Admission, Transfer and Discharge Rights (§483.15)

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Summary

The Final Rule includes specific regulations related to how an organization conducts, communicates and implements its admission, transfer and discharge processes.

This Rule has embraced the intent of the National Quality Strategy as it relates to safe care transitions, allowing residents to have a voice as well as ensuring proper communication across the health care continuum.

CMS finalized one new requirement for physician services, and two new permissible opportunities.
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Summary

Providers will be expected to understand the specific changes in this section, the specific revisions to current policies, and their organization’s roles and responsibilities related to admission, transfer and discharge processes.

Staff across all levels of an organization has a key role in the safe transition of care within their respective organization and throughout the health care continuum.

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Differences

- The title remained “Admission, transfer and discharge rights”.

- The proposed revised title was “Transitions of Care”.

- The intent of the revisions is to reflect all instances where care of a resident is transitioned between provider/care settings and community settings.
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Differences

➢ Incorporates the new definition of *resident representative* – an individual chosen by the resident to act on their behalf; person authorized by State or Federal law.

➢ Updates terminology for admissions, transfers and discharges including resident rights changes.

➢ Delineates aspects embedded in the requirement;
  • admission policy
  • equal access to quality care
  • facility responsibilities regarding transfer and discharge, and
  • policy and notice requirements for bed hold and returns

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Differences

The facility must establish and implement an admissions policy, which does;

✓ not request/require residents or potential residents to waive their rights (as set forth in this subpart and in applicable state, federal or local licensing or certification laws), including but not limited to their rights to Medicare or Medicaid

✓ not request/require oral or written assurance that residents/potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits

✓ not request/require residents or potential residents to waive potential facility liability for losses of personal property
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Differences

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✔ not request or require oral or written assurance that residents or potential residents are not eligible for, or will not apply for, Medicare or Medicaid benefits

✔ not request or require residents or potential residents to waive potential facility liability for losses of personal property

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Differences

The facility must establish and implement an admissions policy, which does:

✔ not request or require a third party guarantee of payment to the facility as a condition of admission or expedited admission, or continued stay in the facility. However, the facility may request and require an individual who has legal access to a residents income or resources available to pay for facility care, to sign a contract, without incurring personal financial liability, to provide facility payment from the residents income or resources

✔ disclose and provide to a resident or potential resident prior to time of admission, notice of special characteristics or service limitations of the facility

✔ a facility that is a composite distinct part must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations
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Differences

The facility must ensure equal access to quality care;

- maintain and implement identical policies and practices regarding transfer and discharge and the provision of services for all individuals regardless of source of payment, consistent with the resident rights regulation

- (may) charge any amount for services furnished to non-Medicaid residents unless otherwise limited by state law and consistent with the notice requirement and describing the charge
  - the State is not required to offer additional services on behalf of a resident other than services provided in the State Plan

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Differences

Transfer and discharge;

- the facility must permit each resident to remain in the facility, and not transfer or discharge the resident unless –
  - the transfer or discharge is necessary for the resident’s welfare and the resident’s needs cannot be met in the facility
  - the transfer or discharge is appropriate because the resident’s health has improved sufficiently so the resident no longer needs the services provided by the facility
  - the safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident
  - the health of individuals in the facility would otherwise be endangered
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Differences

- The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility
  - Non-payment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for their stay

  - For a resident who becomes eligible for Medicaid after admission, the facility may charge a resident only allowable charges under Medicaid

- The facility ceases to operate

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Differences

- Not transfer or discharge the resident while an appeal is pending when a resident exercises their right to appeal a transfer or discharge notice from the facility unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility
  - The facility must document the danger that the failure to transfer/discharge would pose.

- Ensure that the transfer or discharge is documented in the resident’s medical record and appropriate information is communicated to the receiving health care institution or provider
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Differences

Documentation in the resident’s medical record must include:
✓ the basis for the transfer
✓ the specific resident need(s) that cannot be met
✓ facility attempts to meet the resident needs, and
✓ the service available at the receiving facility to meet the need(s)
✓ the required documentation must be made by the resident's physician when transfer or discharge is necessary

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Differences

Information provided to the receiving provider must include a minimum of the following:
✓ contact information of the practitioner responsible for the care of the resident
✓ resident representative information including contact information
✓ advance directive information
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Differences

Information provided to the receiving provider must include (continued):

✓ all special instructions or precautions for ongoing care

✓ comprehensive care plan goals

✓ all other necessary information, including a copy of the resident’s discharge summary to ensure a safe and effective transition of care

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Differences

Before a transfer or discharge of 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 and in a language and manner they understand

• The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.

