

METTRE LOGO DE
L'ÉTABLISSEMENT

**ANNEXE 5 : MODÈLE DE LETTRE – EXPLICATION DU MÉCANISME
D'HÉBERGEMENT ET DU PROCESSUS DE TRANSFERT (ANGLAIS)
MODÈLE DU CIUSSS DU CENTRE-OUEST**

Ajout du nom de l'installation inscrit au permis ou nom de la direction

Le XX months XXXX

TEMPLATE – TO BE ADAPTED TO EACH INDIVIDUAL PATIENT

Patient Name: INSERT PATIE

To the patient or the person authorized to consent to care:

The purpose of this letter is to remind you of your rights and obligations with respect to your accommodation in a hospital or rehabilitation center while in the process of waiting for placement in a resource adapted to your needs.

As you know, your physician, in consultation with your treating team, has concluded that your medical condition is stable and that you will no longer require care in a hospital or rehabilitation center. You are scheduled to be discharged from the hospital on INSERT DATE, However, your treating team assesses that it is unsafe for you to return home. **ADD REASONS RELATED TO AUTONOMY AND SAFETY AT HOME (DETAIL IF NECESSARY)**

1. The NAME OF INSTITUTION provides you with a bed until a permanent or temporary bed is available (“transition bed”) for you. A designated social worker will meet with you to assist you in completing the required documents in order to obtain placement in the public sector. The requests are handled by *Mécanisme d'accès à l'hébergement* (“MAH”), the body assigned to manage these requests.
2. While in the NAME OF INSTITUTION, and your attending physician confirms that you no longer need to be hospitalized, you will be required to pay Long Term Care Fees (“LTC fees”) in accordance with the Regulation respecting the contribution of users. The fees are managed by the *Régie de l'assurance-maladie du Québec* (“RAMQ”). The Accounts Receivable Department at the NAME OF THE INSTITUTION can provide you with information on government financial assistance programs for which you may be eligible.

It is your responsibility to pay for your long-term care expenses and inquire if you are eligible for government assistance. Long-term care fees will continue to apply when you are transferred to your transitional and permanent bed.

You can also find useful information on the official page of the Régie d'assurance maladie du Québec <https://www.ramq.gouv.qc.ca/en/citizens/aid-programs/accommodation-a-public-facility>

3. In accordance with the MAH process, we will offer you a transitional bed if the permanent housing facility of your choice is not available. While staff cannot predict when a transitional bed or facility will be available, the social worker on your case will be able to explain how these beds are allocated, the time frame involved and possible alternatives. Please keep in mind that once a bed is available, your move to the transition bed will occur possibly **the same day and up to the next 24 to 48 hours**.

4. The NAME OF INSTITUTION's staff will coordinate your transfer to the transitional bed offered by the MAH and will inform you of the date and time. Please be assured that your spot will be held on the waiting list for your permanent bed.
5. If your place of residency is off the island of Montreal, the CISSS/CIUSSS which your place of residence is affiliated will process the request and may offer you a transition or permanent bed.
6. In the event that you are not interested in a transitional bed in the public sector, your designated social worker can provide assistance and refer you to resources that can help you find an appropriate alternative setting such as a private facility or help organize appropriate home care (if that is a feasible option). Should you consider this option, and as previously discussed with your health care team, your transfer must be scheduled before INSERT DATE . We will ensure your safe transfer to your new facility (or home if applicable).

I acknowledge that I have read and understood the contents of this letter, and that I have discussed it with my social worker, who has answered my questions.

I have been informed that when my situation no longer requires hospitalization at NAME OF INSTITUTION and I am notified of my discharge, I will be required to leave the facility within the recommended time frame. Orientation support and discharge planning will be offered to me by the team. In the event of refusal, the internal governed policy will be applied and fees may be charged, as determined by the institutions of the Montreal region.

Patient Signature	Date of Signature
Name in Block Letters	
Person able to provide consent	Date of Signature
Name in Block Letters	Relation