Connecticut's Nursing Home Waiting List Requirements

September 20, 2023



Waiting List Law

- Conn. Gen. Stat. §19a-533 and DSS Regulations §17-311-201 §17-311-209
- Applies to nursing homes that participate in Medicaid
- Prohibits discrimination based on source of payment against "indigent persons" who apply for admission to a nursing home
- "Indigent person" is defined as anyone eligible for or receiving Medicaid assistance.



Waiting List Basics

- General rule:
 - "All applicants for admission . . . shall be admitted in the order in which such applicants apply for admission."
 - Focus on source of payment/discrimination against indigent persons



Waiting List Basics

- Procedural rules for maintaining two different types of lists are set forth in statute <u>and</u> regulations:
 - 1. Receipt
 - 2. Maintaining a "dated list of applications" (known as "inquiry list")
 - 3. Mailing of a written application
 - 4. Maintaining a separate waiting list for admission for submitted applications
 - 5. Removing a name
 - 6. Daily log



Waiting List Basics - Receipts

- 1. Provide a <u>receipt</u> to each applicant expressing a desire to enter nursing home
 - Receipts must be consecutively numbered and include the time and date of initial contact and the applicant's name and address
 - Receipts must be (i) provided immediately when inquiry made in person or (ii) mailed within 2 business days when inquiry is made by mail or telephone



Waiting List Basics – Inquiry List

- 2. Maintain the inquiry list as acknowledged by a receipt
 - The dated list must be in a bound volume and must be in chronological order in which persons contacted the facility
 - The list must include the date and time of initial contact by each person's name
 - The inquiry list must be available at all times to any applicant, his or her bona fide representative, authorized personnel from DPH and DSS and other state agencies or other bodies established by state statute whose statutory duties necessitate access to such lists



Waiting List Basics - Application

3. Mail <u>written application</u> form within 2 business days of initial contact

- At the beginning of the front page, include:

YOU HAVE CONTACTED THIS NURSING HOME AND INDICATED A DESIRE TO BE ADMITTED AS A PATIENT TO THIS FACILITY. BECAUSE OF THIS, YOU HAVE ALREADY BEEN ISSUED A RECEIPT INDICATING THE DATE AND TIME OF YOUR INITIAL REQUEST AND YOUR NAME HAS BEEN PLACED ON OUR DATED LIST OF APPLICATIONS OR INQUIRY LIST.

PLEASE FIND ENCLOSED THIS FACILITY'S WRITTEN APPLICATION FORM. AS SOON AS YOU SUBSTANTIALLY COMPLETE AND RETURN THE FORM TO THE FACILITY, YOUR NAME WILL BE PLACED ON OUR WAITING LIST FOR ADMISSION TO THE FACILITY. YOUR NAME WILL ONLY BE PLACED ON OUR WAITING LIST AFTER YOU SUBSTANTIALLY COMPLETE AND RETURN THIS WRITTEN APPLICATION FORM TO US.



Waiting List Basics – Waiting List

- 4. Maintain a waiting list for admission
 - Single, bound volume of people with substantially completed applications
 - When a name is passed over, a dated notation must be made on the waiting list indicating why the applicant was not admitted, and supporting documentation of the reason must be maintained and readily available



Waiting List Basics - Name Removal

5. <u>Removing a name</u> from the list:

- 90 days or more after initial placement on the list, if an applicant is unresponsive to facility telephone calls and letters, the facility may inquire by letter
 - If 30 or more days pass with no response, then the facility may remove the name
- Annually send a letter to all persons who have been on the waiting list for at least 90 days
 - If 30 days pass with no response, then the facility may remove the name

Note: Both procedures are permissive and not required.



Waiting List Basics - Daily Log

- 6. Maintaining a Daily Log:
 - Each day, record in patient roster the number of patients who are Medicare, Medicaid and private pay and make available to Ombudsman upon request (replaced daily log requirement in regulations)



Waiting List Basics - Posted Notice

Other requirements:

- Post notice in a conspicuous place stating that:
 - 1. Facility is prohibited from discriminating against applicants based on source of payment
 - 2. Remedies available
 - 3. Name, address of ombudsman



Waiting List Penalties

Penalties: Reduce per diem rate by .25% for initial violation and 1% for each subsequent violation for one year

Investigative Authority: DSS: "Upon receipt of a complaint concerning a violation of this section [19a-533], the Department of Social Services shall conduct an investigation into such complaint."



Statutory Exceptions:

- 1. If self-pay census equal to or less than 30%, then not required to admit indigent person for next 6 months
 - Cannot hold bed open for more than 30 days
 - Need to file quarterly reports with DSS, copy to regional ombudsman
 - Self-pay includes Medicare admission with private pay back-up, but not dual-eligible
- 2. Not required to admit indigent person when vacancy is in private room
- 3. Transfer from nursing home that is closing



Statutory Exceptions (continued):

Nursing home may admit applicant from a nursing home that is closing or from the nursing home where he/she was placed following closure (or anticipated closure in the case of a receivership) provided:

- Transfer occurs not later than 60 days after resident transferred from nursing home closing/in receivership
- Applicant submitted application at time of initial transfer



Regulatory Exceptions:

- 1. Incomplete medical, social or financial information
- 2. Applicant does not meet level of care requirements
- 3. Priority admission of hospitalized resident
- 4. Transfers along continuum
- 5. Protective Services referrals
- 6. DPH referral due to decertification or license revocation
- 7. Withdrawal from Medicaid program



Regulatory Exceptions (continued)

- 8. Continuing care/co-owned residential facility
- 9. Designated respite beds (30-day max. stay)
- 10. Designated short term rehabilitation beds (90-day max. stay)
- 11. Designated beds for terminally ill
- 12. Designated beds in specialized unit (e.g., Alzheimer's, TBI)
- 13. Designated beds for specialized medical treatments (e.g., NG tubes, respiratory therapy, etc.)
- 14. Spouse in nursing home



Regulatory Exceptions (continued)

- 15. Applicant discharged to community within 15 days of request for admission
- 16. Municipally owned and operated facility
- 17. Religious organization
- 18. Fraternal organization
- 19. Non-profit, non-stock corporation affiliated with a municipality
- 20. Priority admission agreement with hospital



Questions and Discussion



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