Licensing and Regulatory Affairs
Bureau of Community and Health Systems

NOTICE OF INVOLUNTARY TRANSFER OR 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 from the federal perspective.
Resident Name	

Does the resident have a guardian or resident representative? ☐ Yes ☐ 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 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) ☐ Medical reasons ☐ Welfare of the resident ☐ Welfare of other residents and staff ☐ Nonpayment of resident stay	CMS Requirements, 42 CFR 483.15(c)(1) ☐ Resident's needs cannot be met in the facility ☐ Resident no longer needs services provided by the facility ☐ Safety of other individuals in the facility is endangered due to clinical or behavioral status of resident ☐ Health of other individuals in the facility is endangered ☐ Nonpayment of resident stay ☐ Facility is ceasing to operate
Supply specific information on the reasons identified above:	

This is to ensure compliance with MCL 333.21773(6).

Has the resident had a recent level of care determination that negatively affects his or her ability to receive Medicaid covered services within the nursing home?	☐ Yes ☐ No
If yes, has a final determination been issued by the Michigan Department of Health and Human Services (MDHHS)? If no, an involuntary transfer or discharge cannot be issued to a resident until the final determination has been issued by MDHHS.	☐ Yes ☐ No

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 and the proposed date is at least 30 days from the date of the notice unless compliant with MCL 333.21773(2)(a), (b), or (c) and 42 CFR 483.15(c).

Transfer or Discharge Destination	Destination Type	☐ Nursing Home ☐ Assisted Living	☐ Private Residence ☐ Other:
	Facility Name		
	Address		
	City, State, Zip		
Proposed Date of Transfer or Discharge			

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 they 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.

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

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	877-458-2757

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	Disability Rights Michigan 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 emailed to:

- LARA submission through the Michigan State Licensing System (MI-SLS).
- 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.

Licensing and Regulatory Affairs
Bureau of Community and Health Systems

APPEAL REQUEST FOR NOTICE OF AN INVOLUNTARY TRANSFER OR DISCHARGE FOR NURSING HOMES

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

Date of Notice		
Resident Name		
Person Requesting Appeal ☐ Resident ☐ Guardian ☐ Resident representative ☐ 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
Submission	Through the Michigan State Licensing System (MI-SLS)
Email	LARA-BCHS-InvoluntaryTransfer@michigan.gov
Fax	517-763-0213

HEARING GUIDANCE

APPEAL HEARING INFORMATION

An appeal hearing will be conducted by the Michigan Office of Administrative Hearings and Rules (MOAHR) in accordance with the Michigan Administrative Code, R 792.10101-R 792.11289 and Administrative Procedures Act (APA), MCL 24.201 et seq. The Michigan Rules of Evidence and the Michigan Court Rules may be applicable.

A person is expected to conduct themselves with courtesy towards other parties, witnesses, and the administrative law judge (ALJ). This includes timely attendance and silencing cell phones.

For additional information, see the MOAHR webpage on Frequently Asked Questions: LARA - Administrative Hearings Frequently Asked Questions (michigan.gov).

REPRESENTATION

The resident may speak for themself and may be represented by an attorney, a relative, or another person of choice by the resident. A nursing facility may be represented by an attorney or an authorized representative. MOAHR does not recommend or appoint attorneys.

WITNESSES

A person may present witnesses to testify under oath at a hearing, subject to cross-examination by the opposing person and/or questions by the ALJ.

DOCUMENTS OR EXHIBITS

A person may present documents in accordance with R 792.10126. A person must offer any proposed exhibits at hearing with a copy for other parties. Proposed exhibits must be filed and exchanged with other parties a minimum of 3 business days before hearing, unless the ALJ orders a different timeframe. Proposed exhibits must be marked by number or letter showing Petitioner or Respondent such as “P-1” or “R-1”, bookmarked or in separate .pdf files, include a cover listing with case docket number, and submitted in electronic format to MOAHR-GA@michigan.gov. MOAHR is not responsible for photocopying.

Proposed video evidence must be in a format supported by Windows Media Player and complete a security scan before MOAHR can accept it. E-mail MOAHR-IT@michigan.gov in advance for instructions. Overnight Carrier Address (UPS, FedEx, DHL Deliveries): MOAHR-GA, c/o Department of Licensing and Regulatory Affairs, Mail Services, 2407 N. Grand River Avenue, Lansing, MI 48906.

MOTIONS OR REQUESTS

A motion is a request filed by a person that certain action be taken in the case. Other than during prehearing or hearing, all motions, pleadings, or requests must be submitted in writing to the ALJ at the address provided below with a copy to the other parties, indicating the case docket number. A person has no later than 3 business days prior to hearing to respond to the motion in writing, unless the ALJ sets a different due date for response.

Adjournment or Withdrawal: A motion to adjourn the hearing date or convert it to a prehearing conference must be filed in advance and state good cause for the request. If the nursing facility no longer wishes to proceed with the hearing, based on settlement or other reason, it may file a motion to withdraw the Notice of Involuntary Transfer or Discharge.

Equipment or Interpreter: A person may request that audio or visual equipment be made available at the time of the hearing for presentation of evidence. Any request for non-English language, sign-language, or other translator/interpreter service must be submitted in writing to MOAHR after receipt of the Notice of Hearing.

FAILURE TO APPEAR

A person's failure to timely appear or participate in a hearing may result in a default order against the person and/or dismissal of the case. Within 7 days after service of a default order, a person may file a written motion requesting that the order be vacated for good cause under Mich Admin Code, R 792.10134.

REASONABLE ACCOMMODATION

A person requiring reasonable accommodation for participation in a hearing, including accessible documentation such as braille, large print, electronic or audio reader, must contact MOAHR at (517) 335-2484 or MOAHR-GA@michigan.gov and complete the Disability Accommodation Request form after receipt of the Notice of Hearing:

https://www.michigan.gov/documents/lara/Disability_Accommodation_form_for_MOAHR_Internet_5-2.web_654057_7.pdf

PRIVACY OF INFORMATION

In order to conduct a comprehensive and fair hearing, it may be necessary to disclose a person's private or confidential information, such as health or financial information, to the ALJ and other parties and their attorneys or representatives. However, the following personal identifying information (PII) must not be included in any public document or attachment filed with MOAHR except as provided by MCR 1.109 or specifically authorized by the assigned ALJ:

(i) Date of birth,
(ii) Social security number or national identification number,
(iii) Driver's license number or state-issued personal identification card number,
(iv) Passport number, and
(v) Financial account numbers.

If a person considers disclosure of PII on a document necessary to the case, the person may file a motion for special protection of the document(s) or other accommodation in the process.