

 STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

November 13, 2009
DCS 09-12

Dear Chief Executive Officer:

This letter is written to affirm that CMS requires ESRD facilities to report involuntary discharge/transfer and transfers to both the ESRD Network and to the surveying State Agency.

Notification of an involuntary discharge/transfer from an ESRD facility, irrespective of the reason for the discharge, must be provided in writing to the New York State Department of Health, advising of the name of the patient, dates the patient has been serviced by the facility and the expected discharge date. The written notification is to be submitted thirty (30) days prior to the date of discharge to:

Complaint Intake Unit
Division of Certification & Surveillance
NEW YORK STATE DEPARTMENT OF HEALTH
Hedley Building, 6th Floor
433 River Street
Troy, New York 12180
FAX: (518) 402-1010

In instances when the involuntary discharge/transfer is due to “immediate severe threats to health and safety of others,” the surveying State Agency/DOH is to be notified immediately by contacting the Complaint Intake Unit by telephone at 1-800-804-5447 within 24 hours of discharge. Follow-up written notification is to be submitted to the State Agency/DOH, at the address noted above, with the information noted above.

It is expected that facilities will ensure that current policies reflect the State Agency reporting requirement and that staff are fully informed of the obligation to report all instances of involuntary discharges/transfers.

Should you have any questions regarding the State Agency/DOH reporting processes, you may contact Rosemarie Miller of this office at (518) 402-1003 or at rxm04@health.state.ny.us.

Sincerely,



Mary Ellen Hennessy
Director
Division of Certification & Surveillance