✓ record the reasons for the transfer or discharge in the resident's medical record
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Differences

The notice of transfer or discharge -
- must be made by the facility at least 30 days before the resident is transferred or discharged, or as soon as practicable when:
  - the health or safety of the individuals in the facility would be endangered
  - the resident’s health improves sufficiently to allow a more immediate transfer or discharge
  - an immediate transfer or discharge is required by the resident’s urgent medical need
  - a resident has not resided in the facility for 30 days

The notice must include;
- the reason for transfer or discharge
- the effective date of transfer or discharge
- the location to which the resident is transferred or discharged
- a statement of the resident’s appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form; and how to submit the appeal hearing request;
- the name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman
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Differences

The notice must include (continued) -

- for nursing facility residents with intellectual and developmental disabilities or related disabilities
  - the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with developmental disabilities established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (Pub. L. 106-402, codified at 42 U.S.C. 15001 et seq.); and

- for nursing facility residents with a mental disorder or related disabilities
  - the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with a mental disorder established under the Protection and Advocacy for Mentally Ill Individuals Act

(New) Changes to the notice;

- if the information in the notice changes prior to effecting the transfer or discharge

  - the facility must update the recipients of the notice as soon as practicable once the updated information becomes available
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Differences

Orientation for transfer or discharge;
The facility must -
✓ provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility
  • this orientation must be provided in a form and manner that the resident can understand
✓ in the case of facility closure, the individual who is the administrator of the facility must provide written notification prior to the impending closure to the State Survey Agency, the Office of the State Long-Term Care Ombudsman, residents of the facility, and the resident representatives, as well as the plan for the transfer and adequate relocation of the residents
  • room changes in a facility that is a composite distinct part must be limited to moves within the particular building in which the resident resides, unless the resident voluntarily agrees to move to another of the composite distinct part’s locations

Notice of bed-hold policy and return

✓ Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies;
  ▪ the duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility
  ▪ the reserve bed payment policy in the state plan if any!
  ▪ the nursing facility’s policies regarding bed-hold periods
  ▪ at the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident/resident representative written notice which specifies the duration of the bed-hold policy
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Differences

Permitting residents to return to facility

✓ A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave.
✓ The policy must provide for the following:
  a. a resident, whose hospitalization or therapeutic leave exceeds the bed‐hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi‐private room if the resident
     • requires the services provided by the facility; and
     • is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services
  b. if the facility determines that a resident who was transferred with an expectation of returning to the facility cannot return to the facility, the facility must comply with the requirements of notices and documentation as they apply to discharges

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Key Actions

Key actions stated (resource allocation) Phase I

- Leadership and key staff allocation of hours to review, develop, implement and monitor:
  - Pre-admission, admission, transfer and discharge processes, policies and procedures
  - Contractual agreements and forms (admission agreements, partner agreements as it relates to admissions, transfers and discharges)
  - Care transition and discharge protocols, communication standardization, sending and receiving facility expectations, monitoring of resident transfer and potential readmission, key data points for monitoring to ensure effective care transitions
  - Acute care and physician communication processes
- Development of staff training and competency plan - Training and education allocation of hours
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Key Actions

Preparation for Phase II (Transfer/Discharge Documentation)—
  o Determine staff allocation of hours as well as resources needed to review, revise or develop processes or protocols to meet the;
    ▪ documentation requirements
    ▪ safe care transitions and discharge processes
    ▪ required training
    ▪ monitoring outcomes

Next Steps

• Conduct a detailed review of §483.15 requirements with leadership team.
• Conduct a comparative analysis of your current policies, procedures, and processes to the final rule requirements. Develop a detailed action plan to include:
  • Review all current policies and procedures related to admission, discharge, and transfer. Revise based upon the Final Rule updates and changes.
  • Review and revise admission contractual documents to reflect the Final Rule updates.
  • Review discharge planning and care transition standards of practice. Determine differences between current organizations policies and practices compared to best practices. Prioritize opportunities for improvement based upon timelines for implementation.
  • Review electronic health record defined assessments and tools to align with required changes.
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Next Steps

• Meet with the Medical Director to address policy, process, communication and documentation changes respective to resident specific information on admission, discharge, and transfer.
  ➢ identify the areas for training for all primary care physicians and extenders associated with the organization

• Develop a communication plan related to admission, discharge, and transfer with all affected constituents including but not limited to: residents, resident representatives, physicians/extenders, pharmacy and other clinical consultants, partners, payers, and organization staff.
  ➢ include communication expectations during transitions of care – including the exchange of pertinent clinical and non-clinical information

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Next Steps

• Develop a detailed training and competency plan to include leadership, interdisciplinary team members and all other staff related to admission, discharge, and transfer policies, procedures, roles/responsibilities, documentation and communication requirements.

• Track, trend and analyze admission, discharge, and transfer outcomes to determine adherence to updated protocols. Include applicable data within the QAPI process.
  ➢ develop Performance Improvement Plans as indicated
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Implementation Deadline

Admission, Transfer and Discharge Rights
• Phase 1: November 28, 2016

Except for -

(c)(2) Transfer/Discharge Documentation
• Phase 2: November 28, 2017