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ALF RELOCATION PLAN

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ALF RELOCATION PLAN

1.1 Introduction

This document is intended to be used as a resource in the event of a voluntary or involuntary closing of an assisted living facility (ALF) in Virginia. Localities may develop their own protocols if they choose to do so. Localities are not required to utilize the guidelines set forth in this document.

The guidelines described herein generally apply to ALF closures where there is adequate time to assess residents and ensure that they are transferred to an appropriate location. However, in the event of emergency closings (e.g., fire, natural disaster), each locality is encouraged to develop an emergency protocol when the closure is anticipated to occur within 72 hours or less. This document can be used as a guide, and the locality is strongly encouraged to plan ahead with all agencies in its jurisdiction that could play a role in implementing emergency preparedness procedures or emergency management (e.g., county administrator, police, shelter facilities, transportation, emergency medical services, etc.)

1.2 Notification of ALF closure

When a decision is made that an ALF will close, the facility is required by the Standards for Licensed Assisted Living Facilities ([22 VAC-40-72-50 E](#)) to notify the Department of Social Services (DSS) Division of Licensing Programs (DOLP) no less than 60 days prior to the planned closure or sale date of the intent to close.

When the decision to close is based on a denial or revocation of the facility's license, the notice of this action will be posted at the facility. The licensing field office staff will immediately notify the appropriate local department of social services (LDSS) Director and/or APS Supervisor and the appropriate Regional Adult Services Program Consultant of the impending closure decision made by a facility or notices of intent to deny or revoke a license.

An ALF, in coordination with residents and or families/representatives, has the primary responsibility for relocating individuals and planning for the closing. The ALF is required

by the ALF licensing regulation ([22 VAC 40-72-50 E](#)) to notify the residents and their legal representatives and designated contact persons 60 days prior to the planned closure date or as soon as the intent to close is known. If the ALF fails to notify these parties or if this is an emergency relocation, the ALF Relocation Team (Team) will establish and implement a notification process. If not notified by the ALF, individuals residing in the ALF, their legal representatives and contact person(s) will be notified by the Team as soon as possible of the facility's closing. The notifications shall be given both verbally and in writing. A "Sample Notification Letter to Family" is included in Appendix A; this form is optional depending on the situation of a specific closure.

The ALF is required by licensing regulation ([22 VAC 40-72-420](#)) When actions, circumstances, conditions, or care needs occur that will result in the discharge of a resident, discharge planning shall begin immediately. The assisted living facility must give written notification to the resident, the resident's legal representatives, and other contact person(s), as appropriate, no less than 14 days prior to the intended discharge date, except when emergency/disaster relocation is required or when the agreement sets forth a longer time frame.

Section [63.2-1808 A.5](#) of the Code of Virginia requires that individuals are transferred or discharged only when provided with a statement of reasons, or for nonpayment for their stay, and are given reasonable advance notice. Upon notice of discharge or upon giving reasonable advance notice of this desire to move, the individual shall be afforded reasonable assistance to ensure an orderly transfer or discharge and such actions shall be documented in their records.

A notice shall also be posted in the facility with contacts for relocation questions. A sample notice is included in Appendix B. It can be modified to designate whoever the Team feels may serve as a contact source.

1.3 ALF relocation team

The Team may be convened in the event of a facility closing to ensure that residents are transferred to an appropriate alternate setting safely. Though a face-to-face meeting is preferable, a conference call or other method of communication is appropriate.

Consideration should be given to the resident's and his or her representative's choice of placement to the extent possible. In an emergency relocation, the residents' safety and well-being is the first priority. In this case, if the resident is not moved to his or her first choice of placement, arrangements can be made at a later date for a transfer to an alternate setting.

The ALF has the primary responsibility for relocation planning and activities. The involvement of the Team will vary based upon identified local needs, requests for assistance, size of the facility, whether the closing is an emergency situation, and local resource team availability. The primary responsibility of the Team is to ensure that

every resident who needs to be relocated is relocated in the most efficient manner and in a way that ensures that his or her safety and well-being is ensured. In some relocations, the Team may have very little involvement; in others, the Team may be needed to a greater degree to ensure the safety of residents and staff. The Team may also ensure that the appropriate records are available and transferred with the resident at the time of the relocation and that the new locations are documented so that Auxiliary Grant payments(state supplement) continue to be made and the resident receives his or her personal allowance.

