

Highlights of Federal Nursing Facility Requirements and Guidance Regarding Transfer and Discharge Notices



This resource highlights sections of federal nursing facility requirements and surveyor guidance regarding transfer and discharge notices, including when nursing facilities are required to send notices to the Long-Term Care Ombudsman program (LTCOP). A brief overview of Beneficiary Notices is included to explain the differences in those notices and a discharge notice. This resource is not comprehensive and does not include all requirements and guidance related to transfer and discharge.

References to “resident-initiated” and “facility-initiated” discharge were removed from the State Operations Manual, Appendix PP, effective April 25, 2025. Federal citation tag numbers F622 – F626 were removed and the content from those tags was moved to new tags, F627 and F628 (see CMS Manual System, [Transmittal 229](#)). The information in this resource is based on the most recent version of Appendix PP from July 23, 2025, that has minor technical changes as described in [Transmittal 232](#). Bold emphasis added by NORC.

TOPIC	TRANSFER	DISCHARGE
CFR: Code of Federal Regulations CMS: Centers for Medicare & Medicaid Services F#: Federal citation tag number	LTCOP: Long-Term Care Ombudsman Program SOM: CMS State Operations Manual	
DEFINITIONS	REQUIREMENTS 42 CFR §483.5 Transfer and discharge includes movement of a resident to a bed outside of the certified facility whether that bed is in the same physical plant or not. Transfer and discharge does not refer to movement of a resident to a bed within the same certified facility.	
	GUIDANCE (SOM, Appendix PP, F627) Transfer refers to the movement of a resident from a bed in one facility to a bed in another	GUIDANCE (SOM, Appendix PP, F627) Discharge refers to the movement of a resident from a bed in one certified facility to

	facility when <i>the resident expects to return to the original facility.</i>	a bed in another facility or other location in the community, <i>when return to the original facility is not expected.</i>
REASONS FOR TRANSFER OR DISCHARGE	REQUIREMENTS 42 CFR §483.15(c)(1) The facility must not transfer or discharge the resident from the facility unless: • The resident's needs cannot be met in the facility; • The resident's health has improved and the resident no longer needs the services provided by the facility; • The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident; • The health of individuals in the facility would otherwise be endangered; • The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility; or • The facility ceases to operate.	
NOTICE BEFORE TRANSFER	REQUIREMENTS 42 CFR §483.15(c)(3) Before a facility transfers or discharges a resident, the facility must: • Notify the resident and the resident's representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman. • Record the reasons for the transfer or discharge in the resident's medical record in accordance with paragraph (c)(2) of this section; and • Include in the notice the items described in §483.15(c)(5).	
	GUIDANCE (SOM, Appendix PP, F628) Emergency Transfers— • When a resident is temporarily transferred on an emergency basis to an acute care facility a notice of transfer must be provided to the resident and resident representative as soon as practicable before the transfer.	GUIDANCE (SOM, Appendix PP, F628) • The facility must maintain evidence that the notice was sent to the Ombudsman. Facilities should know the process for ombudsman notification in their state.

NOTICE BEFORE TRANSFER

- Copies of notices for emergency transfers must also still be sent to the ombudsman, but they **may be sent when practicable**, such as in a list of residents on a monthly basis, **as long as the list meets all requirements for content of such notices at §483.15(c)(5)**.
- In situations where **the facility has decided to discharge the resident while the resident is still hospitalized**, the facility must send a notice of discharge to the resident and resident representative **before the discharge**, and must send a copy of the discharge notice to the LTCOP. Notice to the LTCOP must occur at the same time the notice of discharge is provided to the resident and resident representative, **even though, at the time of initial emergency transfer**, sending a copy of the transfer notice to the ombudsman only needed to occur as soon as practicable.
- **For any other types of discharges**, the facility must provide notice of discharge to the resident and resident representative along with a copy of the notice to the LTCOP **at least 30 days prior to the discharge or as soon as possible**.
- The copy of the notice to the ombudsman **must be sent at the same time** notice is provided to the resident and resident representative.

