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**CHAPTER 26: ICF/DD SERVICES**

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**SECTION 26.5: TRANSFERS AND DISCHARGES****PAGE(S) 9**

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**TRANSFERS AND DISCHARGES****Written Agreements with Outside Resources**

Each recipient must receive the services that are required to meet his/her needs including emergency and other health care. If the service is not provided by the ICF/DD, there must be a written agreement with an outside resource. The written agreement for hospital transfers must be with nearby hospitals and provide for prompt transfer of recipients.

**Facility Responsibilities for Transfers or Discharges**

Facility records shall document that the recipient was transferred or discharged for good cause which means for any reason that is in the best interest of the individual.

Any decision to move a recipient shall be part of an interdisciplinary team process. The recipient, family, legal representative, and advocate (if there is one), shall participate in the decision making process.

Planning for a recipient's discharge or transfer shall allow for at least 30 days to prepare the recipient and parents/guardian for the change (except in cases of emergency);

Planning for release of a recipient shall include providing for appropriate services in the recipient's new environment, including protective supervision and other follow-up services which are detailed in the discharge plan.

The recipient and/or legal representative must give their written consent to all non-emergency situations. Notification shall be made to the parents or responsible parties as soon as possible.

Both the discharging and receiving facilities shall share responsibility for ensuring the exchange of medical and other programmatic information which shall include the following:

- An updated active treatment plan,
- Appropriate care and transportation of the recipient during transfer, and
- The transfer of personal effects and of information related to such items.

Staff from the sending and receiving facilities shall confer on a continuing basis to share pertinent information regarding all aspects of the recipient's care and habilitation training. The transferring facility is responsible for developing a final summary of the recipient's developmental, behavioral, social, health, and nutritional status. Also, with the consent of the

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**CHAPTER 26: ICF/DD SERVICES**

---

**SECTION 26.5: TRANSFERS AND DISCHARGES****PAGE(S) 9**

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recipient and/or responsible party, a copy of this summary must be provided to authorized persons and agencies.

The facility shall establish procedures for counseling recipients or legal representatives, concerning the advantages and disadvantages of the discharge. This counseling shall include information regarding after care services available through agency and community resources.

All recipients being transferred or discharged shall be given appropriate information about the new living arrangement. Counseling shall be provided if they are not in agreement with this living arrangement. (See Section below on involuntary transfers if recipient is being transferred against his/her will).

The recipient's right to the most appropriate placement that will meet his/her needs shall govern all transfer/discharge planning. **Recipients are not to be maintained in inappropriate placements in which their needs cannot adequately be met.**

**Involuntary Transfer or Discharge**

Involuntary transfer or discharge of a recipient may occur only under the following conditions:

- The transfer or discharge is necessary for the recipient's welfare and the recipient's needs cannot be met in the facility,
- The transfer or discharge is appropriate because the recipient's health has improved sufficiently, therefore, the recipient no longer needs the services provided by the facility,
- The safety of individuals in the facility is endangered,
- The health of individuals in the facility would otherwise be endangered,
- The recipient has failed, after reasonable and appropriate notice, to pay for the portion of the bill for services which he/she is liable or when the recipient loses financial eligibility for Medicaid, or
- The facility ceases to operate.

**NOTE: When a recipient becomes eligible for Medicaid after admission to a facility, the facility may charge the recipient only allowable charges under Medicaid.**

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**CHAPTER 26: ICF/DD SERVICES**

---

**SECTION 26.5: TRANSFERS AND DISCHARGES****PAGE(S) 9**

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**Facility Responsibilities**

When a recipient is involuntarily transferred or discharged, the recipient's clinical record must be fully documented and documentation must be made by the following:

- **The recipient's physician** - if the transfer or discharge is necessary for the recipient's welfare or the recipient's condition has sufficiently improved and no longer needs the services provided by the facility, or
- **Any physician** - if the health of the individuals in the facility would be endangered.

Before an inter-facility transfer or discharge occurs, the facility must:

- Notify the recipient of the transfer or discharge and the reason for the move. The notification must be written in a language and manner that the recipient understands. A copy of the notice must be placed in the recipients clinical record and transmitted to:
  - The recipient,
  - A family member of the recipient, if known,
  - The recipient's legal representative and legal guardian, if known,
  - The Community Living Ombudsman Program,
  - DHH Health Standards Section,
  - OCDD regional office for assistance with the placement decision,
  - The recipient's physician,
  - Appropriate educational authorities, and
  - A representative of the recipient's choice.
- Record the reasons in the recipient's clinical records
- Conduct an interdisciplinary team conference with the recipient, family member or legal representative and an appropriate agency representative to update the plan and develop discharge options that will provide a reasonable assurance that the transfer or discharge is to a setting that can be expected to meet the recipient's needs.

