|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Social Services Program – Involuntary Discharge | | | | NO. 148b | |
| INVOLUNTARY DISCHARGE   1. The facility may discharge a resident involuntarily only for one or more of the following reasons: 2. The resident's welfare and needs cannot be met in this facility, as documented in his/her clinical record by the physician. 3. The resident's health has improved sufficiently so he/she no longer needs the services provided by the facility, as documented in the clinical record by the physician. 4. The safety of individuals in the facility is endangered. 5. The health of individuals in the facility would otherwise be endangered, as documented in the clinical record by the physician. 6. The resident has failed, after reasonable and appropriate notice, to pay for his/her stay at the facility. 7. The facility ceases to operate.   If the reason for discharge of the resident is one of the above, an involuntary transfer or discharge notice must be completed by Social Services, with guidance from the Administrator, and given to the resident at least 30 days prior to the discharge date to allow ample notice. Social Services must also have a safe placement to discharge the resident to at the end of the 30 days, and must provide sufficient preparation and orientation prior to the discharge.  A copy of the current "notice of involuntary discharge" form is attached. It must be completed with name, address, and telephone number of facility typed on it as well as name, address, and telephone number of the resident's representative. The "Federal Proceeding" option needs to have an “x” typed beside it. The appropriate reason(s) for involuntary discharge will need an “x” typed beside it, and the relocation name, address, and telephone number must also be typed onto the form.  The proposed transfer or discharge date must be listed no sooner than 30 days after the notice is given to the resident and/or legal guardian. The Social Service designee's name and facility address must be provided on the form. | | | | | |
| Approved: | Effective  Date:  4/90 | Revision  Date:  6/96 | Change No.: | | Page:  1 of 2 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Social Services Program – Involuntary Discharge | | | | NO. 148b | |
| (INVOLUNTARY DISCHARGE, CONT.)  A copy of the notice needs to be sent to the Department of Public Health, the resident, the representative or a family member, and, if the resident's care is paid for, in whole or in part, through Public Aid, to the Illinois Department of Public Aid on the day it is given to the resident. The notice needs to be signed by Social Services and the Administrator with their titles and date.  A blank "Request for Hearing" form must also be attached to the notice to provide the resident an opportunity to contest the involuntary discharge if they choose to. The Social Services designee will offer assistance to the resident in filling it out if needed. A postage-paid, pre-addressed envelope must also accompany the Notice and the Request for Hearing form (preaddressed with the name and address of the regional health officer). The resident is required to request a hearing by returning the completed request for hearing form within 10 days following receipt of the involuntary discharge notice if he/she wants a hearing to contest the discharge.  Social Services will assist pt. in finding legal representation as needed. Social Services will also coordinate any hearing dates as needed between resident, facility, legal representatives, and Department of Public Health hearing officer.  Social Services will contact as many placements as possible that offer the same level of care and services required as possibilities for alternate placement for the resident to consider. A log of contacts made and dates of contact will be kept in the resident's clinical record to show attempts for adequate discharge planning.  Social Services will ensure that adequate documentation is made in the resident's chart at all times. Social Services will also assist resident with outcome of any hearing as needed. | | | | | |
| Approved: | Effective  Date:  4/90 | Revision  Date:  6/96 | Change No.: | | Page:  2 of 2 |