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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-02282A (10/2023) | | | | **STATE OF WISCONSIN**  Wisconsin Statutes  §§ 50.03 (5m)(a)(5) and (14) | | | | | |
| **RESIDENT RELOCATION PLAN** | | | | | | | | | |
| **INSTRUCTIONS FOR FACILITIES** | | | | | | | | | |
| 1. Under Wisconsin State Statutes, a nursing home (NH or SNF), a community-based residential facility (CBRF), or a facility serving people with developmental disabilities (FDD) is required to notify the Wisconsin Department of Health Services (DHS) and must file a resident relocation plan when it intends to relocate at least five residents or 5 percent of its residents, whichever is greater, due to:    * Closure    * Change in the type or level of services to be provided    * Change in the means for reimbursement to be accepted   Wis. Stat. §§ 50.03 (5m)(a)(5) and (14) (See [Residential Relocation Manual](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=48), page 42)   1. The facility may not initiate the discharge of any resident until after a relocation plan is approved by DHS. 2. The facility may not admit new residents. 3. If the facility is relocating five to 50 residents, the proposed closing date, a change in the type or level of services, or a change in the means of reimbursement may be no earlier than 90 days from the date DHS approves the facility’s resident relocation plan. 4. If the facility is relocating more than 50 residents the proposed closing date, a change in the type or level of services, or a change in the means of reimbursement may be no earlier than 120 days from the date DHS approves the facility’s resident relocation plan. 5. The facility must remain open until all residents are properly relocated even if the proposed closing date has passed. The facility may only close sooner than the proposed closing date with DHS approval when each resident has permanently relocated to their new home. 6. A facility may obtain immediate verbal consultation on the development of its relocation plan by contacting the DHS relocation coordinator at:   State of Wisconsin Department of Health Services  Division of Medicaid Services, Bureau of Quality and Oversight  1 W. Wilson Street, Room 518  Madison, WI 53703  Phone: 608-267-7286  [dhsresidentrelocations@dhs.wisconsin.gov](mailto:dhsresidentrelocations@dhs.wisconsin.gov)   1. A nursing home is required to notify the state Ombudsman about the intent to close the facility in writing at:   State of Wisconsin-Board on Aging and Long Term Care  Office of the State Ombudsman  1402 Pankratz Street; Suite 111  Madison, WI 53704  800-815-0015  [boaltc@wisconsin.gov](mailto:boaltc@wisconsin.gov)   1. Other statutory and regulatory requirements apply. This template is designed to assist the residential care provider to develop a relocation plan that complies with those regulations. (See [Residential Relocation Manual](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=48), pages 42-51)   For SNF: Wis. Admin. Code DHS 132.53: <https://docs.legis.wisconsin.gov/code/admin_code/dhs/110/132>  Wis. Stat. 42 C.F.R. § 483.15(c): <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R168SOMA.pdf>  Wis. Stat. 42 C.F.R. § 483.70(l)(m): [www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf](http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf)  For CBRF: Wis. Admin Code DHS 83.11: <http://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/II/11>  Wis. Admin Code DHS 83.31(4): <https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/83/V/31>  At a minimum, the facility resident relocation plan must include completion of each section specified in the following resident relocation plan template and initial resident roster. The facility can use these template forms to satisfy Chapter 50 resident relocation plan requirements. The Resident Relocation Roster is available at <https://www.dhs.wisconsin.gov/forms/f02282.xlsx>. | | | | | | | | | |
| 1. **BASELINE INFORMATION** | | | | | | | | | |
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| Date Plan Submitted: | | |  | | Completion Target Date: | |  | | |
| **Facility and Resident Information** | | | | | | | | | |
| Facility Name | | | | | | Facility Type:  Nursing Home (NH or SNF)  Community-Based Residential Facility (CBRF)  Facility Serving People With Developmental Disabilities (FDD) | | | |
| Facility Address – Street | | | | | City | | | | State |
| Zip Code | | County | | | Facility Phone | | | | |
| Number of Licensed Beds: | | | | | Classification(s) or Resident Types Served:  Frail elders  Physical disabilities  Developmental disabilities | | | | |
| Current Census Number: | | | | |
| Number of Residents to be Relocated: | | | | |
| **Contact Information** | | | | | | | | | |
| Name of Owner or Licensee | | | | | Phone Number of Owner or Licensee | | | | |
| Name of Operator or Manager | | | | | Phone Number of Operator or Manager | | | | |
| Name of Administrator | | | | | Phone Number of Administrator | | | | |