Representatives from the following agencies may be included on the Team:

- ALF staff.
- DSS Division of Licensing Programs (Home and Regional Office).
- DSS Adult Services/Adult Protective Services (AS/APS) Program (Home and Regional Office).
- Local department of social services (LDSS).
- State and/or local Long-Term Care Ombudsman.
- Community services board (CSB)/behavioral health authority (BHA).
- Area agency on aging. (AAA)

Long-term care contact information is found in the Appendix C and includes information for regional social services offices, local departments of social services, licensing offices, other state agencies, area agencies on aging, and community services boards, as well as ALF provider organizations.

When it is known that individuals residing in an ALF need to be relocated, the Team will begin work as soon as practicable. The Team will communicate as needed to review circumstances and assess needs related to the ALF closing and to clarify roles. The Team Coordinator will be identified (such as the AS/APS Regional Consultant or a Licensing Staff member). Once the Team Coordinator is designated, he or she will delegate tasks to appropriate team members. The team may assist until all individuals are safely relocated.

The Checklist for ALF Relocation Team located in Appendix D, may be used to ensure that each step of the relocation process is completed. This also serves as documentation that all steps were completed.

1.4 Funding for relocation

The Team may identify appropriate funding sources for such tasks as arranging transportation and assisting individuals with guardianships. However, even though required to prorate the Auxiliary Grant going into a new facility, there may not be funds available to pay another ALF for a partial month or to provide the funds from a personal allowance account.

LDSS may use APS funds as available to assist with an individual's relocation. If additional funds are available in these budget lines, the LDSS may immediately submit a Budget Request and notify the appropriate AS/APS Regional Consultant. The AAA and CSB/BHA may also be considered as funding sources for relocation of residents.

1.5 Information to be gathered

When an ALF plans to close, the ALF must work with the Team members, as appropriate, to compile the following information. **The ALF has the primary responsibility to gather this information.** If an ALF is uncooperative, then the Team may have to intervene to ensure completion of the necessary tasks.

- Total number of individuals residing in the ALF.
- Names of individuals residing in the ALF.
- Number and names of individuals who are receiving an Auxiliary Grant (state supplement) (arranged by locality and FIPS).
- Family members/legal representatives and their contact information.
- Physicians and other service providers and their contact information.
- Number and names of individuals receiving CSB/BHA case management services.
- Numbers and names of individuals paying privately to reside in the ALF.

The ALF Discharge Summary located in Appendix E, may be used for each individual needing to relocate to ensure that appropriate information is collected prior to the individual's relocation and provided to the new placement. This is a guidance document and not required, but is helpful.

ALF staff shall ensure that the records of each individual residing in the facility contain a current Virginia Uniform Assessment Instrument (UAI); Individualized Service Plan (ISP); mental health screening information/treatment plans, if applicable; physician's orders for medication and/or treatment; payment source information; and information about the individual's family and legal representative. Every record should be complete

and up-to-date to the extent possible so that the receiving facility will have as much information as possible on the resident being transferred. The Team will assist in the process to the extent that ALF is unable to carry out this responsibility.

A Team member maybe appointed to keep the Resident Tracking Document updated throughout the relocation. This document is located in Appendix F and serves as documentation to where each resident was relocated.

1.6 Notifications to be made

Unless otherwise noted, ALF staff should be the primary source of locating contact information and contacting the following entities that need to know that a resident is being relocated. The Team may assist to the extent necessary.

