

## Temporary Relocations

**The following emergencies or disasters may require temporary relocation of nursing facility residents:**

- » Tornado, severe storms, floods, or other natural disasters
- » Fire
- » Explosion
- » Loss of electrical power
- » Release of hazardous chemicals or materials
- » Outbreak of contagious disease
- » Civil disturbance such as a riot
- » Labor strike that results in a decrease of staff members below that necessary for resident care

**All of the following must be notified within one working day after the relocation of residents due to an emergency or disaster:**

- » Residents' families – guardian, sponsor, next of kin, or other person responsible for the resident
- » Ohio Department of Health – applicable District Office
- » Ohio Department of Medicaid (ODM) – Bureau of Long Term Care Services and Supports (BLTCSS) Emergency Relocation Coordinator
- » Managed care plans – all applicable plans
- » County Department of Job and Family Services – applicable local office

**The ODM Bureau of Long-Term Care Services and Supports (BLTCSS) Emergency Relocation Coordinators are:**

Name	Phone	Email
Amy Hogan	614.752.3076	Amy.Hogan@medicaid.ohio.gov
Alternate: Cheryl Guyman	614.752.4709	Cheryl.Guyman@medicaid.ohio.gov

The following information should be provided to the BLTCSS Emergency Relocation Coordinator:

- » The name and location of the facility experiencing the emergency or disaster
- » The nature of the emergency or disaster
- » Any injuries to residents related to the emergency or disaster that resulted in hospitalization
- » The new locations of residents
- » The plans for restoration or rehabilitation of the nursing facility
- » An estimated timeframe for the resumption of facility operations and the return of residents

**The original facility must also provide weekly updates to the BLTCSS Emergency Relocation Coordinator, which include:**

- » The progress of the nursing facility's restoration
- » A revised timeframe for the return of residents (if applicable)
- » Any resident transfers, permanent relocations, or deaths

Weekly updates are required until all relocated residents are returned to the original facility, or until the facility is permanently closed. The ODM BLTCSS Emergency Relocation Coordinator should be consulted concerning facility functions that may be impacted when residents are temporarily relocated, such as level of care and pre-admission reviews, claims processing, MDS assessments and reporting, personal needs allowance accounts, transportation, and cost reporting.

## Frequently Asked Questions

[Should relocated residents be formally admitted to the receiving nursing facilities?](#)

With consent from both the original and the receiving nursing facilities, and if relocated residents can be safely returned to the original nursing facility within 30 days, residents do not have to be formally admitted to the receiving nursing facility as long as they choose to return to the original nursing facility. In this situation, relocated residents remain admitted to the original nursing facility and do not require new levels of care. Additionally, 09401 forms should not be completed.

Residents who choose to remain in the receiving nursing facility or move to another nursing facility must be discharged from the original nursing facility and formally admitted to the newly chosen nursing facility. In this situation, new levels of care are required for residents who are not enrolled in a managed care plan, and 09401 forms need to be completed.

In addition, if they choose to do so and are able, residents who are being relocated may move to the home of a family member or friend, or transition back into the community with the help of the ODM's HOME Choice program.

### How should claims be handled for relocated residents who are still admitted to the original nursing facility?

The original nursing facility should submit claims to ODM for residents who have been relocated to other Medicaid certified nursing facilities. The original facility is responsible for remitting payment to the receiving facilities for care rendered to temporarily relocated residents.

### How should minimum data set (MDS) assessments be handled for relocated residents who are still admitted to the original facility?

Relocated residents should remain on the same MDS schedule they were on prior to the temporary relocation. MDS assessments that must be performed during the relocation period should be submitted via the original facility's MDS system.

### What happens if it takes longer than 30 days for relocated residents to return to the original nursing facility?

If a nursing facility that relocated all its residents due to an emergency or disaster is unable to return at least one resident to the original nursing facility within 30 days, the nursing facility is considered closed. Residents then must be permanently relocated to other Medicaid certified nursing facilities (discharged from the original nursing facility and admitted to another nursing facility with a new level of care), or may move back into the community if they choose to do so and are able.

### Are there any regulations that govern temporary relocations of nursing facility residents?

The following Ohio Administrative Code (OAC) rules govern temporary relocations of nursing facility residents:

- » OAC 5160-3-02.7 Nursing facilities (NFs): emergency and disaster plan, resident relocation, and required notifications
- » OAC 3701-17-25 Disaster preparedness and fire safety

**Questions? Contact:** [amy.hogan@medicaid.ohio.gov](mailto:amy.hogan@medicaid.ohio.gov) or 614-752-3076

**For more information, go online:** [Medicaid.Ohio.gov](http://Medicaid.Ohio.gov)