

Transfer/Bed Hold Notice Prior to Hospitalization or Therapeutic Leave

**Resident Name:**

**Resident Representative:**

**Date Notice Being Issued:**

**Dear:**

**Please be advised:** You/the above named resident is being transferred:

**From:**

**To:**

**For:**

Therapeutic Leave

**Your /the above named resident's belongings:**

Will be sent with you/the resident as requested

Will be safeguarded until your/the resident's return

**Bed Holds and Applicable Charges**

You/the resident currently occupies a private pay bed; the private pay rate per day to hold the bed is:

➤ As long as payment is received, there is no limit on how long the bed can be held

You/the resident currently occupies a Medicare bed

➤ *Medicare will not pay to hold your/the resident's bed. You may pay privately to hold the bed at the rate stated above.*

You/the resident currently occupies a private insurance bed

➤ *Insurance will not pay to hold your/the resident's bed. You may pay privately to hold the bed at the rate stated above.*

You/the resident currently occupies a Medicaid covered bed

➤ Per State regulation, your bed must be held for ten days at no charge for hospitalizations and 24 days per calendar year for therapeutic leave; bed-hold for days in excess of these limitations are considered non-covered services; should this occur, your/the resident's own income can be used to cover additional days.

➤ If you/the resident does not elect to pay for additional bed-hold days, with the exception of cases where the facility feels readmission is not appropriate and initiates discharge:

○ You/the resident will still be permitted to return to your previous bed if it is available

○ You/the resident will be given the option to accept the next available bed

Notice Presented by (print and sign):

Notice Received by (print):

In Person

By Phone/Followed By:

Regular Mail

Email

Regular Mail Only

Email Only

Signature of Recipient when Notice Given in Person:

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If you do not agree with this transfer/discharge you may contact:

NJ Long-Term Care Ombudsman  
P.O. Box 852  
Trenton, NJ 08625-0852  
Toll Free: 1-877-582-6995  
Fax: 1-609-943-3479  
Email: ombudsman@ltco.nj.gov

**See Reverse side for FAQ's Regarding Bed Holds**



### **What is a bed hold?**

A bedhold is when a healthcare center holds a bed for a resident when he/she is hospitalized and/or goes on therapeutic leave.

### **What is a therapeutic leave?**

An absence for purposes other than required hospitalization.

### **Does this facility have a bed hold policy?**

Yes, and it is presented to residents and/or their representatives upon admission. Additionally, residents and/or their representatives are given the notice found on the reverse side of this sheet whenever there is a hospitalization or therapeutic leave.

### **Will I / the resident I represent be able to come back to this facility even the bed was not held?**

Residents have a right to return to the same nursing home IF there is an available bed. And even if someone has taken a resident's "old" bed, they are entitled to return to the first available bed in a semi-private room.

### **What if the facility is full?**

Very few nursing homes are so full that a bed would not be available. If this happens, however, the hospital must help with finding another center where beds are available. Then, if desired, a transfer back can be facilitated once beds are available again.

### **What if you say you don't have a bed when you really do?**

If you suspect this to be the case, you may contact the Office of the Ombudsman at:

#### **Office of the Ombudsman**

Call Toll Free Intake Line: 1-877-582-6995

Email: [ombudsperson@ooie.nj.gov](mailto:ombudsperson@ooie.nj.gov)

Write: The Office of the Ombudsman

P.O. Box 852

Trenton, NJ 08625-0852

Fax: 609-943-3479

**Note:** If a nursing home doesn't readmit you back in when a bed is available, this is called an involuntary discharge. You have a right to receive a 30-day involuntary discharge notice which includes notice of your appeal rights.