transfer/discharge date must be at least 30 days **after** the date the notice is given *unless* an exception applies. The resident may choose to move earlier than the effective date.

Reason for discharge or transfer:

- Your bill for services at this facility has not been paid after you received notice and time to pay.
- This facility is closing.

For the following reasons, page 2 of this form must be signed by a physician, or a physician's written order for discharge or transfer must be attached. The physician may be the resident's attending or treating physician, the facility medical director, or a nurse practitioner or physician's assistant as a designee to one of the aforementioned.

- Your needs cannot be met in this facility.
- Your health has improved enough that you no longer need the services provided by this facility.
- The health of other individuals in this facility is endangered.
- The safety of other individuals in this facility is endangered.

You must provide a brief explanation to support this action (attach additional documentation if necessary):

Requesting Assistance

Nursing Facility Notice of Transfer or Discharge

If you ask, nursing facility staff must give you the help you need to contact one of the people or groups below. If you disagree with the discharge or transfer, nursing facility staff must give you the help you need to ask for an appeal. Please see the name and phone number of the nursing home contact person listed on page 1 of this form.

Long -Term Care Ombudsman

You have the right to ask for a review of this notice by a Long -Term Care Ombudsman. They are available to help you with any questions about this notice or the appeal process. If you want to ask for a review of this notice or ask for help from a Long -Term Care Ombudsman, call the Ombudsman Office toll free at **877-236-0013**. You can also ask them for help in writing. Mail your written request to the State Long-Term Care Ombudsman at 502 Deaderick Street Andrew Jackson Building 9th Floor Nashville, TN 37243-0860.

TennCare Advocacy Program

Do you have a mental illness and need help with this notice? The TennCare Advocacy Program can help you. Call them for free at **1-800-758-1638**. Do you have an intellectual or developmental disability and need help with this notice? The Department of Intellectual and Developmental Disabilities can help you. Call them for free at **1-800-535-9725**. You can contact them in writing at 400 Deaderick Street Citizen's Plaza State Office Building, Nashville, TN 37243.

Asking for an Appeal of This Decision

You have the right to appeal if you don't agree with this decision. You have up to 30 days from the date this notice is given to request a fair hearing. If you ask for a fair hearing within 30 days of the date this notice is given, you will not be transferred or discharged until the hearing decision has been made, unless your situation requires an emergency transfer or discharge. If you do not ask for a fair hearing within 30 days of the date this notice is given, you will be transferred or discharge at the end of the 30-day notice period.

If you wish to appeal this notice and request a hearing, you must do so in writing. Please attach a copy of this notice when you send your appeal. Mail your appeal to **TennCare's Office of General Counsel ATTN: Involuntary NF Discharge Appeals, 310 Great Circle Road, Nashville, TN 37243. You may also fax your appeal to 615-734-5317**. If you have questions about appealing this decision, call TennCare's Office of General Counsel for free at **866-797-9469**.

Notice presented by:

Nursing Home Administrator/Designee Name _____ Signature _____ Date _____

Physician/Designee Name (When Required) _____ Signature _____ Date _____

Notice received by:

Resident or representative Name _____ Signature _____ Date _____

Notice given to: Resident, Legal Guardian or Rep _____ (Date) Resident Clinical Record _____ (Date)

Local LTC Ombudsman _____ (Date) State LTC Ombudsman _____ (Date)

HCFA Commissioner's Designee _____ (Date)