



SPEAKING UP FOR QUALITY
LONG TERM CARE

Preserving Residents' Rights During Discharges

EMPOWER AND PROTECT: SAFEGUARDING OLDER ADULTS

LTC CONFERENCE

APRIL 17, 2024



Lisa Smith,
MHA, CDP
Lead Regional Ombudsman Coordinator



Katie Morrison, MSG, CDP
Regional Ombudsman Coordinator



Jen Joy, MSW, CDP
Regional Ombudsman Coordinator



Kayla Peniston, MSW, CDP
Regional Ombudsman Coordinator



Resident
Leaving Facility.
Return **Not**
Anticipated

Voluntary

Resident discharges
themselves

Resident-initiated (AMA)

While no discharge letter is issued, facility still needs to complete discharge planning.
Depending on facility policy, resident may need to notify facility in advance.

Involuntary

Facility-initiated
discharges

30-day discharge:

Facility must issue a discharge letter to resident.
E.g. Non-payment discharge.

Emergency discharge:

Facility must issue a discharge letter to resident.
E.g. Resident is harmful to themselves or others

Rehab discharge:

Medicare coverage discontinued.
Facility must notify resident as early as possible.

Types of Discharges

30-day: Facility Shall Permit Each Resident to Remain in the Facility Unless-

The federal statute, Nursing Home Reform Law, 1987

- (A) The transfer or discharge is appropriate because the resident's welfare and the resident's needs cannot be met by the facility (the facility cannot meet the resident's needs)
- (B) The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility (the resident does not need nursing facility services anymore)
- (C) The safety of individuals in the facility is endangered (the resident's presence endangers the safety of self and/or others in the facility)

30-day: Facility
Shall Permit
Each
Resident to
Remain in the
Facility Unless-

(D) The health of individuals in the facility would otherwise be endangered (the resident's presence endangers the health of self and/or others in the facility)

(E) The resident has failed, after reasonable and appropriate notice, to pay for (or have paid under Medicare or Medicaid) a stay at the facility. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge that resident only allowable charges under Medicaid (the resident has failed to pay)

(F) The facility ceases to operate (the facility is closing) **60-day notice**

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

pg. 696 – pg. 702 (863-page Appendix PP, Rev. 211, 02/03/2023)

Resident's Welfare & Needs Can't Be Met

For a facility to issue a discharge with this very reason, the resident's physician must document below:

- Specific need(s) that the facility allegedly cannot meet
- Attempts by the facility to meet the need(s)
- Services available at the receiving facility that supposedly will meet the need(s)

Emergency Discharge

(A) The safety of individuals in the facility is endangered

(B) The health of individuals in the facility is endangered

(C) The resident's health has improved sufficiently so the resident no longer needs the services provided by the facility

(D) An immediate transfer or discharge is required by the resident's urgent medical needs

(E) The resident has not resided in the facility for thirty (30) days

An emergency discharge is resulted from an urgent, drastic incident, and this kind of discharge needs to be issued ASAP

Proper Discharge Letter

A written discharge notice in a “language and manner” understood by the resident and representative(s) must include:

- The reason for the transfer/discharge
- The proposed effective date
- The location to which the resident will be transferred or discharged
- Information on the resident’s appeal rights
- Contact info for the Long-Term Care Ombudsman Program and (if applicable) the agencies responsible for advocacy on behalf of persons with intellectual and developmental disabilities, or persons with mental disorders



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
LONG TERM CARE OMBUDSMAN PROGRAM
NURSING FACILITY TRANSFER OR DISCHARGE HEARING REQUEST

