

# Involuntary Discharge (IVD) Process for Dialysis Facilities

## STOP!

Before considering an IVD, a facility’s interdisciplinary team (IDT) should:

- Conduct a thorough assessment of the situation.
- Develop a plan to address any problems or barriers the patient may be experiencing.

**Note:** Patients who are non-compliant are at higher risk for morbidity and mortality.

Discharging a patient for “non-compliance” is not an acceptable reason for discharge per the Centers for Medicare & Medicaid Services (CMS) Conditions for Coverage (CfC).

## IVD Guidelines

<b>Notify the Network of any potential IVD</b>	This provides an opportunity for the Network to review the issues and interventions with facility staff and see if there are other options that can be explored.
<b>Have a policy and procedure in place for IVDs</b>	It is the medical director’s responsibility to ensure “that no patient is discharged or transferred from the facility unless: <ul style="list-style-type: none"> <li>• The patient or payer no longer reimburses the facility for the ordered services.</li> <li>• The facility ceases to operate.</li> <li>• The transfer is necessary for the patient’s welfare because the facility can no longer meet the patient’s documented medical needs; or</li> <li>• The facility has reassessed the patient and determined that the patient’s behavior is disruptive and abusive to the extent that the delivery of care to the patient or the ability of the facility to operate effectively is seriously impaired...”<sup>1</sup></li> </ul>
<b>Train facility staff</b>	All staff should receive training in conflict management techniques. <ul style="list-style-type: none"> <li>• Training must be documented. <ul style="list-style-type: none"> <li>• There are several resources on the HSAG ESRD Networks website: <a href="https://www.hsag.com/en/esrd-networks/">https://www.hsag.com/en/esrd-networks/</a></li> </ul> </li> </ul>
<b>Document everything</b>	It is <b>essential</b> that staff document and address problematic behaviors, no matter how insignificant they may seem. Include documentation of all: <ul style="list-style-type: none"> <li>• Related assessments/plans of care, meetings, and interventions</li> <li>• Behavioral agreements that the staff and patients work on together. <ul style="list-style-type: none"> <li>○ All behavioral agreements should be mutual between the patient and facility and should be reassessed at specified time intervals, discontinued if ineffective.</li> </ul> </li> <li>• Keep proof of mailing and/or proof of delivery of discharge letter.</li> </ul>
<b>IVD should be the option of last resort</b>	An involuntary discharge can begin only if: <ul style="list-style-type: none"> <li>• All efforts to resolve the problem have failed.</li> <li>• The issues and interventions to address them have been properly documented.</li> <li>• <b>NOTE: Involuntary Transfer (IVT) follows the same process as an IVD</b></li> </ul>
<b>Assist the patient with placement</b>	<ul style="list-style-type: none"> <li>• The facility should assist the patient with establishing with a new physician and/or transferring to another facility if the IVD cannot be averted.</li> <li>• When attempting to assist the patient in transferring to another facility, only send the medical information requested by the other facility. <b>DO NOT</b> include additional documentation indicating that the patient is being involuntarily discharged or the circumstances surrounding the discharge unless it is specifically requested for transfer consideration. <b>This is considered blacklisting and will be reported to the State Survey Agency.</b></li> </ul>

<sup>1</sup>(§494.180 (f) Standard: Involuntary discharge and transfer policies and procedures; Conditions for Coverage for End Stage Renal Disease Facilities)

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## IVD Checklist

- Initial and date each area when the task has been completed.
- Return the checklist and supporting documents to the Network within **five business days** of an IVD notice being given to patient.
- Fax to **818.696.7041**. **DO NOT EMAIL** the completed checklist **or any PHI** to the Network.
- Call Network 18 at 818.696.7040 if you have any questions.

<b>Patient Name</b>		
<b>Facility Name</b>		
<b>Staff Name</b>		<b>Title</b>
<b>Date</b>	<b>Initials</b>	<b>IVD steps to Complete</b>
		Notify the Network of the potential IVD as soon as possible.
		In cases of immediate severe threat to the health and safety of others, the facility may use an abbreviated IVD procedure. Per the CfC Interpretive Guidance, “An ‘immediate severe threat’ is a threat of physical harm. For example, if a patient has a gun or a knife or is making credible threats of physical harm, this would be considered an ‘immediate severe threat.’ An angry verbal outburst or verbal abuse is not considered to be an immediate severe threat.”
		Complete a comprehensive reassessment and revision of the plan of care for each patient considered for potential IVD as these patients would be considered unstable. <i>V tag 767</i> – In the event facility staff members believe the patient may have to be involuntarily discharged, the IDT must reassess the patient with an intent to identify any potential action or plan that could prevent the need to discharge or transfer the patient involuntarily. The reassessment must focus on identifying the root causes of the identified issue(s) and result in a plan of care aimed at addressing those causes.
		Document in the patient’s medical record the ongoing problem and facility efforts to resolve it, e.g., patient/staff meetings, schedule change(s), community resource and/or mental health referrals, behavioral contracts/updates. Document patient response to each step taken.
		Document any impact of identified issues on other patients and staff’s ability to safely provide care.
		If unable to resolve the problem and IVD is planned, obtain a written physician’s order indicating agreement with the discharge and signed by <b>both</b> the medical director <b>and</b> the patient’s attending physician.
		Provide the patient with a letter of 30-day notice of discharge or an immediate notice of discharge letter in the case of a severe and immediate threat IVD.
		During the 30-day period: Document your final attempts to assist the patient in establishing with a new physician, resolving lack of insurance, addressing medical needs and/or placing the patient at another facility.
		Send the <b>Network</b> this checklist and all related documentation via fax to <b>818.696.7041</b> within <b>five</b> business days of giving the IVD notice to the patient.
		Send your <b>Survey Agency Office</b> this checklist, and the IVD notice. <b>Call the District Office before sending to ascertain the District Office preferences in receiving PHI.</b> (See Page 3).
		Report the patient as an IVD in EQRS as of the last day of treatment.



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## ESRD Network 18 Survey Agencies

### Bakersfield District Office

State of California Department of Health Services  
Bakersfield District Office  
4540 California Ave., Suite 200  
Bakersfield, CA 93309  
Phone: 661-336-0543  
Fax: 661-336-0529

### San Bernardino District Office

State of California Department of Health Services  
San Bernardino District Office  
464 W. Fourth St., Suite 529  
San Bernardino, CA 92401  
Phone: 909-383-4777  
Fax: 909-888-2315

### Los Angeles Acute and Ancillary Office

State of California Department of Health Services  
Los Angeles Acute and Ancillary Office  
3400 Aerojet Ave, Suite 323  
El Monte, CA 91731  
Phone: 626-569-3724  
Fax: 626-288-7241

### San Diego District Office

State of California Department of Health Services  
San Diego District Office  
7575 Metropolitan Drive, Suite 211  
San Diego, CA 92108  
Phone: 619-688-6190  
Fax: 619-688-6444

### Orange District Office

State of California Department of Health Services  
Orange District Office  
681 S. Parker Street, Suite 200  
Orange, CA 92868  
Phone: 714-567-2906  
Fax: 714-567-2815

### Ventura District Office

State of California Department of Health Services  
Ventura District Office  
1889 N. Rice Ave., Suite 200  
Oxnard, CA 93030  
Phone: 805-604-2926  
Fax: 805-604-2997

### Riverside District Office

State of California Department of Health Services  
Riverside District Office  
625 E. Carnegie Dr., Suite 280  
San Bernardino, CA 92408  
Phone: 909-383-7170  
Fax: 909-388-7174