



Connecticut
LTCOP
Long Term Care Ombudsman Program



Guidebook

for Residential Care Homes



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Welcome to the Residential Care Home Guidebook

The Connecticut Long Term Care Ombudsman Program (LTCOP) is pleased to give you this Residential Care Home (RCH) Guidebook. This guidebook was created to inform you about resident rights, resources, and programs.

Regional Ombudsmen (ROs) from LTCOP visit RCHs every quarter and are available to assist residents at any time. The services of LTCOP are confidential and free. We hope you will contact LTCOP if you have any questions or if you believe your rights have been violated.

You can contact the Ombudsman's office by calling our statewide toll-free number **866-388-1888**.

You can also email us at **ltop@ct.gov**.

We're here to support you.



Best wishes,

Mairead Painter

State Long-Term Care Ombudsman

Our Mission

The mission of the Connecticut Long Term Care Ombudsman Program is to protect the health, safety, welfare and rights of long term care residents by:

- Investigating complaints and concerns made by residents, or on behalf of residents, in a timely and prompt manner.
- Bringing residents to the forefront to voice their concerns directly to public officials on issues affecting their lives.
- Supporting residents in their quest to shape their own legislative agenda and to represent the residents' interests before governmental agencies.

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Your Rights

It's Your Home!

RCH Residents' Rights

As a resident of an RCH, you have protections and rights under state law. These rights relate to your quality of life in an RCH, your money/finances, your healthcare, your room, and more. This guidebook has brief explanations of these rights. To read the complete state laws, please go to the "Resources" section in this book and see the *Laws For Residents of RCHs*.

You should be given written information about your rights and the RCH's rules before you move in. The RCH should then ask you to sign a form confirming you were given this information.

Your Rights



UNDERSTANDING YOUR RIGHTS AS AN RCH RESIDENT

RCH residents have the right to:

- **BE TREATED WITH DIGNITY**
- **BE TREATED WITH RESPECT**
- **HAVE PERSONAL NEEDS AND WISHES CONSIDERED**

These three rights should be applied in every situation between you, the staff, and other residents of your RCH.

Your RCH is your home. As a resident, you have rights.

- While living in an RCH, you do not have to give up any of your rights under Medicare or Medicaid. You also have the choice to apply for either of these programs.
- While living in the RCH, you are allowed to have quality care and services, with fair arrangements based on your personal needs and wishes.
- You are protected by law from being either mentally or physically abused by staff or other residents. If you believe you have experienced abuse or neglect, you have the right to file a complaint with the Department of Social Services (DSS) and/or the Department of Public Health (DPH).
- If you have any concerns about how you are being treated, you have the right to voice them without any consequences. Your Regional Ombudsman can help you get the problem solved.
- You have the right to choose what you want to wear or what personal items you can keep in your room. You also have the right to keep and use your personal clothing and items.
- You do not have to do any work at the RCH that you do not want to do.
- You are allowed to have state and federal advocacy programs give you information about your rights.

If you believe any of your resident rights are not being upheld, go to the section in this guidebook on “Protecting Your Rights.”

Your Rights



YOUR FINANCIAL RIGHTS

There is no law that says an RCH can take over your personal finances, such as your social security benefits, other forms of income, or your credit/debit cards, without your permission.

Your money and personal information are protected by both federal and state law. As an RCH resident, you have rights and choices about how your money is managed.

- You have the right to manage your own money while living in an RCH.
- Your RCH should make you aware of all services you can use in the RCH. If there is a cost for these services, you should also be told what those costs are.
- The RCH cannot accept or ask for gifts, money, or donations in order to let you stay in the RCH.
- You can have Medicare and Medicaid benefits. No one can make you give up the rights you are given under Medicare and Medicaid.
- You have the right to be treated equally to other residents when it comes to transfers, discharges, and getting services, no matter your income sources.

If you want the RCH to manage your personal funds, you can give the RCH permission to do so by signing a written consent form. The RCH cannot handle your money without this form, and you can end this arrangement at any time.

IF YOU DECIDE TO LET YOUR RCH MANAGE YOUR MONEY:

- Your RCH must keep a record of each resident's spending and source(s) of income.
- You are allowed to get signed receipts for anything you spend.
- You have the right to access your financial records.
- The RCH must give you a statement of your financial records every three months.



If you decide to give the RCH control of your social security benefits, there are also social security laws that protect you.

Scan the QR code using your smart device or click [HERE](#) to learn more.

If you believe any of your resident rights are not being upheld, go to the section in this guidebook on "Protecting Your Rights."

Your Rights



PRIVACY RIGHTS

As a resident of an RCH, you have many privacy rights protected by law.

RCH residents have privacy rights.