TIMING OF THE NOTICE	REQUIREMENTS 42 CFR §483.15(c)(4) Notice of transfer or discharge must be made by the facility at least 30 days before the resident is transferred or discharged (except for reasons below and in advance of facility closure). Notice must be made as soon as practicable before transfer or discharge when— • The safety of individuals in the facility would be endangered; • The health of individuals in the facility would be endangered; • The resident's health improves sufficiently to allow a more immediate transfer or discharge; • An immediate transfer or discharge is required by the resident's urgent medical needs; • A resident has not resided in the facility for 30 days. GUIDANCE (SOM, Appendix PP, F628) Generally, this notice must be provided at least 30 days prior to the transfer or discharge of the resident. Exceptions to the 30-day requirement apply when the transfer or discharge is affected because: • The health and/or safety of individuals in the facility would be endangered due to the clinical or behavioral status of the resident; • The resident's health improves sufficiently to allow a more immediate transfer or discharge; • An immediate transfer or discharge is required by the resident's urgent medical needs; or • A resident has not resided in the facility for 30 days. In these exceptional cases, the notice must be provided to the resident, resident's representative if appropriate, and LTC ombudsman as soon as practicable before the transfer or discharge.
CONTENTS OF THE NOTICE	REQUIREMENTS 42 CFR §483.15(c)(5) The written notice must include the following: • The reason for transfer or discharge; • The date of transfer or discharge; • The location to which the resident is transferred or discharged;

	• Information on the resident's right to appeal the discharge and have an administrative hearing; • Contact information for the LTCOP; • If applicable, contact information for the agency responsible for protection and advocacy of individuals with intellectual and developmental disabilities or related disabilities; and • If applicable, contact information for the agency responsible for protection and advocacy of individuals with a mental disorder.
CHANGES TO THE NOTICE	REQUIREMENTS 42 CFR §483.15(c)(6) If the information in the notice changes prior to effecting the transfer or discharge, the facility must update the recipients of the notice as soon as practicable once the updated information becomes available. GUIDANCE (SOM, Appendix PP, F628) If information in the notice changes, the facility must update the recipients of the notice as soon as practicable with the new information to ensure that residents and their representatives are aware of and can respond appropriately. For significant changes, such as a change in the transfer or discharge 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 and permit adequate time for discharge planning.
CRITICAL ACCESS HOSPITALS (CAHs) AND SWING BEDS*	REQUIREMENTS §485.645(d)(2) §483.15(c)(5)(v) *§485.645(d) SNF Services of the State Operations Manual, Appendix W – Survey Protocol, Regulations, and Interpretative Guidelines for Critical Access Hospitals (CAHS) and Swing-Beds in CAHS states that CAHS follow SNF requirements in subpart B of part 483. • Facilities must include contact information for the LTCOP in transfer or discharge notices. • Facilities must send a copy of the transfer/discharge notice to the LTCOP.

Beneficiary Notices (SOM Appendix PP, F582)

Notice of Medicare Non-Coverage (NOMNC)	Skilled Nursing Facility Advanced Beneficiary Notice of Non-coverage (SNF ABN)
- The NOMNC is given by the facility to all Medicare beneficiaries at least two days before the end of a Medicare covered Part A stay or when all of Part B therapies are ending. - The NOMNC informs the beneficiaries of the right to an expedited review by a Quality Improvement Organization. The NOMNC is not given if: - The beneficiary exhausts the SNF benefits coverage (100 days), thus exhausting their Medicare Part A SNF benefit. - The beneficiary initiates the discharge from the SNF. - The beneficiary elects the hospice benefit or decides to revoke the hospice benefit and return to standard Medicare coverage.	- The SNF ABN is only issued if the beneficiary intends to continue services and the SNF believes the services may not be covered under Medicare. - It is the facility's responsibility to inform the beneficiary about potential non-coverage and the option to continue services with the beneficiary accepting financial liability for those services. SNF ABN must be given to a beneficiary for the following triggering events: Initiation – A SNF believes Medicare will not pay for extended care items or services that a physician has ordered, the SNF must provide a SNF ABN to the beneficiary before it furnishes those non-covered extended care items or services to the beneficiary. Reduction – A SNF proposes to reduce a beneficiary's extended care items or services because it expects that Medicare will not pay for a subset of extended care items or services, or for any items or services at the current level and/or frequency of care that a physician has ordered, the SNF must provide a SNF ABN to the beneficiary before it reduces items or services to the beneficiary.

- **Termination** - A SNF proposes to stop furnishing all extended care items or services to a beneficiary because it expects that Medicare will not continue to pay for the items or services that a physician has ordered **and the beneficiary would like to continue receiving the care**, the SNF must provide a SNF ABN to the beneficiary before it terminates such extended care items or services.

NOTE: A facility's requirement to notify and explain via the SNF ABN that the individual is no longer receiving Medicare Part A services based on the SNF's belief that Medicare Part A will not pay for the resident's stay, **is separate and unrelated to the admission and discharge requirements under 42 CFR §483.15**, which outlines the notification and requirements under which an individual may be discharged from the facility or when the transfer or discharge is not initiated by the resident.



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