

1: Comprehensive Discharge Planning - Tools and Resources | RARE Campaign

Planning Committee. The conference held on September 24, was a success. Over participants from across the continuum of care attended. The evaluations indicated that 94% of the attendees rated the program from good to excellent.

Comprehensive Discharge Planning - Tools and Resources Gap Analysis Effective discharge planning is dependent on structures and processes. Implementing or enhancing a discharge planning program should start with a gap analysis to examine how your organization is currently performing. The gap analysis provides insight into the needs for improvement. This tool provides patients and family members with a list of questions that they should have answered and information on prior to discharge. Next Step in Care. Supported by the United Hospital Fund, this website includes a variety of provider and caregiver resources and checklists. Patient health record information including a structured checklist of critical activities a patient must be able to do to manage their care. Template for a patient-focused after hospital care plan. Can be downloaded and completed electronically. Your Discharge Planning Checklist. CMS developed a checklist that prompts patients and caregivers to ask questions about key discharge planning topics including their likely care needs, the options for continuing care, post-discharge care instructions, community-based resources, and more. Tool to assess patient understanding of discharge instructions and care plan. Patient Activation Assessment Form. Tool to assess patient understanding and capacity to follow through with discharge instructions. Taking Care of Myself: Geriatric Evaluation for Transitions. Transitional Care Planning Model. Model for initial screening and assessment to identifying patients at moderate to high risk for readmissions. Standardized discharge intervention; includes patient education comprehensive discharge planning and post-discharge telephone reinforcement. Developed by the Boston University Medical Center. Hahn, BS, Katherine M. Englert, and Mark V. A Review of Key Issues for Hospitalists. Society of Hospital Medicine, Annals of Internal Medicine. Safe Practices for Better Health Care:

2: Leaving the hospital - your discharge plan Information | Mount Sinai - New York

Discharge planning is a necessary part of mental health treatment. It helps people who need mental health care receive treatment and other services once they have been discharged from the hospital.

Home Transfer and Discharge Rights Federal and California laws provide strong protections against evictions of nursing home residents. Residents have very specific rights that are intended to prevent inappropriate, unnecessary and untimely transfers and discharges. The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: Any physician can provide the documentation when the facility claims that the health or safety of individuals in the facility would be endangered reasons 3 and 4 above. The facility must send a copy of the notice to the long-term care ombudsman program. Except when specified below, the notice must be given at least 30 days before the resident is transferred or discharged see the next section. The notice must contain all the following information. If any of the following items are missing, the notice is not valid: For significant changes, such as a change in the destination, a new notice must be given that clearly describes the change s and resets the transfer or discharge date, in order to provide 30 day advance notification. A resident does not have to leave the facility if it has not provided a written notice that complies with these requirements. Exceptions to Day Notice As mentioned above, there are a few exceptions to the day notice requirement. Even if an exception to the day notice requirement is satisfied, the facility must nevertheless provide written notice in advance of a proposed transfer or discharge and an opportunity to appeal. A nursing home cannot transfer or discharge a resident while an appeal is pending, unless delay would endanger the health or safety of the resident or other individuals in the facility. Once an appeal has been made, the facility may not discharge the resident while the appeal is pending. A hearing officer who works for the Department of Health Care Services will conduct the hearing and issue a written decision. The hearings are usually held at the nursing home where the resident resides or, if the resident is hospitalized and appealing a denial of readmission, at the hospital. The resident has important due process rights to ensure a fair hearing process. During transfer and discharge appeals, residents have the right to: Readmission to a Nursing Home After a Hospital Stay Nursing home residents have the right to be readmitted after a hospital stay. This is called a bed hold. If the resident is on Medi-Cal, the Medi-Cal program will pay for the bed hold for up to seven days. Nursing homes must give a written bed-hold notice to the resident and a family member when a resident is transferred to the hospital. If the resident still needs nursing home care, the nursing home must readmit the resident to his or her previous room if available or immediately to the first available bed in a semi-private room. If the resident is not on Medi-Cal or has no other source of payment, the hearing and final determination must be made within 48 hours. Facilities are prohibited from transferring or discharging residents who have made a timely application for Medi-Cal and for whom an eligibility determination has not been made. Thus, an appeal suspends a finding of nonpayment. In addition, facilities are prohibited from transferring the resident to a different room due to a change from Medicare or private payment to Medi-Cal, except that the resident may be transferred from a private room to a semi-private room. Evicting Residents After Medicare Coverage Ends One of the most common and illegal types of nursing home evictions is throwing residents out when their Medicare coverage ends. Residents on Medicare have the right to challenge coverage determinations about their skilled nursing facility stay and to remain in the facility after their Medicare coverage ends if they still need nursing home care and their care is are paid for. In Medi-Cal certified facilities, residents on Medicare have a right to transition to Medi-Cal if they are eligible. It is illegal to discriminate against residents who are on Medi-Cal or applying for it. A notice of non-coverage from Medicare or other insurers is not the same as a transfer or discharge notice from a nursing home and does not suffice to initiate a transfer or discharge. Tell it that no discharge can be performed without following all of the notice and other legal requirements and that changing payment source is not a sufficient legal reason for discharge. Transfer Trauma and Discharge Planning The facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. Staff should take steps to minimize unnecessary and avoidable anxiety or