- All physicians (as well as other health professionals) who follow individuals impacted by the closure will be notified of their patients' relocation. A Sample Physician Notification Letter is located in Appendix G. It is the ALF staff's responsibility to ensure that this notification is made.
- LDSS staff in the locality where the ALF that is closing is located may take the lead to notify LDSS eligibility workers in the new locality of relocations using the "Eligibility Communication Document." The "Eligibility Communication Document" is located on the [DSS public web site](#). The Social Security Administration (SSA) may be notified of the relocation of individuals who receive a Supplemental Security Income (SSI) payment, a Social Security Disability Insurance (SSDI) payment or a Social Security retirement payment. The Team may request that an SSA representative be assigned to assist with changes in representative payees if needed.
- If it is believed that residents may require a higher level of care, the local health department may be notified of the closure and the possibility of the need for a nurse to assist with completing Nursing Facility Preadmission Screenings (PAS).
- The LDSS's attorney may be notified of the closure and the possibility of the need for guardian/conservator petitions or other legal actions.
- Depending on the nature of the closing, appropriate legislators and local elected and public officials may be notified as a courtesy.
- As appropriate, provider organizations may be notified. A listing is found in Appendix C.

1.7 The relocation process

In some cases, family members or resident representatives will take the lead in finding a new ALF or other placement for the individual. The Team may determine which ALFs

may be able to admit individuals who need to relocate; Licensing Program staff may assist with identifying such facilities that may be able to take residents. The Team will provide as much choice and as many alternatives as possible to each individual who needs to relocate. The individual's UAI should be used to determine which facilities may best meet the individual's needs.

ALF staff and family members and legal representatives should assist the individual with packing his or her belongings, including necessary records, medications, and personal account funds, and transportation to the new ALF or other placement. The Team will arrange for and assist with packing and transportation as needed.

If a resident relocates outside of a qualified assessor's jurisdiction (whether it be the local department of social services, the area agency on aging, the CSB/BHA, etc.), the current assessor must refer the resident's information to a qualified assessor in the new jurisdiction. If the resident has a CSB/BHA case manager, the person in that position in the new locality of residence must be notified and given the resident's information. The LDSS in the new locality of residents is the assessor of last resort and should be provided with the residents' information and new location.

1.8 Responsibilities of the ALF

- In accordance with [22 VAC 40-72-420 D](#), the ALF shall assist the resident and his legal representative, if any, in the discharge or transfer process. The facility shall help the resident prepare for relocation, including discussing the resident's destination. Primary responsibility for transporting the resident and his or her possessions rests with the resident or his or her legal representative.
- The ALF administration may wish to conduct a meeting for individuals residing in the facility, as well as their family members, to provide an explanation of why the facility is closing, alternative placements, resident rights, and answers to any questions. This is an optional activity.
- Ensure compliance with licensing standards; ensure the health and safety of all residents; and ensure that all resident care needs are met.
- Prepare a list of all individuals residing in the facility and provide the list to the Team that includes the information in the "Information to Be Gathered" section, as well as any additional information that may be needed.
- Identify each individual's medical condition and service needs, and determine the level of services required to safely accommodate each individual in an alternative facility or setting.
- Explain the situation to each individual and assure that the individual and his or her responsible party are permitted to exercise an informed choice about where he or she wishes to move.

- Provide the individual with information on alternative care arrangements and a listing of long-term care facilities appropriate to his or her service needs.
- Contact the individual's responsible party, next of kin and/or other personal representatives to notify him or her of the facility's planned closing date and to determine who will take primary responsibility for relocating the individual. (Individuals should not be referred to APS for placement purposes unless and until diligent efforts have been made by the ALF and individuals' personal representatives and/or other agency staff to find placements.
- Share the individual's information, including the UAI, with the new facility or other placement to ensure continuity of care and services.
- Orient all staff to minimize any trauma associated with the relocation.
- Arrange for adequate and appropriate transportation on the day the individual relocates to the new ALF or other placement.
- Ensure that belongings are packed and arrange for transfer of the belongings.
- Reconcile all personal fund accounts that the ALF may have managed on behalf of individuals. Ensure funds are returned to each individual or his or her personal representative.
- Assure that all responsible parties and necessary agencies are notified of the new location and address of each individual who has relocated.

1.9 Suggested agency responsibilities

Please note that these are recommended roles for agencies participating on the Team and are based on past experience with ALF closings. Relocation efforts will vary among localities. It is suggested that localities tailor this plan according to local needs and resources.

