**Attachment 1**

**SWING BED NOTICE OF DISCHARGE OR TRANSFER**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Notice Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clark Fork Valley Hospital

10 Kruger Road

Plains, Montana 59859

Transfer or Discharge Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient is being transferred to:

€ Another nursing facility

€ Another health facility

€ A private residence (including home)

€ Other (Please specify):

Name & Address of facility being transferred to:

The reason for your □ Discharge or □ Transfer is:

* Your health has improved sufficiently so that you no longer need the services provided in Swing Bed.
* Your Discharge or Transfer is necessary for your welfare, and your needs cannot be met in this facility.
* The safety of others in the facility is endangered.
* The health of others in the facility would otherwise be endangered.
* You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid), a stay at the facility.
* The facility has ceased to operate.

**Appeal Rights:**

• You have the right to appeal this discharge or transfer by making a request for a hearing to:

**Mountain Pacific Quality Health**

**1 (800) 497-8232**

Your request for a hearing may be made any time up to 90 days from the date you receive this notice.

• If you decide to appeal, you may request a hearing in person, by telephone / voice mail or in writing.

• You have the right to remain in the facility until the appeal is decided, if the hearing request is received on or before the proposed date of transfer / discharge, or the day you are actually transferred / discharged. Exception: If not discharging or transferring you from the facility would endanger your health or safety, or the health or safety of other individuals in the facility, you may be discharged or transferred. The proposed discharge / transfer date is on the front page of this notice.

• If you do not appeal, the nursing facility may proceed with your transfer or discharge.

• If the decision at the hearing supports the nursing facility’s decision (you lose the appeal), the nursing facility may proceed with your transfer or discharge 30 days after a final order is entered that upholds the decision.

• If the discharge / transfer is not upheld (you win the appeal), and you are no longer in the facility, you have the right to readmission to the facility immediately upon the first available bed in a semi-private room, provided you require and are eligible for the services provided by the facility.

Contact your QIO to file an appeal.

**Mountain Pacific Quality Health**

**1-800-497-8232**

You may also contact the Long-Term Care Ombudsman:

**Julie White**

**406-741-3647 or 1-800-551-3191**

I have received and understand this notice

Patient/Representatives’ signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Time) (Date)

Witness:

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