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

Each beneficiary must receive the services that are required to meet their needs including emergency and other health care. If the service is not provided by the intermediate care facilities for individuals with intellectual disabilities (ICF/IID), there must be a written agreement to provide the service with an outside resource. Written agreements for hospital transfers must be with nearby hospitals and must provide for the prompt transfer of beneficiaries.

Facility Responsibilities for Transfers or Discharges

Facility records shall document that the beneficiary was transferred or discharged for “good cause.”“ Good cause is any reason that is in the best interest of the individual.

Any decision to move a beneficiary shall be part of an interdisciplinary team (IDT) process. The beneficiary, family, legal representative, and advocate (as applicable), shall participate in the decision making process.

Except in cases of emergency, planning for a beneficiary’s discharge or transfer shall allow for at least 30 days to prepare the beneficiary and parents/guardian for the change.

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

The beneficiary and/or legal representative must give their written consent in 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, including but not limited to:

1. Updated active treatment plan;
2. Appropriate care and transportation of the beneficiary during transfer; and
3. 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 beneficiary’s care and habilitation training.

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The transferring facility is responsible for developing a final summary of the beneficiary's developmental, behavioral, social, health, and nutritional status. With the consent of the beneficiary and/or responsible party, a copy of this summary must also be provided to authorized persons and agencies.

The facility shall establish procedures for counseling beneficiaries 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 beneficiaries being transferred or discharged shall be given appropriate information about the new living arrangement. Counseling shall be provided if the beneficiary is not in agreement with this living arrangement. See **Involuntary Transfer or Discharge** if beneficiary is being transferred against their will.

The beneficiary's right to the most appropriate placement that will meet their needs shall govern all transfer/discharge planning. **Beneficiaries 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 beneficiary may occur only under the following conditions:

1. It is necessary for the beneficiary's welfare and the beneficiary's needs cannot be met in the facility;
2. It is appropriate because the beneficiary's health has improved sufficiently, therefore, the beneficiary no longer needs the services provided by the facility;
3. Safety of individuals in the facility is endangered;
4. Health of individuals in the facility would otherwise be endangered;
5. Beneficiary has failed, after reasonable and appropriate notice, to pay for the portion of the bill for services which they are liable or when the beneficiary loses financial eligibility for Medicaid; or
6. Facility ceases to operate.

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

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Facility Responsibilities

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

1. **Beneficiary's physician** if the transfer or discharge is necessary for the beneficiary's welfare or the beneficiary's condition has sufficiently improved and no longer needs the services provided by the facility; or
2. **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:

1. Notify the beneficiary of the transfer or discharge and the reason for the move. The notification must be written in a language and manner that the beneficiary understands. A copy of the notice must be placed in the beneficiary's clinical record and transmitted to the following:
 - a. Beneficiary;
 - b. Family member of the beneficiary, if known;
 - c. Beneficiary's legal representative and legal guardian, if known;
 - d. Community Living Ombudsman Program;
 - e. Louisiana Department of Health (LDH) Health Standards Section (HSS);
 - f. OCDD regional office for assistance with the placement decision;
 - g. Beneficiary's physician;
 - h. Appropriate educational authorities; and
 - i. Representative of the beneficiary's choice.
2. Record the reasons in the beneficiary's clinical records; and
3. Conduct an IDT conference with the beneficiary, family member or legal representative and an appropriate agency representative to update the plan and

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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 beneficiary's needs.

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

1. Safety of the individuals in the facility would be endangered;
2. Health of individuals in the facility would be endangered;
3. Beneficiary's health improves sufficiently to allow a more immediate transfer or discharge; or
4. Immediate transfer or discharge is required by the beneficiary'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:

1. Reason for transfer or discharge;
2. Effective date of transfer or discharge;
3. Location to which the beneficiary is transferred or discharged;
4. Explanation of the beneficiary's right to have personal and/or third party representation at all stages of the transfer or discharge process;
5. Address and telephone number of the Community Living Ombudsman Program;
6. Mailing address and telephone number of the agency responsible for the protection of individuals with developmental disabilities;
7. Names of facility personnel available to assist the beneficiary and family in decision making and transfer arrangements;

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8. Date, time and place for the follow-up IDT conference to make a final decision on the beneficiary's/legal representative's choice of new facility or alternative living arrangement; and
9. Explanation of the beneficiary's right to register a complaint with LDH within three days after the follow-up IDT 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.

