



General Assembly

January Session, 2011

**Raised Bill No. 6552**

LCO No. 4053

\*04053\_\_\_\_\_HS\_\*

Referred to Committee on Human Services

Introduced by:

(HS)

**AN ACT CONCERNING THE TRANSFER AND DISCHARGE OF NURSING FACILITY RESIDENTS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-535 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) For the purposes of this section: (1) "Facility" means [the] an  
4 entity certified as a nursing facility under the Medicaid program or  
5 [the] an entity certified as a skilled nursing facility under the Medicare  
6 program or with respect to facilities that do not participate in the  
7 Medicaid or Medicare programs, a chronic and convalescent nursing  
8 home or a rest home with nursing supervision as defined in section  
9 19a-521; (2) ["Medicare distinct part" means an entity certified as a  
10 skilled nursing facility under the Medicare program within a facility]  
11 "Continuing care facility which guarantees life care for its residents"  
12 has the same meaning as provided in section 17b-354; (3) "transfer"  
13 means the [transfer] movement of a resident from [a] one facility to [a  
14 separate facility, including a transfer into or out of a Medicare distinct  
15 part, but does not include the transfer of a resident from one bed to  
16 another bed within the same facility] another facility or institution,

17 including, but not limited to, a hospital emergency department, if the  
18 resident is admitted to the facility or institution or is under the care of  
19 the facility or institution for more than twenty-four hours; (4)  
20 "discharge" means the [discharge] movement of a resident from a  
21 facility to [another institution or] a noninstitutional setting; (5) "self-  
22 pay resident" means a resident who is not receiving state or municipal  
23 assistance to pay for the cost of care at a facility, but shall not include a  
24 resident who has filed an application with the Department of Social  
25 Services for Medicaid coverage for facility care but has not received an  
26 eligibility determination from the department on such application,  
27 provided the resident has timely responded to requests by the  
28 department for information that is necessary to make such  
29 determination; and (6) "emergency" means that a failure to effect an  
30 immediate transfer or discharge of the resident would endanger the  
31 health, safety or welfare of the resident or other residents.

32 (b) A facility shall not transfer or discharge a [patient] resident from  
33 the facility except to meet the welfare of the [patient] resident which  
34 cannot be met in the facility, or unless the [patient] resident no longer  
35 needs the services of the facility due to improved health, the facility is  
36 required to transfer the resident pursuant to section 17b-359 or section  
37 17b-360, or the health or safety of individuals in the facility is  
38 endangered, or in the case of a self-pay [patient] resident, for [his] the  
39 resident's nonpayment or arrearage of more than fifteen days of the  
40 per diem facility room rate, or the facility ceases to operate. In each  
41 case the basis for transfer or discharge shall be documented in the  
42 [patient's] resident's medical record by a physician. In each case where  
43 the welfare, health or safety of the [patient] resident is concerned the  
44 documentation shall be by the [patient's] resident's physician. A  
45 facility which is part of a continuing care facility which guarantees life  
46 care for its residents [, as defined in subsection (b) of section 17b-354,]  
47 may transfer or discharge (1) a [resident] self-pay [patient] resident  
48 who is a member of the continuing care community and who has  
49 intentionally transferred assets in a sum which will render the [patient]  
50 resident unable to pay the costs of facility care in accordance with the

51 contract between the resident and the facility, or (2) a [nonresident]  
52 self-pay [patient] resident who is not a member of the continuing care  
53 community and who has intentionally transferred assets in a sum  
54 which will render the patient unable to pay the costs of a total of forty-  
55 two months of facility care from the date of initial admission to the  
56 facility.