RESET

RESIDENT'S NAME	RESIDENT'S TELEPHONE	DATE
ADDRESS		
NURSING FACILITY NAME	NURSING FACILITY TELEPHONE	NURSING FACILITY FAX
ADDRESS		
ON _____ (DATE OF DISCHARGE LETTER) THE ABOVE NAMED RESIDENT RECEIVED A NOTICE OF THE ABOVE NAMED NURSING FACILITY'S INTENT TO TRANSFER OR DISCHARGE THE RESIDENT.		
THE RESIDENT IS REQUESTING A HEARING TO APPEAL THE NURSING FACILITY'S DECISION AS PROVIDED FOR UNDER 19 CSR 30-82.050.		
RESIDENT'S SIGNATURE, WHEN POSSIBLE		
INDIVIDUAL MAKING REQUEST ON RESIDENT'S BEHALF:		
NAME		
ADDRESS		
TELEPHONE	SIGNATURE	RELATIONSHIP TO RESIDENT
FAX, EMAIL OR MAIL TO:		DEPARTMENT OF HEALTH AND SENIOR SERVICES APPEALS UNIT P.O. BOX 570, 912 WILDWOOD DRIVE 3RD FLOOR JEFFERSON CITY, MO 65109-0570 FAX: (573) 751-0247 EMAIL: DHSS.APPEALS@health.mo.gov TELEPHONE: (573) 522-1699

DHSS OSDS 8638 (9-21)

LTCPDF-01.500

DHSS Appeals Unit

**DEPT OF HEALTH & SENIOR SERVICES
APPEALS UNIT**

P.O. BOX 570

**912 WILDWOOD DR. 3RD FLOOR
JEFFERSON CITY, MO 65109-0570**

FAX: (573) 751-0247

PHONE: (573) 522-1699

DHSS.APPEALS@health.mo.gov

As of 9/16/2021, Appeals Unit has become part of DHSS. The discharge appeals and hearings are no longer processed by the former Hearings Unit (Dept. of Social Services, Div. of Legal Services). Make sure you use the correct form on the left & correct info above.

Reminders for Facilities

Resident must receive a written discharge letter (No verbal discharges)

Keep the Ombudsman informed throughout the discharge process. Provide a copy of the letter to your Ombudsman:

info@voycestl.org

Notify resident's representatives (POA, emergency contact, payee, guardian), community case workers, physicians

Make sure your discharge letter info is correct and accurate, e.g. appeal info included; from issue date to effective discharge date, it is 30 days

Resident has right to remain in the facility until discharge date. If an appeal is filed, resident has right to remain in the facility through the appeal process, unless **Motion to Set Aside Stay** is filed by the facility's lawyer against resident's appeal

In a hearing, facility must be represented by an attorney licensed to practice law in MO

Facility's discharge planning starts when facility first considers to admit resident

Submit **monthly transfer logs** to the Ombudsman Program:

info@voycestl.org

Resources

<https://health.mo.gov/seniors/ombudsman/resources.php>

https://www.justiceinaging.org/wp-content/uploads/2017/01/Revised-Nursing-Facility-Regulations_Involuntary-Transfer-and-Discharge.pdf

<https://ncler.acl.gov/pdf/LTC%20and%20Evictions%20Issue%20Brief.pdf?eType=EmailBlastContent&eld=30e2c573-ddfa-43cd-b4dc-9622198a8ce3>

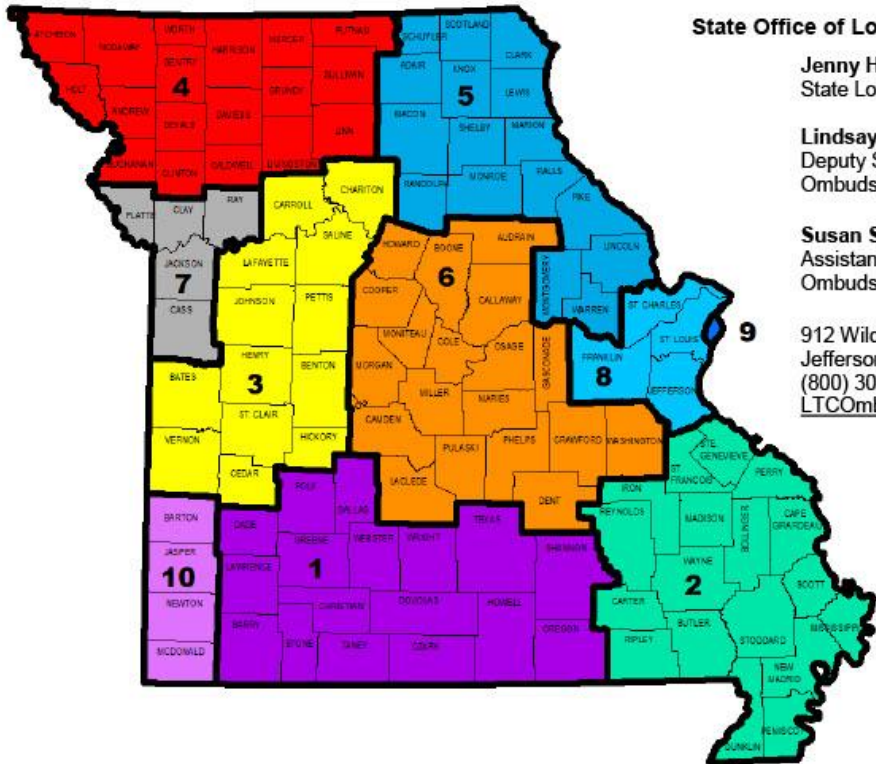
<https://justiceinaging.org/our-work/healthcare/long-term-services-and-supports/nursing-facilities/?eType=EmailBlastContent&eld=0c61e950-1606-43e2-b6ee-cb0252e01391&eType=EmailBlastContent&eld=30e2c573-ddfa-43cd-b4dc-9622198a8ce3>

