_____
NAME OF FACILITY

_____
ADDRESS OF FACILITY

_____
CITY AND ZIP CODE

COMMUNITY RESIDENCE FACILITY OR ASSISTED LIVING FACILITY

NOTICE OF DISCHARGE OR TRANSFER TO CRF OR ASSISTED LIVING RESIDENT

TO:

Resident's Name: _____

Resident's Representative: _____

Date: _____

In accordance with the **(1)** Nursing Home and Community Residence Facility Residents' Protection Act of 1985 (D.C. Law 6-108, D.C. Official Code § 44-1001.01, *et seq.*) and **(2)** The Assisted Living Residence Regulatory Act of 2000 (D.C. Law 13-127, D.C. Code § 44-101.01, *et seq.*), this facility must inform you of its intent to discharge, transfer or relocate you within this facility.

Both D.C. Law 6-108 and D.C. Law 13-127 require that this facility provide you with specific information, and because this facility is licensed in the District of Columbia all such requirements must be met.

WHO SHOULD RECEIVE THE NOTICE: This notice must be delivered to you and your representative[1]. A copy must also be

[1] "Resident's representative" means: (A) Any person who is knowledgeable about a resident's circumstances and has been designated by that resident to represent him or her; (B) Any person other than a facility who has been appointed by a court either to administer a resident's financial or personal affairs or to protect and advocate for a resident's rights; or (C) The Long-Term Care Ombudsman or his or her designee, if no person has been designated or appointed in accordance with subparagraphs (A) and (B) of this paragraph.

transmitted to the Department of Health and to the Medical Assistance Administration, if the resident's care is paid by Medicaid.

WHEN A RESIDENT SHOULD RECEIVE A NOTICE: If you are a resident of an assisted living facility and you are being involuntarily discharged, the facility is required to give you this notice at least thirty (30) days prior to the discharge. If you are a resident of a community residence facility or are being transferred by an assisted living facility, the facility is required to give you a transfer or discharge notice at least twenty-one (21) days before the transfer or discharge. Each facility shall give a resident at least seven (7) days notice if the resident is to be relocated inside the facility. The time periods for notification may be changed by physician order, consent by the resident or the resident's representative or a determination by the Long-term Care Ombudsman.

REQUIRED CONTENTS: The following should be completed by the provider.

(1) This proposed action is a (a) Transfer ___; (b) Discharge __; or (c) Relocation ___.

(2) The specific reason(s) for this action is as follows:

_____

_____

_____

_____

_____

(3) You are scheduled to be discharged, transferred or relocated on or by _____.

(4) Your destination is _____.

(5) The following person from the facility is responsible for supervising the discharge, transfer or relocation:

Name: _____

Address: _____

_____

Telephone: _____

(6) You may contact the following for assistance:

Veronica Longstreth MSN, RN
Associate Director
Office of Health Facilities
Health Regulation and Licensing Administration
899 North Capitol Street NE, 2nd Floor
Washington, DC 20002
Tel. (202) 724-8800, Fax (202) 442-9430

Office of the Long-Term Care Ombudsman
Legal Counsel for the Elderly
601 E Street, N.W.
Washington, D.C. 20049
Tel. (202) 434-2190
Fax (202) 434-6595

University Legal Services
300 I Street, N.E.
Suite 200
Washington, D.C. 20002
Tel. (202)547-0198, Fax (202) 547-2662

(7) If you disagree with this move and desire to challenge it, you must request a hearing within seven (7) days from the date you receive this notice. Please find attached detailed information about your right to a hearing and a Hearing Request Form, together with a postage paid envelope preaddressed to the appropriate District official or agency.

Provider's signature: _____ Date: _____

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Resident's signature: _____ Date: _____

Resident's Legal Representative: _____ Date: _____

Enclosure(s)

Hearing Request Form
Hearing Rights

CC: Veronica Longstreth MSN, RN
Associate Director
Office of Health Facilities
Health Regulation and Licensing Administration
899 North Capitol Street NE, 2nd Floor
Washington, DC 20002

D.C. Long-Term Care Ombudsman
Ombudsman
Legal Counsel for the Elderly
601 E Street N.W.
Washington, D.C. 20049

Wayne Turnage, Director
D.C. Department of Health Care Finance
Medical Assistance Administration
899 North Capitol Street, N.E., 6th Floor
Washington, D.C. 20002

YOUR APPEAL RIGHTS

You have a right to challenge this facility's decision to discharge, transfer or relocate you. If the decision is to discharge you from the facility or to transfer you to another facility and you think you should not have to leave, you or your representative have seven (7) calendar days from the day you receive this notice to inform the Administrator (Residence Director, if an community residence facility) or a member of the staff that you are requesting a hearing and to complete the enclosed hearing request form and mail it in the preaddressed envelope provided. If you are mailing the hearing request form from the facility, the day you place it in the facilities out going mail or give it to a member of the staff for mailing shall be considered the date of mailing for purposes of the time limit. In all other cases, the postmark date shall be considered the date of mailing. If instead, the decision is to relocate you within the facility and you think you should not have to move to another room, you or your representative have five (5) calendar days to do the above.

