

## CLIENT TRANSFER

A client may be transferred as determined by the Director of Clinical Services or designated Registered Nurse/Therapist in response to the client's request, if there is an identified need that cannot be met by the agency, or in the event of agency closure or dissolution. A transfer from the agency to another provider will be documented as a discharge from the agency.

The purpose of Client Transfer is to assure continuity of care by providing pertinent information to another home health care company or facility when a client chooses another provider.

The procedure for client transfer is as follows;

1. The client/caregiver shall be informed by the Registered Nurse/Therapist of the need for transfer from the agency, or the client will inform the agency of his/her desire to transfer to another service provider.
2. The client/caregiver will be active participants in selecting another provider and communicating the decision to the agency.
3. A Discharge Summary shall be completed by the Registered Nurse/Therapist. This summary will be based on data collected on the last visit and shall include documentation of services received, reason for transfer/discharge from agency, the client's physical and psychosocial status, current medications, continuing symptom management needs, instruction and referrals provided to the client, summary of care, any existing advance directives, and any relevant changes in caregiver support or lab results.
4. The original Summary form shall be sent to the new provider or facility, and a copy shall be retained for the client's chart, as applicable/requested.
5. The plan for transfer shall be discussed with the physician and orders obtained approving the client's transfer.
6. The agency must have a signed Client Authorization for the release of pertinent information on file in order to provide the receiving health care provider with the appropriate client information.
7. The receiving health care provider shall be responsible for obtaining new physician's orders from a physician licensed to practice in the state in which care is to be provided.
8. If the client is transferred to another home care provider, the agency will complete a discharge Oasis, if applicable, and a discharge summary. The discharge summary will be sent upon request to the client's physician.
9. If required by law, a client who is transferred to an inpatient facility will have a transfer OASIS assessment completed. If the client is also being discharged from the agency, a discharge summary will be completed.

10. In the event of agency closure or dissolution, the agency will adhere to the following contingency plan:
- a. Provide written notice of the dissolution to the client and the physician involved in the agency's care of the client.
  - b. Follow the process outlined above for the transfer of the client to another agency.
  - c. Provide a copy of the client's medical record to the receiving agency to ensure continuity of care and continuation of services.
  - d. Maintain a copy of client/physician notices of the dissolution in the client's medical record.
  - e. In addition to the above procedure, Texas Agencies will adhere to Texas Administrative codes §97.217, §97.291, and §97.295.
    - 1) The agency must ensure delivery of the written notification to the client and client's physician no later than five days before the date on which the client will be transferred or discharged.
    - 2) The agency must deliver the required notice by hand or by mail.
    - 3) If the agency delivers the written notice by mail: the notice must be mailed at least eight working days before the date of discharge or transfer; and the agency must speak with the client by telephone or in person to ensure the client's knowledge of the transfer or discharge at least five days before the date of discharge or transfer.
    - 4) The agency may transfer or discharge a client without prior notice required by subsection (b) of this section: upon the client's request; if the client's medical needs require transfer, such as a medical emergency; in the event of a disaster when the client's health and safety is at risk in accordance with provisions of §97.256 (relating to Emergency Preparedness Planning and Implementation); for the protection of staff or a client after the agency has made a documented reasonable effort to notify the client, the client's family and physician, and appropriate state or local authorities of the agency's concerns for staff or client safety, and in accordance with agency policy; according to physician orders; or if the client fails to pay for services, except as prohibited by federal law.
    - 5) The agency must keep the following in the client's file: a copy of the written notification provided to the client or the client's parent, family, spouse, significant other, or legal representative; documentation of the personal contact with the client if the required notice was delivered by mail; and documentation that the client's attending physician or practitioner was notified of the date of discharge.
    - 6) In the event of permanent closure, the agency must notify DADS in writing within five days before the permanent closure of the agency, branch office, or alternate delivery site. The agency must include in the written notice the reason for closing, the location of the client records

(active and inactive), and the name and address of the client record custodian. If the agency closes with an active client roster, the agency must transfer a copy of the active client record with the client to the receiving agency in order to ensure continuity of care and services to the client. The agency must mail or return the initial license or renewal license to DADS at the end of the day that services ceased.