1.9.1 DSS, Division of Licensing Programs

In the event of closure of any ALF, Regional Licensing Staff may act as liaison between the Team and the staff at the ALF. Licensing staff may provide guidance to the facility as to their duties and responsibilities during a closure. Licensing staff will monitor the closure plan and implementation of the plan by the ALF. Licensing staff will keep the Team members apprised of the progress and any problem areas. Home Office Licensing Program staff may make ALF directories available to individuals needing to relocate and/or family and other agency staff and will be available to assist with licensing issues and family questions.

1.9.2 Adult Services Program

The Adult Services Program Regional Consultant will provide assistance with the relocation process. The Regional Consultant will also serve in an advisory capacity to all other relocation team members. The Home Office Adult Services Program will support the relocation effort and be responsible for all requests for financial assistance with the relocation efforts. Home Office Adult Services Program staff will be responsible for communicating with the State Long-Term Care Ombudsman, the State Department for the Aging, and Department of Medical Assistance Services, as needed.

1.9.3 LDSS (Adult Services and Eligibility Workers)

LDSS employee(s) will serve on the Team. LDSS staff will take the lead in assisting individuals who are not receiving CSB services. Assistance from other LDSS will be arranged by the AS/APS Regional Consultant depending upon the size of the facility and number of individuals needing to be relocated. Designated LDSS social workers will use the Eligibility Communication Document to notify the individual's eligibility worker of the individual's relocation to another ALF or other placement. The LDSS social worker is also responsible for notifying the individual's guardian if the individual moves from the current jurisdiction to another jurisdiction.

The UAI will be used to communicate with other facilities to ensure that the new facility can meet the individual's level of care and service needs. Only qualified assessors employed by public human services agencies may complete the UAI for individuals who are receiving an Auxiliary Grant (AG). The UAI in ASAPS, the Adult Services computerized case management system, can be converted to PDF and emailed to ALFs for consideration of placement. See the Assessment Manuals for private and public pay individuals for complete information regarding assessments. Both manuals are located on [SPARK](#) and [DSS Public website](#). The LDSS Adult Service workers may run an ALF Redetermination Due Report from ASAPS in order to identify individuals who have a current UAI. By clicking on the address column heading, the case records will be arranged in numerical order. This arrangement will help identify individuals who are receiving AG at the same address of the ALF and for whom the LDSS is responsible for conducting the annual ALF reassessments. Individuals who have their annual reassessments conducted by other human service agencies may not be listed in the ALF Redetermination Report.

During the relocation process, if the individual/family is unable or unwilling to assist in the relocation; the social worker should change the "ALF Assessment" case type to the appropriate case type depending on the social worker's assessment and follow all case management and ASAPS requirements in order to ensure proper case load credit. The case can be shared with a worker from another jurisdiction by adding that worker's LDAP number as the secondary worker.

The LDSS that is responsible for determining an individual's AG eligibility shall be notified of the facility's closing as soon as possible so AG payments can be suspended or held until the relocation is completed. The LDSS social worker is responsible for informing LDSS eligibility worker of new address of an individual who is receiving AG. The LDSS social worker will use the Eligibility Communication Document to communicate with the LDSS eligibility worker in the new locality if the resident moves to another locality.

If the ALF is unwilling to do so, LDSS eligibility workers will contact the Social Security Administration and inform that agency of the changes in addresses of individuals who receive SSI /SSA payments. The receiving facility and LDSS must be notified of individuals who have SSA changes and follow-up to ensure that SSI/SSA and AG checks are properly received at the individuals' new address.

If the resident is transferred to a different locality, the Adult Services worker in the locality of the new placement shall be notified in writing of the placement date in order to leave adequate time to schedule the required annual assisted living reassessments.

1.9.4 Community Services Board/Behavioral Health Authority

Individuals receiving services from the CSB/BHA reside in various ALFs. When a facility has been slated for closure, the CSB/BHA will assume primary responsibility in relocating individuals who receive services from the CSB/BHA. The CSB/BHA will assist in relocating an individual who receives private-pay psychiatric services if the individual's psychiatrist is unable to assist in the relocation process. The CSB/BHA will provide this assistance after the private psychiatrist has been notified and encouraged to make provisions for his or her patient. The CSB's/BHA's primary responsibility is assisting with the relocation of individuals who are receiving services from the CSB/BHA. Individuals receiving private pay mental health services may receive relocation assistance from the CSB/BHA, if staff resources are available. If an individual relocates from the jurisdiction of one CSB/BHA to the jurisdiction of another the original CSB/BHA may maintain all services and supports until the new CSB/BHA assumes responsibility for this individual.

