



## DISCHARGING NURSING HOME RESIDENTS

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### ISSUE

Does state law protect a nursing home resident from being discharged from the facility while waiting for a Medicaid application determination from the Department of Social Services (DSS)?

The Office of Legislative Research is not authorized to give legal opinions and this report should not be considered one.

### SUMMARY

State law generally prevents a nursing home facility from discharging a resident who has filed a Medicaid application but has not yet received an eligibility determination from DSS, provided the facility offers services to Medicaid recipients ([CGS § 19a-535\(d\)](#)). If a facility does not serve the Medicaid population, then it appears the facility could discharge a resident for not paying for more than 15 days.

### BACKGROUND

By law, nursing homes can transfer or discharge residents only for certain reasons and only when they follow specified procedures ([CGS § 19a-535](#)). A resident cannot be transferred or discharged if moving the resident is medically contraindicated. As explained by the [Connecticut Network for Legal Aid](#), state law allows a nursing home to transfer or discharge a resident in five situations:

1. medical care the resident requires cannot be provided in a nursing home setting;
2. the resident no longer needs nursing home care because his or her condition has improved;
3. the health or safety of other people in the facility is endangered;
4. for a self-pay resident, the resident has not paid for care for at least 15 days; or
5. the nursing home ceases operations.



By law, a "self-pay resident" is a resident who is not receiving state or municipal assistance to pay for care at a facility, but it does not include a resident who has applied for Medicaid and is awaiting an eligibility determination, provided the resident timely responds to requests from DSS for information needed to make the determination ([CGS § 19a-535\(a\)\(5\)](#)).

According to DSS, many nursing home residents involve the facility in the Medicaid application process and authorize the facility to receive DSS correspondence so that the facility is apprised of the situation. Also, many nursing homes have a Medicaid Coordinator who helps residents complete the Medicaid application process.

### **ADDITIONAL RESOURCES**

An individual may contact the DSS benefit center at 1-855-6-CONNECT (1-855-626-6632) to speak with a staff member about specific Medicaid-related matters.

The State Department on Aging's [Long-Term Care Ombudsman](#) acts to protect and promote the rights of and quality of life for nursing facility residents. To contact the Ombudsman's office, call the statewide toll-free number at 1-866-388-1888 or the central office at 860-424-5200 or email [ltpop@ct.gov](mailto:ltpop@ct.gov).

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