If you or your representative request a hearing, it will be held no later than five (5) calendar days after the request is received in the mail; and in the absence of an emergency or other compelling circumstances, you will not be moved before a hearing decision is rendered. If the decision is to proceed with the move, in the absence of an emergency or other compelling circumstances, you will have at least five (5) calendar days to prepare for your move if you are being discharged or transferred to another facility, and at least three (3) calendar days to prepare for your move if you are being relocated to another room with the facility.

To help you in your move, you will be offered counseling services by the staff, assistance by the District government if you are being discharged or transferred from the facility, and at your request additional support from the Long-Term Care Ombudsman Program. If you have any questions at all please do not hesitate to call the telephone number listed below for assistance:

The Office of the Long-Term Care Ombudsman
DC Long-Term Ombudsman Program
601 E. Street, NW
Washington, DC 20049
(202) 434-2190

HEARING REQUEST FORM FOR RESIDENT/REPRESENTATIVE

Clerk of the Court
Office of Administrative Hearings
One Judicial Square
441 4th Street NW, Ste 1040South
Washington DC 20001
(202) 442-9094
(202) 442-4789(fax)

cc: Program Manager
Department of Health
HRLA
899 North Capitol Street, NE
Second Floor
Washington, DC 20002
(202) 724-8800
(202) 442-9430 (fax)

Dear Clerk of the Court:

This is to request a hearing under D.C. Law 6-108, Title III, to challenge the

involuntary: □ discharge, □ transfer, □ relocation by
_____

The □ discharge, □ transfer, □ relocation occurred, or will occur on
_____

The move is being based on the following:

_____

_____

_____

_____

_____

_____

A copy of the notice from the facility is enclosed, and sent to the D.C. Long-Term Care Ombudsman Program (address and phone listed above).

Sincerely;

_____

Resident/Representative (Print) Date

_____

Resident/Representative (Signature) Date

IF YOU DISAGREE WITH OUR DECISION THAT YOU MUST MOVE AND DESIRE TO CHALLENGE IT, YOU MUST REQUEST A HEARING WITHIN SEVEN (7) DAYS FROM THE DATE YOU RECEIVE THIS NOTICE. FOR A COMPLETE EXPLANATION OF YOUR RIGHT TO CHALLENGE OUR DECISION TO MOVE YOU, YOU SHOULD READ THE ENCLOSED FROM. FOR ASSISTANCE, YOU SHOULD CONTACT THE FOLLOWING:

Program Manager
Ombudsman Department of Health
Health Regulations and Licensing Admin.
899 North Capitol Street, NE
Second Floor
Washington, DC 20002
(202) 724-8800
(202) 442-9430 (fax)

District of Columbia Long-Term Care
Legal Counsel for the Elderly
601 E. Street N.W.
Washington, DC 20049
(202) 434-2190
(202) 434-6595 (fax)

Office of Administrative Hearings
Attn: Clerk of the Clerk
One Judicial Square
441 4th Street N.W., Ste. 1040 South
Washington, DC 20001
202-442-9094
202-442-4789 (fax)

TO MAKE YOUR HEARING REQUEST, YOU SHOULD SEND A COPY OF THE ENCLOSED FORM TO THE OFFICE OF ADMINISTRATIVE HEARINGS, THE HEALTH REGULATION LICENSING ADMINISTRATION AND THE LONG-TERM CARE OMBUDSMAN PROGRAM**.**

THE ADDRESSES ARE PROVIDED ABOVE.

Medicaid eligible residents challenging transfers, discharges for relocations based on a change in level of care or a change required to be in accordance with a prescribed level of care only, should send their hearing request to the following:

Department of Health Care Finance
One Judiciary Square
441 4th Street NW, Ste. 900 South
Washington, DC 20001
(202) 442-5988 Phone
(202) 442-4790 Fax

Office of Administrative Hearings
Attn: Clerk of the Court
One Judiciary Square
441 4th Street NW, Ste. 1040 South
Washington, DC 20001
(202) 442-9094 Phone
(202) 442-4789 Fax

_____ _____
Administrator Provider Signature Date