57 (c) (1) Before effecting [a] any transfer or discharge of a [patient]  
58 resident from the facility, the facility shall notify, in writing, the  
59 [patient] resident and the [patient's] resident's guardian or conservator,  
60 if any, or legally liable relative or other responsible party if known, of  
61 the proposed transfer or discharge, the reasons therefor, the effective  
62 date of the proposed transfer or discharge, the location to which the  
63 [patient] resident is to be transferred or discharged, the right to appeal  
64 the proposed transfer or discharge and the procedures for initiating  
65 such an appeal as determined by the Department of Social Services, the  
66 date by which an appeal must be initiated in order to stay the  
67 proposed transfer or discharge [, which date shall be ten days from the  
68 receipt of the notice from the facility] and the possibility of an  
69 exception to such date for good cause, that the [patient] resident may  
70 represent himself or herself or be represented by legal counsel, a  
71 relative, a friend or other [spokesman] spokesperson, and information  
72 as to bed hold and [hospital] nursing home readmission policy when  
73 [appropriate] required in accordance with section 19a-537, as amended  
74 by this act. The notice shall also include the name, mailing address and  
75 telephone number of the State Long-Term Care Ombudsman. If the  
76 [patient] resident is, or the facility alleges a [patient] resident is,  
77 mentally ill or developmentally disabled, the notice shall include the  
78 name, mailing address and telephone number of the Office of  
79 Protection and Advocacy for Persons with Disabilities. The notice shall  
80 be given at least thirty days and no more than sixty days prior to the  
81 [patient's] resident's proposed transfer or discharge, except where the  
82 health or safety of individuals in the facility are endangered, or where  
83 the [patient's] resident's health improves sufficiently to allow a more  
84 immediate transfer or discharge, or where immediate transfer or

85 discharge is necessitated by urgent medical needs or where a [patient]  
86 resident has not resided in the facility for thirty days, in which cases  
87 notice shall be given as many days before the transfer or discharge as  
88 practicable.

89 (2) The resident may initiate an appeal pursuant to this section by  
90 submitting a written request to the facility not later than sixty calendar  
91 days after the facility issues the notice of the proposed transfer or  
92 discharge, except as provided in subsection (h) of this section. In order  
93 to stay a proposed transfer or discharge, the resident must initiate an  
94 appeal not later than ten days after the date the resident receives the  
95 notice of the proposed transfer or discharge from the facility unless the  
96 resident demonstrates good cause for failing to initiate such appeal  
97 within the ten-day period.

98 (d) No [patient] resident shall be transferred or discharged from any  
99 facility as a result of a change in [his] the resident's status from self-pay  
100 or Medicare to Medicaid provided the facility offers services to both  
101 categories of [patients] residents. Any such [patient] resident who  
102 wishes to be transferred to another facility which has agreed to accept  
103 [him] the resident may do so upon giving at least fifteen days written  
104 notice to the administrator of the facility from which [he] the resident  
105 is to be transferred and a copy thereof to the appropriate advocate of  
106 such [patient] resident. The [patients'] resident's advocate may help the  
107 [patient] resident complete all administrative procedures relating to a  
108 transfer. [As used in this section "self-pay" patient means a patient who  
109 is not receiving state or municipal assistance to pay for the cost of  
110 care.]

111 (e) Except [(1)] in an emergency [, (2)] or in the case of transfer to a  
112 hospital, [or (3) in the case of transfer into or out of a Medicare distinct  
113 part within the same institution, no patient] no resident shall be  
114 transferred or discharged from a facility unless a discharge plan has  
115 been developed by the personal physician of the [patient] resident or  
116 the medical director in conjunction with the nursing director, social

117 worker or other health care provider. To minimize the disruptive  
118 effects of the transfer or discharge on the [patient] resident, the person  
119 responsible for developing the plan shall consider the feasibility of  
120 placement near the [patient's] resident's relatives, the acceptability of  
121 the placement to the [patient] resident and [his] the resident's guardian  
122 or conservator, if any, or [his] the resident's legally liable relative or  
123 other responsible party, if known, and any other relevant factors which  
124 affect the [patient's] resident's adjustment to the move. The plan shall  
125 contain a written evaluation of the effects of the transfer or discharge  
126 on the [patient] resident and a statement of the action taken to  
127 minimize such effects. In addition, the plan shall outline the care and  
128 kinds of services which the [patient] resident shall receive upon  
129 transfer or discharge. Not less than thirty days prior to an involuntary  
130 transfer or discharge, a copy of the discharge plan shall be provided to  
131 the [patient's] resident's personal physician if the discharge plan was  
132 prepared by the medical director, to the [patient and his] resident and  
133 the resident's guardian or conservator, if any, or [his] legally liable  
134 relative or other responsible party, if known.

