

**441—82.10 (249A) Discharge and transfer.**

**82.10(1) Notice.** When a Medicaid member requests transfer or discharge to a community setting, or another person requests this for the member, the administrator shall promptly notify a targeted case management provider. Names of local providers are available from the department's local office. This shall be done in sufficient time to permit a case manager to assist in the decision and planning for the transfer or discharge.

**82.10(2) Case activity report.** A Case Activity Report, Form 470-0042, shall be submitted to the department whenever a Medicaid applicant or member enters the facility, changes level of care, or is discharged from the facility.

**82.10(3) Plan.** The administrator and staff shall assist the resident in planning for transfer or discharge through development of a discharge plan.

**82.10(4) Transfer records.** When a resident is transferred to another facility, transfer information shall be summarized from the facility's records in a copy to accompany the resident. This information shall include:

- a. A transfer form of diagnosis.
- b. Aid to daily living information.
- c. Transfer orders.
- d. Nursing care plan.
- e. Physician's or qualified mental retardation professional's orders for care.
- f. The resident's personal records.
- g. When applicable, the personal needs fund record.

**82.10(5) Income refund.** When a resident leaves the facility during the month, any unused portion of the resident's income shall be refunded.

This rule is intended to implement Iowa Code section 249A.12.