- You have the right to keep all of your conversations private, both in-person and over the phone.
- You have the right to send and get personal mail. Your RCH is not allowed to open, read, or remove anything from your mail without your permission.
- You have the right to make and receive private phone calls. It is illegal for staff to listen to your personal conversations.
- You have the right to keep your conversations private, including conversations with your RO, lawyer, or anyone else you choose to speak with.
- You have the right to private visits from your spouse.
- You have the right to be friendly with whomever you want, including other residents.
- You have the right to privacy when getting treatment and care for your personal needs. The RCH must also keep all of your personal and medical records private.

PERSONAL PROPERTY RIGHTS

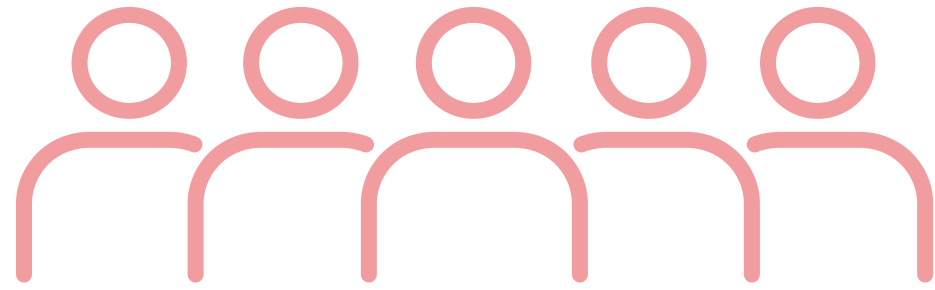
It is a good idea to make a list of personal property and items in your room. You can use the checklist in the Appendix to keep track of your personal property.

Your RCH is responsible for your personal property.

- Keep a list of your personal items (see Appendix) in a safe place and ask your RCH to keep a copy for their office records. Update the list as needed.
- While it may not be possible to bring all personal items to the RCH when you move in, your RCH should provide a fair arrangement for the property you do choose to bring. Health standards and fire code rules may also limit the items you can bring. The RCH will probably not be able to store property that cannot fit in your room.
- If a personal item is missing or taken, you should immediately file a missing property form with the RCH manager. Ask for a date-stamped copy of the completed form and keep it in a safe place.
- If your property is not returned to you, you can file a complaint with your RO, the local police, and/or the Department of Social Services (DSS) and the Department of Public Health (DPH).

If you believe any of your resident rights are not being upheld, go to the section in this guidebook on “Protecting Your Rights.”

Your Rights



VISITATION RIGHTS

Visiting hours and rules may be different at each RCH, but the basic right to fair visitation is required based on federal and state policy.

Your RCH is your home and you can have visitors.

- Visiting hours for family members should not be limited.
- You have the right to complete privacy during visits with a spouse, your chosen decision-maker, a representative of the LTCOP, or professional service providers at any time.
- If you do not want to see a particular visitor, then they have no right to visit.
- You must respect the rights of the other residents. Your visits and visitors should not harm or get in the way of other residents.
- You do not need to let the RCH manager know if you are expecting a visitor.

If you believe any of your resident rights are not being upheld, go to the section in this guidebook on “Protecting Your Rights.”



COMMUNITY RIGHTS

You have the right to set up and take part in resident groups, including Resident Councils.

Your RCH is a community and residents can work together to help improve each other's lives.

- Staff members should not interrupt or attend your resident meetings unless they are invited. You cannot be “punished” by management for having meetings.
- The LTCOP can help you create a resident council. See the “Resident Councils” section in the Appendix for more information.
- You have the right to have family support meetings at the RCH; and are free to set up and take part in any social, religious, or community activities of your choice. The LTCOP can help you create a family support group council.
- All RCH residents should be encouraged to use their rights as a citizen, such as being able to vote during elections. The RCH should help you make use of these rights.