135 (f) No [patient] resident shall be involuntarily transferred or  
136 discharged from a facility if such transfer or discharge is medically  
137 contraindicated.

138 (g) The facility shall be responsible for assisting the [patient]  
139 resident in finding appropriate placement.

140 (h) (1) Except in the case of an emergency, as provided in  
141 subdivision (4) of this subsection, upon receipt of a request for a  
142 hearing to appeal any proposed transfer or discharge, the  
143 Commissioner of Social Services or [his] the commissioner's designee  
144 shall hold a hearing to determine whether the transfer or discharge is  
145 being effected in accordance with this section. A hearing shall be  
146 convened not less than ten, but not more than thirty days from the date  
147 of receipt of such request and a written decision made by the  
148 commissioner or [his] the commissioner's designee [within sixty] not

149 later than thirty days [of] after the date of termination of the hearing or  
150 [within ninety] not later than sixty days [of] after the date of the  
151 hearing request, whichever occurs sooner. The hearing shall be  
152 conducted in accordance with chapter 54. In each case the facility shall  
153 prove by a preponderance of the evidence that it has complied with  
154 the provisions of this section. Except in the case of an emergency or in  
155 circumstances when the resident is not physically present in the  
156 facility, whenever the Commissioner of Social Services receives a  
157 request for a hearing in response to a notice of proposed transfer or  
158 discharge and such notice does not meet the requirements of  
159 subsection (c) of this section, the commissioner shall, not later than ten  
160 business days after the date of receipt of such notice from the resident  
161 or the facility, order the transfer or discharge stayed and return such  
162 notice to the facility. Upon receipt of such returned notice, the facility  
163 shall issue a revised notice that meets the requirements of subsection  
164 (c) of this section.

165 (2) The [patient, his] resident, the resident's guardian, conservator,  
166 legally liable relative or other responsible party shall have an  
167 opportunity to examine, during regular business hours at least three  
168 business days prior to a hearing conducted pursuant to this section,  
169 the contents of the [patient's] resident's file maintained by the facility  
170 and all documents and records to be used by the commissioner or [his]  
171 the commissioner's designee or the facility at the hearing. The facility  
172 shall have an opportunity to examine during regular business hours at  
173 least three business days prior to such a hearing, all documents and  
174 records to be used by the [patient] resident at the hearing.

175 (3) If a hearing conducted pursuant to this section involves medical  
176 issues, the commissioner or [his] the commissioner's designee may  
177 order an independent medical assessment of the [patient] resident at  
178 the expense of the Department of Social Services which shall be made  
179 part of the hearing record.

180 (4) In an emergency the notice required pursuant to subsection (c) of

181 this section shall be provided as soon as practicable. [For the purposes  
182 of this section "emergency" means that a failure to effect an immediate  
183 transfer or discharge would endanger the health, safety or welfare of  
184 the patient or other patients. A patient] A resident who is transferred  
185 or discharged on an emergency basis or a [patient] resident who  
186 receives notice of such a transfer or discharge may contest the action  
187 by requesting a hearing [in writing within] not later than ten days [of]  
188 after the date of receipt of notice or [within] not later than ten days [of]  
189 after the date of transfer or discharge, whichever is later, unless the  
190 resident demonstrates good cause for failing to request a hearing  
191 within the ten-day period. A hearing shall be held in accordance with  
192 the requirements of this subsection [within seven] not later than fifteen  
193 business days [of] after the date of receipt of the request. The  
194 commissioner, or the commissioner's designee, shall issue a decision  
195 not later than thirty days after the date on which the hearing record is  
196 closed.

197 (5) Except in the case of a transfer or discharge effected pursuant to  
198 subdivision (4) of this subsection, (A) an involuntary transfer or  
199 discharge shall be stayed pending a decision by the commissioner or  
200 [his] the commissioner's designee, and (B) if the commissioner or [his]  
201 the commissioner's designee determines the transfer or discharge is  
202 being effected in accordance with this section, the facility may not  
203 transfer or discharge the [patient] resident prior to fifteen days from  
204 the date of receipt of the decision by the [patient] resident and [his] the  
205 resident's guardian or conservator, if any, or [his] the resident's legally  
206 liable relative or other responsible party if known.

207 (6) If the commissioner, or the commissioner's designee, determines  
208 after a hearing held in accordance with this section that the facility has  
209 transferred or discharged a resident in violation of this section, the  
210 commissioner, or the commissioner's designee, may require the facility  
211 to readmit the resident to a bed in a semiprivate room or in a private  
212 room, if a private room is medically necessary, regardless of whether  
213 or not the resident has accepted placement in another facility pending

214 the issuance of a hearing decision or is awaiting the availability of a  
215 bed in the facility from which the resident was transferred or  
216 discharged.

217 ~~[(6)]~~ (Z) A copy of a decision of the commissioner or [his] the  
218 commissioner's designee shall be sent to the facility and to the resident,  
219 the resident's guardian, conservator, if any, legally liable relative or  
220 other responsible party, if known. The decision shall be deemed to  
221 have been received [within] not later than five days [of] after the date it  
222 was mailed, unless the [patient or his] facility, the resident or the  
223 resident's guardian, conservator, legally liable relative or other  
224 responsible party proves otherwise by a preponderance of the  
225 evidence. The Superior Court shall consider an appeal from a decision  
226 of the Department of Social Services pursuant to this section as a  
227 privileged case in order to dispose of the case with the least possible  
228 delay.

229 (i) A resident who receives notice from the Department of Social  
230 Services or its agent that the resident is no longer in need of the level of  
231 care provided by a facility and that, consequently, the resident's  
232 coverage for facility care will end, may request a hearing by the  
233 Commissioner of Social Services in accordance with the provisions of  
234 section 17b-60. If the resident requests a hearing prior to the date that  
235 Medicaid coverage for facility care is to end, Medicaid coverage shall  
236 continue pending the outcome of the hearing. If the resident receives a  
237 notice of denial of Medicaid coverage from the department or its agent  
238 and also receives a notice of discharge from the facility pursuant to  
239 subsection (c) of this section and the resident requests a hearing to  
240 contest each proposed action, the department shall schedule one  
241 hearing at which the resident may contest both actions.

242 Sec. 2. Section 19a-537 of the general statutes is repealed and the  
243 following is substituted in lieu thereof (*Effective from passage*):

244 (a) As used in this section and section 19a-537a:

245 (1) "Vacancy" means a bed that is available for an admission;

246 (2) "Nursing home" means any chronic and convalescent facility or  
247 any rest home with nursing supervision, as defined in section 19a-521;

248 (3) "Hospital" means a general short-term hospital licensed by the  
249 Department of Public Health or a hospital for mental illness, as defined  
250 in section 17a-495, or a chronic disease hospital, as defined in section  
251 19-13-D1(a) of the Public Health Code.

252 (b) A nursing home shall:

253 (1) Reserve the bed of a self-pay resident of such facility who is  
254 absent from the facility due to hospitalization whenever payment is  
255 available to reserve the bed;

256 (2) Inform the self-pay resident and such resident's relatives or other  
257 responsible persons, upon admission of a person to the facility and  
258 upon transfer of a resident to a hospital, that the bed of a resident will  
259 be reserved as long as payment is available to the facility to reserve the  
260 bed and that if payment is not made, the resident will be admitted to  
261 the next available bed in accordance with subsection (e) of this section;

262 (3) Reserve the bed of a resident who is a recipient of medical  
263 assistance when the resident is absent from the facility for home leave  
264 days authorized under the Medicaid program;

265 (4) Inform the resident who is a recipient of medical assistance and  
266 such resident's relatives or other responsible persons, upon admission  
267 of a person to the nursing home and upon transfer of a resident to a  
268 hospital of the conditions under which [the Department of Social  
269 Services requires] the nursing home is required to reserve the bed of a  
270 resident and that if the home is not required to reserve the bed, the  
271 resident will be admitted to the next available bed in accordance with  
272 subsection (e) of this section; and

273 (5) Not make the bed reserved for a hospitalized resident available

274 for use by any other person unless the nursing home records in such  
275 resident's medical record the medical reasons justifying the change in  
276 such resident's bed, and the necessity of making the change before the  
277 resident's return to the facility, provided no resident's bed shall be  
278 changed if (A) such a change is medically contraindicated as defined in  
279 subsection (a) of section 19a-550; or (B) if the resident does not consent  
280 to the change, except when the change is made (i) to protect the  
281 resident or others from physical harm; (ii) to control the spread of an  
282 infectious disease; or (iii) to respond to a physical plant or  
283 environmental emergency that threatens the resident's health or safety.  
284 In the case of such an involuntary change of a resident's bed,  
285 disruption of residents shall be minimized, notice shall be provided to  
286 the resident or representative [within] not later than twenty-four hours  
287 after the change and, if practicable, the resident, if he or she wishes,  
288 shall be returned to his or her room when the threat to health or safety  
289 which prompted the transfer has been eliminated. When a resident's  
290 bed is changed without his or her consent to protect the resident or  
291 others from physical harm, a consultative process shall be established  
292 on the first business day following the resident's return to the facility.  
293 The consultative process shall include the participation of the  
294 attending physician, a registered nurse with responsibility for the  
295 resident, other appropriate staff in disciplines as determined by the  
296 resident's needs and the participation of the resident, such resident's  
297 family or other representative. The consultative process shall  
298 determine what caused the change in bed, whether the cause can be  
299 removed and, if not, whether the facility has attempted alternatives to  
300 the change. The resident shall be informed of the risks and benefits of  
301 the change in bed and of any alternatives.

302 (c) A nursing home shall reserve, for at least fifteen days, the bed of  
303 a resident who is a recipient of medical assistance and who is absent  
304 from such home due to hospitalization unless the nursing home  
305 documents that it has objective information from the hospital  
306 confirming that the [patient] resident will not return to the nursing  
307 home within fifteen days of the hospital admission including the day

308 of hospitalization.

309 (d) The Department of Social Services shall reimburse a nursing  
310 home at the per diem Medicaid rate of the facility for each day that the  
311 facility reserves the bed of a resident who is a recipient of medical  
312 assistance in accordance with the following conditions:

313 (1) A facility shall be reimbursed for reserving the bed of a resident  
314 who is hospitalized for a maximum of seven days including the  
315 admission date of hospitalization, if on such date the nursing home  
316 documents that (A) it has a vacancy rate of not more than three beds or  
317 three per cent of licensed capacity, whichever is greater, and (B) it  
318 contacted the hospital and the hospital failed to provide objective  
319 information confirming that the person would be unable to return to  
320 the nursing home within fifteen days of the date of hospitalization.

321 (2) The nursing home shall be reimbursed for a maximum of eight  
322 additional days provided:

323 (A) On the seventh day of the person's hospital stay, the nursing  
324 home has a vacancy rate that is not more than three beds or three per  
325 cent of licensed capacity, whichever is greater; and

326 (B) [Within] Not later than seven days [of] after the date of  
327 hospitalization of a resident who is a recipient of medical assistance,  
328 the nursing home has contacted the hospital for an update on the  
329 person's status and the nursing home documents such contact in the  
330 person's file and that the information obtained through the contact  
331 does not indicate that the person will be unable to return to the  
332 nursing home [within] not later than fifteen days [of] after the date of  
333 hospitalization.

334 (3) A facility shall be reimbursed for reserving the bed of a resident  
335 who is absent for up to twenty-one days of home leave as authorized  
336 under the Medicaid program if on the day of such an absence the  
337 facility documents that it has a vacancy rate of not more than four beds

338 or four per cent of licensed capacity, whichever is greater. No facility  
339 shall require or request a resident who is a recipient of medical  
340 assistance to provide payment for such authorized home leave days,  
341 whether or not such payment is available from the department.

342 (e) If a resident's hospitalization exceeds the period of time that a  
343 nursing home is required to reserve the resident's bed or the nursing  
344 home is not required to reserve the resident's bed under this section,  
345 the nursing home:

346 (1) Shall, upon receipt of notification from the hospital that a  
347 resident is medically ready for discharge, provide the resident with the  
348 first bed available [at the time the nursing home receives notice of the  
349 resident's discharge from the hospital] in a semiprivate room or a  
350 private room, if a private room is medically necessary;

351 (2) Shall grant the resident priority of admission over applicants for  
352 first admission to the nursing home;

353 (3) May charge a fee to reserve the bed, not exceeding the facility's  
354 self-pay rate for the unit in which that resident resided, or not  
355 exceeding the per diem Medicaid rate for recipients of medical  
356 assistance, whichever charge is applicable, for the number of days  
357 which the resident is absent from the facility.

358 (f) When the Commissioner of Social Services, or the commissioner's  
359 designee, makes a finding that a resident has been refused readmission  
360 to a nursing home in violation of this section, the resident shall retain  
361 the right to be readmitted to the transferring nursing home pursuant to  
362 subsection (e) of this section regardless of whether or not the resident  
363 has accepted placement in another nursing home while awaiting the  
364 availability of a bed in the facility from which the resident was  
365 transferred.

366 (g) Whenever a nursing home has concerns about the readmission  
367 of a resident, as required by subsection (e) of this section, based on

368 whether the nursing home has the ability to meet the resident's care  
369 needs or the resident presents a danger to himself or herself or to other  
370 persons, not later than twenty-four hours after receipt of notification  
371 from a hospital that a resident is medically ready for discharge, a  
372 nursing home shall request a consultation with the hospital and the  
373 resident or the resident's representative. The purpose of the  
374 consultation shall be to develop an appropriate care plan to safely  
375 meet the resident's nursing home care needs, including a  
376 determination of the date for readmission that best meets such needs.  
377 The resident's wishes and the hospital's recommendations shall be  
378 considered as part of the consultation process. The nursing home shall  
379 reserve the resident's bed until completion of the consultation process.  
380 The consultation process shall begin as soon as practicable and shall be  
381 completed not later than three business days after the date of the  
382 nursing home's request for a consultation. The hospital shall  
383 participate in the consultation, grant the nursing home access to the  
384 resident in the hospital and permit the nursing home to review the  
385 resident's hospital records.

386 (h) A nursing home shall not refuse to readmit a resident unless: (1)  
387 The resident's needs cannot be met in the facility; (2) the resident no  
388 longer needs the services of the nursing home due to improved health;  
389 or (3) the health and safety of individuals in the nursing home would  
390 be endangered by readmission of the resident. If a nursing home  
391 decides to refuse to readmit a resident either without requesting a  
392 consultation or following a consultation conducted in accordance with  
393 subsection (g) of this section, the nursing home shall, not later than  
394 twenty-four hours after making such decision, notify the hospital, the  
395 resident and the resident's guardian or conservator, if any, the  
396 resident's legally liable or other responsible party, if known, in writing  
397 of the following: (A) The determination to refuse to readmit the  
398 resident; (B) the reasons for the refusal to readmit the resident; (C) the  
399 resident's right to appeal the decision to refuse to readmit the resident;  
400 (D) the procedures for initiating such an appeal, as determined by the  
401 Commissioner of Social Services; (E) the resident has ten days from the

402 date of receipt of the notice from the facility to initiate an appeal; (F)  
403 the possibility of an extension of the timeframe for initiating an appeal  
404 for good cause; (G) the contact information, including the name,  
405 mailing address and telephone number, for the Long-Term Care  
406 Ombudsman; and (H) the resident's right to represent himself or  
407 herself at the appeal hearing or to be represented by legal counsel, a  
408 relative, a friend or other spokesperson. If a resident is, or the nursing  
409 home alleges a resident is, mentally ill or developmentally disabled,  
410 the nursing home shall include in the notice to the resident the contact  
411 information, including the name, mailing address and telephone  
412 number of the Office of Protection and Advocacy for Persons with  
413 Disabilities. The Commissioner of Social Services, or the  
414 commissioner's designee, shall hold a hearing in accordance with  
415 chapter 54 to determine whether the nursing home has violated the  
416 provisions of this section. The commissioner, or the commissioner's  
417 designee, shall convene such hearing not later than fifteen days after  
418 the date of receipt of the request. The commissioner, or the  
419 commissioner's designee, shall issue a decision not later than thirty  
420 days after the date on which the hearing record is closed. The  
421 commissioner, or the commissioner's designee, may require the  
422 nursing home to readmit the resident to a semiprivate room or a  
423 private room, if a private room is medically necessary. The Superior  
424 Court shall consider an appeal from a decision of the commissioner  
425 pursuant to this section as a privileged case in order to dispose of the  
426 case with the least possible delay.

427 (i) If, following a consultation convened pursuant to subsection (g)  
428 of this section, a nursing home does not readmit a resident, the  
429 resident may file a complaint with the Commissioner of Social Services  
430 pursuant to section 19a-537a. If the resident has requested a hearing  
431 pursuant to subsection (h) of this section, the commissioner shall stay  
432 an investigation of such complaint until the issuance of a  
433 determination following the hearing. Each day a nursing home fails to  
434 readmit a resident in violation of this section may be considered a  
435 separate violation for the purpose of determining a penalty pursuant

436 to section 19a-537a, except no penalty shall accrue during the period of  
437 time beginning with the date a consultation is requested until the date  
438 a hearing decision is issued, if a hearing is requested, provided the  
439 commissioner, or the commissioner's designee, finds the nursing home  
440 has acted in good faith in refusing to readmit the resident. If the  
441 resident does not request a hearing and the resident files a complaint  
442 with the commissioner pursuant to section 19a-537a no penalty shall  
443 accrue during the time an investigation is conducted, provided the  
444 commissioner finds the facility acted in good faith in refusing to  
445 readmit the resident.

446 Sec. 3. Section 19a-545 of the general statutes is repealed and the  
447 following is substituted in lieu thereof (*Effective from passage*):

448 (a) A receiver appointed pursuant to the provisions of sections 19a-  
449 541 to 19a-549, inclusive, in operating such facility, shall have the same  
450 powers as a receiver of a corporation under section 52-507, except as  
451 provided in subsection (c) of this section and shall exercise such  
452 powers to remedy the conditions which constituted grounds for the  
453 imposition of receivership, assure adequate health care for the  
454 [patients] residents and preserve the assets and property of the owner.  
455 If a facility is placed in receivership it shall be the duty of the receiver  
456 to notify [patients and family, except where medically contraindicated]  
457 each resident and each resident's guardian or conservator, if any, or  
458 legally liable relative or other responsible party, if known. Such  
459 receiver may correct or eliminate any deficiency in the structure or  
460 furnishings of the facility which endangers the safety or health of the  
461 residents while they remain in the facility, provided the total cost of  
462 correction does not exceed three thousand dollars. The court may  
463 order expenditures for this purpose in excess of three thousand dollars  
464 on application from such receiver. If any resident is transferred or  
465 discharged such receiver shall provide for: (1) Transportation of the  
466 resident and such resident's belongings and medical records to the  
467 place where such resident is being transferred or discharged; (2) aid in  
468 locating an alternative placement and discharge planning in

469 accordance with section 19a-535; (3) preparation for transfer to  
470 mitigate transfer trauma, including but not limited to, participation by  
471 the resident or the resident's guardian in the selection of the resident's  
472 alternative placement, explanation of alternative placements and  
473 orientation concerning the placement chosen by the resident or the  
474 resident's guardian; and (4) custodial care of all property or assets of  
475 residents which are in the possession of an owner of the facility. The  
476 receiver shall preserve all property, assets and records of residents  
477 which the receiver has custody of and shall provide for the prompt  
478 transfer of the property, assets and records to the alternative placement  
479 of any transferred resident. In no event may the receiver transfer all  
480 residents and close a facility without a court order and without  
481 [preparing a] complying with the notice and discharge plan  
482 requirements for each resident in accordance with section 19a-535, as  
483 amended by this act.

484 (b) Not later than ninety days after the date of appointment as a  
485 receiver, such receiver shall take all necessary steps to stabilize the  
486 operation of the facility in order to ensure the health, safety and  
487 welfare of the residents of such facility. In addition, within a  
488 reasonable time period after the date of appointment, not to exceed six  
489 months, the receiver shall: (1) Determine whether the facility can  
490 continue to operate and provide adequate care to residents in  
491 substantial compliance with applicable federal and state law within the  
492 facility's state payments as established by the Commissioner of Social  
493 Services pursuant to subsection (f) of section 17b-340, together with  
494 income from self-pay residents, Medicare payments and other current  
495 income and shall report such determination to the court; and (2) seek  
496 facility purchase proposals. If the receiver determines that the facility  
497 will be unable to continue to operate in compliance with said  
498 requirements, the receiver shall promptly request an order of the court  
499 to close the facility and make arrangements for the orderly transfer of  
500 residents pursuant to subsection (a) of this section unless the receiver  
501 determines that a transfer of the facility to a qualified purchaser is  
502 expected during the six-month period commencing on the date of the

503 receiver's appointment. If a transfer is not completed within such  
 504 period and all purchase and sale proposal efforts have been exhausted,  
 505 the receiver shall request an immediate order of the court to close the  
 506 facility and make arrangements for the orderly transfer of residents  
 507 pursuant to subsection (a) of this section.

508 (c) The court may limit the powers of a receiver appointed pursuant  
 509 to the provisions of sections 19a-541 to 19a-549, inclusive, to those  
 510 necessary to solve a specific problem.

511 Sec. 4. Section 19a-504c of the general statutes is repealed and the  
 512 following is substituted in lieu thereof (*Effective from passage*):

513 [By October 1, 1989, the] The Department of Public Health shall  
 514 adopt regulations, in accordance with the provisions of chapter 54, to  
 515 set minimum standards for hospital discharge planning services. Such  
 516 standards shall include, but not necessarily be limited to, requirements  
 517 for (1) a written discharge plan prepared in consultation with the  
 518 patient, or [his] the patient's family or representative, and the patient's  
 519 physician, and (2) a procedure for advance notice to the patient of [his]  
 520 the patient's discharge and provision of a copy of the discharge plan to  
 521 the patient prior to discharge. Whenever a hospital refers a patient's  
 522 name to a nursing home as part of the hospital's discharge planning  
 523 process, or when a hospital patient requests such a referral, the  
 524 hospital shall make a copy of the patient's hospital record available to  
 525 the nursing home and shall allow the nursing home access to the  
 526 patient for purposes of care planning and consultation.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-535
Sec. 2	<i>from passage</i>	19a-537
Sec. 3	<i>from passage</i>	19a-545
Sec. 4	<i>from passage</i>	19a-504c

***Statement of Purpose:***

To clarify and specify the procedures and responsibilities of parties involved in the transfer, discharge and readmission of nursing home residents.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*