The facility shall be responsible for keeping the beneficiary, 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 beneficiary/legal representative or the receiving facility.

If a beneficiary requests a hearing, LDH shall hold a hearing at the ICF/IID, or by telephone if agreed upon by the appellant, within 30 days from the date the hearing request is filed with the Division of Administration (DAL) and witness and exhibit lists are submitted by the facility. The DAL shall issue a decision within 30 days from the date of the beneficiary's hearing.

OCDD Regional Office Responsibilities

The OCDD regional office responsibilities when involuntary transfer or discharge occurs, include the following:

1. Review written notice of involuntary discharge;
2. Ensure that the beneficiary's rights are protected during transfer;
3. Refer any rights violations to BHSF Health Standards Section (HSS) for investigation; and
4. Complete medical certification for receiving facility after review of appropriate data.

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BHSF Medicaid Eligibility Local Office Responsibilities

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

1. Referring complaints related to health care filed by beneficiaries, beneficiary's families or legal representatives to BHSF HSS for investigation; and
2. Completing financial eligibility determination for transfer to appropriate facility or non-institutional living arrangement.

Mass Transfer of Beneficiaries

The following provisions shall apply to any mass transfer.

ICF/IID Decertification

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

ICF/IID Decertification Notice

On the date the ICF/IID is notified of its decertification, OCDD shall immediately begin notifying beneficiaries, 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 HSS, BHSF Medicaid eligibility parish office, the facility, OCDD, and other offices designated by LDH.

The coordination effort shall have the following objectives:

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

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3. Timely termination of vendor payment upon beneficiary's discharge from the ICF/IID.

NOTE: The ICF/IID still retains its usual responsibility during the transfer/discharge process to notify the BHSF Medicaid eligibility parish office promptly of all changes in the beneficiary's status.

ICF/IID Closing or Withdrawing from the Medicaid Program

When an ICF/IID either voluntarily or involuntarily discontinues its operations or participation in the Medicaid program, beneficiaries, 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/IID is voluntarily or involuntarily **withdrawing** from Medicaid participation, the beneficiary has the option of remaining in the ICF/IID on a private-pay basis.

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

Payment Limitation

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

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

Transfer Team

LDH 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/IID decertification or voluntary termination of Medicaid participation.

This team is responsible for:

1. **Identification and Coordination:**

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When a provider agreement is extended for up to two months beyond its original expiration date, the transfer team shall immediately identify the ICF/IID receiving the affected beneficiaries, and determine the last date for which vendor payment for beneficiary services can be made. The team members will assist in making the most appropriate arrangements for the beneficiaries by providing members' names as contact persons if assistance is needed.

2. 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 beneficiaries. The team will assist in making the most appropriate arrangements for the beneficiaries by providing the members' names as contact persons if assistance is needed. They will also determine the last date for which vendor payment for beneficiary services can be made.

3. Effecting the Transfer:

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

- a. Meeting with appropriate ICF/IID administrative staff and other personnel as soon as possible after termination of a provider agreement to discuss the transfer planning process;
- b. Continuing to meet periodically with the ICF/IID personnel throughout the transfer planning process;
- c. Identifying any potential problems;
- d. Monitoring the ICF/IID's compliance with transfer procedures;
- e. Resolving disputes in the beneficiary's best interest;
- f. Encouraging the ICF/IID to take an active role in the transfer planning;
- g. Arranging for the social services necessary in the transfer or discharge plan or otherwise necessary to ensure an orderly transfer or discharge; and

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- h. Obtaining other services available under Medicaid.

NOTE: The ICF/IID'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 beneficiary'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 beneficiaries.

Transfer to or from Hospice

Beneficiaries residing in an ICF/IID may receive hospice services while residing in the ICF/IID; however, the ICF/IID 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 beneficiary's hospice care and the facility agrees to provide room and board to the individual.

Beneficiary Rights

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