

Involuntary Discharge & Involuntary Transfer Packet

Quality Insights ESRD Networks Patient Services Department

Last Update: 05/12/2026 | Fax: 877.497.5065 | Phone: 844.238.1188

For interpretive guidance on CMS ESRD Facilities Conditions for Coverage, visit:
www.qualityinsights.org/esrd

This packet contains vital information pertaining to the Involuntary Discharge Process as outlined in the Centers for Medicare & Medicaid Services (CMS) ESRD Facilities Conditions for Coverage.

PLEASE READ CAREFULLY!

Submission Timeline Requirements

- **30-Day Notice:** The Network AND State Agency(s) must be notified by phone or in writing **30 days prior** to the discharge, or immediately in cases of abbreviated discharge.
- **30-Day Packet:** This entire packet must be completed and sent to the Network office **2 weeks prior** to the discharge.
- **Immediate/Severe Threat:** The packet must be sent **within 48 hours** of the discharge.
- Retain a copy of this completed packet in the patient's medical record.

FAX ALL INFORMATION TO:

Quality Insights ESRD Networks — Attention: Patient Services Department
Grievance & IVD Fax: **877.497.5065**

IMPORTANT: Do not send this information by email due to HIPAA requirements.
For additional assistance, call Patient Services at **844.238.1188**

§ 494.180 — Condition: Governance

(f) Standard: Involuntary Discharge and Transfer Policies and Procedures

The governing body must ensure that all staff follow the facility's patient discharge and transfer policies and procedures. The medical director ensures that no patient is discharged or transferred from the facility unless:

- **(1)** The patient or payer no longer reimburses the facility for the ordered services;
- **(2)** The facility ceases to operate;
- **(3)** The transfer is necessary for the patient's welfare because the facility can no longer meet the patient's documented medical needs; or
- **(4)** The facility has reassessed the patient and determined that the patient's behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired, in which case the medical director ensures that the patient's interdisciplinary team:
 - **(i)** Documents the reassessments, ongoing problem(s), and efforts to resolve the problem(s), and enters this documentation into the patient's medical record;
 - **(ii)** Provides the patient and Network with a **30-day notice** of the planned discharge;
 - **(iii)** Obtains a written physician's order signed by both the medical director and the patient's attending physician concurring with the discharge or transfer;
 - **(iv)** Contacts another facility, **attempts to place the patient there**, and **documents that effort**; and
 - **(v)** Notifies the State survey agency of the involuntary transfer or discharge.
- **(5)** In the case of immediate severe threats to the health and safety of others, the facility may utilize an abbreviated involuntary discharge procedure.

NOTE: Non-adherence is NOT an acceptable reason for involuntary discharge/transfer.

Network Expectations of Documentation

CMS directives are clear in that facilities ensure all efforts to resolve patient concerns and disruptive behaviors are documented in the patient's medical record. Facilities must complete and document:

- Initial problem assessment and plan of care addressing interventions and goals;
- Documentation of interventions over a period of time;
- Documentation of patient's response to interventions;
- If a behavior contract is utilized, then reassessment after contract is implemented;
- If discharge is for nonpayment, documentation showing assistance provided to link patient with potential payment sources and the outcome of those referrals;
- Discharge notification letter sent to patient (**30 days prior**);
- Contact Quality Insights Renal Network Patient Services at **844.238.1188** regarding the issuance of the 30-day notice;
- Discharge order signed by attending physician and medical director;

SEND COPY OF DISCHARGE LETTER AND ALL MEDICAL RECORDS RELATED TO THE INVOLUNTARY DISCHARGE/TRANSFER TO THE NETWORK FOR REVIEW.

Facility Responsibility at Time of Discharge

- **Placement Efforts:** Every effort must be made to transfer the patient to another out-patient facility. Documentation must show such efforts were extensive and all avenues were pursued.
- **If No Facility Accepts:** The facility must provide the patient with acute care resources and advise the patient about the medical ramifications of not receiving dialysis when ordered by a physician (e.g., fluid overload, congestive heart failure, death).
- **State Survey Agency Notification:** Facility must notify the State Survey Agency of the involuntary discharge/transfer **30 days prior** to the discharge/transfer.

Immediate Severe Threat Procedure

- Notify the Network and State Survey Agency **IMMEDIATELY**.
- Send the completed Involuntary Discharge/Transfer packet **within 48 hours** to the Network.
- Ensure all first-party staff have fully documented the incident in the medical records.
- Provide documentation of police involvement.

Facility Closure: The facility need only provide the Network with a list of impacted patients and their disposition (where they have been placed).

Involuntary Discharge Required Documentation

If the governing body has made the decision to involuntarily discharge a patient, complete the information below to ensure compliance with the Conditions for Coverage. **The Network requires this documentation for all involuntary discharges.**

This information is to be completed and FAXED to the Network PRIOR to discharge or within 48 hours of an immediate discharge.

Demographic Information

Patient Name:	
Date of Birth:	
Insurance Provider:	
Facility Medicare Provider # (CCN):	
Name & Title of Person Completing Form:	
Facility Telephone Number:	
Facility Fax Number:	
Name of Facility Medical Director:	
Name of Patient's Attending Physician:	
Name of Facility Administrator:	

Tip: The Facility Medicare Provider Number is the facility's six-digit Medicare number.