The facility must issue the written notice of discharge or transfer at least 30 days before the recipient is transferred or discharged. However, the notice may be made as soon as practicable before transfer or discharge under the following circumstances:

- The safety of the individuals in the facility would be endangered,

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**CHAPTER 26: ICF/DD SERVICES**

---

**SECTION 26.5: TRANSFERS AND DISCHARGES****PAGE(S) 9**

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- The health of individuals in the facility would be endangered,
- The recipient's health improves sufficiently to allow a more immediate transfer or discharge, or
- An immediate transfer or discharge is required by the recipient's urgent medical needs as determined by a physician.

**NOTE: Notice may be made at least 15 days before transfer or discharge in cases of nonpayment of a bill for cost of care.**

The written notice must include:

- The reason for transfer or discharge,
- The effective date of transfer or discharge,
- Location to which the recipient is transferred or discharged,
- An explanation of the recipient's right to have personal and/or third party representation at all stages of the transfer or discharge process,
- The address and telephone number of the Community Living Ombudsman Program,
- The mailing address and telephone number of the agency responsible for the protection of individuals with developmental disabilities,
- Names of facility personnel available to assist the recipient and family in decision making and transfer arrangements,
- Date, time and place for the follow-up interdisciplinary team conference to make a final decision on the recipient's/legal representative's choice of new facility or alternative living arrangement,
- An explanation of the recipient's right to register a complaint with DHH within three days after the follow-up interdisciplinary team conference.

The facility shall provide all services required prior to discharge that are contained in the final update of the individual habilitation plan and in the transfer or discharge plan.

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**CHAPTER 26: ICF/DD SERVICES**

---

**SECTION 26.5: TRANSFERS AND DISCHARGES****PAGE(S) 9**

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The facility shall be responsible for keeping the recipient, whenever medical or other conditions warrant, for as long as necessary even if beyond the proposed date of transfer or discharge, except in emergency situations.

The facility shall provide transportation to the new residence unless other arrangements are preferred by the recipient/legal representative or the receiving facility.

If a recipient requests a hearing, DHH shall hold a hearing at the ICF/DD, or by telephone if agreed upon by the appellant, within 30 days from the date the appeal is filed with the Bureau of Appeals and witness and exhibit lists are submitted by the facility. DHH shall issue a decision within 30 days from the date of the recipient's hearing.

**OCDD Regional Office Responsibilities**

OCDD Regional Office responsibilities when involuntary transfer or discharge occurs include the following:

- Review written notice of involuntary discharge,
- Ensure that the recipient's rights are protected during transfer,
- Refer any rights violations to BHSF Health Standards State Office for investigation, and
- Complete medical certification for receiving facility after review of appropriate data.

**BHSF Health Standards State Office Responsibilities**

BHSF Health Standards State Office responsibilities include the following:

- Receive complaints from recipients or legal representatives and arrange for an investigation to be conducted prior to transfer or discharge, if possible. Take appropriate action as required to resolve the complaint,
- Issue a notice to the facility when it is determined that the recipients have been transferred or discharged in violation of their rights,
- Make recommendation for appropriate sanctions.

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**CHAPTER 26: ICF/DD SERVICES**

---

**SECTION 26.5: TRANSFERS AND DISCHARGES****PAGE(S) 9**

---

**BHSF Medicaid Eligibility Local Office Responsibilities**

When an involuntary transfer or discharge occurs, the local office is responsible for the following:

- Referring complaints filed by recipients, recipients' families or legal representatives to DHH Health Standards State Office for investigation,
- Completing financial eligibility determination for transfer to appropriate facility or non-institutional living arrangement.

**Mass Transfer of Recipients**

The following provisions shall apply to any mass transfer.

**ICF/DD Decertification**

When BHSF determines that an ICF/DD no longer meets State and Federal Title XIX certification requirements, decertification action is taken. Usually an advance decertification date is set, unless the recipients are in immediate danger.

**ICF/DD Decertification Notice**

On the date the ICF/DD is notified of its decertification, OCDD shall immediately begin notifying recipients, families, responsible parties, and other appropriate agencies or individuals of the decertification action and of the services available to ensure an orderly transfer and continuity of care.

**Coordination of Decertification Process**

The process of decertification requires concentrated and prompt coordination among the following groups: the BHSF Health Standards regional office, BHSF Medicaid eligibility parish office, the facility, OCDD, and other offices designated by DHH.

