



Admission, Transfer, and Discharge Implementation Checklist (F626)

On June 29, 2022, the Centers for Medicare & Medicaid Services (CMS) updated Appendix PP of the State Operations Manual. New and revised guidance covers significant sections of the Requirements of Participation and must be implemented by October 24, 2022.

LeadingAge has developed implementation checklists to assist members as they work toward compliance. **The checklists and other resources are not exhaustive and LeadingAge strongly encourages members to review the CMS guidance to ensure compliance with all required elements.**

Excerpts from the guidance and suggested action items are organized according to the headings provided by CMS in the State Operations Manual, Appendix PP. Excerpts are italicized, with new/revised guidance noted in red text.

§483.15 Admission, Transfer, and Discharge Rights – F626 Permitting Residents to Return to Facility

INTENT (p. 194)

*To ensure that facilities develop **and implement** policies that address **permitting residents to return to the facility after a hospitalization or therapeutic leave**. Specifically, residents who are hospitalized or on therapeutic leave are allowed to return **to the facility** for skilled nursing or nursing facility care or services. **When a facility does not allow the resident to return, the facility has initiated a discharge, and the facility must comply with Transfer and Discharge Requirements at §483.15(c). The resident must be permitted to return and resume residence in the facility while an appeal of the discharge is pending.***

Action Items:

- Review policies and protocols related to transfer and discharge to ensure residents are permitted to return to the nursing home after hospitalization or therapeutic leave. Train staff on resident's right to return.

- Train staff on assessing and documenting resident needs prior to return to ensure that residents who are denied return are denied within the scope of facility-initiated discharge requirements.
- Review policies to ensure residents who appeal discharge are permitted to return to the nursing home while the appeal is pending.

GUIDANCE (p. 195)

GUIDANCE §483.15(e)

*Facilities must develop and implement policies for bed-hold and permitting residents to return following hospitalization or therapeutic leave. **These policies apply to all residents, regardless of their payment source.** The facility policies must provide that residents who seek to return to the facility within the bed-hold period defined in the State plan are allowed to return to their previous room, if available. Additionally, residents who seek to return to the facility after the expiration of the bed-hold period or when state law does not provide for bed-holds are allowed to return to their previous room if available or immediately to the first available bed in a semi-private room provided that the resident:*

- *Still requires the services provided by the facility; and*
- *Is eligible for Medicare skilled nursing facility or Medicaid nursing facility services.*

The policies must also provide that if the facility determines that a resident cannot return, the facility must comply with the requirements of paragraph at 42 CFR 483.15(c) as they apply to facility-initiated discharges.

Medicaid-eligible residents must be permitted to return to the first available bed even if the residents have outstanding Medicaid balances.

Action Items:

- Review policies related to bed-hold and allowing residents to return following hospitalization or therapeutic leave to ensure policies apply to all residents, regardless of payment source.
- Ensure that policies and protocols related to returning residents allow for residents to return to their previous room if available or to the first available bed in a semi-private room. Review protocols for communicating these requirements to residents / resident representatives.
- Review policies and train staff as needed to ensure that residents who are denied return are denied within the scope of facility-initiated discharge requirements.

GUIDANCE (p. 195)

Not Permitting Residents to Return

Not permitting a resident to return following hospitalization or therapeutic leave **constitutes a facility-initiated discharge and** requires a facility to meet the requirements as outlined in §483.15(c)(1)(ii). A facility must not discharge a resident unless:

1. The discharge or transfer is necessary for the resident's welfare and the facility cannot meet the resident's needs.
2. The resident's health has improved sufficiently so that the resident no longer needs the services of the facility.
3. The resident's clinical or behavioral status endangers the safety of individuals in the facility.
4. The resident's clinical or behavioral status endangers the health of individuals in the facility.
5. The **resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) his or her stay at the facility which applies if:**
 - a. **the resident does not submit the necessary paperwork for third party payment; or**
 - b. **the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay.**
6. The facility ceases to operate.

For concerns related to a facility not permitting a resident to return, the surveyor should investigate to determine if the basis for discharge meets one of the requirements **listed above which are also found at F622, §483.15(c)(1)(i)(A) through (F)**.

Action Items:

- Review policies and protocols related to permitting residents to return following hospitalization or therapeutic leave for inclusion of stipulation #5 that permits a nursing home to initiate discharge if the resident has failed to pay for his/her stay by not submitting the necessary paperwork for third party payment or if the resident refuses to pay after a third party has denied payment.
- Review policies and protocols to ensure that staff are trained and residents / resident representatives are notified of the nursing home's right to deny return and initiate discharge in circumstances of non-payment.
- Review processes to ensure staff provide appropriate notice and assistance to residents / resident representatives pertaining to responsibilities related to third-party payment.