| Name of Relocation Contact Person | | | | | Phone Number of Relocation Contact Person | | | | |
| **Request Type** *(Check all that apply)* | | | | | | | | | |
| Closure  Change in Type/Level of Service  Change in Means of Reimbursement | | | | | | | | | |
| **Provide a brief description of the reason for relocation of residents:** *(For nursing homes also include plan for license and beds)* | | | | | | | | | |
|  | | | | | | | | | |
| **Verification Statement** *(All boxes must be checked)* | | | | | | | | | |
| Pursuant to Wis. Stat. § 50.03(14), I am notifying the Department of Health Services (DHS) that the aforementioned facility intends to relocate the specified number of residents due to the reason identified above.  No resident will be relocated until DHS has approved this plan.  The resident relocation planning process will be person-centered at all times; the safe and orderly relocation of each resident and the protection of each resident’s health, safety, welfare, and rights are top priorities. Details are provided in the resident relocation plan.  Every effort will be made to prevent and mitigate the effects of Relocation Stress Syndrome on any residents. Details are provided in the resident relocation plan.  We acknowledge supporting employees during this difficult time is crucial to the residents’ well-being and to prevent Relocation Stress Syndrome. Detailed strategies for retaining adequate numbers of staff and adequate provisions are provided in the resident relocation plan.  This facility will remain open until each resident has been relocated to the living arrangement that is most suitable to meet their needs and preferences.  Each resident, and their guardian or activated Power of Attorney for Health Care when applicable, will decide the resident’s relocation placement.  An individual discharge planning file will be created for each resident to facilitate a smooth transition process.  Each resident will be reassessed by facility staff, and updated care plans will be completed to benefit each resident’s relocation planning. Current information will be made available to potential alternate care providers, any managed care organizations involved, and the relocation team.  This facility will complete the required Resident Relocation Roster located at <https://www.dhs.wisconsin.gov/forms/f02282.xlsx>. Submit it along with this resident relocation plan; keep it current at all times; and provide it to DHS on a weekly basis throughout the relocation process.  This facility will work closely with all involved stakeholder agencies to develop, implement, and support each resident’s relocation plan. This includes arranging for or providing: transportation; accompanying each resident when he or she tours potential placements; and assisting the resident with packing and moving when he or she discharges from the facility. Current written information about the resident’s condition and his or her needs and preferences will be made available to subsequent care and service providers. For residents who are members of a managed care organization (MCO), this facility will follow the lead of the resident’s MCO care management team. Further details are included in the resident relocation plan. | | | | | | | | | |
| **By checking the boxes above and entering my name, I affirm that the facility will comply with each statement and provide all necessary documentation to support these statements.** | | | | | | | | | |
| **NAME** | | | | | | | | **DATE SIGNED** | |
| **TITLE** | | | | | | | | | |
| The following resident relocation plan identifies steps the facility will take after DHS approval of the resident relocation plan and must be coordinated with the DHS relocation coordinator. | | | | | | | | | |
| 1. **PERSON-CENTERED PLANNING** | | | | | | | | | |
| **STEP 1** | **Initial Notifications Required** (   * Purpose: To ensure proper notifications are made to each resident and stakeholders. * Attach a draft of all notifications for review and approval.   *For information regarding roles and responsibilities of each relocation team member see* [*Residential Relocation Manual*](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=18)*, pages 12-17* | | | | | | | | |
|  | Resident and Family Notification | | | | | | | | |
|  | Describe how the Notice of Intent and Invitation to the Announcement Meeting letter to residents and interested parties will be sent and what follow-up will be completed. ([Residential Relocation Manual](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=59), page 53) | | | | | | | | |
|  | Staff Notification ([Residential Relocation Manual](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=42), Staff Stress, page 36) | | | | | | | | |
|  | Describe how staff will be notified: | | | | | | | | |
|  | Vendors: | | | | | | | | |
|  | Describe how you will assure continuity of service | | | | | | | | |
