



Serving New Jersey, Puerto Rico and
the U.S. Virgin Islands

P.O. Box 845
Hightstown, NJ 08520
Phone: 609.490.0310
Patient Toll Free: 888.877.8400
Fax: 609.490.0835
www.qirn3.org

Involuntary Discharge & Involuntary Transfer Packet

All information must be completed in full and faxed to QIRN3 prior to the patient's discharge from the facility.

This packet contains vital information pertaining to both the Involuntary Discharge and Involuntary Transfer process as outlined in the Centers for Medicare & Medicaid Services ESRD Facilities Conditions for Coverage. Please read carefully.

- The Network **AND** State Survey Agency must be notified by phone or in writing **30 days prior** to an involuntary discharge or involuntary transfer.
- This entire packet must be completed for all Involuntary Discharges and all Involuntary Transfers then **fax** the completed packet to the QIRN3 office **in advance of** the involuntary discharge or involuntary transfer.
- This packet must also be completed in its entirety for all cases of immediate and severe threat then **fax** the completed packet to the QIRN3 office **within 48 hours** of the discharge.
- Retain a copy of this completed packet in the patient's medical record.

For interpretative guidance on the CMS ESRD facilities Conditions for Coverage visit the CMS website at: <http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/downloads/esrdfinalrule0415.pdf>

Fax all information to:
Quality Insights Renal Network 3
Attention: Patient Services Department
Fax: (609) 490-0835

IMPORTANT:
Do not send this information by email due to HIPAA requirements.



Serving New Jersey, Puerto Rico and
the U.S. Virgin Islands

P.O. Box 845
Hightstown, NJ 08520
Phone: 609.490.0310
Patient Toll Free: 888.877.8400
Fax: 609.490.0835
www.qirn3.org

§ 494.70 and § 494.180 Conditions for Coverage Involuntary Discharge and Transfer Policies and Procedures

No facility takes lightly the involuntary discharge/transfer of a patient. Challenging patient situations are often the result of unresolved issues involving both the patient and staff.

The Conditions for Coverage are clear about the facility's responsibility to ensure that staff have and use appropriate skills to manage challenging patient situations in the dialysis clinic. The Conditions also state the parameters for implementing an involuntary discharge/transfer.

Please note: Non-compliance is not an acceptable reason for an involuntary discharge/transfer.

In the unlikely event that your facility is faced with making a decision about involuntarily discharging/transferring a patient, you must comply with the CMS directives and make sure all your efforts are documented in the patient's medical record. You must complete and document:

1. Initial problem assessment and plan of care addressing interventions and goals;
2. Documentation of interventions over a period of time;
3. Documentation of patient's response to interventions;
4. If a behavior contract is appropriate then reassessment after contract implemented;
5. If discharge is for nonpayment, documentation showing assistance provided to link patient with potential payment sources and the outcome of those referrals;
6. Discharge notification letter sent to patient (**30 days prior**);
7. Contact Quality Insights Renal Network 3 Patient Services at (609) 490-0310 extension: 2430 regarding the issuance of the 30 day notice;
8. Discharge order signed by attending physician and medical director;
SEND COPY OF DISCHARGE LETTER AND ALL MEDICAL RECORDS RELATED TO THE INVOLUNTARY DISCHARGE/TRANSFER TO QIRN3 FOR REVIEW.
9. Facility responsibility at time of discharge:
 - a. Every effort must be made to transfer patient to another out-patient facility. Documentation must show such efforts were extensive and all avenues were pursued;
 - b. If no out-patient facility will accept patient, facility must provide patient with acute care resources and advise patient about the medical ramifications of not receiving dialysis when ordered by a physician, i.e. fluid overload, congestive heart failure, death; and
 - c. Facility must notify the State Survey Agency of the involuntary discharge / transfer 30 days prior to the discharge / transfer.

New Jersey Department of Health Telephone: 1-800-792-9770
--

Puerto Rico Department of Health Telephone: 787-782-8013

10. In the case of an **immediate severe threat** to the health and safety of others, the facility may utilize an abbreviated involuntary discharge / transfer procedure.



Serving New Jersey, Puerto Rico and the U.S. Virgin Islands

P.O. Box 845
Hightstown, NJ 08520
Phone: 609.490.0310
Patient Toll Free: 888.877.8400
Fax: 609.490.0835
www.girn3.org

Involuntary Discharge / Transfer Checklist for Dialysis Facilities

If you have made the decision to either Involuntarily Discharge or Involuntarily Transfer a patient then complete the attached forms to ensure compliance with the Conditions for Coverage.

Remember: The Network requires this documentation for ALL Involuntary Discharges and ALL Involuntary Transfers. Be aware that your submitted documentation is the only paper evidence of the situation for the Network's review. This information must be completed and faxed to the QIRN3 office 30 DAYS PRIOR to discharge or transfer OR within 48 hours of an immediate discharge or transfer.