NOTE: Situations in which residents sign out of the facility or leave Against Medical Advice (AMA) should be thoroughly investigated to determine if the discharge is facility- or resident-initiated. If evidence reveals that a resident or resident representative was forced, pressured, or intimidated into leaving AMA, the discharge would be considered a facility-initiated discharge, requiring further investigation to determine compliance with the requirements at 483.15(c), including the requirement to provide a notice at F623. See additional guidance on AMA discharges at F660 and guidance on Abuse, Neglect and Exploitation at F600.

Action Items:

- Review definitions of “facility-initiated transfer or discharge” and “resident-initiated transfer or discharge”. Ensure staff are trained on the distinctions and implications of each type of discharge and how to properly document each.
- Review policies related to resident discharges and signing out Against Medical Advice to determine how leaving AMA is documented, including documentation determining resident-initiated or facility-initiated discharges if applicable.
- Review protocols for managing residents leaving AMA, including communication with resident / resident representative about alternatives to leaving AMA, how to ensure return following AMA, and potential for leaving AMA to result in facility-initiated discharge.
- Ensure staff are trained on how to provide appropriate notice of both resident-initiated and facility-initiated discharge in situations of residents leaving Against Medical Advice.

GUIDANCE (p. 197)

If the facility does not permit a resident’s return to the facility (i.e., initiates a discharge) based on inability to meet the resident’s needs, documentation must be in accordance with requirements at §483.15(c)(2)(i)(B). The facility must notify the resident, his or her representative, and the LTC ombudsman in writing of the discharge, including notification of appeal rights. (§483.15(c)(3) and (5)(iv)) If the resident chooses to appeal the discharge, the facility must allow the resident to return to his or her room or an available bed in the nursing home during the appeal process, unless there is documented evidence that the resident’s return would endanger the health or safety of the resident or other individuals in the facility. (§483.15 (c)(1)(ii))

Action Items:

- Review policies related to reviewing the Facility Assessment to ensure Facility Assessment is regularly updated to reflect the nursing home’s capacities and capabilities.

- Review admissions policies and procedures to ensure evaluation of nursing home's capacity and capability to meet resident's needs when evaluating residents for return from hospitalization or therapeutic leave.
- Ensure staff are trained in adequately assessing the nursing home's capacity to meet a resident's needs when evaluating residents for return from hospitalization or therapeutic leave.
- Review policies and train staff related to changes in status and discharge planning to ensure that a resident's changing need is appropriately evaluated and that any changes that exceed the nursing home's capabilities or capacities are documented. Ensure that facility-initiated discharge is documented according to requirements at §483.15(c)(2)(i)(B).

GUIDANCE (p. 197)

Composite Distinct Part

If a facility does not have a composite distinct part, §483.15(e)(2) does not apply. When a resident is returning to a composite distinct part, he/she must be allowed to return to an available bed in the particular location of the composite distinct part in which he/she resided previously, or the next available bed in that location.

NOTE: If there are concerns as to whether or not a facility is appropriately certified as a distinct or composite distinct part, consult with the CMS Regional Office for clarification.

Action Items:

- Review definitions of "distinct part" and "composite distinct part" (p. 174). Ensure policies and protocols related to return from hospitalization or therapeutic leave are consistent with requirements at §483.15(e)(2).

INVESTIGATIVE PROTOCOL (p .198)

Summary of Investigative Procedure

In cases where a facility did not allow a resident to return due to lack of an available bed, the surveyor should review facility admissions beginning with when the resident was ready to return to determine whether the facility held the resident's bed in accordance with its bed-hold policies, or, if the resident's stay outside of the facility exceeded the bed-hold period, whether there was an available bed at the time the resident sought return to the facility. If there was not an available bed at the time the resident sought return to the facility, the surveyor should determine whether or not the resident was allowed to return to the first available bed in a semi-private room.

When a facility alleges they cannot meet the resident's needs and does not allow a resident to return, the surveyor should 1) investigate why the resident's needs cannot be met; and 2) review facility admissions to determine if residents with similar care needs have been admitted or permitted to remain, which could indicate the facility has the capability to meet the needs of the resident who is not being allowed to return and demonstrates noncompliance with this requirement.

Action Items:

- Review policies and protocols related to resident bed-hold and return following hospitalization or therapeutic leave to ensure residents are permitted to return following hospitalization or therapeutic leave.
- Review policies related to reviewing the Facility Assessment to ensure Facility Assessment is regularly updated to reflect the nursing home's capacities and capabilities.
- Review admissions policies and procedures to ensure evaluation of nursing home's capacity and capability to meet resident's needs when evaluating residents for return from hospitalization or therapeutic leave.
- Ensure staff are trained in adequately assessing the nursing home's capacity to meet a resident's needs when evaluating residents for return from hospitalization or therapeutic leave.
- Review policies and train staff related to changes in status and discharge planning to ensure that a resident's changing need is appropriately evaluated and that any changes that exceed the nursing home's capabilities or capacities are documented. Ensure that facility-initiated discharge is documented according to requirements at §483.15(c)(2)(i)(B).