

FACILITY CLOSURE AND RESIDENT RELOCATION PROCESS

The State of Ohio utilizes processes designed to facilitate an organized relocation plan that minimizes disruption of medical care and other residents' services in the event of a facility closure or relocation of a number of residents. Circumstances prompting these processes may include voluntary facility closure or relocation, expiration or termination of a facility's provider agreement with Medicaid/Medicare, revocation or non-renewal of a facility's state license and emergency situations such as natural disasters.

Partners

The complexity of a resident relocation involves numerous state and local partners in addition to facility staff. The efforts of these partners ensure that resident moves are coordinated relocations based on resident choice and need. Their roles in short are:

Ohio Medicaid/County Departments of Job and Family Services – Agency maintains compliance with federal regulations regarding payment and certification. Staff reviews resident eligibility and potential for community living through programs such as HOME Choice, confirms level of care for transition to settings requiring it, and verifies payment sources for residents in their chosen living arrangement. Office of Medical Assistance can also provide data based on required resident assessments that assist the team in determining living options based on resident needs and services provided. In the case of an involuntary nursing facility termination, the Office of Medical Assistance notifies residents by letter, typically delivered in person by a member of the team.

Office of the State Long-Term Care Ombudsman– Ombudsman representatives at the state and regional level monitor resident rights, making regular visits to the facility, communicating with residents, families, discharge planners, and local transition resources. They provide “in the field” observations to state partners to alert them to any pending issues. Ombudsman representatives ensure residents have choice in selecting their new home and have safe and orderly discharge plans in place that are followed in a dignified manner to minimize the risk of transfer trauma. Follow-up is conducted with every resident impacted by the relocation.

Ohio Department of Aging/Area Agency on Aging – Representatives administer the preadmission screening process to determine resident eligibility and needs related to home and community-based services, reviews available Assisted Living Medicaid Waiver availability in the region.

Ohio Department of Health – Surveyors are on site as needed to ensure health and safety of residents, determine compliance with state licensure and federal certification standards.

Ohio Department of Mental Health and Addiction Services/Local boards and agencies: Assist in the relocation of any residents institutionalized primarily due to mental illness, conduct any necessary Level II pre-admission screenings, arrange special services for residents with serious mental illness. Assure continuity and follow-up support, especially for residents moving home.

Ohio Department of Developmental Disabilities/local boards and agencies: Assist in the relocation and arrange for the continuity of services for residents with developmental disabilities.

Facility staff – It is expected that the provider comply with all requirements and maintain medical and personal services to residents while cooperating with the relocation team requests for resident information and records.

All partners participate in regular communication, typically through conference calls or interagency meetings locally on a weekly basis or more frequently as needed.

Process

In-person resident notification - The team approaches residents in person with official notification of the pending action, presenting the options available to them while emphasizing the need to act based on the anticipated timeline. In some cases, Medicaid termination may mean that residents could stay with private pay; in licensure action, the facility may be closed and all residents affected, regardless of payment source. For residents without capacity, the team will use family member contact lists provided by the facility to reach out to the decision makers. One successful strategy has been family/guardian meetings held in the evenings for their convenience.

Selection of long-term care providers – Residents and their families are given lists and descriptions of facilities that may meet their needs based on their physical location, services offered and quality information. Partners ensure that facilities do not move residents en masse to related facilities owned or operated by the same company unless residents make that choice. Residents choosing community living are referred for programs like HOME Choice or home- and community-based waiver programs.

Relocation – Facilities provide safe and orderly discharges, ensuring that the residents' new providers are given access to resident records, physician orders, advance directives and family information. Facilities ensure that Personal Needs Allowance accounts, if applicable, travel with the residents. Personal property is packed in a dignified manner by the transferring facility. Receiving facilities arrange transportation. The Office of the State Long-Term Care Ombudsman Program monitors to ensure that these actions take place and solicits assistance from the Ohio Department of Health if needed.

Post-transition follow-up and resident tracking – The Long-Term Care Ombudsman representatives visit all relocated residents in their new homes to ensure that they are settled, have all the services and medical care that they need and that their personal belongings and Personal Needs Allowance/Social Security and other issues have been addressed.

Experience

Recent transition experiences: In the past year, the state transition team has been involved in numerous resident moves due to facility closures. These include:

Voluntary closures

- Northview Senior Living, Licking County; 40 nursing home residents, 3 residential care facility residents at the time of closure announcement.
- Mercy Franciscan Terrace, Hamilton County; this nursing home had 104 residents and the residential care facility had 19 at the time of closure announcement.
- Bradfield Care Center, Lake County; 67 residents at the time of announcement.

- West Chester Nursing and Rehabilitation, Butler County; 44 residents at the time of the announcement of which 14 used ventilators.

Mandatory closures

- Liberty Nursing Center of Toledo, Lucas County, terminated January 2013. Between the facility's August 2012 survey and final revocation date, 105 residents were relocated. Long-Term Care Ombudsman representatives checked on all relocated residents and continued to assist residents even after their moves.
- Meadowood Care Center, Brown County, terminated February 2013; 56 residents were relocated by the transition team in approximately one month; ombudsmen visited all relocated residents and found no outstanding issues.

Utmost attention is paid to resident choice and quality of care throughout the process so that partners are confident that residents do not suffer due to moving necessitated by state action against a facility's license or provider agreement.