|  | Stakeholder Notifications (See samples in [Residential Relocation Manual](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=62), page 56)  Aging and Disability Resource Center (ADRC)  County Department of Human Services Director  Managed Care Organizations (MCO)  Physicians  State Long Term Care Ombudsman  Division of Quality Assurance (DQA) | | | | | | | | |
|  | Describe how and when these notifications will be distributed | | | | | | | | |
| **STEP 2** | **Relocation Stress Syndrome or Transfer Trauma Prevention and Mitigation**  Purpose: To be able to recognize, assess, and monitor for signs and symptoms of relocation stress syndrome. To develop and implement resident relocation plans and relocation stress syndrome mitigation care plans. To ensure safe and orderly relocation to protect residents' health, safety, welfare, and rights. | | | | | | | | |
|  | Describe plans for training all staff in identifying and addressing signs and symptoms of relocation stress syndrome. Include curriculum outline, dates of training, and how verification of attendance will be provided. See: ([Residential Relocation Manual](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=38), pages 32-41; and [https://longtermcare.wi.gov](https://longtermcare.wi.gov/Pages/Home.aspx)) | | | | | | | | |
|  | Describe strategies for initial and ongoing mitigation of relocation stress: | | | | | | | | |
| **STEP 3** | **Resident and Family Announcement Meeting**  Purpose: To formally notify residents and family members of the need and reasons for relocating residents and to inform them of options and the relocation assistance that will be available. | | | | | | | | |
|  | Propose a date for this meeting that is at least 10 days from the date of plan submission: | | | | | | | | |
|  | Describe the location for the meeting that can accommodate the number of residents, interested parties, and relocation team members. Indicate whether a telephone can be made available for people who want to call in: | | | | | | | | |
|  | Describe the methods for follow-up with each resident and his or her family after the announcement meeting: | | | | | | | | |
| **STEP 4** | **Initial Relocation Planning Conferences**   * Purpose: To determine each resident’s preferences for location of alternate living arrangement. [https://longtermcare.wi.gov](https://longtermcare.wi.gov/Pages/Home.aspx) * Begin arranging the date and time with the resident and interested parties at the announcement meeting. * Provide formal notices for initial individualized planning conference. * Initial planning conference steps: * Review the need for relocation from the facility and discuss available options for alternate living arrangements. * Assess the effect of this relocation on the resident and develop changes in the plan of care as needed to mitigate stress from the move. * Develop a relocation plan that will address activities meant to assist each resident in planning his or her transfer from the facility. Activities could include options counseling with the ADRC, making arrangements to visit potential alternate living options, meeting with staff in that setting, and developing a strategy for following up on results of visits. * The resident may invite, or decline to have present, any person of his or her choosing at this meeting, including friends, family members, the managed care organization care manager, county case-manager, and as appropriate, physician, and ombudsman. | | | | | | | | |
|  | Draft attached for review and approval.  Describe the planning process and who will be involved: | | | | | | | | |
| **STEP 5** | **Referrals and Assessments**  Purpose: To secure the most appropriate living arrangement for each resident. Each resident must be afforded the right to access multiple options and to be assessed by any desired provider. This includes tours of residential settings, meetings with the Aging and Disability Resource Center for options counseling and enrollment, or visits with managed care organizations, as discussed during the initial relocation planning conference. Prioritize residents being referred to the Aging and Disability Resource Center for options counseling. (Residential Relocation Manual, [Role of ADRC, page 17](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=23); [Role of MCO, pages 15-16](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=21)) | | | | | | | | |
|  | Describe how the facility will make referrals, facilitate assessments, and document the outcome of each: | | | | | | | | |