1.9.5 Area Agency on Aging (AAA)

AAA support may be made available if requested, including the assistance of the local long-term care ombudsman. This support may include telephone calls to families and interested persons as necessary, assistance with packing residents' belongings, and transportation. The AAA staff may follow-up with individuals in their new placements if they remain in the AAA's jurisdiction to ensure previous services are continuing. The AAA is also a qualified assessor for ALF residents.

1.10 Equipment/materials needed by team

The following equipment is recommended to be taken on-site *as needed* in the event of an ALF closing. The ALF Relocation Coordinator will determine which members of the team can provide these items in addition to having this plan.

- List of local ALFs with addresses and telephone numbers
- Statewide directory of ALFs (obtain updated list from Regional Division of Licensing Programs)
- Telephone numbers of relocation team members including home numbers where possible
- Maps of Virginia and of locality
- UAI's available at [SPARK website](#)
- Eligibility Worker Communication Documents
- List of local transportation providers, including local agencies' own transportation system
- ALF's discharge policy/Relocation Plan

1.11 Appendix A: Sample family/legal representative notification letter

Date

Family Member/Legal Representative

Street Address

City/state/ZIP

RE: (Resident's Name)

Medicaid #:

Dear Family Member:

This letter is in reference to the above-named individual. This individual recently resided at _____ (name of facility, address, city/state/ZIP) that is located in _____ (city/county).

This facility has voluntarily terminated its license/has had its license revoked by the Virginia Department of Social Services, Division of Licensing Programs. In order to provide the best possible services, the above-named individual relocated on _____. This individual now resides at:

ALF/Other

Street Address

City/State/ZIP

Area Code/Telephone Number

We recognize the hardships involved with transfers and that there will be a period of adjustment for all those involved. It is our goal to ensure that assisted living facility providers adhere to quality standards of care, safety, and ethics as they relate to those with whom we entrust their care.

It was determined that the immediate transfer of all residents who had lived at _____ (ALF) was essential to the emotional and physical well-being of all residents. However, if you or your family member, at any point in the future, would like to pursue an alternative placement, you are advised to contact the staff at the facility where your family member currently resides.

If you have any questions, please feel free to contact _____ at _____ (telephone number).

Sincerely,

1.12 Appendix B: Sample Notice to Be Posted (Optional)

ABC Assisted Living Facility is closing. If you have questions regarding the relocation of your loved ones from ABC Assisted Living to another facility or other location, please feel free to call any of the following persons:

[List Relocation Committee contacts and telephone #'s.]

1.13 Appendix C: Long-term Care Contact Information

DEPARTMENT OF SOCIAL SERVICES

801 East Main Street, Richmond, VA 23219
804-726-7000

www.dss.virginia.gov

Regional Licensing Offices

<http://www.dss.virginia.gov/division/license/district.html>

Regional Offices of Social Services

http://www.dss.virginia.gov/division/regional_offices/index.cgi

Local Departments of Social Services

<http://www.dss.virginia.gov/localagency/index.html>

DEPARTMENT FOR THE AGING

1600 Forest Avenue, Suite 102 Richmond, VA 23229
1-800-552-3402; www.vda.virginia.gov

Area Agencies on Aging: <http://www.vda.virginia.gov/aaalist.asp>

OFFICE OF THE STATE LONG-TERM CARE OMBUDSMAN

24 E. Cary Street, Suite 100, Richmond, Virginia 23219; 804-644-2804
<http://www.vaaaa.org/>

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

1220 Bank Street, Richmond, VA 23219; 804-786-3921
www.dbhds.virginia.gov

List of community services boards (CSBs)