depression that often accompanies a transfer. When a facility is planning to transfer a resident to another nursing home, it must assist the resident in using available data on the quality of facilities to help the resident select a facility that can meet his or her care and treatment preferences. If discharge to home or another community setting is planned, the nursing home must make and document appropriate referrals to services and resources in the community. However, no resident may be transferred or discharged unless all of the procedural requirements previously discussed are satisfied. Facilities that attempt to dump residents typically have failed to provide such services. Retaliation Facilities also attempt to evict residents when a family member has filed a complaint with the state. Any attempt to do so within days of the complaint will be presumed as retaliation or discrimination. Facility Closures If a facility is closing, California law requires it provide the residents with a minimum of 30 days advance written notice, which can be extended up to an additional 60 days if needed. If 10 or more residents are going to be discharged as a result of the closure, the facility must develop a relocation plan and obtain state approval from the California Department of Public Health. Federal law requires at least 60 days notice of an impending closure to residents, their representatives, the Department of Public Health and the long-term care ombudsman. A facility cannot admit any new residents after this notification is submitted. Investigation by the California Department of Public Health In addition to filing an appeal with the Department of Health Care Services as described above, you have the right to file a complaint with the Department of Public Health DPH if you are being evicted or denied readmission. The DPH is the California agency charged with licensing and inspecting nursing homes. It can impose fines and other penalties against the nursing home if it finds your rights are being violated. Ask them to intervene immediately to stop the imminent eviction. Contact the nursing home administrator. Explain the reasons the proposed transfer or discharge is improper. Document the conversation in writing by sending a letter to the administrator via certified mail. The long-term care ombudsman program helps residents resolve conflicts with nursing homes. An ombudsman can sometimes help stop an improper eviction or participate in an appeal hearing on behalf of a resident. You have a right to examine at a reasonable time before the date of the hearing and at the hearing all documents and records to be used by the nursing home at the hearing. Ask the nursing home for these records before the hearing. Notify the hearing officer if it does not provide the records. Assess the transfer or discharge plan. Challenge the plan at the hearing if the facility does not have an adequate discharge plan or is planning to transfer the resident to a facility that cannot meet his or her needs or has developed its plan without consulting with the resident. Challenge transfers to other nursing homes. If this is occurring, point out that its transfer plan confirms nursing home care is needed and that the transfer plan reflects the failure of the current nursing home to provide needed and required care. Immediately appeal a refusal to readmit a hospitalized resident. If a nursing home is denying readmission to a hospitalized resident, file an appeal with DHCS as soon as possible. The appeal gives the resident the right to remain in the hospital until a hearing decision is issued. CANHR is monitoring nursing home compliance with readmission orders. There is a separate appeal process for Medi-Cal denials. Coverage denials by Medicare, Medicare managed care plans and other insurers address payment for your care, not your right to stay in the nursing home. All residents, including those who have received coverage denials, have the right to transfer and discharge notice from the nursing home and the right to appeal before any transfer or discharge is made.

3: Transfer and Discharge Rights - Fact Sheet - CANHR

2, Discharge Planning jobs available in New York State on www.enganchecubano.com Apply to Planner, Program Analyst, Admitting Clerk and more!

4: National Planning Conference

Discharge planning for parolees who have received mental health services in prison is done by OMH Satellite Unit Staff, parole, and local mental health service providers. By Central New York Psychiatric Center for CL Â§ Patients.

5: Tuberculosis: Provider Resources

1, Discharge Planning jobs available in New York, NY on www.enganchecubano.com Apply to Clerical Associate, Social Work Supervisor, Admitting Clerk and more!

6: Discharge Planning Jobs, Employment in New York, NY | www.enganchecubano.com

Student Pieces Discharge Planning for Mentally Ill Inmates in New York City Jails: A Critical Evaluation of the Settlement Agreement of Brad H. v.

7: Stormwater Management

The following report documents the evolution and accomplishments of the New York city discharge Planning collaboration. In particular, it provides an account of how this.

8: Discharge Planning Jobs, Employment in New York State | www.enganchecubano.com

A post-discharge plan of care, developed with the participation of the resident and his or her family, to assist the resident in adjusting to his or her new living environment.

9: NYS Office of Alcoholism and Substance Abuse Services (OASAS)

Prepared by: New York Lawyers for the Public Interest West 30th Street, 11th Floor New York, NY (P) (TDD) Produced March Funding provided by the Skadden Fellowship Foundation.

Introduction: The transformation of presidential commemoration Kylie gilmore so revealing The Kootenai country What gets said when in patronage letters Everyday use by alice walker analysis Civic engagement or digital divide? The pedagogical paradoxes of online activism Karim A. Remtulla Suggestions for Additions to the Film Walter Wanger Surface carbohydrates of the eukaryotic cell Colosseum the Roman Forum DNA microarray for molecular epidemiology of Salmonella S. Huehn and B. Malorny IV The Rise of Italian Art 4 basic types of economies Difference methods for initial-boundary-value problems and flow around bodies New Self-Working Card Tricks Iced karen marie moning tuebl Chapter 4-parties to crimes Bayou Beginnings (Heartsong Presents #659) Sales and Marketing Atlas (Rand McNally Sales and Marketing Metro Area Planning Atlas) Susan Branch Dessert Recipe 2003 Calendar Collins easy learning english idioms An introduction to simulation using SIMSCRIPT II.5 The Ark in the Garden Elementary statistics 2nd edition navidi Walter, the English Casanova Case study in change management The Street Lawyer (John Grisham) Do any dinosaurs still exist today? On the excluded middle in Penthesilea The Herbal Desk Reference Sarathi V. Boddapati, Gerard G.M. DSouza, and Volkmar Weissig. Cytoskeletal-antigen specific immunoliposo Slow down : examine and honor all your involvements Port and the Douro (Faber Books on Wine) Everything nothing Safety Design Criteria for Industrial Plants, Volume I Genius the natural history of creativity All-star math: Level 5 : intermediate word problems Chobits, Volume 7 Letters of Paul to Timothy and Titus. Understanding Object-Oriented Programming With Java Safe and Good Use of Blood in Surgery (Sanguis)