TO: Nursing Facilities Participating in MassHealth

FROM: Douglas S. Brown, Acting Commissioner

RE: Appeal Rights of Nursing Facility Residents Booklet

Background
In March 2002, the Division published Transmittal Letter NF-42. This letter transmitted revisions that gave residents the right to a fair hearing when the nursing facility refuses to readmit them after hospitalization or other medical leave of absence. The revisions also required nursing facilities to provide residents with appropriate notice at the time the facility determines that it will not readmit a resident who is eligible for nursing facility services.

New Booklet
Included in this mailing is a new booklet, Appeal Rights of Nursing Facility Residents. The booklet provides detailed explanations of nursing facilities’ responsibilities and residents’ rights concerning discharges, transfers, and appeals. It also provides a form, Request for a Fair Hearing, along with five notices for use in specific circumstances. Please Note: These notices are samples only; please make copies for your own supply. If you choose to use your own notices, then they must include at a minimum all of the information contained in the sample notices provided.

You may also obtain copies of the booklet from the Division’s Web site at www.mass.gov/dma.

Obsoleted Bulletin
Much of the information in the booklet was previously addressed in Nursing Facility Bulletin 110, issued in September 1995. However, the Division’s regulations concerning discharges and transfers have been revised since then; providers should no longer refer to that document for instructions and guidelines. While this booklet obsoletes that bulletin, it’s important to note that the booklet is intended only as a guide to the Division’s rules and regulations. It is the responsibility of providers to be aware of any changes to Division regulations and policies that may occur after the publishing of this booklet.
Questions

If you have any questions about this bulletin or the booklet, please contact MassHealth Provider Services at (617) 628-4141 or 1-800-325-5231.
Appeal Rights of Nursing Facility Residents
I. Introduction

The Nursing Home Reform Act (NHRA) of 1987 guarantees all residents the right to advance notice of and the right to appeal any transfer or discharge initiated by the nursing facility. This booklet contains a summary of the nursing facility’s responsibilities about notice of transfers and discharges and the resident’s right to appeal a transfer or discharge. The Division’s regulations implementing the federal rules about a resident’s right to appeal a transfer or discharge are found in the Division’s Fair Hearing Rules at 130 CMR 610.000 et seq. and the nursing facility regulations, 130 CMR 456.701 et seq., and are outlined in this booklet.

This matter was previously addressed in Nursing Facility Bulletin 110 issued in September 1995. Since that time, the Division has expanded its definitions of transfer and discharge to include situations where a nursing facility fails to readmit a resident following a transfer for hospitalization or other medical leave of absence. This booklet is being issued to ensure that nursing facilities are aware of that change and to reiterate the nursing facilities’ responsibilities about notice and appeal rights. (Please note that this booklet is intended only as a guide to the Division’s rules and regulations. It is the responsibility of providers to be aware of any changes to Division regulations and policies that may occur after the publication of this booklet.)

If a nursing facility is initiating a transfer or discharge, or if a nursing facility fails to readmit a resident who was transferred for hospitalization or other medical leave, the facility must provide the resident (and an immediate family member or legal representative) with written notice of the decision and the appeal rights of the resident. The notice must contain all of the specific provisions required by federal and state law as explained in this booklet and as contained in the sample notices attached to this booklet. In addition to specific notice at the time of the transfer, discharge, or decision not to readmit a resident following hospitalization or other medical leave of absence, the facility must also advise all residents of the right to written notice and of the right to appeal to the Division of Medical Assistance Board of Hearings any nursing facility-initiated discharges or transfers, including a facility’s failure to readmit a resident following hospitalization or other medical leave of absence (see Section XI, “Important Reminders”). This notice must be provided to residents (and an immediate family member or legal representative) upon admission to the facility in addition to the state’s notice of resident’s rights.
Facilities should note that the sample notices included in this booklet distinguish between transfers, discharges, and decisions not to readmit a resident following hospitalization or other medical leave of absence. Facilities should be aware of the differences between these actions and should ensure that they issue the proper notice to residents depending on each resident’s circumstances.

