

Sec. 17-311-209. Admissions

(a) Nursing homes may not discriminate against indigent persons and shall admit all applicants for admission in the order in which the names of such applicants appear on the waiting list, except as otherwise provided by statute or these regulations.

(b) A facility may admit applicants other than in the order in which their names appear on the waiting list, provided that the following exceptions are uniformly and consistently applied without regard to source of payment, only if:

(1) An applicant has yet to provide medical, social or financial information requisite to determine the individual's eligibility for admission provided that the nursing home had previously notified the applicant what specific medical, social and financial information was required and can document such notification. In such case, a dated notation must be made on the waiting list.

(2) An applicant for admission fails to meet the applicable level of care requirements contained in the Public Health Code, Reg. Ct. St. Ag. § 19-13-D8T (d) (1) (A), and/or the applicant requires care or services without which the patient is at risk which the facility is unable to provide as certified by its Medical Director in accordance with Reg. Ct. St. Ag. § 19-13-D8T (h) (2) (D) and 19-13-D8T (i) (4) (D) (iii). It shall constitute unlawful discrimination forbidden by this section, however, if a nursing home fails to properly and consistently apply the applicable level of care requirements or if it improperly determines that the applicant requires care or services beyond its capability as set forth *supra*, having the effect of denying admission of an indigent person to the nursing home.

(3) A person had previously been a resident of a nursing home who was absent from the nursing home for a reason of hospitalization and is entitled to priority admission as per Conn. Gen. Stat. § 19a-537. Any person so admitted shall have a notation to that effect made on the daily log.

(4) Transfers of patients from one level of care to another within a facility licensed to offer more than one level of care, i.e., chronic disease hospital, chronic and convalescent nursing home, rest home with nursing supervision, home for the aged, are not subject to the provisions of Conn. Gen. Stat. § 19a-533 or these regulations, provided that such intrafacility transfers are for bona fide medical reasons.

(5) The nursing home admits a patient who has been determined by an appropriate state agency to be in need of protective services and is referred to the facility for admission by an appropriate state agency pursuant to the provisions of Conn. Gen. Stat. § 46a-14 *et seq.*

(6) Due to decertification or license revocation of another facility or some other public health reason, the Commissioner of Health Services or his representative refers a patient to the facility.

(7) The nursing home has been granted permission by the Connecticut Commission on Hospitals and Health Care to withdraw from the Medicaid program by terminating its provider agreement pursuant to the provisions of Conn. Gen. Stat. § 19a-154. In order to be excused from the admission requirements of this section, the facility must comply with the terms and conditions of any order entered by the Commission allowing a withdrawal from the program by appropriate discharge and transfer of all Medicaid patients provided that any withdrawal from the Medicaid program must be accomplished within (3) months of the order granting permission to withdraw, unless the order of the Commission allows

the facility more than three months to withdraw from the program, except that if the Medical Director of the nursing home certifies that specific Medicaid patient(s) would suffer serious harm as a result of a discharge or transfer, the Department of Income Maintenance, may, if it concurs with the determination of the facility's Medical Director, enter into a limited provider agreement with the facility covering only such patients—which will otherwise excuse the facility from complying with the admission requirements of this section.

(8) The applicant (A) has entered into a continuing care contract in accordance with Conn. Gen. Stat. § 17-535 and regulations promulgated thereunder, and is a resident of a continuing care facility that provides for care to be given by the nursing home; or (B) resides in a residential facility for the elderly that offers meals, and some combination of housekeeping, emergency medical call systems and other social supports, and two or more health-related benefits in addition to shelter and is controlled, owned or operated by the owner or operator of a nursing home which is located on the same or an adjacent site or in the immediate geographic proximity. Health-related benefits include priority access to the nursing home without regard to source of payment, health care provided by a nursing home or by a home-health agency as defined in Conn. Gen. Stat. § 19a-490, or the services of any licensed health professional on a regular, ongoing basis, either on staff or on contract.

(9) A designated number of beds set aside for respite care with a maximum stay of 30 consecutive days with such applicants admitted in the order in which their names appear on the waiting list;

(10) A designated number of beds set aside for short term rehabilitation with a 90 day maximum stay with such applicants admitted in the order in which their names appear on the waiting list;

(11) A designated number of beds set aside for the terminally ill with applicants in such condition accepted in the order in which their names appear on the waiting list;

(12) A designated number of beds in a specialized unit (e.g. Alzheimer's Unit, TBI Unit) and applicants with that condition accepted in the order in which their names appear on the waiting list;

(13) A spouse of the applicant is a patient in the nursing home;

(14) The applicant was discharged from the nursing home to the community within fifteen days of his/her request for readmission;

(15) A municipally owned and operated facility with residency requirement with resident applicants admitted in the order in which their names appear on the waiting list;

(16) The facility offers any of the following specialized medical treatments: nasogastric tubes with pump, respiratory therapy with or without a ventilator or other specialized tracheostomy care, intravenous therapy including hyperalimentation, Clinitron-type beds, Hubbard-type tanks, provided that patients in need of the treatment(s) are admitted in the order in which their names appear on the waiting list. A facility offering any such treatment shall designate a maximum number of beds for which such treatments will be offered;

(17) The facility is owned or operated by a religious organization exempt from taxation for federal income tax purposes which exists to provide long term care to members of its religion provided that all applicants who are members of such religion are admitted in their order of application without regard to their source of payment and without regard to any other factor including but not limited to either their own or their families' past financial

contributions and/or volunteer efforts to such religion and/or its related organizations.

(18) The facility is owned, operated by or affiliated with a fraternal organization exempt from taxation for federal income tax purposes which exists to provide long term care to members of its fraternal organization provided that all applicants who are members of such fraternal organization are admitted in the order of application without regard to their source of payment and without regard to any other factor including but not limited to either their own or their families' past financial contributions and/or volunteer efforts to such fraternal organization and/or its related organizations.

(19) The facility is owned or operated by a non-stock, non-profit corporation exempt from taxation for federal income tax purposes which (1) provides now and provided in its original charter or certificate of incorporation that it is established for the benefit of the municipality in which it is located, and (2) receives financial assistance through grants or donations from the municipality in which it is located and/or the residents thereof, provided that all applicants who are residents of such municipality are admitted in the order of application without regard to their source of payment and without regard to any other factor including but not limited to either their own or their families' past financial contributions and/or volunteer efforts to such facility and/or its related organizations.

(20) The nursing home has entered into a contract or contracts with a hospital or hospitals pursuant to which patients to be discharged from the hospital are given priority in admission to no more than fifteen percent of the nursing home's beds as such beds become vacant, with said fifteen percent limitation referring to all such contracts combined. Such contracts may only be entered into when the municipality in which the nursing home is located is within forty (40) miles of the hospital. Such agreements shall provide that patients shall be referred by the hospital to the nursing home in the order in which such patients are medically ready for discharge without regard to their source of payment. Once a nursing home admits a patient pursuant to this subsection, it may not accept any payment in excess of the Title XIX Medicaid rate in the case of a Medicaid patient and it may not accept any payment in excess of the facility's applicable maximum allowable self-pay rate in the case of a private-pay patient. Whenever a nursing home has a vacant bed and the hospital does not have a patient to be referred pursuant to this subsection, the nursing home must immediately fill such vacancy from its waiting list for admission, provided that if the hospital has identified a patient whose discharge will be completed within four working days, the nursing home may hold the bed for this period under arrangement with the hospital.

(Effective March 28, 1990)