

NOTICE OF PROPOSED TRANSFER / DISCHARGE

Resident Name: _____ Notification Date: _____
Name / Relationship of Person Notified: _____ / _____

☐ Mailed

Effective Date: _____ Transfer / Discharge to: _____

Note: Federal Regulations require that your transfer / discharge be made for the following reason(s):
(check applicable reason(s) for transfer / discharge)

- ☐ The transfer / discharge is necessary for your welfare and your needs cannot be met in the facility.
- ☐ The transfer or discharge is appropriate because your health has improved sufficiently so that you no longer require services provided by this facility or by this facility's Distinct / Non Distinct Part.
- ☐ The safety of individuals in the facility is endangered by your presence.
- ☐ The health of individuals in the facility is endangered by your presence.
- ☐ You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medi-Cal) a stay at the facility. If you became eligible for Medi-Cal after admission to the facility, the facility may only charge you allowable charges under Medi-Cal. Also, if you are admitted as a Medicare eligible resident the facility may charge you only allowable charges under Medicare.
- ☐ The facility is ceasing to operate.

Please Note the Following:

1. If you believe that the proposed transfer / discharge is inappropriate in your case, and is involuntary, you have the right to appeal. The appeal can be filed in writing to, or by calling the following:

District Office: _____ State LTC Ombudsman: _____
Address _____ Address _____

Telephone # _____ Telephone # _____

Other: _____
Address _____

Telephone # _____

2. If you intend to file an appeal of this transfer / discharge, it is suggested that you do so within (10) ten calendar days of being notified. The decision regarding an appeal will normally be made within (30) thirty days from the date you were formally notified. The ability of the Department of Health to render a decision on the appeal, may be jeopardized if the appeal is not submitted within the (10) ten calendar day / suggested period.
3. Additional rights to the hearing include:
 - You may represent yourself at the hearing, or use legal counsel, a relative, a friend, or other spokesperson; also you may bring witnesses to the hearing.
 - You or your representative must be given the opportunity to examine, at a reasonable time before the date of the hearing and during the hearing (a) Content of your medical record, and all documents and records to be used by the State at the hearing.
4. The facility may proceed with the transfer / discharge at the end of the (30) thirty days, even if a decision on the appeal has not been rendered, if the facility chooses to.
5. You should be aware that the decision to transfer / discharge may be upheld, if this is the case, you should be prepared to transfer / discharge at the end of the (30) thirty days from the date you were formally notified.

Facility Representative's Signature _____ Date _____

Resident / Representative's Signature _____ Date _____