

Nursing Home Notice of Involuntary Transfer or Discharge

To the Nursing Home: This notice is for an involuntary discharge or transfer. Fill out this notice for the resident you want to move. Give these pages to the resident – **and** to his or her representative. Also, send these pages to the TennCare Commissioner’s Designee, State LTC Ombudsman, and the District LTC Ombudsman. The federal rules at 42 CFR § 483.15 give more information.

<p>Resident Name _____ Medicaid ID (if applicable) _____</p> <p>Resident Representative (if applicable) Name _____ Address _____ Phone _____</p> <p>Place where resident is going (required) Name _____ Address _____ Phone _____</p>
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<p>Current Nursing Home (and Contact Person) Nursing Home _____ Address _____ Contact Person Name _____ Contact Person Phone _____</p>

<p>Date Nursing Home Provided Notice and the Proposed Move Nursing home gave the resident these pages on: _____ Nursing home wants to move resident on: _____</p> <p>A nursing home can move a resident 30 days after it gives this page to the resident, unless an appeal is pending. The nursing home can move a resident before then if an exception applies. But the nursing home must document the exception. The resident can choose to move before the 30 days is up. This is up to the resident.</p>
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Reason for discharge or transfer:

- You did not pay your bill from the nursing home. The nursing home already told you this. And the nursing home gave you time to pay.
- The nursing home is closing.
- The nursing home says it cannot care for you. Your needs are too high.*
- You got better. And you do not need care in a nursing home now.*
- You make the nursing home unsafe for other people.*
- You may affect the health of other people in the nursing home.*

* A doctor must agree if the nursing home checks this box. The doctor must also sign the second page. Or the nursing home must attach the doctor’s written order. This could be your doctor – or the doctor at the nursing home. Or it could be a nurse practitioner or physician assistant who works for one of these doctors.

The nursing home must tell you why they want you to move. Here is what they said:

You Can Get Help

You can appeal this. The State will have a hearing for your case. Also, you can get help with your appeal. See below. If you ask, the nursing home **must** help you with this. Talk to the Nursing Home Contact Person on the first page. And the nursing home **must** help you call the people below.

You Can Appeal

You can appeal if you don't agree with the nursing home. You have 30 days to appeal. The 30 days starts on the day you got this page. If you appeal within 30 days, the nursing home usually cannot make you move until you get a decision. But, if you do not appeal within 30 days, you must move by the proposed date on the first page.

How to Appeal

If you want to appeal, call **1-866-797-9469**. This is a free call. Or fax your appeal to 615-734-5317. Or email cd.appeals.tennCare@tn.gov. Or write to TennCare's Office of General Counsel, ATTN: Involuntary NF Discharge Appeals, 310 Great Circle Road, Nashville, TN 37243. Make sure to send a copy of these pages.

Long-Term Care Ombudsman

You can ask someone at the State to help you. This person is the Long-Term Care Ombudsman. They can explain this page to you. They can also help you appeal. Call **1-877-236-0013**. This is a free call. Or email Quiteka.Moten@tn.gov. Or write to them at 502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243-0860. Information about discharges is available at <https://www.tn.gov/aging/our-programs/long-term-care-ombudsman/nursing-home-transfers-and-discharges-faq.html>.

Disability Rights Tennessee

Do you have a mental illness? Do you have an intellectual or developmental disability? And do you need help with the nursing home? Disability Rights Tennessee can help. Call **1-800-342-1660**. This is a free call. Or email GetHelp@disabilityrightstn.org. Or write to them at 2 International Plaza, Suite 825, Nashville, TN 37217. Or fax to 615-298-2046.

Other Help You Can Get:

Department of Intellectual and Developmental Disabilities

Call **1-800-535-9725**. This is a free call. Or email Carmelita.9.Hillsman@tn.gov. Or write to them at 315 Deaderick Street, UBS Tower, 8th Floor, Nashville, TN 37243.

TennCare Advocacy Program

Call **1-800-758-1638**. This is a free call. Or email TennCareAdvocacy@tnca.com. Or write to them at 310 Great Circle Road, Nashville, TN 37243.

I gave these completed pages to the resident:

Nursing Home Administrator/Designee Name Signature Date

Physician/Designee Name (When Required) Signature Date

I received these pages:

Resident or Representative Name Signature Date

Notice given to:

- Resident _____ (Date)
- Resident’s Representative _____ (Date)
- Resident Clinical Record _____ (Date)
- District LTC Ombudsman _____ (Date)
- State LTC Ombudsman _____ (Date)
- TennCare Commissioner’s Designee _____ (Date)
- Department of Health _____ (Date)

To the Nursing Home: Send these pages to the TennCare Commissioner’s Designee, the state and district LTC Ombudsman, and the Department of Health at:

TennCare’s Commissioner’s Designee at Large
 ATTN: Involuntary Discharge Appeals- NF
 310 Great Circle Road- 3W
 Nashville, TN 37243
 P: 866-797-9469
 Fax: 615-734-5317
 Email: cd.appeals.tennCare@tn.gov

State Long-Term Care Ombudsman
 Tennessee Commission on Aging and Disability
 502 Deaderick Street, 9th Floor
 Nashville, TN 37243-0860
 P: 615-837-5112
 Fax: 615-741-3309
 Email: Quiteka.Moten@tn.gov

Contact information for each District LTC Ombudsman is at
<https://preprod.tn.gov/aging/our-programs/long-term-care-ombudsman/district-long-term-care-ombudsman.html>

Department of Health
 Office of Health Care Facilities
 665 Mainstream Drive, Suite 2.850
 Nashville, Tennessee 37243
 P: (651) 741-7532
 Email: Vincent.Davis@tn.gov