

STATE OF MICHIGAN
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health System

**NOTICE OF INVOLUNTARY TRANSFER OR DISCHARGE AND
FACILITY-INITIATED DISCHARGE FOR NURSING HOMES**

As defined in 42 CFR 483.15(c)(1), this form is to be used when there is a discharge of a resident from the nursing home to any location with the expectation that the resident will not return to the nursing home.

The Notice form will be accepted by the department only if all informational boxes have been completed, including a proposed transfer or discharge location, date, and specific information about the reasons for transfer or discharge.

	Date of Notice
	Date Notice is Updated – If the destination changes and this change was initiated by the facility, an updated notice with the new destination must be issued. This type of change restarts the 30-day timeline for transfer or discharge.
Resident Name	
Does the resident have a guardian or resident representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, complete the information below and this serves as confirmation that the guardian or resident representative was served with a copy of this notice.	
Guardian/Representative Name	
Address	
City, State, Zip	
Email	
Phone	

Nursing Home Name*		
Administrator	Name	
	Email	
	Phone	
Street Address		
City, State, Zip		

* This process does not apply to hospital long-term care units for state statutory purposes.

This is to identify the destination and date for the proposed transfer or discharge.

The single location identified below is appropriate to meet the medical and psychosocial needs of the resident.

Transfer or Discharge Destination	Destination Type	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Private Residence
		<input type="checkbox"/> Assisted Living	<input type="checkbox"/> Other:
	Facility Name		
	Address		
	City, State, Zip		
Proposed Date of Transfer or Discharge			

This is to provide notice that the above resident will be transferred or discharged for the following reason(s):

Reason(s) for transfer or discharge, both a state and federal must be selected.	
State Requirements, MCL 333.21773(1) <input type="checkbox"/> Medical reasons <input type="checkbox"/> Welfare of the resident <input type="checkbox"/> Welfare of other residents and staff <input type="checkbox"/> Nonpayment of resident stay	CMS Requirements, 42 CFR 483.15(c)(1) <input type="checkbox"/> Resident's needs cannot be met in the facility <input type="checkbox"/> Resident no longer needs services provided by the facility <input type="checkbox"/> Safety of other individuals in the facility is endangered due to clinical or behavioral status of resident <input type="checkbox"/> Health of other individuals in the facility is endangered <input type="checkbox"/> Nonpayment of resident stay <input type="checkbox"/> Facility is ceasing to operate
Supply specific information on the reasons identified above:	

Right to An Appeal Hearing

The resident has a right to appeal the nursing home's decision for transfer or discharge.

If the resident thinks that he or she should not have to leave, a resident may file a request for a hearing with the Department of Licensing and Regulatory Affairs (LARA).

If the resident, guardian, or resident representative requests a hearing, it will be held at least 7 days after the request, and the resident will not be transferred during that time.

A form to appeal the nursing home's decision and to request a hearing is attached as page 5 of this notice. The nursing home shall provide a postage paid envelope addressed or assistance with electronic submission of the form to LARA.

At a hearing, the resident may speak for him or herself and may be represented by an attorney, a relative, or another person of the resident's choice.

The appeal request must be received by LARA within 10 days of the date of notice. The appeal request form can be submitted in the following methods:

Mail	Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems P.O. Box 30664 Lansing, MI 48909
Email	LARA-BCHS-InvoluntaryTransfer@michigan.gov
Fax	517-241-3354

Transfer or Discharge Timeline, Discharge Plan, and Waiver of Timeline

If LARA determines that a transfer or discharge is authorized, the resident shall not be required to transfer or discharge from the facility before the 34th day following receipt of the notice or the 10th day following appeal hearing decision, whichever is later.

Prior to any involuntary transfer or discharge, a transfer or discharge plan must be prepared by the nursing home and approved by LARA.

The timeline for transfer or discharge may be waived upon submission of a request by the nursing home, and approved by LARA, in accordance with MCL 333.21773(2)(a), (b), or (c) and 42 CFR 483.15(c).

For questions about the process or assistance with the request for an appeal hearing, please contact LARA as follows:

Mail	Michigan Department of Licensing and Regulatory Affairs Bureau of Community and Health Systems P.O. Box 30664 Lansing, MI 48909
Email	LARA-BCHS-InvoluntaryTransfer@michigan.gov
Phone Number	517-241-1970

You may contact the following organizations for assistance with this process:

Michigan Long Term Care Ombudsman 15851 South US 27, Suite 73 Lansing, MI 48912 Email: MLTCOP@meji.org Toll Free: 1-866-485-9393	Michigan Protection & Advocacy Services 4095 Legacy Parkway, Suite 500 Lansing, MI 48911-4263 Phone: 1-800-288-5923 or (517) 487-1755
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Signature of Nursing Home Administrator or Designee

X

Date of Notice

A copy of this notice must be emailed to:

- LARA at LARA-BCHS-InvoluntaryTransfer@michigan.gov
- Michigan Long Term Care Ombudsman at MLTCOP@meji.org.

The Michigan Department of Licensing & Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this Agency under the Americans with Disabilities Act if you need assistance with reading, writing, hearing, etc.

STATE OF MICHIGAN
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**APPEAL REQUEST FOR NOTICE OF AN INVOLUNTARY TRANSFER OR DISCHARGE
AND FACILITY-INITIATED TRANSFER**

I hereby appeal and request a hearing due to a Notice of Involuntary Transfer or Discharge and Facility-Initiated Transfer from this nursing home or a distinct part of the nursing home.

Date of Notice		
Resident Name		
Person Requesting Appeal <input type="checkbox"/> Resident <input type="checkbox"/> Guardian <input type="checkbox"/> Resident representative <input type="checkbox"/> Other:	Name	
	Address	
	City/Zip	
	Email	
	Phone	

Nursing Home Name	
Street Address	
City, State, Zip	

Signature of Person Requesting Appeal	
X	
Date of Appeal Request	

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