

DISTRICT OF COLUMBIA
Department of Health

**Health Regulation and
Licensing Administration**



December 31, 2008

Dear Nursing Facility Provider:

Enclosed is an updated form for use in the case of the transfer, discharge or relocation of a nursing facility resident. The form is based on requirements set out in the Nursing Home and Community Residence Facility Residents' Protections Act of 1985 (D.C. Law 6-108; D.C. Official Code § 44-1003.01 *et seq.*) ("the Act") and federal regulations on Medicaid and Medicare participation (F Tag 201 to 206, 42 CFR 483.12 to 42 CFR 483.12(b)(3)). The forms were distributed to you before but have now been updated to reflect certain changes in process.

In accordance with D.C. Official Code § 44-1003.02(d) you are required to use the enclosed form as notice to residents upon transfer, discharge or relocation. It should not be altered in any way and all requested information should be provided.

Please note that **(1)** on the form you are required to describe the reason for the transfer, discharge or relocation *in detail*, in accordance with D.C. Official Code § 44-1432(d)(1); **(2)** you must include on the form the name, address and phone number of the person from your facility who is responsible for supervising the move, in accordance with D.C. Official Code § 44-1432(d)(5); and **(3)** the form is invalid if a location or destination for the resident is not included, in accordance with 42 CFR 483.12(a)(6)(iii). Finally, please note that the need for a transfer notice is triggered whenever a resident is moved to the hospital or any other institutional setting; the act is known as a discharge when the resident is moved to a non-institutional setting and the releasing facility ceases to be responsible for the resident's care.

Failure to use the correct form may result in the issuance of a Notice of Infraction and the imposition of a fine in the amount of \$1,000.

Please call Sharon Lewis, Program Manager, at 442-4737 or Carmen Johnson, Assistant Attorney General, at 442-5888 if you need further information.

Sincerely,

A handwritten signature in cursive script that reads "Sharon Lewis".

Sharon Williams Lewis, RNC, MSA, CPM
Program Manager

Enclosures