

Notice of Non-Hospital Facility-Initiated Transfer/Discharge

Resident Name:

Resident Representative:

Date Notice Being Issued:

Dear

Please be advised, this facility is initiating a transfer/discharge due to:

- The fact your/the resident's needs cannot be met in the facility
- Your/the resident's health has improved sufficiently and you/the resident no longer need the services provided by the facility
- The safety of the other individuals in the facility is endangered due to your/the resident's:
 - Clinical Status Behavioral Status Condition
- The health of individuals in the facility would otherwise be endangered
- You/the resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility.
- The facility is ceasing to operate

Other Pertinent Information:

The anticipated date of discharge is: (NOTE: The effective date must be at least 30 days from date this notice is given unless an exception applies. You may choose to move earlier than effective date.)

The anticipated discharge location is:

Name:
Address:
Telephone:

Facility Contact Person: Contact #:

Statement of Appeal Rights: If you disagree with this decision, regardless of payor source, you have the right under federal law to appeal transfer/discharge notices to the State Medicaid agency. If you choose to appeal the transfer/discharge, you shall be permitted to stay pending appeal, unless there is evidence that your/the resident's return will endanger your health or safety, and/or the health and safety of other individuals in the facility. The Facility Contact Person can assist with obtaining - and completing - an appeal form. If you do not request a fair hearing within 10 days after receiving this notice, you/the resident will be transferred or discharged at the end of the 30-day notice period. **You may submit your appeal to:**

Division of Medical Assistance and Health Services - Fair Hearing
 Unit P.O. Box 712 Trenton, NJ 08625-0852 Fax: 609-588-2655

<p>Office of the Ombudsman Call Toll Free Intake Line: 1-877-582-6995 Email: ombudsperson@ooie.nj.gov Write: P.O. Box 852 Trenton, NJ 08625 Fax: 609-943-3479</p>	<p>Division of Mental Health and Addiction Services New Jersey Department of the Public Advocate 240 West State Street 16TH Floor Trenton, NJ 08625</p> <p>Division of Mental Health Advocacy (609) 826-5057 Email: PublicAdvocate@advocate.state.nj.us</p>	<p>Division of Developmental Disabilities Contact Information for the County that serves you will be furnished upon request</p>
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Notice Presented by (print and sign):

Notice Received by (print, sign, and date):

Office use Only
(To be Completed on Office Copy After Notice Distributed)

Above Notice Provided to:

- Resident on _____ (if no, explain):
- Resident Rep on _____ (if no, explain):
- Office of the Ombudsman on _____