

PROGRAM POLICY - ICF/DD-H

- 1 Transfer in ICF/DD-H
 - 1.1 Under conditions described in all applicable regulations, a person may be transferred/discharged to:
 - 1.1.1 Another ICF/DD-H
 - 1.1.2 General acute care hospital
 - 1.1.3 Facility providing a lower-level of care
 - 1.1.4 Mental health facility
 - 1.1.5 Any other medical facility considered appropriate to provide treatment and care of the client
 - 1.1.6 Care of responsible party or self against medical advice or with physician approval
 - 1.2 A transfer/discharge may be made ONLY upon proper authority, as follows:
 - 1.2.1 Physician's orders
 - 1.2.2 Prior written consent of the client, the client's conservator or guardian, parent of a minor client, or authorized representative except in an emergency
 - 1.2.3 Review and approval by the ID Team
 - 1.2.4 Emergency situation¹ in which transfer in the best interest of the client, or of the facility, as determined by the QMRP with the advice and consent of the ID Team, and with proper notice to the person, parent(s) of a minor persons, conservator, guardian or authorized representative.
- 2 Guidelines and Procedures for Transfer
 - 2.1 At the time of transfer a written transfer summary will be prepared by the QMRP with advice from the ID Team. The summary will cover the persons's entire stay at the ICF/DD-H and will focus on all components of the persons's ISP. The summary will include, but not be limited to, the following

¹The physician, Regional Center Case Manager and the responsible family member or conservator/guardian must be notified promptly by the best available means.

areas:

- 2.1.1 Reason for transfer
 - 2.1.2 Brief description of supported person
 - 2.1.3 Desired transfer outcomes
 - 2.1.4 Outcomes achieved during placement with OPTIONS
 - 2.1.5 Summary of health and medical needs
 - 2.1.6 Services provided during placement
 - 2.1.7 Recommendations for continued assistance
 - 2.1.8 General comments
- 2.2 Any time a person is transferred from the ICF/DD-H to another facility, evidence of the reason for transfer will be documented in writing, except in cases of emergency, or by written consent of the persons, his/her parent(s), conservator or guardian.
- 2.3 All essential information from the person's record will be photocopied and sent along with the persons upon transfer.
- 3 Responsibilities of the QMRP upon transfer
- 3.1 Obtain signature of an adult person, the parent(s) or guardian(s) of a minor person, or conservator(s) of an adult persons on the Transfer Summary which states the reason for transfer.
 - 3.2 Prepare medical transfer summary no fewer than 15 days before person transfers.
 - 3.3 Obtain transfer information, signature and date from the attending physician during the last home or office visit prior to the persons's transfer.
 - 3.4 Prepare a written Transfer Summary to include all items listed in 2.1 above.
 - 3.5 Photocopy the following persons record documents:
 - 3.5.1 Signed and dated Consent for Release of Information
 - 3.5.2 Admission Record
 - 3.5.3 Consent for Medical Treatment
 - 3.5.4 Current Individual Service Plan (ISP)
 - 3.5.5 Registered nurse notes for most recent 24-hour period
 - 3.5.6 Current medical history/physical examination results
 - 3.5.7 Current physician's orders
 - 3.5.8 Current medication history, including latest pharmacological recommendations, if applicable

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- 3.5.9 Results of any recent lab work, x-rays
- 3.5.10 All recent dental, optometric, gynecological or other patient consultation notes or other information
- 3.5.11 CDER Assessment
- 3.5.12 Individual Program Plan
- 3.5.13 Transfer Summary

- 3.6 Complete a record checklist indicating which documents will be sent with the person.

- 3.7 Place photocopied records in an envelope addressed with the following information:
 - 3.7.1 Name of person
 - 3.7.2 Name and address of the OPTIONS ICF/DD-H
 - 3.7.3 Name and address of facility to which the persons is transferring

- 3.8 Send packet of photocopied records with person on day of transfer.

- 4 Special Conditions Governing Transfers to Acute Care Hospitals
 - 4.1 OPTIONS will maintain agreements with one or more acute care hospitals approved for participation under auspices of the ICF/DD-H program.
 - 4.2 All agreements will be made with hospitals that promote and ensure quality continuity of care and expeditious transfer of person.
 - 4.3 Person who transfers will be made only on the order of the person's attending physician, and will always be effected in a timely manner.
 - 4.4 Prior to the transfer of any person to an acute care hospital, the following information will be entered in the person's record by the QMRP or Registered Nurse:
 - 4.4.1 Date, time, and medical condition of the persons.
 - 4.4.2 Written statement of the reason for the transfer.
 - 4.4.3 Prior written consent of the adult person, the parent(s) or guardian(s) of a minor persons, or conservator(s) of an adult person, except in cases of emergency.
 - 4.5 Personal information that is complete, accurate, and sufficiently detailed to ensure quality continuity of care will accompany the person at the time of transfer.

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