

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 HCFA Commissioner’s Designee, State LTC Ombudsman, and the Local LTC Ombudsman. The federal rules at 42 CFR § 483.15 give more information.

<p>Resident Name _____ Medicaid ID (if applicable) _____ Resident Representative (if applicable) Name _____ Address _____ Phone _____ 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: _____ A nursing home can move a resident 30 days after it gives this page to the resident. 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 lauren.meeker@tn.gov. Or write to them at 502 Deaderick Street, Andrew Jackson Building, 9th Floor, Nashville, TN 37243-0860.

TennCare Advocacy Program

Do you have a mental illness? And do you need help with the nursing home? The TennCare Advocacy Program can help you. 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.

Department of Intellectual and Developmental Disabilities

Do you have an intellectual or developmental disability? And do you need help with the nursing home? The Department of Intellectual and Developmental Disabilities can help you. Call **1-800-535-9725**. This is a free call. Or email Carmelita.Hillsman@tn.gov. Or write to them at 400 Deaderick Street, Citizen's Plaza State Office Building, 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
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Notice given to:

Resident	_____	(Date)
Resident's Representative	_____	(Date)
Resident Clinical Record	_____	(Date)
Local LTC Ombudsman	_____	(Date)
State LTC Ombudsman	_____	(Date)
HCFA Commissioner's Designee	_____	(Date)

To the Nursing Home: Send these pages to the HCFA Commissioner's Designee, the State LTC Ombudsman, and the Local LTC Ombudsman at:

Tennessee Department of Health Care Finance and Administration
Office of General Counsel
ATTN: Involuntary Discharge Appeals- NF
310 Great Circle Road- 3W
Nashville, TN 37243
Telephone: 866-797-9469
Fax: 615-734-5317
Email: cd.appeals.tenncare@tn.gov

State Long-Term Care Ombudsman
Tennessee Commission on Aging and Disability
ATTN: Involuntary Discharge Appeals- NF
502 Deaderick Street, 9th Floor
Nashville, TN 37243-0860
Tel: 615-837-5112
Fax: 615-741-3309
Email: lauren.meeker@tn.gov

Contact information for each Local LTC Ombudsman is at
<https://www.tn.gov/aging/topic/district-long-term-care-ombudsman>.