



# NURSING FACILITY DISCHARGE/TRANSFER/HOSPICE FORM

(To be completed by the Discharging/Transferring/Hospice Nursing Facility  
and submitted to the Member's MCO)

**Member Information:**

Name Last \_\_\_\_\_ Name First \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ MCO ID \_\_\_\_\_ SSN \_\_\_\_\_

**Representative/Designee/Power of Attorney:**

Last \_\_\_\_\_ First \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Hospice Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MCO submits to TennCare LTSS only – Disenroll CHOICES

**Member Elects to Receive Hospice in the NF**

<p><b>Discharging/Transferring/Hospice Nursing Facility:</b> NF/SNF Provider # _____</p> <p>_____</p> <p>City: _____ County: _____ State: _____</p> <p>(____) _____ - _____</p> <p>Phone _____ Contact Name _____</p> <p><b>Member Discharging To:</b>      <b>Date of Discharge</b> ____/____/____</p> <p><input type="checkbox"/> <b>Another NF</b> – Discharging/Transferring NF completes the “Receiving Nursing Facility” box at right. (MCO submits copy to TNHC <u>only</u> to update address.)</p> <p><input type="checkbox"/> <b>Home <u>with</u> CHOICES HCBS</b> (Transition to Group 2 or 3) (MCO submits to TennCare LTSS <u>and</u> LTSS submits to Member Services via TPAES.)</p> <p><input type="checkbox"/> <b>Home <u>without</u> CHOICES HCBS</b> (Disenroll from CHOICES.) (MCO submits copy to TennCare LTSS <u>and</u> TNHC.)</p> <p><input type="checkbox"/> <b>N/A – Member deceased</b> (MCO submits copy to TennCare LTSS)</p> <p><input type="checkbox"/> <b>Hospital</b> (Upon hospital discharge, <u>MCO</u> completes as follows):</p> <p><b>FOR MCO USE ONLY:</b></p> <p><input type="checkbox"/> Re-admitted to Discharging Facility</p> <p><input type="checkbox"/> Admitted to another NF (MCO completes “Receiving Nursing Facility” box at right and submits to TNHC <u>only</u> to update address.)</p> <p><input type="checkbox"/> Member deceased (MCO submits copy to TennCare LTSS)</p> <p><input type="checkbox"/> Home <u>with</u> CHOICES HCBS (Transition to Group 2 or 3) (MCO submits to TennCare LTSS <u>and</u> LTSS submits to Member Services via TPAES.)</p> <p><input type="checkbox"/> Home <u>without</u> CHOICES HCBS (Disenroll from CHOICES.) (MCO submits copy to TennCare LTSS <u>and</u> TNHC.)</p>	<p><b>Receiving Nursing Facility (IF applicable):</b> NF/SNF Provider # _____</p> <p>_____</p> <p>City: _____ County: _____ State: _____</p> <p>(____) _____ - _____</p> <p>Phone _____ Contact Name _____</p> <p><b>NF Admission Date:</b> ____/____/____</p> <p><b>Approved PAE(s) Control Number</b> _____</p> <p><b>Effective Dates:</b> ____/____/____ thru ____/____/____</p> <p><input type="checkbox"/> <b>Enhanced Respiratory Care</b> (indicate below):</p> <p><input type="checkbox"/> Vent Weaning      ____/____/____ thru ____/____/____</p> <p><input type="checkbox"/> Chronic Vent      ____/____/____ thru ____/____/____</p> <p><input type="checkbox"/> Tracheal Suctioning      ____/____/____ thru ____/____/____</p> <p><b>COMMENTS:</b></p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p><b>Check Member MCO below and fax completed form <u>to Member's MCO</u> at the number specified below:</b></p> <p><input type="checkbox"/> United HealthCare      <input type="checkbox"/> AMERIGROUP      <input type="checkbox"/> BlueCare/TennCare Select <b>1-888-582-1963      1-888-762-3203      855-273-5838</b></p>
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