



Long Term Care Legislative Update 2026

Managing Involuntary Discharges



***Note: This is a summary of the
Senate Bill 493 and some
related regulations addressing
discharges/transfers. Content
is not all inclusive.***

§483.15, Transfers and Discharges

Federal Regulation

F627 Reasons for Discharge/Transfer

- Necessary for resident's welfare, needs cannot be met
- Resident's health has improved so service are no longer needed
- Health or safety of individual in facility is endangered
- Resident failed, after reasonable notice, to pay for stay
- Facility ceases to operate

F627 Discharge Process

The facility:

- May **not** discharge or transfer while an appeal is pending
- Must have a physician document the discharge/transfer in the medical record if the reason is for health or safety
- Must have a written policy allowing residents to return after hospitalization

Permitting Residents to Return

- If hospitalization exceeds the bed hold the facility shall allow them to return to the first available bed providing:
 - They need services provided by the facility or
 - The resident is eligible for Medicare or Medicaid
- *If the facility refuses return, **the facility** must ascertain an accurate status of the resident's condition*

Permitting Residents to Return – (continued)

- If hospitalization exceeds the bed hold the facility shall allow them to return to the first available bed providing:
 - They need services provided by the facility or
 - The resident is eligible for Medicare or Medicaid
- If the facility refuses return, **the facility** must ascertain an accurate status of the resident's condition

Discharge Planning

- The discharge plan must:
 - Be individualized and involve the IDT
 - Involve the resident and the resident representative*
 - Address goals and treatment preferences
 - Identify post-discharge needs (therapy and other services)
 - Consider support person availability and capability to perform care
 - Include referrals to community resources if appropriate

F628 Post Discharge Planning

- Post discharge care plan should include:
 - Location the resident will reside
 - Follow-up care from providers
 - Needed medical and non-medical devices
 - Community support services
 - How to contact continuing care provider
- Facility must ensure services are in place and interruption of care will not occur

F628 Process

The facility must

- Notify the resident and representative
- Notify the Ombudsman
- Meet all content requirements of the notice
- Meet all the time requirements of the notice

F628 Timing of the Notice

- At least 30 days prior to discharge
- As soon as practicable when:
 - Health or safety of resident or other residents is in danger
 - Health of resident improves
 - Resident has been in the facility < 30 days
- At least 30 days prior to discharge after significant changes have been made to the notice

F628 Contents of Notice

- Reason for discharge
- Effective date
- Location to which they will be discharged
- Appeal rights with contact details
- Ombudsman contact details
- Agency info for developmentally disabled

SB 493, Md Health General §19-345

Effective October 1st, 2026

What's the same as F627 and F628?

- Reasons for involuntary discharge/transfer
- Changes in the content of the notice requires a new notice
- A new notice to a new location restarts the 30-day clock
- Resident's right to appeal

What's different?

- *The location to which a resident can be discharged/transferred*
- Receiving facility requirements
- The content of the discharge notice
- The process to submit the notice

SB 493, Location of Discharge

Resident of a facility who is discharged/transferred involuntarily may not be discharged/transferred:

- ***To location other than the location in the notice including a hotel, shelter or temporary housing, or***
- Before the receiving facility:
 - Confirms the transfer *and*
 - Is prepared to accept the resident

SB 493, Written Notice

- Facility shall provide the resident with written notice of:
 - Any proposed discharge and transfer *and*
 - The opportunity for a hearing in accordance with provisions of this section

SB 493, Written Notice- Contents

- The provided, standardized form must include:
 - Date of intended discharge
 - Reason of discharge
 - Location to which the resident will be discharged or transferred
- Name of professional staff social worker who is designated and responsible to provide social services/discharge plans
- Proposed date for discharge planning with resident (10 days after date of notice)

SB 493, Written Notice- Contents – (Continued)

- Right to request a hearing including instructions and contact details
- Right to counsel of resident's choosing
- Availability for Maryland Legal Aide
- Availability for the LTC Ombudsman including contact details
- Detailed contact information for Disability Rights Maryland