Involuntary Discharge/Transfer Information

Date of Last Treatment:	Date Facility Notified Network:
Date Facility Notified State Survey Agency:	Date Patient Notified of Discharge/Transfer:
Date of Anticipated Discharge/Transfer:	

** Participating Maryland facilities must also notify the Kidney Commission.*

Part I: Reason for Involuntary Discharge/Transfer

- | | |
|--|---|
| <input type="checkbox"/> Non-Payment for services ordered | <input type="checkbox"/> Cannot meet documented medical needs |
| <input type="checkbox"/> Ongoing disruptive and abusive behavior | <input type="checkbox"/> Immediate severe threat to health and safety of others |
| <input type="checkbox"/> Other — Describe: _____ | |

CMS Conditions for Coverage only allow the above reasons for discharge. If the discharge is due to the physician terminating the relationship with the patient, include a copy of the physician's termination letter to the patient.

Brief Description of Incident(s) Leading to Involuntary Discharge

Please attach all pertinent documentation. DO NOT SKIP THIS SECTION OR DEFER TO OTHER DOCUMENTS.

Part II: Mental Health Assessment

Mental Health Problem / Diagnosis Reported: Yes No

If yes, provide explanation and/or diagnosis (attach physician documentation):

Chemical Dependency / Abuse Reported: Yes No

If yes, provide explanation and/or diagnosis (attach physician documentation):

Cognitive Deficit Reported: Yes No

If yes, provide explanation and/or diagnosis (attach physician documentation):

Part III: Patient's Disposition

Where will the patient dialyze immediately after discharge?

- Admitted to another Outpatient Facility
- Patient in Correctional Facility
- Patient Died — Date of Death: ____/____/____
- Patient Transplanted — Date of Transplant: ____/____/____
- No Outpatient Facility Accepts — Hospital Acute
- Other — Explain:

PART IV: REQUIRED DOCUMENTATION CHECKLIST

Provide ALL of the following documentation:

- Letter of discharge or transfer notice to patient
- Facility's discharge and transfer policy/procedure (This is your company policy, NOT page 2 of this packet)
- Facility's patient rights and responsibilities document with patient signature
- Copy of the patient assessment, plan of care and reassessment(s)
- Documentation of ongoing problem and ALL efforts to resolve
- Medical Director and attending Physician's signed discharge order
- Documentation of ALL efforts to obtain another facility placement for the patient
- Documentation of facility's inability to meet patient's medical need (if this is the reason for discharge)
- Documentation that State Survey Agency was notified of the involuntary discharge/transfer
- Police Report (required only for immediate discharge)

** Although documentation of referrals to other facilities is not required for immediate discharges, the Network expects the discharging facility to help coordinate the patient's transfer.*

Quality Insights strongly encourages each facility to call and confirm that all faxed documents have been received: **Phone: 844.238.1188**

State Survey Agency Contact Information

State / Territory	Agency & Contact Information
District of Columbia	DC Department of Health — Health Care Facilities Division Phone: 202.724.8800
Delaware	Delaware Dept. of Health — Division of Health Care Quality Phone: 302.292.3931 Fax: 302.292.3931
Illinois	Illinois Department of Public Health Phone: 217.782.4977
Iowa	Iowa Dept. of Inspections & Appeals — Health Facilities Division Phone: 515.422.8605
Kansas	Kansas Dept. of Health and Environment — Health Facilities Licensing Phone: 785.296.0127 Fax: 785.559.4250
Maryland	Maryland Office of Health Care Quality — Dept. of Health & Mental Hygiene/Ambulatory Care Program Evidelia House, Program Coordinator: 410.402.8288 Phone: 410.402.8040 Fax: 410.402.8179 AND Maryland Commission on Kidney Disease Alice Pun, Surveyor: 443.488.2664 Phone: 410.764.4799 Fax: 410.358.3083
Michigan	Michigan Dept. of Health — Licensing and Regulatory Affairs Phone: 517.284.0193 Fax: 517.763.0214
Minnesota	Minnesota Department of Health Phone: 507.476.4230 Fax: 507.537.7194
Missouri	Missouri Dept. of Health and Senior Services — Administrator, Bureau of Ambulatory Care, Division of Regulation and Licensure Phone: 800.392.0210
Nebraska	Nebraska Dept. of Health and Human Services — Pamela Kerns, DHHS Program Manager, Public Health Phone: 402.471.0316 Fax: 402.742.2308
New Jersey	New Jersey Dept. of Health and Senior Services Phone: 800.792.9770
New York	New York State Dept. of Health — Division of Hospitals and Treatment Centers Phone: 518.402.1004
North Dakota	North Dakota Health & Human Services — Licensure & Certification Phone: 701.328.2310
Pennsylvania	Pennsylvania Department of Health Phone: 800.254.5164

State / Territory	Agency & Contact Information
Puerto Rico	Puerto Rico Department of Health Phone: 787.273.8488
South Dakota	South Dakota Dept. of Health — Office of Health Care Facilities Licensure & Certification Phone: 605.773.3356 Fax: 866.539.3886
U.S. Virgin Islands	US Virgin Islands — Centers for Medicare and Medicaid Services Phone: 212.616.2372
Virginia	Virginia Dept. of Health — Office of Licensure and Certification Phone: 804.367.2102 & 804.367.2103 Fax: 804.527.4502
West Virginia	Office of Health Facility Licensure & Certification (OHFLAC) Tammy Cormier, HHR Program Manager II: 681.340.3970 Tina Hicks, Health & Human Resource Associate: 304.352.0826 Phone: 304.558.0050 (complaints) Fax: 304.957.7615
Wisconsin	Wisconsin Dept. of Health Services — Health and Medical Care Licensing and Certification Phone: 608.266.8481