<http://www.dbhds.virginia.gov/SVC-CSBs.asp>

DEPARTMENT OF HEALTH

List of local health departments

<http://www.vdh.state.va.us/LHD/index.htm>

PROVIDER ORGANIZATIONS FOR ASSISTED LIVING FACILITIES

Virginia Association of Nonprofit Homes for the Aging (VANHA)

4201 Dominion Blvd., Suite 100, Glen Allen, VA 23060

Telephone: 804-965-5500

www.vanha.org

Virginia Health Care Association (VHCA)

2112 West Laburnum Avenue, Suite 206, Richmond, VA 23227

Telephone: 804-353-9101

www.vhca.org

Virginia Assisted Living Association (VALA)

P.O. Box 28477, Richmond, VA 23228

Telephone: 804-332-2111

<http://www.valainfo.org/>

1.14 Appendix D: Checklist for ALF Relocation Team

CHECKLIST FOR ALF RELOCATION TEAM

Facility: _____ #AG Residents _____
Date: _____ #Private Pay Residents _____
#CSB Clients _____

Agencies/Staff Involved:

- ___ Convene Relocation Team and determine who Relocation Coordinator shall be.
- ___ Notify residents of the move.
- ___ Notify families/legal representatives of the move.
- ___ Implement relocation plan based on situation (emergency, disaster, planned closure).
- ___ Identify residents who need placements.
- ___ Maintain master record of residents with information regarding their new placement.
- ___ Contact volunteers for packing/transportation assistance.
- ___ Notify eligibility workers/localities where Auxiliary Grant checks originate.
- ___ If resident is moving to a different locality, ensure that his or her assessor arranges for new assessor in the new locality. This will usually be the local department of social services or the community services board.
- ___ Notify physicians and other service providers who are involved with the residents.
- ___ Ensure that all relevant information is given to the new placement for each resident.
- ___ Document date of completion for each task on tracking document.
- ___ Evaluation (relocation team discusses the relocation process, including what went well and what could have been handled differently).

1.15 Appendix E: ALF Discharge Summary Checklist

ALF DISCHARGE SUMMARY CHECKLIST (Sample form: use one for each resident (Optional))

Resident Name: _____

Resident Transferred to: _____

New Address: _____

Telephone: _____

Date of Transfer: _____ Mode of Transfer/By Whom? _____

Please date below when the following activities were completed.

_____ Resident notified. (Resident is ___not incapacitated ___incapacitated)

_____ Responsible parties notified.

_____ Attending physician notified.

_____ Notification sent to Eligibility Worker at local department of social services.

_____ Date notification sent. Locality/name of worker/phone no. _____

_____ Resident record prepared for receiving facility.

_____ Personal account closed at current ALF and notice sent.

_____ Virginia UAI current and complete.

_____ All appropriate medications in possession of resident for transfer.

_____ Appropriate insurance cards in possession of resident for transfer.

_____ Notification sent to LDSS where new ALF is located. Date sent: _____

Person Completing Form

Agency /Title

Address/telephone

Date

ALF staff should attach the face sheet in client record to give identifying information regarding the resident to attach to this discharge form. Identifying information will indicate name, Social Security Number, date of birth, level of care, emergency contact or responsible party information, physician information, insurance information and payment source, medical condition, medications and service needs. In addition, have a current copy of UAI, Medical Administration Record, and Physicians' Orders as part of the discharge/transfer package to give to Relocation Coordinator.

1.17 Appendix G: Sample Physican/Health Professional Notification Letter

Date

John Smith, MD
Street Address
City/state/ZIP

RE: (Resident's Name)
Medicaid #:

Dear Dr. Smith:

This letter is in reference to the above-named individual. This individual recently resided at _____ (name of facility, address, city/state/ZIP) that is located in _____ (city/county).

This facility has voluntarily terminated its license/has had its license revoked by the Virginia Department of Social Services, Division of Licensing Programs. In order to provide the best possible services, the above-named individual was relocated on _____. This individual now resides at:

ALF/Other
Street Address
City/State/ZIP
Area Code/Telephone Number

This letter serves as notice to your office since you were listed as the attending physician of record. Please update your records to reflect this information.

If you have any questions, please feel free to contact _____ at _____ (telephone number).

Sincerely,