Demographic Information

Patient Name: Date of Birth: / /

Facility Provider Number: (Tip: this is the facility's six digit Medicare provider number. If you are a NJ facility your provider number will begin with 31. If you are a PR facility your provider number will begin with 40 and the VI will start with 48).

Name and title of person completing this form (please print):

Facility telephone number: Facility Fax Number:

Name of Facility Medical Director:

Name of Patient's Attending Physician:

Name of Facility Administrator:

Involuntary Discharge / Transfer Information

Date of Last Treatment: / / Date Facility Notified Network: / /

Date Facility Notified the State Survey Agency: / /

Date patient was notified of Discharge / Transfer: / /

Date of Anticipated Discharge / Transfer: / /



Serving New Jersey, Puerto Rico and the U.S. Virgin Islands

P.O. Box 845
Hightstown, NJ 08520
Phone: 609.490.0310
Patient Toll Free: 888.877.8400
Fax: 609.490.0835
www.girn3.org

Part I: Reason for Discharge

- Non-Payment for ordered services
Facility ceases to operate*
Cannot meet documented medical needs
Ongoing disruptive and abusive behavior
Immediate severe threat to health and safety of others

Other - note: CMS Conditions for Coverage only allows the aforementioned reasons for discharge. If the discharge is due to the physician terminating the relationship with the patient, this is considered an invalid reason for discharge per the CMS Conditions for Coverage: Comment:

*For facility closures, complete only one packet and attach a list of ALL the patients who are being discharged / transferred and their disposition. Skip Parts II and IV.

Please provide a brief description of the incident(s) leading to the involuntary discharge (Please attach all pertinent documentation): NOTE: Even with attached documentation this section must be completed.

Multiple horizontal lines for text entry.

Part II: Mental Health Assessment

*Not required for facility closure

Mental Health Problem/Diagnosis Reported: Yes No

If yes, provide explanation and/or diagnosis (attach physician documentation)

Multiple horizontal lines for text entry.



Serving New Jersey, Puerto Rico and the U.S. Virgin Islands

P.O. Box 845
Hightstown, NJ 08520
Phone: 609.490.0310
Patient Toll Free: 888.877.8400
Fax: 609.490.0835
www.girn3.org

Chemical Dependency/Abuse Reported: Yes No

If yes, provide explanation and/or diagnosis (attach documentation)

Cognitive Deficit Reported: Yes No

If yes, provide explanation and/or diagnosis (attach physician documentation)

Part III: Patient's Disposition

(Where will the patient dialyze immediately after discharge?)

**For facility closure attach a copy of your census with the disposition of each patient.*

- Admitted to another Outpatient Facility: Medicare provider # of the admitting facility _____
- Patient in Correctional Facility
- Patient Date of Death _____
- Patient Date of Transplant _____ Medicare provider # of the transplant center _____
- Not Admitted to another Outpatient Facility – Hospital Acute _____
- Other – Comment _____



Serving New Jersey, Puerto Rico and the U.S. Virgin Islands

P.O. Box 845
 Hightstown, NJ 08520
 Phone: 609.490.0310
 Patient Toll Free: 888.877.8400
 Fax: 609.490.0835
www.qirn3.org

Part IV: Required Documentation*

*Not required for facility closure

	Date Sent to QIRN3 office:
<input type="checkbox"/> Patient discharge letter or transfer notice	/ /
<input type="checkbox"/> Police Report <i>(if applicable)</i>	/ /
<input type="checkbox"/> A copy of the Facility's discharge/transfer policy and procedure	/ /
<input type="checkbox"/> A copy of the Facility's patient rights and patient responsibilities	/ /
<input type="checkbox"/> Medical Director signed approval of the patient discharge/transfer order	/ /
<input type="checkbox"/> Attending Physician signed approval of the patient discharge/transfer order	/ /
<input type="checkbox"/> Copy of the patient assessment, plan of care and reassessment(s)	/ /
<input type="checkbox"/> Documentation of ongoing problem(s) and ALL efforts to resolve problem(s)	/ /
<input type="checkbox"/> Documentation of facility's inability to meet patient's medical need(s) <i>(if applicable)</i>	/ /
<input type="checkbox"/> Documentation of ALL efforts to locate another facility for the patient	/ /
<input type="checkbox"/> Documentation that State Survey Agency was notified of the discharge/transfer	/ /
<input type="checkbox"/> Other:	/ /

Part V: State Survey Agency Contact Information

New Jersey	New Jersey Department of Health and Senior Services 120 South Stockton Street Trenton, NJ 08625	1-800-792-9770
Puerto Rico	Puerto Rico Department of Health 1090 Marginal Ruiz Soler Bayamón, Puerto Rico 00961-7329	787-782-8013

QIRN3 strongly encourages that each facility call and confirm that all of their faxed documents have been received at QIRN3.
 Phone: 609.490.0310