| **STEP 6** | **Tours, Visits, and Relocation Orientation Activities** ([Residential Relocation Manual](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=40), pages 34-36, and [https://longtermcare.wi.gov](https://longtermcare.wi.gov/Pages/Home.aspx))   * Purpose: To prepare each resident for relocation and to help mitigate risks of Relocation Stress Syndrome. * Residents have the right to repeated tours and visits in preparation for a move. * Recommendations for tours: * Tours must be offered to all residents. * A resident may benefit from an initial tour, return for a meal or other activity, and then stay overnight to help decide on and acclimate to the alternate living arrangement. * A resident is free to visit any potential living arrangement; however, touring should be discouraged until after the provider has completed a preliminary assessment, made a commitment to serve the resident, and secured funding sources, if applicable, to prevent disappointment if placement is not possible. * Tours is coordinated by the facility and support provided by familiar caregivers or family members. * Tours should be coordinated with any case manager to assure that the potential living arrangement is available and under contract. * If a resident declines to tour or the resident’s physician or authorized decision-maker determines a tour would be clinically contraindicated, the rationale must be documented in the resident’s medical record and reported to the relocation team. In that event, the facility must consider and document other ways to prepare the resident for relocation. | | | | | | | | |
|  | Explain how you will provide opportunities for tours and visits.(<https://docs.legis.wisconsin.gov/statutes/statutes/50.pdf>) | | | | | | | | |
|  | Explain how you will determine clinical- or resident-specific rationale for not providing up to three tours or visits: | | | | | | | | |
|  | If the resident is unable to visit or tour, describe what other orientation activities will be provided. Examples: new staff engagement, pictures, drive by facilities. | | | | | | | | |
| **STEP 7** | **Discharge Notice**  Purpose: To confirm the placement and legally notify each resident and authorized decision-maker of their rights regarding discharge.  *Notice will be sent upon agreement by all parties to relocate. Notice must not be sent before the date and actual location for alternate placement is confirmed.* | | | | | | | | |
|  | Draft attached for review and approval. ([Residential Relocation Manual](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=63), page 57 and <https://docs.legis.wisconsin.gov/statutes/statutes/50.pdf>) | | | | | | | | |
|  | For residents under protective placement:  *Notice of Transfer of Persons Under Protective Placement must be made to the county at least 10 days before the date of transfer.* <https://www.wicourts.gov/formdisplay/GN-4340.pdf?formNumber=GN-4340&formType=Form&formatId=2&language=en> | | | | | | | | |
| **STEP 8** | **Final Discharge Planning Conference** ([https://longtermcare.wi.gov](https://longtermcare.wi.gov/Pages/Home.aspx))   * Purpose: To finalize the details of the resident’s relocation and share pertinent information, the facility will offer and facilitate a final discharge planning conference with each resident and authorized decision-maker, interested parties, including the managed care organization, family, or staff from the receiving facility. * Final planning conference steps: * Discuss assistance that can be provided to help move the resident, his or her belongings, and funds. * Ensure provisions are made for continuing medications and treatments. * Develop and share instructions for continued care in order to assist the resident in adjusting to his or her new living environment. * Notify the resident and authorized decision-maker that they may invite, or decline to have present, any person of their choosing at this meeting, including friends, family members, the managed care organization care manager, the county case manager and, as appropriate, the physician, and the ombudsman. | | | | | | | | |
|  | Describe the final discharge planning process and who will be involved: | | | | | | | | |
|  | Draft attached for review and approval. | | | | | | | | |
| **STEP 9** | **Discharge Summaries and Post-Discharge Plans** (See [Residential Relocation Manual](https://www.dhs.wisconsin.gov/publications/p01440.pdf#page=70), pages 64-74)  Purpose: To ensure the facility prepares and provides required adequate documentation to the facility receiving the resident (or subsequent service providers), along with any other information about the resident needed by the admitting facility or providers. | | | | | | | | |
|  | Confirm the types of documents to be provided:  Face sheet and other information  Discharge summary (current assessments, H&P, doctors’ orders)  Post-discharge plan of care (ISP)  Legal documents (court orders and advanced directives)  Financial statements  Changes of address and other notifications  Other: | | | | | | | | |
| **STEP 10** | **Moving**  Purpose: To ensure a safe and orderly transfer of the person and his or her belongings, including but not limited to packing, transporting, supporting the resident, funds, medications, unpacking, and settling in. | | | | | | | | |
|  | Describe how you will support the resident’s move: | | | | | | | | |
| **STEP 11** | **Facility Follow-Up**   * Purpose: To ensure the receiving facility has necessary information to care for the resident, offers support, and checks on resident’s satisfaction. * Follow-up will be done in person or via phone. * The managed care organization or county agency will provide similar follow-up. * Report outcome to relocation team. | | | | | | | | |
