TRANSFER AND DISCHARGE

In November 2024, the Centers for Medicare & Medicaid Services (CMS) released extensive updates to Appendix PP of the State Operations Manual. While requirements did not change, Appendix PP provides guidance to long-term care surveyors when assessing nursing homes for compliance with regulatory requirements. Understanding this guidance and the recent changes will assist LeadingAge members in providing care that is compliant with Requirements of Participation.

TRANSFER AND DISCHARGE

Impacted F-tags : F622 Transfer and Discharge Requirements (REMOVED), F623 Notice of Requirements Before Transfer/Discharge (REMOVED), F624 Preparation for Safe/Orderly Transfer/Discharge (REMOVED), F625 Notice of Bed Hold Policy Before/Upon Transfer (REMOVED), F626 Permitting Residents to Return to Facility (REMOVED), F660 Discharge Planning Process (REMOVED), F661 Discharge Summary (REMOVED), F627 Inappropriate Discharges and Transfers (NEW), F628 Transfer and Discharge Process (NEW)

Critical Element Pathway: Discharge

MAIN POINTS

- Requirements under all previous Transfer and Discharge F-tags have been relocated and consolidated under two new F-tags: F627 Inappropriate Discharges and Transfers and F628 Transfer and Discharge Process.
- There is no longer a distinction between a facility-initiated discharge or a resident-initiated discharge. Discharges are either appropriate (compliant) or inappropriate (noncompliant).
- Neither a hospital transfer nor leaving Against Medical Advice (AMA) constitutes a discharge. In both circumstances, if a resident is to be discharged, they must be given a 30-day notice and permitted to return to the nursing home during that 30-day timeframe while planning for a safe discharge.
- F627 Inappropriate Discharges and Transfers will generally be cited at a scope/severity of level G and higher due to psychosocial outcomes and likelihood of physical harm.
- If the receiving location cannot meet the resident's need, does not provided needed support and resources, or does not meet the resident's preferences, this is considered an inappropriate discharge.
- Evidence of the reason for discharge must be clearly documented in the medical record. For example, if the resident is being discharged because the nursing home cannot meet the resident's need, the nursing home must document assessment of the unmet need, attempts the nursing home has made to meet the need, and how the need will be met at the receiving location.
- Discharge planning must consider the resident's limitations to care for self and the receiving caregiver's availability, capacity, and capability to meet the resident's needs.

WHAT TO DO

- Focus your efforts: identify any discharges since last survey, pending discharges, complaints to the ombudsman, and discharge appeals.
- Run your audits: is there evidence of discharge planning (documentation in care plans, notes, etc.)? Are reasons for discharge consistent with the allowable reasons for discharge? Is there documented evidence of those reasons for discharge? Were discharge notices given to required parties in the appropriate time frame and did they contain all required information?

FREQUENTLY ASKED QUESTIONS

What if a resident leaves Against Medical Advice (AMA)?

Leaving AMA does not automatically mean the resident is discharged. The nursing home may elect to provide notice of discharge when the resident leaves AMA; however, the resident must be permitted to return to the nursing home during that 30-day time frame if he/she chooses and the nursing home must engage the resident in planning for a safe and orderly discharge.

What if a resident is transferred to the hospital because we can no longer meet their needs? Do we have to allow them to return after hospital discharge?

Yes, residents must be permitted to return after hospitalization unless doing so would endanger the resident or other residents in the nursing home. If the nursing home assesses that the resident should not be permitted to return and that the resident should be discharged due to an inability of the nursing home to meet the resident's needs or due to a danger to the resident / other residents should the resident return, this assessment must be based on the resident's status at the time of discharge from the hospital, not the resident's status at the time the resident is transferred from the nursing home to the hospital.

What if a resident chooses to discharge to a lower level of care or to the community, but then suffers a decline in functioning after discharge? Is the nursing home responsible? Will we be cited for an inappropriate discharge?

The nursing home will not be held responsible for changes after discharge if: the nursing home followed discharge planning procedures, including assessing the resident's needs and the receiving location's ability to meet the resident's needs, and the receiving location met the resident's preferences. Also remember that residents have the right to elect to discharge AMA. Should this be the case, the discharge planning process must include documentation that the resident's needs and ability of the receiving location to meet those needs were assessed and the resident was notified of any discrepancies. The record must also include evidence of the nursing home's attempt to coordinate for care and services that could assist in meeting the resident's needs at the desired location.

Can residents be discharged for failure to pay?

Yes, failure to pay is still an allowable reason for discharge; however, the record must show evidence that the resident was offered to pay privately and/or assisted to pay or apply for medical assistance.