SB 493, Notice Process

- Notice is required to be given at least 30 days before the facility involuntarily discharges/transfers a resident
- Facility must provide the written notice to the:
 - resident
 - NOK, guardian or resident representative
 - LTC Ombudsman *and*
 - Department (OHCQ)

SB 493

A facility **cannot update** a notice,
they ***must issue a new notice***

SB 493, Issuing the Notice

The facility shall provide written notice as soon as possible if:

- Health/safety of the resident or other residents would be placed in serious jeopardy if the resident were not transferred/discharged; *or*
- The resident has not resided in the facility for greater than 30 days

SB 493, Issuing a NEW Notice

- If the information in the notice changes before discharge/transfer, the facility shall provide the changes as soon as practicable
- If a new notice is provided, the resident may not be discharged/transferred for at **least 30 days** if the new notice is before the previous notice expired

SB 493, Issuing for a Change in Location

- A ***new*** 30-day notice is ***not*** required if the location is a licensed SNF and ***only*** the date changes; they may be discharged as soon as a bed is available
- If the new notice changes the location to a different licensed SNF, a minimum of a **7-day notice is required**
- A ***new 30-day notice is required*** if the location is changed to a location that is not a licensed nursing facility and is in the discharge plan of care

SB 493, Post Discharge Care Plan

Before any discharge/transfer a facility shall develop a plan of care that:

- Addresses goals and preferences
- Identifies anticipated medical and basic needs
- **Identifies the address where the resident will reside *and* provides a safe, secure and sustainable environment**

State Enforcements for Discharge Violations

COMAR 10.07.02.10-.11

*The Secretary may impose a civil money penalty not to exceed **\$10,000** for **each violation** by a facility of its obligations under this regulation.*

*This includes a **lack** of:*

- Physical assessment
- Discharge plan of care
- Physician documentation resident is safe for discharge
 - Informing residents of their rights
- Providing necessary documents, medications, information for discharge
 - Written consent from resident or resident representative
- Inclusion of the resident or resident representative in discharge planning

Reporting of Involuntary Discharges



39-601F OHCQ Long Term Care Involuntary Discharge Notification Form

Long Term Care facilities complete this form to notify OHCQ of involuntary discharges from the facility.

Fields marked with an asterisk (*) are required.

Name of Person Completing this Form *

Email of Person Completing this Form

Name of Facility *

First Name of Resident *

Last Name of Resident *

Date of Discharge *

Reason for Involuntary Discharge from the Facility *

(Please select all that apply)

- ☐ 1. Has needs that cannot be met at this facility
- ☐ 2. Has improved health (LTC no longer needed)
- ☐ 3. Endangers health/safety of other residents
- ☐ 4. Has failed to pay for services

Section I-

- This is the contact information for the *facility*

Fields marked with an asterisk (*) are required.

Name of Person Completing this Form *

Email of Person Completing this Form

Name of Facility *

Section II of the 39-601F OHCQ Long Term Care Involuntary Discharge Notification Form

Section II:

- This is the information about the resident who will discharged/transferred

First Name of Resident *

Last Name of Resident *

Date of Discharge *

mm/dd/yyyy



Section III:

- *Reason* for discharge

Reason for Involuntary Discharge from the Facility *

(Please select all that apply)

- ☐ 1. Has needs that cannot be met at this facility
- ☐ 2. Has improved health (LTC no longer needed)
- ☐ 3. Endangers health/safety of other residents
- ☐ 4. Has failed to pay for services

Section IV:

- *ATTACH the complete involuntary discharge form*

File upload

Please add any additional documentation needed.



Drop your files here

[Browse](#)

☐ Send me a copy of my responses

Submit

Preparation for Electronic POC

Provider Responsibilities

- Participation is mandatory
- Each provide needs to register with iQIES by December 15th, 2026
- A delegated email account is recommended
- Tentative “go live” date: Monday, January 4th, 2027

How it Works

- OHCQ will send survey results to the facility via iQIES
- The facility will submit the POC ***and*** credible evidence via iQIES
- OHCQ will get a notice that a POC has been submitted
- Continued correspondence will occur via iQIES

Keep Your Information Up To Date

