

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

FACILITY- INITIATED TRANSFER FOR NURSING HOMES

As defined in 42 CFR 483.15(c)(1), this form is to be used when there is a transfer of a resident from the federally certified nursing home to another facility, such as an acute care hospital, with the expectation that the resident will return to the nursing home.

| | | |
|---|-----------------|--|
| Resident Name | | |
| Guardian/Resident Representative, if applicable | Name | |
| | Address | |
| | City State, Zip | |
| | Email | |
| | Phone | |

| | | | |
|-------------------------------------|--|-------------------------|--|
| Date of Transfer | | Date of Expected Return | |
| Date of Notice to Resident/Guardian | | | |
| Transfer Destination | <input type="checkbox"/> Hospital <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Other | | |
| | Facility Name | | |
| | Address | | |
| | City, State, Zip | | |

Reason(s) for facility-initiated transfer.

Medical needs cannot be met in the nursing home.
 Behavioral needs cannot be met in the nursing home.
 Other: _____

Explanation for the reasons identified above:

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

| | |
|---|--|
| <p>Right to Appeal a Facility-Initiated Transfer</p> <p>The resident has a right to appeal the facility-initiated transfer.</p> <p>A request for a hearing may be filed with the Department of Licensing and Regulatory Affairs (LARA).</p> <p>If the resident, guardian, or resident representative requests a hearing, it will be held at least 7 days after the request.</p> <p>The form to appeal and request a hearing is on page 4 of this notice. The nursing home shall provide a postage paid envelope addressed or assistance with electronic submission of the form to LARA.</p> <p>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.</p> <p>The appeal request must be received by LARA within 10 days of the date of this notice. The appeal request form can be submitted in the following methods:</p> | |
| 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 | 517-763-0213 |

| |
|---|
| <p>Bed Hold Options</p> <p>In accordance with MCL 333.21777, the bed for the resident shall be held as follows:</p> <ol style="list-style-type: none"> 1. If a resident is temporarily absent for emergency medical treatment, the bed shall be held for 10 days, if there is a reasonable expectation that the resident will return within that time period and the nursing home receives payment for the absent period. |
|---|

Bed Hold Options - Continued

2. If a resident is temporarily absent for therapeutic reasons, as approved by a physician, the bed shall be held for 18 days, if there is a reasonable expectation that the resident will return within that time period and the nursing home receives payment for the absent period. Temporary absences for therapeutic reasons are limited to 18 days per year.
3. When an absence is longer than specified in either 1 or 2, or both above, the resident has the option to return to the nursing home in the next available appropriate bed.

A copy of the nursing home's bed hold policy has been included with this notice.

For questions regarding this form, 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 |
|--|--|

Signature of Nursing Home Administrator or Designee

X

Date of Notice

A copy of this notice must be placed in the resident's medical record.

In addition, a monthly list of all facility-initiated transfers shall be provided to the 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
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health System

APPEAL REQUEST FOR FACILITY-INITIATED TRANSFER

I hereby appeal and request a hearing due to a facility-initiated transfer.

| | | |
|---|----------|--|
| 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 | |

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 | 517-763-0213 |