

## Involuntary Discharge (IVD) Checklist

Initial and date each step when completed. **Fax** the completed checklist to the Network at **303.860.8392** within **five business days** of an IVD being completed. **Do not email** the completed checklist to the Network.

|                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Patient Name</b>  |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Facility Name</b> |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Staff Name</b>    |                 | <b>Title</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Staff Name</b>    |                 | <b>Title</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Date</b>          | <b>Initials</b> | <b>IVD Checklist Steps to Complete</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                      |                 | Notify the Network of the potential for an IVD before any notice is provided to the patient. In cases of a severe and actionable threat, notify the Network as soon as possible after the safety of patients and staff has been addressed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                      |                 | Complete an unstable comprehensive assessment and plan of care (POC) revision for any patient being considered for IVD, unless it is an immediate discharge due to a severe and actionable threat. See Conditions for Coverage V-tag 767 at <a href="https://bit.ly/4pTUYnC">https://bit.ly/4pTUYnC</a> for more details. Fax the completed assessment and POC with this checklist.                                                                                                                                                                                                                                                                                                                           |
|                      |                 | Review documentation in the patient's medical record regarding the ongoing problems and the facility's efforts to resolve the problems (e.g., patient and staff meetings, schedule changes, community resources, mental health referral, or behavioral contracts/updates) to ensure it is complete. Fax the relevant documentation of the events with this checklist.                                                                                                                                                                                                                                                                                                                                         |
|                      |                 | Document any impact the patient's behaviors have on other patients and/or the facility's ability to safely provide care. Fax the relevant documentation of the events with this checklist.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                      |                 | Document the patient's response to each step taken and the Interdisciplinary Team's (IDT's) reassessment of the situation. Fax the relevant event documentation with this checklist.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                      |                 | Obtain physicians' order(s) signed by <b>both</b> the medical director <b>and</b> (if not the same provider) the patient's attending physician indicating their agreement with the discharge once the IVD is planned. Fax copies of the orders with this checklist.                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                      |                 | Provide verbal notice to the patient as soon as the IDT agrees to proceed with an IVD.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                      |                 | Provide the patient with a letter of 30-day (or if there has been a severe and actionable threat, an immediate) notice of discharge. Fax a copy of the letter with this checklist.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      |                 | Notify the Utah Department of Health Services of the IVD within 24 hours of providing the patient with his/her initial notice of discharge by sending an email to <a href="mailto:jfiedel@utah.gov">jfiedel@utah.gov</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                      |                 | Work to place the patient at another dialysis facility. The goal of contacting another dialysis facility is for continuity of care. Likewise, the Health Insurance Portability and Accountability Act (HIPAA) privacy rule does not require patient consent to contact another dialysis facility. However, it does limit sharing of protected health information to medical records requested by the other provider and prohibits sharing information obtained through hearsay. See Conditions for Coverage V-tag 767 at <a href="https://bit.ly/4pTUYnC">https://bit.ly/4pTUYnC</a> for more details. Fax documentation attesting that this step was completed (e.g., fax cover sheets) with this checklist. |
|                      |                 | Report the patient as an IVD in the End Stage Renal Disease (ESRD) Quality Reporting System (EQRS).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

This material was prepared by HSAG: Network 15, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication #: CO-ESRD-15N5GR-01302026-03