**CLICK TO** **ENTER FACILITY NAME**

**TRANSFER/DISCHARGE NOTICE**

**Date:** Click or tap to enter a date

**Resident**: Click or tap here to enter resident’s full name

**Designated Representative**: Click or tap here to enter designated representative’s full name

This is to inform you that the interdisciplinary team has determined that you will be discharged on Click or tap to enter a date to: Click or tap to enter location and address

In accordance with 10 NYCRR § 415.3 and 42CFR483.15, this transfer/discharge notice is being issued because:

[ ]  The resident’s needs cannot be met after reasonable attempts at accommodation in the facility ***as evidenced by:*** Click or tap here to enter text

[ ]  The resident's health has improved sufficiently so the resident no longer needs the services provided by the facility ***as evidenced by****:* Click or tap here to enter text

[ ]  The safety of individuals in the facility would be endangered, ***as evidenced by****:* Click or tap here to enter text

[ ]  The health of individuals in the facility would be endangered, ***as evidenced by****:* Click or tap here to enter text

[ ]  the resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare, Medicaid, or third-party insurance) a stay at the facility, charges are not in dispute, no appeal of a denial of benefits is pending, or funds for payment are available and the resident refuses to cooperate with the facility in obtaining funds ***as evidenced by:*** Click or tap here to enter text

[ ]  the facility is discontinuing operation and has received approval of its plan of closure from the New York State Department of Health.

## APPEAL & HEARING RIGHTS

If you do not agree with the proposed transfer/discharge, you have the right to appeal the action and request an evidentiary hearing. You may file a request for an appeal and hearing by contacting the New York State Department of Health (NYSDOH) in one of the following manners:

**Phone**: Call the NYSDOH Nursing Home Complaint Hotline at 1-888-201-4563.

**Internet**: Complete and submit the online Nursing Home Complaint form found at <https://apps.health.ny.gov/surveyd8/nursing-home-complaint-form>.

**Mail:** Complete and mail a paperNursing Home Complaint Form to the following address:

NYS DOH Centralized Complaint Intake Program

875 Central Ave,

Albany, NY 12206

**Fax**: Complete and fax a Nursing Home Complaint Form to 518-408-1157.

**Email:** Complete and email a scanned copy of a Nursing Home Complaint Form to nhintake@health.ny.gov.

The Nursing Home Complaint form is available online at <https://www.health.ny.gov/forms/doh-5022.pdf>.

All appeal requests must be submitted within sixty (60) days from the date a resident receives a notice of transfer/discharge.

If a request for an appeal is filed with NYSDOH prior to the resident’s transfer/discharge from the facility, the resident may remain in the facility (excluding cases of transfer/discharge due to imminent danger) pending an appeal hearing decision. It should be noted that any resident choosing to remain at a facility pending appeal may be liable for the cost to stay at the facility pending the appeal if the resident loses their appeal.

A post-discharge/transfer hearing will be held when a request for an appeal and hearing is filed with the NYSDOH after the resident is transferred/discharged from the facility. In these cases or cases involving a transfer/discharge due to imminent danger, the resident has the right to return to the next available semiprivate bed in the facility if the resident prevails/wins at the hearing on appeal.

At the evidentiary hearing, the resident may represent themselves, or use legal counsel, a relative, a friend, or any other spokesmen.

In cases of an action based on a change in law, the resident will be provided an explanation of the circumstances under which an appeal will be granted.

**ADVOCACY CONTACTS**

**Local New York State Long Term Care Ombudsman:**

**Name:** Click or tap here to enter name of local NYS LTC Ombudsman

**Address:** Click or tap here to enter address of local NYS LTC Ombudsman

**Phone:** Click or tap here to enter phone number of local NYS LTC Ombudsman

**Disability Rights New York:**

**For nursing facility residents with intellectual and developmental disabilities or related disabilities.**

**Address:** 725 Broadway, Suite 450, Albany, New York 12207

**Email:** Mail@DRNY.org

**Phone:** 518-432-7861

**Toll Free:** 1-800-993-8982

**Legal Services Agencies and Community Resources Providing Resident Advocacy Services Guide:**

<https://www.health.ny.gov/facilities/nursing/docs/community_resource_guide.pdf>

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**Resident Signature:**

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**Date:**

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**Resident Representative Signature:**

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**Date:**

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**Facility Representative Signature and Title:**

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**Date:**

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**Designated Representative Verbally Informed on:**

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**Document Mailed to Designated Representative on:**

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**Document Mailed to NYS Ombudsman on:**

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**Document Mailed to Family Member on:**