



TITLE		POLICY#
<b>Client Discharge and Transfer</b>		<b>C-840</b>
MANUAL	ANNUAL REVIEW DATE	REVISE DATE
<b>Home Healthcare</b>	<b>12/20/2020</b>	<b>6/10/2019</b>
SCOPE:	REFERENCE:	
<b>Home Healthcare</b>		

## POLICY

The Agency follows applicable federal and state requirements regarding client discharge and transfer from the agency, including but are not limited to, requirements regarding patient notice, physician involvement, continuity of care, and client safety.

For information on the agency’s discharge planning and discharge and transfer summary requirements, see Client Discharge Planning Policy #500.

## PURPOSE

- To ensure compliance with applicable federal and state guidelines related to the situations in which clients maybe discharged and transferred from the agency.
- To provide sufficient notice to clients of their discharge or transfer as required by law.

## PROCEDURE

1. Definitions:
  - a. Discharge means the termination of client’s services by the agency.
  - b. Transfer means a discharge of a client to another health care provider for continuing care, without the intent that the patient will receive further services from the agency.
2. A client may only be discharged or transferred as determined by the Director of Clinical Services or designated Registered Nurse/Therapist in compliance with this policy.
3. For agencies located in Texas:
  - a. A client maybe discharged or transferred from the agency for a variety of reasons, including, but no limited to:
    - 1) Client request;
    - 2) The client no longer requires home health services;
    - 3) The client, caregiver, or family violates the agency’s admission rules;



- 4) The client's care has become such that it is unsafe and medically inappropriate to maintain the client in his/her home;
  - 5) The client is non-compliant with the established plan of care;
  - 6) Medical approval has been terminated, or the physician fails to give or sign orders in a timely manner;
  - 7) The client's payer terminates authorization for the services;
  - 8) The client or the patient's payer fails to pay for the services;
  - 9) The client is hospitalized, and the hospitalization period is greater than 60 days or exceeds the current home care episode of care;
  - 10) The client moves out of the agency's service area; or
  - 11) The agency does not provide the services or have the staff necessary to meet the client's needs.
- b. The Texas agency must, deliver written notification of the discharge or transfer to the client and client's physician no later than 5 days before the date on which the client will be transferred or discharged.
- 1) The agency must deliver the required notice by hand or by mail.
  - 2) If the agency delivers the written notice by mail, the notice must be mailed at least 8 working days before the date of discharge or transfer; and the agency must speak with the client by telephone or in person to ensure the client's knowledge of the transfer or discharge at least 5 days before the date of discharge or transfer.
  - 3) The Texas agency may transfer or discharge a client without prior notice:
    - Upon the client's request;
    - If the client's medical needs require transfer, such as medical emergency;
    - In the event of a disaster when the client's health and safety is at risk in accordance with provisions of §97.256 (relating to Emergency Preparedness Planning and Implementation);
    - For the protection of staff or a client after the agency has made a documented reasonable effort to notify the client, the client's family and physician, and appropriate state or local authorities of the agency's concerns for staff or client safety; and
    - In accordance with agency policy; according to physician orders; or if the client fails to pay for services, except as prohibited by federal law.
- c. The Texas agency must keep the following information in the client's file:
- 1) Copy of the written notification provided to the client or the client's parent, family, spouse, significant other, or legal representative;
  - 2) Documentation of the personal contact with the client if the required notice was delivered by mail; and
  - 3) Documentation that the client's attending physician or practitioner was notified of the date of discharge.



4. For agencies located in Arizona and Colorado:
  - a. Clients may only be discharged or transferred as follows:
    - 1) The client requests discharge or transfer or refuses the agency's services.
    - 2) The patient's physician(s) no longer believe that the client is appropriate to receive for home health services or the agency can no longer meet the client's needs, based on the patient's condition.
    - 3) The client or the client's payor will no longer pay for the services provided.
    - 4) The agency closes or no longer provides the required services.
    - 5) The client violates the agency's admission rules and/or is disruptive, abusive, or uncooperative ("for cause" discharge or transfer).
  - b. In the event of a "for cause" discharge or transfer, the Arizona or Colorado agency will:
    - 1) Notify the client and attending physician(s) of that a "for cause" discharge or transfer is being considered;
    - 2) Make efforts to resolve the problem(s) presented by the client's behavior, the behavior of other persons in the patient's home, or situation; and
    - 3) Provide the client and his or her representative with contact information for other agencies or providers who maybe able to provide care.
    - 4) The agency will document the need for the "for cause" termination and the efforts made to resolve the problem(s) in the client's record.
  - c. For agencies located in Colorado, once the patient is admitted, the agency will not discontinue or refuse services to a client unless documented efforts have been made to resolve the situation that triggered such discontinuation or refusal to provide services.
  - d. For agencies located in Arizona, notice of the discharge/transfer will be provided to the client in a timely manner in advance of the discharge/transfer.
  - e. For agencies located in Colorado, notice of the discharge or transfer will be provided to the client verbally and in writing at least 15 business days in advance of the discharge.
  - f. Notice is not required if the discharge is an emergency discharge necessary to protect the safety and welfare of staff.
    - 1) This emergency discharge must be reported to the Department of Public Health and Environment within 48 hours of the occurrence.
5. Client may not be discharged or transferred in a discriminatory manner or in response to the client's complaint to report(s) to regulatory agencies.
6. The client/caregiver will be active participants in selecting another provider and communicating that decision to the agency.
7. When applicable, clients will be given the Notice of Medicare Non-Coverage as indicated and/or appropriate Home Health Change of Care Notice to explain the



agency's decision to discharge the client.

8. In the event of agency closure or dissolution, the agency will adhere to the following contingency plan:
  - a. Provide written notice of the closure or dissolution to the client and the physician involved in the agency's care of the client.
  - b. Follow the process outlined above for the transfer of the client to another agency.
  - c. Provide a copy of the client's medical record to the receiving agency to ensure continuity of care and continuation of services.
  - d. Maintain a copy of client/physician notices of the dissolution or closure in the client's medical record.
  - e. For agencies located in Texas, the agency will also adhere to Texas Administrative code §97.217 and §97.291.
    - 1) In the event of permanent closure, the Texas agency must notify DADS in writing within 5 days before the permanent closure of the agency, branch office, or alternate delivery site. The agency must include in the written notice the reason for closing, the location of the client records (active and inactive), and the name and address of the client record custodian.
    - 2) If the agency closes with an active client roster, the agency must transfer a copy of the active client record with the client to the receiving agency in order to ensure continuity of care and services to the client. The agency must mail or return the initial license or renewal license to DADS at the end of the day that services ceased.
9. Discharge and transfer agency documentation will include the information set forth in this policy, Client Discharge Planning #C-500, and include the following additional documentation:
  - a. Evidence that the client no longer qualifies for home care services or there is no payer source for ongoing services.
  - b. If there are unmet needs and the agency is no longer able to meet those needs, documentation will demonstrate that appropriate notice was given (verbal and written) and referrals made as indicated.
  - c. Documentation of all communications with the client and the client's physician or other providers; including the rationale for discharge or transfer.
  - d. Evidence of efforts to resolve conflicts, unless the safety of the staff is placed at an immediate risk.
  - e. In the event that a discharge or transfer is due to lack of staff, evidence that ongoing efforts were made to recruit staff or place the client with an alternate agency.