



NOTICE OF TRANSFER OR DISCHARGE

State Form 49669 (R7 / 5-17)

Indiana State Department of Health - Division of Long Term Care

Resident Information		
Resident Name	Date Notice Issued (<i>month, day, year</i>)	
Facility Name (<i>Facility resident is being discharged from</i>)		
Facility Street Address (<i>number and street</i>)	Facility City	Facility ZIP Code
Transfer / Discharge Notice		
Transfer or Discharge Effective Date (<i>month, day, year</i>)		
Resident Is Being Transferred To: <input type="checkbox"/> Another Nursing Facility (<i>Specify facility name below.</i>) <input type="checkbox"/> Another Health Facility (<i>Specify facility name below.</i>) <input type="checkbox"/> A private residence (<i>including home</i>) <input type="checkbox"/> Other (<i>Please specify</i>):		
Name of Facility Being Transferred To		
Address of Facility Being Transferred To (<i>number and street</i>)		
City	State	ZIP Code
Reason for Transfer or Discharge (<i>Must select one of the reasons below.</i>)		
<input type="checkbox"/> The transfer or discharge is necessary to meet the resident's welfare and the resident's needs cannot be met in the facility.		
<input type="checkbox"/> The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the nursing facility.		
<input type="checkbox"/> The safety of the individuals in the facility is endangered.		
<input type="checkbox"/> The health of the individuals in the facility would otherwise be endangered.		
<input type="checkbox"/> The resident has failed, after reasonable and appropriate notice, to pay or payment has not been made under Medicare/Medicaid for a stay in a nursing facility.		
<input type="checkbox"/> The facility ceases to operate.		
Bed Hold Policy		
The facility must attach a copy of the facility's bed hold policy to this <i>Notice of Transfer or Discharge</i> and provide contact information for a facility employee to contact about the bed hold policy.		
Facility Contact Name	Facility Contact Title	Facility Contact Telephone Number

Appeal Rights

You have the right to appeal the health facility's decision to transfer you. If you think you should not have to leave this facility, you may file a written request for a hearing with the Indiana State Department of Health postmarked within ten (10) days after you receive this notice. If you request a hearing, it will be held within twenty-three (23) days after you receive this notice, and you will not be transferred from the facility earlier than thirty-four (34) days after you receive this notice of transfer or discharge, unless the facility is authorized to transfer you as an emergency transfer under 410 IAC 16.2-3.1-12(a)8. If you wish to appeal this transfer or discharge, please fill out the attached State Form 49831 and return to the address below. If you have any questions, call the Indiana State Department of Health at 317-233-7540 between the hours of 8:15 am and 4:45 pm.

To appeal this transfer or discharge, use the attached State Form 49831 and mail it to:

Indiana State Department of Health
Court Administrator, Office of Legal Affairs
2 North Meridian St. Section 3-H
Indianapolis, IN 46204

Attachments

The facility must attach the following documents to this *Notice of Transfer or Discharge*:

- Attach facility bed hold policy
- Attach State Form 49831 *Notice of Transfer or Discharge Request for Hearing*

State Long Term Care Ombudsman

The State Ombudsman is a State Office that serves as an advocate for nursing home residents. The State long term care Ombudsman's address and telephone number is:

State Ombudsman
Family and Social Services Administration
P.O. Box 7083, 402 W. Washington St.
IGC South, Room W451 – MS 27
Indianapolis, IN 46207-7083
317/232-7134 or Toll free 1-800-622-4484
<http://www.in.gov/fssa/da/3474.htm>

Your Local Ombudsman

The following is contact information for your local Ombudsman:

Name of Local Ombudsman	Telephone of Local Ombudsman
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Address of Local Ombudsman (*number and street*)

City	State	ZIP Code
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Indiana Disability Rights

The Indiana Disability Rights organization provides assistance, if needed, for residents who are mentally ill or developmentally disabled. Their address and telephone number is:

Indiana Disability Rights
4701 North Keystone Avenue, Suite 222
Indianapolis, IN 46205
Voice 1-800/622-4845 or 317/722-5555
TTY 1-800/838-1131; Fax 317/722-5564
<http://www.IndianaDisabilityRights.org>