



RHODE ISLAND DEPARTMENT OF HUMAN SERVICES PRE-TRANSFER OR PRE-DISCHARGE 30 DAY NOTICE

Resident Information

Name: _____

Medicaid ID # (if applicable): _____

Resident Representative (if applicable)

Name: _____

Address: _____

Phone: _____

Date Notice is given: _____

Effective Date: _____

The effective date must be at least thirty (30) days from date notice is given unless an exception applies.

The resident may choose to move earlier than effective date.

Nursing / Assisted Living Facility Information

Name: _____

Address: _____

Phone: _____

Facility contact person: _____

Contact phone: _____

Location to which resident is transferred or discharged (required):

Name: _____

Address: _____

Phone: _____

Reason for Discharge or Transfer: Your bill for services at this facility has not been paid after reasonable and appropriate notice to pay. This facility is closing.

The following reasons require a physician to either sign this form or provide a written order for discharge or transfer. The signing physician shall be the resident's attending or treating physician.

 The health and/or safety of other individuals in this facility is endangered.

Please provide a brief explanation to support this action in the designated space below (attach additional documentation if necessary):

 The health and/or safety of the resident is endangered by remaining in the facility, or the discharge or transfer from the facility is necessary for medical reasons.

Please provide a brief explanation to support this action in the designated space below (attach additional documentation if necessary):

EXPLANATION:

Physician Signature: _____

Date: _____

REQUESTING ASSISTANCE

If requested, facility staff must provide the assistance necessary to contact the organizations below or request an appeal of this decision if you disagree with the discharge or transfer. Please see nursing home contact person's name and phone number on the front of this form.

DHS Long Term Care Offices

Providence LTC Location:

206 Elmwood Avenue
Providence, RI 02907
1 (401) 415-8455

Newport LTC Location:

272 Valley Road
Middletown, RI 02842
1 (855) 697-4347)

RI State Long Term Care Ombudsman

422 Post Road, Suite 204
Warwick, RI 02888
1 (401) 785-3340 *or*
1 (888) 351-0808
http://alliancebltc.com

OHHS Appeals Office

Virks Building
3 West Road
Cranston, RI 02920
1 (401) 462-2132

Behavioral Healthcare, Developmental Disabilities, and Hospitals

Division of Developmental Disabilities
Simpson Hall
6 Harrington Road
Cranston, RI 02920
1 (401) 462-3201

Office of Mental Health Advocate

John O. Pastore Campus
57 Howard Avenue – 4th Floor
Cranston, RI 02920
1 (401) 462-2003 *or*
1 (800) 346-2282

REQUESTING AN APPEAL OF THIS DECISION

You have the right to appeal if you disagree with this decision. You have up to thirty (30) days upon receipt of this notice to request a fair hearing. If you request a fair hearing within ten (10) days after receiving this notice, you will not be transferred or discharged until the hearing decision has been made, unless your circumstance(s) requires an emergency transfer or discharge. If you do not request a fair hearing within ten (10) days after receiving this notice, you will be transferred or discharged at the end of the thirty-day notice period.

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 Representative _____ (date)

Local Long-Term Care Ombudsman Council _____ (date)

Resident Clinical Record _____ (date)

Attachments: Resident Rights
Request for Fair Hearing

Please be advised that thirty (30) days advanced notice is not required under the following circumstances:

1. In the event of danger to the safety or health of the individuals in the long-term care facility;
2. When the Resident's health improves sufficiently to allow a more immediate transfer or discharge;
3. Where a more immediate transfer or discharge is necessitated by the resident's urgent medical needs;
4. When the resident has not resided in the long-term care facility for a period of at least thirty (30) days.
5. In the case of such exceptions (as above), notice must be given as many days before the date of the move as is practicable, and include all the information set forth in § 7.6(B) of this Part.