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| Subject: Notice of Planned Discharge Using Notice of Medicare Non-Coverage Form (NOMNC) | Effective Date:  Revised Date:  Revised Date:  Revised Date: |
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POLICY:

A facility must provide and document sufficient preparation and orientation to patients to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand.

The Medicare beneficiaries will be given at least 48-hour notice of anticipated end in services/discharge date when being discharged to a lower level of care (home/community, LTC).

EXCEPTION: a notice is not required in the following situations:

* the patient is leaving [program’s name] to go to a skilled bed in a nursing home or any other SNF because he/she still has skill needs,
* the patient is being admitted to acute inpatient status (such as general hospital, acute rehab, acute psych, Long Term Acute Care),
* the patient expires,
* the patient signs out Against Medical Advice (AMA).

The use of the NOMNC applies to:

* Patients health has improved sufficiently so that the patient no longer needs the services provided.
* Patient refuses to participate in treatment, therapy or care being provided when that is the only justification for daily skill need(s).

The NOMNC is a standardized notice. Therefore, plans and providers may not re-write, re-interpret, or insert non-OMB-approved language into the body of the notice except where indicated.

Procedure:

# The patient’s date of discharge will be determined based on the discharge planning assessment with the patient/family and the interdisciplinary team’s (IDT) assessments along with discussion with the provider.

# If the patient stay is expected to be shorter than 48 hours, the notice should be given on admission.

# The discharge plan including functional goals and discharge placement will be agreed upon within 3-4 days of admission and updated, as necessary.

# Such discharge plan will be discussed with the patient/family within 24 hrs. of the initial IDT meeting.

# The patient/family will be kept abreast of the progress or lack thereof on an on-going basis including the change in the planned discharge date if applicable.

# At least 48 hours before the patient is to be discharged to a lesser level of care, a valid notice is to be delivered to the Medicare beneficiary or representative by care management.

# The written notice must include the following:

* The reason for transfer or discharge.
* The effective date of transfer or discharge.
* The location to which the patient is transferred or discharged.
* A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request.
* The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman.

# Medicare Advantage also requires the same Notice of Non-Coverage as regular Medicare. Care Manager to discuss their expectations and follow instructions.

# If discharge is not anticipated and the physician writes the discharge order, deliver the message at that time giving the patient 48 hours from the date signed for the service end date if that is what the patient chooses.

# The patient may leave if so desired. However, if the patient chooses to stay, the patient will not be financially liable until the service end date on the notice.

# If the request for discharge is patient initiated to leave earlier than planned but not against medical advice, there is no need to give the NOMNC, but this will require good documentation in the discharge plan as to the patient’s request, what was done to ensure that the discharge disposition is ready for him/her and any post-discharge plan change if applicable.

[Attach the most recent form here (NOMNC) to this policy].