Hearings of nursing facility transfers, discharges, and appeals are conducted by the Division’s Board of Hearings (BOH). If a resident requests a fair hearing, BOH will advise the resident and the nursing facility of the date, time, and place of the hearing. Hearings will generally be scheduled at an office of the Division of Medical Assistance. If a resident is disabled, the resident has the right to request accommodation to ensure access to the fair hearing.

### II. Definitions

**Discharge** — Movement of a resident from a nursing facility to a noninstitutional setting, including a nursing facility’s failure to readmit a resident to the facility following hospitalization or other medical leave of absence, when the discharging facility ceases to be legally responsible for the care of the resident.

**Transfer** — Movement of a resident from:

(A) a Medicaid- or Medicare-certified bed to a noncertified bed;
(B) a Medicaid-certified bed to a Medicare-certified bed;
(C) a Medicare-certified bed to a Medicaid-certified bed;
(D) one nursing facility to another nursing facility; or a nursing facility to a hospital or another institutional setting.

A nursing facility’s failure to readmit a resident following hospitalization or other medical leave of absence from the facility, resulting in the resident being moved to another institutional setting, is a transfer.

Any other movement of a resident is neither a transfer nor a discharge. Notice of transfer or discharge (including appeal rights) should not be given to residents where the circumstances do not satisfy either the definition of transfer or discharge as defined above. In addition, where the resident’s transfer is voluntary (that is, not initiated by the nursing facility), the facility should not give notice to the resident. A resident may not appeal a voluntary transfer or discharge.
III. Reasons for Transfer or Discharge

(A) Residents may be transferred or discharged from a nursing facility only when:

(1) the transfer or discharge is necessary for the resident’s welfare and the resident’s needs cannot be met in the nursing facility;

(2) the transfer or discharge is appropriate because the resident’s health has improved sufficiently and the resident no longer needs the services provided by the nursing facility;

(3) the safety of individuals in the nursing facility is endangered;

(4) the health of individuals in the nursing facility would otherwise be endangered;

(5) the resident has failed, after reasonable and appropriate notice, to pay for (or has failed to have the Division or Medicare pay for) a stay at the nursing facility; or

(6) the nursing facility ceases to operate.

(B) When the facility transfers or discharges a resident under any of the circumstances specified in Section III(A)(1-4), the resident’s clinical record must contain documentation to explain the transfer or discharge. The documentation must be made by:

(1) the resident’s physician when a transfer or discharge is necessary under Section III(A)(1) or (2); or

(2) a physician when the transfer or discharge is necessary under Section III(A)(3) or (4) above.

If appealed to the Board of Hearings, a transfer or discharge that does not comply with the above requirements will not be upheld, and the facility will not be permitted to proceed with the planned transfer or discharge.

IV. Notice Requirements for Transfers and Discharges

(A) Before a nursing facility discharges or transfers any resident, the nursing facility must hand deliver to the resident and mail to a designated family member or legal representative a notice written in 12-point or larger type that contains, in a language that the member understands, the following:

(1) the action to be taken by the nursing facility;

(2) the specific reason or reasons for the discharge or transfer;
(3) the effective date of the discharge or transfer;

(4) the location to which the resident is to be discharged or transferred;

(5) a statement informing the resident of the right to request a hearing before BOH, including:
   (a) the address to send a request for a hearing;
   (b) the time frame for requesting a hearing as provided in Section VI; and
   (c) the effect of requesting a hearing as provided in Section VII;

(6) the name, address, and telephone number of the local long-term-care ombudsman office;

(7) for nursing-facility residents with developmental disabilities, the address and telephone number of the agency responsible for the protection and advocacy of developmentally delayed individuals established under Part C of the Developmental Disabilities Act (42 U.S.C. 6041 et seq.), as follows:

Disability Law Center
11 Beacon Street
Suite 295
Boston, MA 02108
617-723-8455 or 1-800-872-9992;

(8) for nursing-facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for the Mentally Ill Individuals Act (42 U.S.C. 10801 et seq.), as follows:

Center for Public Representation
22 Green Street
Northampton, MA 01060
413-584-1644, extension 265, or 617-965-0776;

(9) a statement that all residents may seek legal assistance and that free legal assistance may be available through their local legal services office. The notice should contain the address and telephone number of the nearest legal services office; and
(10) the name of a person at the nursing facility who can answer any questions the resident has about the notice and who will be available to assist the resident in filing the appeal.

