



General Assembly

**Substitute Bill No. 6552**

January Session, 2011

\* \_\_\_\_\_HB06552PH\_\_\_\_\_041911\_\_\_\_\_\*

**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 Section 19a-535 of the general statutes is repealed and the  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 a failure to effect an  
30 immediate transfer or discharge of the resident that would endanger  
31 the 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] resident unable to pay the costs of a  
55 total of forty-two months of facility care from the date of initial  
56 admission to the 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 preserve the  
67 resident's right to an appeal hearing and the date by which an appeal  
68 must be initiated in order to stay the proposed transfer or discharge [,  
69 which date shall be ten days from the receipt of the notice from the  
70 facility] and the possibility of an exception to the date by which an  
71 appeal must be initiated in order to stay the proposed transfer or  
72 discharge for good cause, that the [patient] resident may represent  
73 himself or herself or be represented by legal counsel, a relative, a  
74 friend or other [spokesman] spokesperson, and information as to bed  
75 hold and [hospital] nursing home readmission policy when  
76 [appropriate] required in accordance with section 19a-537, as amended  
77 by this act. The notice shall also include the name, mailing address and  
78 telephone number of the State Long-Term Care Ombudsman. If the  
79 [patient] resident is, or the facility alleges a [patient] resident is,  
80 mentally ill or developmentally disabled, the notice shall include the  
81 name, mailing address and telephone number of the Office of  
82 Protection and Advocacy for Persons with Disabilities. The notice shall  
83 be given at least thirty days and no more than sixty days prior to the  
84 [patient's] resident's proposed transfer or discharge, except where the  
85 health or safety of individuals in the facility are endangered, or where  
86 the [patient's] resident's health improves sufficiently to allow a more  
87 immediate transfer or discharge, or where immediate transfer or

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

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

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

114 (e) Except [(1)] in an emergency [, (2)] or in the case of transfer to a  
115 hospital, [or (3) in the case of transfer into or out of a Medicare distinct  
116 part within the same institution, no patient] no resident shall be  
117 transferred or discharged from a facility unless a discharge plan has  
118 been developed by the personal physician of the [patient] resident or  
119 the medical director in conjunction with the nursing director, social  
120 worker or other health care provider. To minimize the disruptive

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

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

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

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

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

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

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

183 (4) In an emergency the notice required pursuant to subsection (c) of  
184 this section shall be provided as soon as practicable. [For the purposes  
185 of this section "emergency" means that a failure to effect an immediate  
186 transfer or discharge would endanger the health, safety or welfare of

187 the patient or other patients. A patient] A resident who is transferred  
188 or discharged on an emergency basis or a [patient] resident who  
189 receives notice of such a transfer or discharge may contest the action  
190 by requesting a hearing [in writing within] not later than ten days [of]  
191 after the date of receipt of notice or [within] not later than ten days [of]  
192 after the date of transfer or discharge, whichever is later, unless the  
193 resident demonstrates good cause for failing to request a hearing  
194 within the ten-day period. A hearing shall be held in accordance with  
195 the requirements of this subsection [within seven] not later than fifteen  
196 business days [of] after the date of receipt of the request. The  
197 commissioner, or the commissioner's designee, shall issue a decision  
198 not later than thirty days after the date on which the hearing record is  
199 closed.

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

210 (6) If the commissioner, or the commissioner's designee, determines  
211 after a hearing held in accordance with this section that the facility has  
212 transferred or discharged a resident in violation of this section, the  
213 commissioner, or the commissioner's designee, may require the facility  
214 to readmit the resident to a bed in a semiprivate room or in a private  
215 room, if a private room is medically necessary, regardless of whether  
216 or not the resident has accepted placement in another facility pending  
217 the issuance of a hearing decision or is awaiting the availability of a  
218 bed in the facility from which the resident was transferred or  
219 discharged.

220        [(6)] (7) A copy of a decision of the commissioner or [his] the  
221 commissioner's designee shall be sent to the facility and to the resident,  
222 the resident's guardian, conservator, if any, legally liable relative or  
223 other responsible party, if known. The decision shall be deemed to  
224 have been received [within five days of] not later than five days after  
225 the date it was mailed, unless the [patient or his] facility, the resident  
226 or the resident's guardian, conservator, legally liable relative or other  
227 responsible party proves otherwise by a preponderance of the  
228 evidence. The Superior Court shall consider an appeal from a decision  
229 of the Department of Social Services pursuant to this section as a  
230 privileged case in order to dispose of the case with the least possible  
231 delay.

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

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

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

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

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

251 (3) "Hospital" means a general short-term hospital licensed by the  
252 Department of Public Health or a hospital for mental illness, as defined  
253 in section 17a-495, or a chronic disease hospital, as defined in section  
254 19-13-D1(a) of the Public Health Code.

255 (b) A nursing home shall:

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

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

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

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

276 (5) Not make the bed reserved for a hospitalized resident available  
277 for use by any other person unless the nursing home records in such  
278 resident's medical record the medical reasons justifying the change in  
279 such resident's bed, and the necessity of making the change before the  
280 resident's return to the facility, provided no resident's bed shall be  
281 changed if (A) such a change is medically contraindicated as defined in

282 subsection (a) of section 19a-550; or (B) if the resident does not consent  
283 to the change, except when the change is made (i) to protect the  
284 resident or others from physical harm; (ii) to control the spread of an  
285 infectious disease; or (iii) to respond to a physical plant or  
286 environmental emergency that threatens the resident's health or safety.  
287 In the case of such an involuntary change of a resident's bed,  
288 disruption of residents shall be minimized, notice shall be provided to  
289 the resident or representative [within] not later than twenty-four hours  
290 after the change and, if practicable, the resident, if he or she wishes,  
291 shall be returned to his or her room when the threat to health or safety  
292 which prompted the transfer has been eliminated. When a resident's  
293 bed is changed without his or her consent to protect the resident or  
294 others from physical harm, a consultative process shall be established  
295 on the first business day following the resident's return to the facility.  
296 The consultative process shall include the participation of the  
297 attending physician, a registered nurse with responsibility for the  
298 resident, other appropriate staff in disciplines as determined by the  
299 resident's needs and the participation of the resident, such resident's  
300 family or other representative. The consultative process shall  
301 determine what caused the change in bed, whether the cause can be  
302 removed and, if not, whether the facility has attempted alternatives to  
303 the change. The resident shall be informed of the risks and benefits of  
304 the change in bed and of any alternatives.

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

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

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

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

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

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

337 (3) A facility shall be reimbursed for reserving the bed of a resident  
338 who is absent for up to twenty-one days of home leave as authorized  
339 under the Medicaid program if on the day of such an absence the  
340 facility documents that it has a vacancy rate of not more than four beds  
341 or four per cent of licensed capacity, whichever is greater. No facility  
342 shall require or request a resident who is a recipient of medical  
343 assistance to provide payment for such authorized home leave days,  
344 whether or not such payment is available from the department.

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

348 the nursing home:

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

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

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

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

369 (g) Whenever a nursing home has concerns about the readmission  
370 of a resident, as required by subsection (e) of this section, based on  
371 whether the nursing home has the ability to meet the resident's care  
372 needs or the resident presents a danger to himself or herself or to other  
373 persons, not later than twenty-four hours after receipt of notification  
374 from a hospital that a resident is medically ready for discharge, a  
375 nursing home shall request a consultation with the hospital and the  
376 resident or the resident's representative. The purpose of the  
377 consultation shall be to develop an appropriate care plan to safely  
378 meet the resident's nursing home care needs, including a  
379 determination of the date for readmission that best meets such needs.

380 The resident's wishes and the hospital's recommendations shall be  
381 considered as part of the consultation process. The nursing home shall  
382 reserve the resident's bed until completion of the consultation process.  
383 The consultation process shall begin as soon as practicable and shall be  
384 completed not later than three business days after the date of the  
385 nursing home's request for a consultation. The hospital shall  
386 participate in the consultation, grant the nursing home access to the  
387 resident in the hospital and permit the nursing home to review the  
388 resident's hospital records.

389 (h) A nursing home shall not refuse to readmit a resident unless: (1)  
390 The resident's needs cannot be met in the facility; (2) the resident no  
391 longer needs the services of the nursing home due to improved health;  
392 or (3) the health and safety of individuals in the nursing home would  
393 be endangered by readmission of the resident. If a nursing home  
394 decides to refuse to readmit a resident either without requesting a  
395 consultation or following a consultation conducted in accordance with  
396 subsection (g) of this section, the nursing home shall, not later than  
397 twenty-four hours after making such decision, notify the hospital, the  
398 resident and the resident's guardian or conservator, if any, the  
399 resident's legally liable relative or other responsible party, if known, in  
400 writing of the following: (A) The determination to refuse to readmit  
401 the resident; (B) the reasons for the refusal to readmit the resident; (C)  
402 the resident's right to appeal the decision to refuse to readmit the  
403 resident; (D) the procedures for initiating such an appeal, as  
404 determined by the Commissioner of Social Services; (E) the resident  
405 has ten days from the date of receipt of the notice from the facility to  
406 initiate an appeal; (F) the possibility of an extension of the timeframe  
407 for initiating an appeal for good cause; (G) the contact information,  
408 including the name, mailing address and telephone number, for the  
409 Long-Term Care Ombudsman; and (H) the resident's right to represent  
410 himself or herself at the appeal hearing or to be represented by legal  
411 counsel, a relative, a friend or other spokesperson. If a resident is, or  
412 the nursing home alleges a resident is, mentally ill or developmentally  
413 disabled, the nursing home shall include in the notice to the resident

414 the contact information, including the name, mailing address and  
415 telephone number of the Office of Protection and Advocacy for  
416 Persons with Disabilities. The Commissioner of Social Services, or the  
417 commissioner's designee, shall hold a hearing in accordance with  
418 chapter 54 to determine whether the nursing home has violated the  
419 provisions of this section. The commissioner, or the commissioner's  
420 designee, shall convene such hearing not later than fifteen days after  
421 the date of receipt of the request. The commissioner, or the  
422 commissioner's designee, shall issue a decision not later than thirty  
423 days after the date on which the hearing record is closed. The  
424 commissioner, or the commissioner's designee, may require the  
425 nursing home to readmit the resident to a semiprivate room or a  
426 private room, if a private room is medically necessary. The Superior  
427 Court shall consider an appeal from a decision of the commissioner  
428 pursuant to this section as a privileged case in order to dispose of the  
429 case with the least possible delay.

430 (i) If, following a consultation convened pursuant to subsection (g)  
431 of this section, a nursing home does not readmit a resident, the  
432 resident may file a complaint with the Commissioner of Social Services  
433 pursuant to section 19a-537a. If the resident has requested a hearing  
434 pursuant to subsection (h) of this section, the commissioner shall stay  
435 an investigation of such complaint until the issuance of a  
436 determination following the hearing. Each day a nursing home fails to  
437 readmit a resident in violation of this section may be considered a  
438 separate violation for the purpose of determining a penalty pursuant  
439 to section 19a-537a, except no penalty shall accrue during the period of  
440 time beginning with the date a consultation is requested until the date  
441 a hearing decision is issued, if a hearing is requested, provided the  
442 commissioner, or the commissioner's designee, finds the nursing home  
443 has acted in good faith in refusing to readmit the resident. If the  
444 resident does not request a hearing and the resident files a complaint  
445 with the commissioner pursuant to section 19a-537a no penalty shall  
446 accrue during the time an investigation is conducted, provided the  
447 commissioner finds the facility acted in good faith in refusing to

448 readmit the resident.

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

451 (a) A receiver appointed pursuant to the provisions of sections 19a-  
452 541 to 19a-549, inclusive, in operating such facility, shall have the same  
453 powers as a receiver of a corporation under section 52-507, except as  
454 provided in subsection (c) of this section and shall exercise such  
455 powers to remedy the conditions which constituted grounds for the  
456 imposition of receivership, assure adequate health care for the  
457 [patients] residents and preserve the assets and property of the owner.  
458 If a facility is placed in receivership it shall be the duty of the receiver  
459 to notify [patients and family, except where medically contraindicated]  
460 each resident and each resident's guardian or conservator, if any, or  
461 legally liable relative or other responsible party, if known. Such  
462 receiver may correct or eliminate any deficiency in the structure or  
463 furnishings of the facility which endangers the safety or health of the  
464 residents while they remain in the facility, provided the total cost of  
465 correction does not exceed three thousand dollars. The court may  
466 order expenditures for this purpose in excess of three thousand dollars  
467 on application from such receiver. If any resident is transferred or  
468 discharged such receiver shall provide for: (1) Transportation of the  
469 resident and such resident's belongings and medical records to the  
470 place where such resident is being transferred or discharged; (2) aid in  
471 locating an alternative placement and discharge planning in  
472 accordance with section 19a-535, as amended by this act; (3)  
473 preparation for transfer to mitigate transfer trauma, including but not  
474 limited to, participation by the resident or the resident's guardian in  
475 the selection of the resident's alternative placement, explanation of  
476 alternative placements and orientation concerning the placement  
477 chosen by the resident or the resident's guardian; and (4) custodial care  
478 of all property or assets of residents which are in the possession of an  
479 owner of the facility. The receiver shall preserve all property, assets  
480 and records of residents which the receiver has custody of and shall  
481 provide for the prompt transfer of the property, assets and records to

482 the alternative placement of any transferred resident. In no event may  
483 the receiver transfer all residents and close a facility without a court  
484 order and without [preparing a] complying with the notice and  
485 discharge plan requirements for each resident in accordance with  
486 section 19a-535, as amended by this act.

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

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

514 Sec. 4. Section 19a-504c of the general statutes is repealed and the

515 following is substituted in lieu thereof (*Effective from passage*):

516 [By October 1, 1989, the] The Department of Public Health shall  
 517 adopt regulations, in accordance with the provisions of chapter 54, to  
 518 set minimum standards for hospital discharge planning services. Such  
 519 standards shall include, but not necessarily be limited to, requirements  
 520 for (1) a written discharge plan prepared in consultation with the  
 521 patient, or [his] the patient's family or representative, and the patient's  
 522 physician, and (2) a procedure for advance notice to the patient of [his]  
 523 the patient's discharge and provision of a copy of the discharge plan to  
 524 the patient prior to discharge. Whenever a hospital refers a patient's  
 525 name to a nursing home as part of the hospital's discharge planning  
 526 process, or when a hospital patient requests such a referral, the  
 527 hospital shall make a copy of the patient's hospital record available to  
 528 the nursing home and shall allow the nursing home access to the  
 529 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

**HS**            *Joint Favorable Subst.*

**PH**            *Joint Favorable*