

## Dialysis Facility Notification of Possible Involuntary Discharge (IVD) or Transfer (IVT) Form

Today's Date: \_\_\_\_\_

### Instructions:

- This form can be used by dialysis facilities to notify the Florida Agency for Healthcare Administration (AHCA) about the possible IVD or IVT of a dialysis patient.
- All completed forms and supporting documentation should be faxed to AHCA at 850.414.6946.
- Supporting documentation includes:
  - IVD/IVT letter/notice provided to the patient
  - Medical director and attending nephrologist written discharge orders (if applicable)

After a patient receives a 30-day notice of discharge from a dialysis facility, an IVD event has been initiated and there are three possible outcomes:

1. The patient remains at the facility—The IVD is **averted** and no additional paperwork is needed by the AHCA or Network 7.
2. The patient transfers to another facility—This is considered an **IVT** and the completed Network 7 IVD Checklist and supporting documentation must be faxed to the AHCA and Network 7 within two business days of the transfer.
3. The patient is discharged without placement at another outpatient dialysis facility—This is an **IVD** and the completed Network 7 IVD Checklist and supporting documentation must be faxed to the AHCA and Network 7 within two business days of the discharge.

Facility Name: \_\_\_\_\_ Facility CCN: \_\_\_\_\_

Name of Individual Making the Report: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Reason for Possible Discharge or Transfer Notification:

- Inability to Meet Medical Needs
- Immediate Severe Threat
- Non-Payment
- Ongoing Abusive and Disruptive Behavior
- Physician Discharge

Patient Name: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_

Date Facility Sent the IVD/IVT Letter/Notice: \_\_\_\_\_

Was Network 7 Notified?  Yes  No

Date Network 7 Notified: \_\_\_\_\_ Name of Network 7 Staff Notified: \_\_\_\_\_

**For questions or additional information please contact Network 7 at 813.383.1530.**

CCN = Centers for Medicare & Medicaid Services Certification Number

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