The coordination effort shall have the following objectives:

- Protection of recipients;
- Assistance in finding the most appropriate placements for recipients when requested by recipients, families and/or responsible parties.

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**CHAPTER 26: ICF/DD SERVICES**

---

**SECTION 26.5: TRANSFERS AND DISCHARGES****PAGE(S) 9**

---

- Timely termination of vendor payment upon recipients' discharge from the ICF/DD.

**NOTE: The ICF/DD still retains its usual responsibility during the transfer/discharge process to notify the BHSF Medicaid Eligibility Parish Office promptly of all changes in the recipient's status.**

**ICF/DD Closing or Withdrawing from the Medicaid Program**

When an ICF/DD either voluntarily or involuntarily discontinues its operations or participation in the Medicaid Program, recipients, families, responsible parties, and other appropriate agencies or individuals must be given sufficient notice of the effective closure date to insure an orderly transfer and continuity of care.

If the ICF/DD is voluntarily or involuntarily **withdrawing** from Medicaid participation, the recipient has the option of remaining in the ICF/DD on a private-pay basis.

If the ICF/DD is **closing** its operations, plans shall be made for transfer.

**Payment Limitation**

Payments may continue for recipients up to 30 days following the effective date of the ICF/DD's decertification. However, no payment will be approved for Medicaid recipients admitted after an ICF/DD receives a notice of decertification. The payment limitation also applies to Medicaid recipients admitted prior to the decertification notice.

Payment will continue for recipients certified prior to the decertification **only** if the ICF/DD totally cooperates in the orderly transfer of recipients to other Medicaid facilities or other placements of their choice.

**Transfer Team**

DHH shall designate certain staff members as a transfer team when a mass transfer is necessary. The team's responsibilities shall include supervising transfer activities in the event of a proposed ICF/DD decertification or voluntary termination of Medicaid participation.

This team is responsible for:

- **Identification and Coordination**

When a provider agreement is extended for up to two months beyond its original expiration date, the transfer team shall immediately identify the ICF/DD receiving

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**CHAPTER 26: ICF/DD SERVICES**

---

**SECTION 26.5: TRANSFERS AND DISCHARGES****PAGE(S) 9**

---

the affected recipients, and determine the last date for which vendor payment for recipient services can be made. The team members will assist in making the most appropriate arrangements for the recipients, by providing members names as contact persons if assistance is needed.

- **Supervision and Assistance**

When payments are continued for up to 30 days following decertification, the transfer team shall supervise the decertification and transfer of its Medicaid recipients. The team will assist in making the most appropriate arrangements for the recipients, by providing the members' names as contact persons if assistance is needed. They will also, determine the last date for which vendor payment for recipient services can be made.

- **Effecting the Transfer**

In order to insure an orderly transfer or discharge, the transfer team shall also be responsible for performing the following tasks:

- Meeting with appropriate ICF/DD administrative staff and other personnel as soon as possible after termination of a provider agreement to discuss the transfer planning process.
- Continuing to meet periodically with the ICF/DD personnel throughout the transfer planning process.
- Identifying any potential problems.
- Monitoring the ICF/DD's compliance with transfer procedures.
- Resolving disputes in the recipients' best interest.
- Encouraging the ICF/DD to take an active role in the transfer planning.
- Arranging for the social services necessary in the transfer or discharge plan or otherwise necessary to insure an orderly transfer or discharge, and
- Obtaining other services available under Medicaid.

**NOTE: The ICF/DD's failure to comply with the transfer team's requests may result in denial of reimbursement during the extension period.**

**BHSF Medicaid Eligibility Local Office Responsibilities**

The BHSF Medicaid Eligibility Local Office is responsible for maintaining a list of each recipient's status as authorization forms are submitted regarding transfer or discharge. At the conclusion of the 30 or 60 day period (referred to under Transfer Team above), the team shall submit a report to the BHSF State Office outlining arrangements made for all recipients.

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**CHAPTER 26: ICF/DD SERVICES**

---

**SECTION 26.5: TRANSFERS AND DISCHARGES****PAGE(S) 9**

---

**Transfer to or from Hospice**

Recipients residing in an ICF/DD can receive hospice services while residing in the ICF/DD. However, the ICF/DD must enter into a written agreement in accordance with the provisions set forth in the Licensing Standards for Hospices (LAC 48:I.Chapter 82), under which the hospice program takes full responsibility for the professional management of the recipient's hospice care and the facility agrees to provide room and board to the individual.

**Recipient Rights**

Nothing in the transfer or discharge plan shall interfere with a recipient's rights. See Section 26.4 Recipient Rights for a description of a recipient's rights.