

PROGRAM POLICY - ICF/ID-H

- 1 Transfer in ICF/ID-H
 - 1.1 Under conditions described in all applicable regulations, a person may be transferred to:
 - 1.1.1 Another ICF/ID-H
 - 1.1.2 General acute care hospital
 - 1.1.3 A site providing a lower-level of care within OPTIONS
 - 1.1.4 Mental health facility
 - 1.1.5 Any other medical facility considered appropriate to provide treatment and care of the person served
 - 1.1.6 Care of another responsible party
 - 1.1.7 A person served may check themselves out against medical advice with written notification if they are non-conserved and of legal age
 - 1.2 A transfer may be made ONLY upon proper authority, as follows:
 - 1.2.1 Physician's orders to admit the person served to another ICF-ID/H home
 - 1.2.2 Written consent of the person served, the person's conservator or guardian, parent if the person served is a minor, or authorized representative, except in an emergency
 - 1.2.3 Review and approval by the ID Team
 - 1.2.4 Emergency situation¹ in which a transfer is in the best interest of the person served, or of the facility, as determined by the QIDP 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

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

QIDP with input from the ID Team. The transfer summary will cover the person's entire stay at the ICF-ID/H and will focus on all components of the person's ISP. The summary will include, but not be limited to, the following areas:

- 2.1.1 Reason for transfer
- 2.1.2 Brief description of the needs of the 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

2.2 Any time a person is transferred from the ICF/ID-H to another site, 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.

3 Special Conditions Governing Transfers to Acute Care Hospitals

3.1 Transfers to acute care hospitals will be made upon the physician's recommendation to hospitals that promote and ensure quality continuity of care and expeditious transfer of person.

3.2 Transfers to acute care hospitals will be made only on the order of the person's attending physician and will always be effected in a timely manner.

3.3 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 QIDP or Registered Nurse:

3.3.1 Date, time, and medical condition of the persons.

3.3.2 Written statement of the reason for the transfer.

3.3.3 Prior written consent of the adult person, the parent(s) or guardian(s) of a minor, or conservator(s) of an adult person, except in cases of emergency.

3.4 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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