If a resident appeals the transfer or discharge to the Board of Hearings and the nursing facility notice about the transfer or discharge does not comply with the above requirements, the transfer or discharge will generally not be upheld by the Board of Hearings, and the facility will not be permitted to proceed with the planned transfer or discharge.

V. Time Frames for Notice

(A) The written notice of discharge or transfer required under Section IV must be made by the nursing facility at least 30 days prior to the date the resident is discharged or transferred, except as stated in Section V(B) or (C).

(B) In lieu of the 30-day notice requirements in Section V(A), the notice of discharge or transfer required under Section IV must be made as soon as practicable before the discharge or transfer in any of the following circumstances, which are considered to be emergency discharges or emergency transfers.

1. The health and safety of individuals in the nursing facility would be endangered and this is documented in the resident’s record by a physician.

2. The resident’s health improves sufficiently to allow a more immediate transfer or discharge and the resident’s attending physician documents this in the resident’s record.

3. An immediate transfer or discharge is required by the resident’s urgent medical needs and this is documented in the resident’s medical record by the resident’s attending physician.

4. The resident has not resided in the facility for 30 days immediately before the receipt of the notice.

Facilities should be aware that all transfers and discharges require 30 days’ notice to the resident except where one of the four specific exceptions listed above applies.
When the transfer or discharge is the result of a nursing facility’s failure to readmit a resident following hospitalization or other medical leave of absence, the notice of transfer or discharge stating that the facility does not intend to readmit the resident must comply with the requirements set forth in Sections III and IV above and must be provided to the resident and mailed to a designated family member or legal representative at the time the nursing facility determines that it will not readmit the resident.

Appeals of discharges and transfers listed in Sections V(B) and (C) will be handled under the expedited appeals process described in Section IX.

VI. Time Limitations

(A) The Board of Hearings must receive the request for a fair hearing within the following time frames:

1. 30 days after a resident receives written notice of a discharge or transfer;
2. 14 days after a resident receives a written notice of an emergency discharge or emergency transfer; or
3. 14 days after a resident receives written notice of a transfer or discharge that is the result of a nursing facility’s failure to readmit a resident following hospitalization or other medical leave of absence.

(B) The hearing officer must render a final decision within 45 days of the date of the request for the hearing when the issue under appeal is a nursing facility-initiated discharge or transfer.

VII. Stays of Transfers and Discharges

(A) If a request for a fair hearing regarding a discharge or transfer is received by BOH during the notice period described in Section VI(A)(1), the nursing facility must postpone the planned discharge or transfer until 30 days after the decision is rendered. While this stay is in effect, the resident must not be transferred or discharged from the facility.

(B) If a hearing is requested in accordance with Section VI(A)(2) and the request is received before the discharge or transfer, the nursing facility must stay the planned discharge or transfer until five days after the hearing decision.

(C) If a hearing is requested in accordance with Section VI(A)(2) and the request is received within the applicable time frame but after the transfer
or discharge, the nursing facility must, upon receipt of an appeal decision favorable to the resident, promptly readmit the resident to the next available bed in the facility.

(D) In the case of a transfer or discharge that is the result of a nursing facility’s failure to readmit a resident following hospitalization or other medical leave of absence, if the request for a hearing is received within the applicable time period, as described in Section VI(A)(3), the nursing facility must, upon receipt of the appeal decision favorable to the resident, promptly readmit the resident to the next available bed in the facility.

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**VIII. Nursing Facility Rights and Responsibilities**

The nursing facility:

(A) must submit at the hearing all evidence on which the discharge or transfer decision at issue is based;

(B) must designate a staff person or agent to represent the nursing facility at the hearing and to arrange for adequate space for the hearing, if requested by the Board of Hearings;

(C) has the right to present witnesses;

(D) must ensure that the resident’s record is present at the hearing and that the resident (and/or his representative) has adequate opportunity to examine it before and during the hearing;

(E) has the right to introduce into evidence material from the resident’s record and other pertinent documents that relate to the issue or issues raised during the hearing;

(F) has the right to present and establish all relevant facts and circumstances by oral testimony and documentary evidence;

(G) has the right to question and refute any testimony and confront and cross-examine adverse witnesses; and

(H) has the right to be represented by legal counsel at the hearing.

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**IX. Expedited Appeals**

(A) A resident may request an expedited appeal when a nursing facility notifies a resident of a discharge or a transfer, in accordance with Section V(B) or (C).
(B) Expedited appeals of discharges or transfers are conducted under the following time frames and provisions.

(1) A hearing is scheduled as soon as possible but no later than seven days from the date BOH receives the request. The hearing officer must render a final decision as soon as possible, but no later than seven days from the date of the hearing.

(2) These time limits may be extended.

(3) A request for an expedited hearing automatically waives the requirement for 10-day advance notice of the hearing. The resident will be contacted, by telephone when possible, at least 48 hours before the hearing.

X. Facility Notices (A) The nursing facility must provide written notice to residents of nursing facility-initiated transfers and discharges. When a facility initiates a transfer or discharge and when a facility determines that it will not readmit a resident following hospitalization or other medical leave of absence, it must provide notice on the facility’s letterhead that contains all of the information contained in the sample notices accompanying this booklet. Facilities should be aware of the difference between a transfer (which involves movement from one institutional facility to another) and a discharge (which involves movement to a noninstitutional setting) and should be careful to issue notices appropriate to the resident’s circumstances. Attached to this booklet are sample notices:

(1) Notice 1 is for proposed transfers requiring a 30-day notice.

(2) Notice 2 is for proposed discharges requiring a 30-day notice.

(3) Notice 3 is for proposed transfers not requiring a 30-day notice.

(4) Notice 4 is for proposed discharges not requiring a 30-day notice.

(5) Notice 5 is to be used to notify a resident of the facility’s intent not to readmit the resident following a transfer for hospitalization or other medical leave of absence. Thirty days’ notice is not required (or possible) under these circumstances.
These notices are samples only. Please make copies for your own supply. If you choose to use your own notices, then they must include at a minimum all of the information contained in the sample notices provided.

(B) Nursing facilities must also develop forms that provide residents with a way to request a hearing and inform them of their rights. Attached are examples of such forms that can be individualized for use by each facility. The nursing facility must ensure that residents who receive a notice of transfer or discharge, or a notice of the facility’s decision not to readmit the resident following hospitalization or other medical leave of absence, also receive the form or forms described below or a version of them.

(1) Form 1 is a request for a fair hearing that must accompany any notice informing a resident of a decision to transfer or discharge (see Notices 1-4) or a decision not to readmit a resident following hospitalization or other medical leave of absence from the facility (see Notice 5).

(3) Form 2 contains information that must be included in the generic notice of residents’ rights that the nursing facility must create for residents and must display prominently in the facility. This notice of residents’ rights must be provided to residents upon admission to the facility in addition to the state’s notice of residents’ rights. The facility’s current notice of residents’ rights must be amended to include this information. This form may also be given to the resident along with the request for a fair hearing (Form 1).

The attached forms are all printed in 12-point type. Nursing facilities must provide their residents with forms printed in 12-point (or larger) type. These forms are samples only. If you choose to use these forms, please make copies on your facility’s letterhead for your own supply. If you choose to use your own forms, then they must include at a minimum all of the information contained in the sample forms provided.

XI. Important Reminders

- The six reasons listed in Section III of this booklet are the only permissible reasons for transferring or discharging a resident.
- Facilities should note that exhaustion of Medicare benefits or the fact that Medicare will not pay for a resident’s nursing
facility services is not, by itself, a permissible reason for transferring or discharging a resident. However, a facility may transfer or discharge a resident who fails, after reasonable and appropriate notice, to pay for (or have the Division or Medicare pay for) a stay at the nursing facility.

- A facility’s failure to readmit a resident following a transfer for hospitalization or other medical leave of absence will be treated as a transfer or discharge. This means that a facility must give the resident notice of its intent not to readmit the resident, and the resident will have appeal rights regarding the decision. If appealed, the Board of Hearings will not uphold the facility’s decision unless the facility lists a permissible reason to support its decision, and the resident’s clinical record supports the stated reason for the decision.

- Facilities should give residents notice about a transfer or discharge only when the transfer or discharge is being initiated by the facility. Facilities should not give notice to residents about voluntary transfers and discharges that are not initiated by the nursing facility. Residents do not have appeal rights when the transfer or discharge is voluntary and not initiated by the facility.

- With respect to MassHealth members, the expanded appeal rights for members refused readmission to the nursing facility following hospitalization or other medical leave of absence apply only where the member has been screened eligible for nursing facility services by the Division or its agent. If the nursing facility does not readmit a MassHealth member following hospitalization or other medical leave of absence because the member has been found not clinically eligible for nursing facility services by the Division or its agent, the member may appeal the Division’s determination of ineligibility for nursing facility services (see 130 CMR 456.412). In such situations, the nursing facility’s statement that it will not readmit the member is not an appealable action.
Request for a Fair Hearing

Resident

Name

Address

City

State

Zip

Social security number

Appeal Representative

Name

Address

City

State

Zip

I wish to appeal the plan of __________________________ to transfer, discharge, or not readmit me to the facility.

Name of nursing facility

Attached is a copy of the notice provided to me by the nursing facility and received on ________________________.

Date of receipt

__________________________________________  __________________________
Signature of resident or appeal representative   Date

Mail or fax this form to:

Board of Hearings
Division of Medical Assistance
2 Boylston Street
Boston, MA 02116

Telephone: 1-800-655-0338 or 617-210-5800
Fax: 617-210-5820

Give a copy of this form to the nursing facility contact person.

You will be notified by mail of the date, time, and place of your hearing. Failure to appear at the hearing without good cause may result in the dismissal of the appeal. If you are disabled, you have the right to request that the Board of Hearings accommodate your disability to ensure your access to the fair hearing.
Notice of Nursing Facility Residents' Rights
Regarding a Transfer or Discharge

You may be transferred or discharged only for one of the following reasons:

1. the move is necessary for your own welfare and your needs cannot be met within the nursing facility;
2. your health has improved sufficiently so that you no longer need the services provided by the facility;
3. the safety of the individuals in the nursing facility is endangered;
4. the health of individuals in the nursing facility would otherwise be endangered;
5. you have failed, after reasonable and appropriate notice, to pay for (or have failed to have Medicare or Medicaid pay for) your stay at the nursing facility; or
6. the nursing facility is to be closed.

In general, you cannot be transferred or discharged until 30 days after you receive the nursing facility's notice, unless you agree to an earlier date. If you have resided in the nursing facility for less than 30 days, or your health has improved and you no longer need nursing care, or the health and safety of you or others in the facility is endangered, or you have urgent medical needs, the nursing facility may give you less than 30 days’ notice, but must give you as much notice as is practicable.

You have the right to appeal a nursing facility’s plan to transfer or discharge you. You also have the right to appeal a nursing facility’s decision not to readmit you following a transfer for hospitalization or other medical leave of absence. You may file a request for a fair hearing with the Division’s Board of Hearings. The nursing facility must help you file your request and give you the address of the Board of Hearings. If you request an appeal before being transferred or discharged, you cannot be transferred or discharged until after the hearing officer issues a decision that is in favor of the nursing facility. If the grounds for planned transfer or discharge are nonpayment, you have the right to pay the amount owed. If you do this, the nursing facility may not transfer or discharge you for nonpayment.

If the hearing officer agrees with you, the nursing facility will not be permitted to transfer or discharge you. If the hearing officer decides in favor of the nursing facility, you generally will be allowed 30 days from the date you receive the decision to prepare for the move. If the reason for the transfer or discharge is one in which the nursing facility is allowed to give you less than 30 days’ notice, you will be allowed five days from the date you receive the decision to prepare for the move. If you have already been transferred from the nursing facility before the facility notifies you of the transfer or discharge or of its intent not to readmit you, the nursing facility will be ordered to readmit you to the next available bed if the hearing officer decides in your favor.
30-Day Notice of Intent to Transfer Resident

Notice to resident

Name
Address
City State Zip
Social security number

Copies to representative

Name
Address
City State Zip

The purpose of this letter is to inform you that [Name of nursing facility] seeks to transfer you to [Name of facility or unit/bed] on [Date].

The reason for this transfer is/are (reasons must be stated in detail and must include one of the six permissible reasons):

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

You have the right to appeal the nursing facility’s plan to transfer you if you disagree with the nursing facility’s action. To appeal, you must request a fair hearing with the Division of Medical Assistance’s Board of Hearings within 30 days of receiving this notice. If you request a hearing, you cannot be transferred until 30 days after the appeal decision is rendered.

The person at the nursing facility responsible for supervising your transfer is [Name of person].

You should notify this person if you request an appeal or if you have any questions about this notice.

You can send a request for a fair hearing by mail or fax. A fair hearing request form is enclosed with this notice. The nursing facility staff must help you request a fair hearing if you request assistance.
You have the right to be represented at a fair hearing by an attorney or other advocate. For additional information, contact:

- **Local Long Term Care Ombudsman Program**
  
  (address and telephone number)

- **Disability Law Center** (for developmentally disabled individuals)
  
  (address and telephone number)

- **Center for Public Representation** (for mentally ill individuals)
  
  (address and telephone number)

- **Local Legal Service Office** (if you qualify for free legal advice)
  
  (address and telephone number)

If you request a fair hearing, the Division’s Board of Hearings will advise you of the date, time, and place of the hearing. If you are disabled, you have the right to request that the Board of Hearings accommodate your disability to ensure your access to the hearing.
Notice of Intent to Transfer Resident with Less than 30 Days’ Notice (Expedited Appeal)

The purpose of this letter is to inform you that [Name of nursing facility] seeks to transfer you to [Name of facility or unit/bed] on [Date]. The reason for this transfer is/are (reasons must be stated in detail and must include one of the permissible reasons for a transfer with less than 30 days notice):

- [Reason]
- [Reason]
- [Reason]

You have the right to appeal the nursing facility’s plan to transfer you if you disagree with the nursing facility’s action. To appeal, you must request a fair hearing with the Division of Medical Assistance’s Board of Hearings within 14 days of receiving this notice. If you request a hearing, you cannot be transferred until five days after the appeal decision is rendered.

The person at the nursing facility responsible for supervising your transfer is [Name of person].

You should notify this person if you request an appeal or if you have any questions about this notice.

You can send a request for a fair hearing by mail or fax. A fair hearing request form is enclosed with this notice. The nursing facility staff must help you request a fair hearing if you request assistance.
You have the right to be represented at a fair hearing by an attorney or other advocate. For additional information, contact:

- **Local Long Term Care Ombudsman Program**
  (address and telephone number)

- **Disability Law Center** (for developmentally disabled individuals)
  (address and telephone number)

- **Center for Public Representation** (for mentally ill individuals)
  (address and telephone number)

- **Local Legal Service Office** (if you qualify for free legal advice)
  (address and telephone number)

If you request a fair hearing, the Division’s Board of Hearings will advise you of the date, time, and place of the hearing. If you are disabled, you have the right to request that the Board of Hearings accommodate your disability to ensure your access to the hearing.
30-Day Notice of Intent to Discharge Resident

Notice to resident

Name

Address

City  State  Zip

Social security number

Copies to representative

Name

Address

City  State  Zip

The purpose of this letter is to inform you that _________________ (Name of nursing facility) seeks to discharge you to _________________ (Name and location of noninstitutional setting) on __________. (Date)

The reason(s) for this discharge is/are (reasons must be stated in detail and must include one of the six permissible reasons):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

You have the right to appeal the nursing facility’s plan to discharge you if you disagree with the nursing facility’s action. To appeal, you must request a fair hearing with the Division of Medical Assistance’s Board of Hearings within 30 days of receiving this notice. If you request a hearing, you cannot be discharged until 30 days after the appeal decision is rendered.

The person at the nursing facility responsible for supervising your discharge is _________________.

Name of person

You should notify this person if you request an appeal or if you have any questions about this notice.

You can send a request for a fair hearing by mail or fax. A fair hearing request form is enclosed with this notice. The nursing facility staff must help you request a fair hearing if you request assistance.
You have the right to be represented at a fair hearing by an attorney or other advocate. **For additional information, contact:**

- **Local Long Term Care Ombudsman Program**
  (address and telephone number)

- **Disability Law Center** (for developmentally disabled individuals)
  (address and telephone number)

- **Center for Public Representation** (for mentally ill individuals)
  (address and telephone number)

- **Local Legal Service Office** (if you qualify for free legal advice)
  (address and telephone number)

If you request a fair hearing, the Division’s Board of Hearings will advise you of the date, time, and place of the hearing. If you are disabled, you have the right to request that the Board of Hearings accommodate your disability to ensure your access to the hearing.
The purpose of this letter is to inform you that [Name of nursing facility] seeks to discharge you to [Name and location of noninstitutional setting] on [Date].

You have the right to appeal the nursing facility’s plan to discharge you if you disagree with the nursing facility’s action. To appeal, you must request a fair hearing with the Division of Medical Assistance’s Board of Hearings within 14 days of receiving this notice. If you request a hearing, you cannot be discharged until five days after the appeal decision is rendered.

The person at the nursing facility responsible for supervising your discharge is [Name of person].

You should notify this person if you request an appeal or if you have any questions about this notice.

You can send a request for a fair hearing by mail or fax. A fair hearing request form is enclosed with this notice. The nursing facility staff must help you request a fair hearing if you request assistance.
You have the right to be represented at a fair hearing by an attorney or other advocate. For additional information, contact:

- **Local Long Term Care Ombudsman Program**
  (address and telephone number)

- **Disability Law Center** (for developmentally disabled individuals)
  (address and telephone number)

- **Center for Public Representation** (for mentally ill individuals)
  (address and telephone number)

- **Local Legal Service Office** (if you qualify for free legal advice)
  (address and telephone number)

If you request a fair hearing, the Division’s Board of Hearings will advise you of the date, time, and place of the hearing. If you are disabled, you have the right to request that the Board of Hearings accommodate your disability to ensure your access to the hearing.
The purpose of this letter is to inform you that [Name of nursing facility] does not intend to readmit you to [Name of facility] following your release from [Place where resident was transferred to and where resident is currently hospitalized or being treated].

The reason(s) for this decision not to readmit you is/are (reasons must be stated in detail and must include one of the permissible reasons for giving less than 30 days’ notice):

You have the right to appeal the nursing facility’s decision not to readmit you if you disagree with the nursing facility’s action. To appeal, you must request a fair hearing with the Division of Medical Assistance’s Board of Hearings within 14 days of receiving this notice.

Your contact person at the nursing facility is [Name of person].

You should notify this person if you request an appeal or if you have any questions about this notice.

You can send a request for a fair hearing by mail or fax. A fair hearing request form is enclosed with this notice. The nursing facility staff must help you request a fair hearing if you request assistance.
You have the right to be represented at a fair hearing by an attorney or other advocate. For additional information, contact:

- **Local Long Term Care Ombudsman Program**
  (address and telephone number)

- **Disability Law Center** (for developmentally disabled individuals)
  (address and telephone number)

- **Center for Public Representation** (for mentally ill individuals)
  (address and telephone number)

- **Local Legal Service Office** (if you qualify for free legal advice)
  (address and telephone number)

If you request a fair hearing, the Division’s Board of Hearings will advise you of the date, time, and place of the hearing. If you are disabled, you have the right to request that the Board of Hearings accommodate your disability to ensure your access to the hearing.