|  | Describe the process your facility will follow: | | | | | | | | |
| 1. **RELOCATION TEAM PROCESS** | | | | | | | | | |
| **STEP 1** | **Relocation Team Orientation Call**  Purpose: To clarify intent and message of Announcement Meeting. To provide technical assistance to relocation team members regarding the relocation process. | | | | | | | | |
|  | Propose a date that is at least 10 days from the date of plan submission: | | | | | | | | |
| **STEP 2** | **Relocation Team Meetings**   * Purpose: To ensure that team meetings are held weekly to oversee and monitor the relocation efforts. Relocation team includes advocates, representatives from the facility, Department of Health Services, Division of Quality Assurance, managed care organizations, Bureau of Quality and Oversight, Office for Resource Center Development, and the Aging and Disability Resource Center. * Each meeting will focus on the relocation efforts, including a report on each resident’s condition, progress, and obstacles in developing relocation plans and reviewing the person-centered process described above. * The relocation specialist coordinates with each representative and invites them to participate. The specialist will establish a regular date and time to meet weekly until each resident is safely relocated. * The resident roster must be completed by the facility representative and sent weekly to the relocation specialist or the relocation team lead at least two days prior to the weekly meeting. | | | | | | | | |
|  | Complete the initial template for the Resident Relocation Roster (<https://www.dhs.wisconsin.gov/forms/f02282.xlsx>) and submit for approval. | | | | | | | | |
| **STEP**  **3** | **Lessons Learned Meeting**   * Purpose: To review the transfers and follow-up activities on the last residents to relocate and to discuss the overall relocation process to identify best practices, pros, cons, and recommendations for future relocating homes. * This meeting will be scheduled following the final resident’s relocation. | | | | | | | | |
| 1. **COMPLAINTS, GRIEVANCES, AND APPEALS** | | | | | | | | | |
| **STEP 1** | **Complaints, Grievances, and Appeals**   * Purpose: To provide the resident with options for redressing concerns and complaints about the relocation process and to offer an avenue for appealing any discharge decision. ([https://longtermcare.wi.gov](https://longtermcare.wi.gov/Pages/Home.aspx)) * Consider the applicability of all state and federal laws and regulations. Persons receiving services for a developmental disability, mental illness, or alcohol and other drug abuse may have additional grievance options. * Family Care members may have additional appeal rights and processes. * Note that a resident can appeal the discharge decision, in some cases, and the selected alternate living arrangement even to an administrative law judge. No transfer can occur until an appeal is decided. | | | | | | | | |
|  | Describe plans to address complaints and grievances related to the relocation process: | | | | | | | | |
|  | Describe the appeal process regarding the discharge decision: | | | | | | | | |
| 1. **ADEQUATE STAFFING AND PROVISIONS** | | | | | | | | | |
| **STEP 1** | **Staffing**   * Purpose: To assure that a sufficient number of qualified staff is retained by the facility to safely meet the needs for care and supervision of each resident until the last resident has been permanently relocated to a suitable alternate setting. * Consider applicability of all state and federal laws and regulations. * Determine whether conditions create or could create an emergency situation, and list the steps that are anticipated to address any threat to the health, safety, or welfare of residents as a result. Alert the state regulatory agency immediately. | | | | | | | | |
|  | Describe plans for retaining adequate numbers of qualified staff throughout the resident relocations: | | | | | | | | |
| **STEP 2** | **Provisions and Services**   * Purpose: To assure that adequate provisions, supplies, and services remain in place at the facility to safely meet the needs of each resident until the last resident has been permanently relocated to a suitable alternate setting. * Consider applicability of all state and federal laws and regulations. * Determine whether conditions create or could create an emergency situation, and list the steps that are anticipated to address any threat to the health, safety, or welfare of residents as a result. Alert the state regulatory agency immediately. | | | | | | | | |
|  | Describe plans for adequately provisioning the facility throughout the resident relocations: | | | | | | | | |

For more information:

* Wis. Stat. § 50.03(5m)(a)6: <https://docs.legis.wisconsin.gov/statutes/statutes/50/i/03/5m/a/6>
* 42 C.F.R. § 483.15(c): <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf>