



NURSING HOME BED HOLD CHARGES

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ISSUE

Does Connecticut law allow nursing homes to charge self-pay residents to reserve their beds when they must be hospitalized?

SUMMARY

Connecticut law requires nursing homes to reserve the bed of a self-pay resident who is absent due to hospitalization only if the resident pays for the bed, regardless of the home's vacancy rate. It does not limit what homes may charge to hold the bed, just as it does not limit what they can charge when they are in the home.

For Medicaid residents who require hospitalization, the law is different. Nursing homes must reserve their beds for at least 15 days, and Medicaid will pay for a maximum of 15 days if certain conditions are met, including a minimum occupancy rate. (Some long-term care insurance policies also have bed leave provisions.)

CONNECTICUT'S BED RESERVATION LAW

Self-Pay Residents

State law simply says that a nursing home must reserve a resident's bed when he or she is hospitalized as long as payment is available for the bed. It does distinguish between homes with vacancies and those without when guaranteeing a nursing home bed hold for a self-pay resident. If payment is not available for the bed during the hospitalization, the home must admit the resident to the next available bed once the hospital discharges the resident. The law requires the nursing home to inform the self-pay resident and his or her relatives or other responsible person of this policy when the resident is admitted to the home and when he or she is transferred to a hospital (CGS § [19a-537\(a\)](#)).



Medicaid Residents

State law requires that Medicaid residents' beds be held for at least 15 days unless the hospital can document objectively that the resident will not return to the home at the same level of care within this period. The Department of Social Services (DSS) must reimburse homes at their Medicaid daily rate for up to seven days of care, including the date the resident was hospitalized, if the home:

1. can document that it has a vacancy rate of no more than three beds or 3% of licensed capacity, whichever is greater, and
2. contacted the hospital and the hospital failed to provide objective information confirming that the resident cannot return to the home at the same skill level within the 15 days.

DSS will reimburse homes for the additional eight days only (1) if on the seventh day the vacancy rate has not increased and (2) during this time the home has contacted the hospital and gets no indication that the resident will not be returning to the home within the 15 days (CGS § [19a-537\(d\)](#)).

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