SANDBERG PHOENIX

LONG TERM CARE & SENIOR LIVING BLOG

Section 483.15 Admission, Transfer and Discharge Rights

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Implementation Date: November 28, 2016[1] Section 483.15 replaces section 483.12 and requires the facility to establish an admissions policy. Section (a)(2) states facilities cannot request or require residents or potential residents to waive their rights to Medicare or Medicaid benefits or any rights conferred by applicable state, federal and local licensing or certification laws. Section(a)(2)(iii) prohibits facilities from requesting or requiring residents or potential residents to waive facility liability for personal property losses.

Section(a)(6) specifies the facility must disclose and provide a resident or potential resident, prior to the time of admission, with notice of any special characteristics or service limitations of the facility. This section clarifies that a resident can be discharged if the safety of other individuals is endangered due to the resident's clinical or behavioral status. Additional revisions clarify that the provision for discharge resulting from nonpayment of facility charges does not apply unless the resident did not submit the necessary paperwork for third-party payment or until the third party including Medicare or Medicaid denies the claim and the resident refuses to pay for his or her care. The facility may not transfer or discharge the resident while the appeal is pending when a resident exercises his or her right to appeal the transfer or discharge notice from the facility.

A number of revisions are based upon the importance of effective communication between providers during transitions of care. The rule clarifies that the transfer or discharge will be documented in the resident's clinical record and appropriate information communicated to the receiving side. Additionally, transfers and discharges based on resident safety and welfare require documentation of the specific resident's needs that cannot be met, the facility's attempts to meet the resident's needs, and the services available at the receiving facility that will meet the resident's needs. While not requiring a specific format for this communication, the rule sets forth the elements of the information that must be communicated during the transfer process such as: biographic information such as name, sex, date of birth, race, ethnicity, and preferred language; contact information, advanced directive information; history of present illness/reason for transfer including primary care team contact information; past medical/surgical history including procedures, active diagnosis/current problem list auditory test and the results of pertinent laboratory and other diagnostic testing; functional status; psychosocial assessment including cognitive status; social supports; behavioral health issues; medications, allergies, immunizations, smoking status, vital signs, and unique identifiers for a resident's implantable device; comprehensive care including health concerns assessment and plan, goals, resident preferences, other interventions; efforts to meet the resident needs; and resident status. The rule does not require a specific timeframe for this communication but that is expected to occur shortly before or as close as possible to the actual time of transfer and be documented by the facility. The facility will also send a copy of the notice of transfer or discharge to the State Long-Term-Care Ombudsman with the resident's consent. Additionally, the facility is required to provide the resident with information regarding the difference between the duration of the state bed-hold policy and the reserve bed payment policy in the State plan. The notice must also contain information on the facility's policy for readmission of a resident on hospitalization or therapeutic leave who exceeds the bed-hold period. The facility must notify a resident who is hospitalized or placed on therapeutic leave and expects to return to the facility if the facility determines it cannot readmit the resident.

[1]Section (a) Baseline Care Plan will be implemented by November 28, 2017 and section (b)(3)(iii) Trauma Informed Cases will be implemented by November 29, 2019.