https://www.justiceinaging.org/wp-content/uploads/2019/01/25-Common-Nursing-Home-Problems-and-How-to-Resolve-Them_Final.pdf?eType=EmailBlastContent&eld=30e2c573-ddfa-43cd-b4dc-9622198a8ce3

https://theconsumervoice.org/uploads/files/issues/Resident_and_Facility_Factors_Associated_with_High_Risks_of_Discharge.pdf

Bed Hold: https://ltcombudsman.org/uploads/files/support/BedHoldPolicy_by_State_2019.pdf

MO Protection and Advocacy Services: <http://www.moadvocacy.org/>



State Office of Long-Term Care Ombudsman

Jenny Hollandsworth,
State Long Term-Care Ombudsman

Lindsay Luebbering,
Deputy State Long-Term Care
Ombudsman

Susan Smith,
Assistant State Long-Term Care
Ombudsman

912 Wildwood Dr., P.O. Box 570
Jefferson City, MO 65102
(800) 309-3282
LTCOmbudsman@health.mo.gov

Ombudsman (om-budz-man)

<https://health.mo.gov/seniors/ombudsman/pdf/regional-map.pdf>

- 1/10 Council of Churches of the Ozarks
3055 E. Division St., P.O. Box 3947 G.S.
Springfield, MO 65802
(417) 862-3598 FAX: (417) 862-2129
www.ccozarks.org
- 2. Aging Matters
1078 Wolverine, Suite J
Cape Girardeau, MO 63701
(573) 335-3331 or (800) 392-8771
FAX: (573) 335-3017
www.agingmatters2u.com
- 3. Care Connection for Aging Services
106 W. Young St., P.O. Box 1078
Warrensburg, MO 64093
(660) 747-3107 or (800) 748-7826
FAX: (660) 747-3100
www.goaging.org
- 4. Young at Heart Resources
1304 N. Walnut, Suite 150, P.O. Box 185
Cameron, MO 64429
(660) 240-9400
FAX: (816) 396-0568
www.yahresources.org
- 5/8/9. VOYCE
8050 Watson Road, Suite 155
St. Louis, MO 63119
(314) 918-8222 or (866) 918-8222
www.voycestl.org
info@voycestl.org (email)
- 6. Aging Best
201 W. Broadway, Bldg. 1, Suite E
Columbia, MO 65203
(573) 443-5823 or (800) 369-5211
FAX: (573) 875-8907
www.agingbest.org
- 7. Mid-America Regional Council
600 Broadway, Suite 200
Kansas City, MO 64105-1536
(816) 474-4240 FAX: (816) 421-7758
www.marc.org



https://apps4.mo.gov/APS_Portal/

LTC Ombudsman
1 (800) 309-3282
(314) 918-8222



Adult Abuse &
Neglect Hotline

1-800-392-0210

Make a difference. Make the call.

Relay Missouri 1-800-735-2466



Missouri Long-Term Care
Ombudsman
ADVOCATE. EDUCATE. EMPOWER.

ABUSE, NEGLECT, EXPLOITATION, BULLYING

Q&A

314-918-8222

info@voycestl.org