Your Rights

THE RIGHT TO CHOOSE YOUR OWN DOCTOR

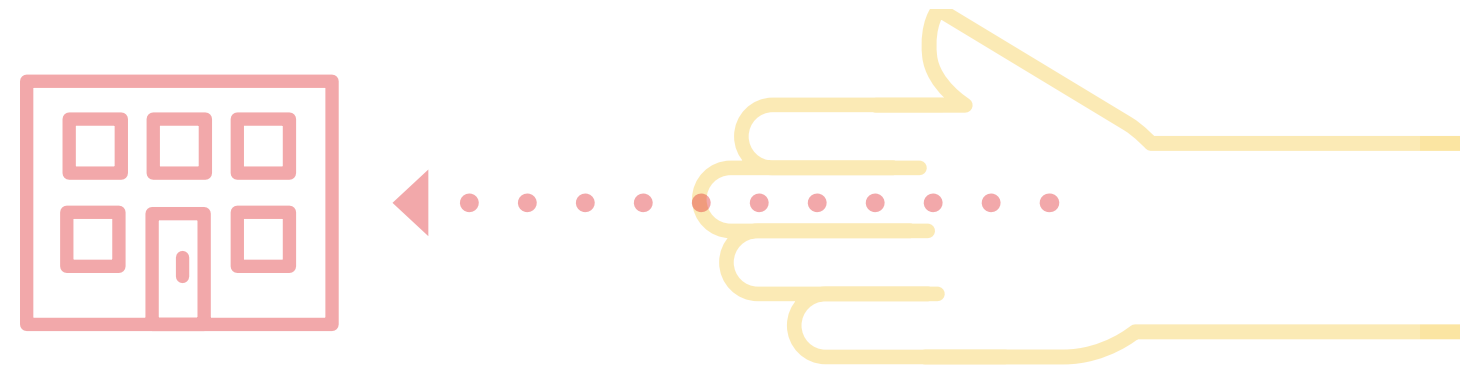
You have the right to choose your own doctor.

Your health is very important, and there are ways you can manage your care while living in an RCH.

- Your doctor must tell you about your medical condition and you have the right to take part in planning your own medical treatment.
- If you are on Medicaid, transportation to your doctor should be provided.
- You have the right to get the opinion of two different doctors for any surgery you are told you need. This right will give you peace of mind and may give you options other than surgery.



If you believe any of your resident rights are not being upheld, go to the section in this guidebook on “Protecting Your Rights.”



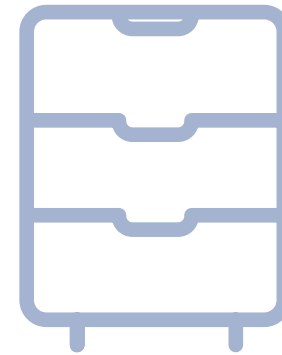
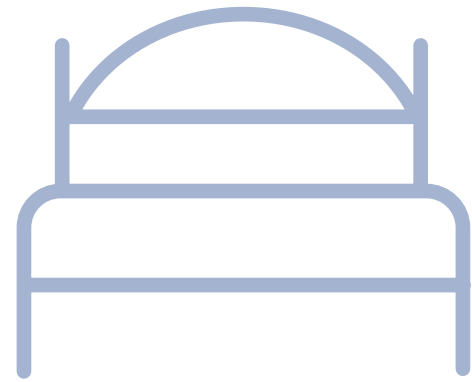
YOUR EMERGENCY TRANSFER RIGHTS TO ANOTHER RCH

An emergency transfer, or move, from your RCH can only happen in very serious situations, such as a fire or some other physical damage to your RCH.

The emergency must be something that puts your health, safety, or well-being in danger.

- Before an emergency transfer can happen, your RCH must ask the Commissioner of the Department of Public Health (DPH) to decide if a transfer is needed.
 - seven (7) days of the request. DPH’s decision must be based on proof that an immediate transfer or discharge is needed for your or other resident’s health, safety and well-being.
- In an emergency, the RCH may ask DPH for an immediate transfer or discharge of all or some residents. If this happens, DPH must let you or your representative know. DPH must make a decision within
 - Once DPH makes its decision, a hearing, or meeting in court, must be held within seven (7) days of the decision. You should go to this hearing if you do not agree with being moved.

Your Rights



YOUR ROOM AND THE RCH BUILDING

Your RCH must give you a safe, clean, and comfortable area to live in.

Your RCH is your home and it should always feel like it. The Department of Public Health (DPH) has building, fire, and public health rules that all RCHs must follow to help give you the best living experience.

- Your RCH must be well built and regularly maintained.
- You have the right to clean and neat areas inside and outside of your RCH.
- You have the right to any needed mechanical, plumbing, and electrical repairs.
- You have the right to information about your RCH's building.
- You have the right to review all inspection reports and correction plans.

DPH has rules about what the inside of your RCH should look like. These rules are very detailed as to the size of each room, bathroom, closet, window, the type of furniture that your RCH should have (such as couches, easy chairs, and solid furniture, and much more).

- Your room and bathroom must be clean and comfortable.
- Your room should have a bed, light, dresser with a mirror, and a comfortable chair.
- Your room and all other areas should not be less than 71 degrees during the winter.
- Each RCH must have a recreation room and a lobby with a visitor's bathroom and a public telephone.

DPH also has rules about what the outside of your RCH should look like.

- There should be no garbage or junk on the property.
- You should have a large outdoor lawn with plants and walkways for you to enjoy.

If you believe any of your resident rights are not being upheld, go to the section in this guidebook on "Protecting Your Rights."

Your Rights

ROOM-TO-ROOM TRANSFER RIGHTS

No room transfer can happen at all without your permission if your doctor can prove that a move from one room to another will harm you physically or mentally.

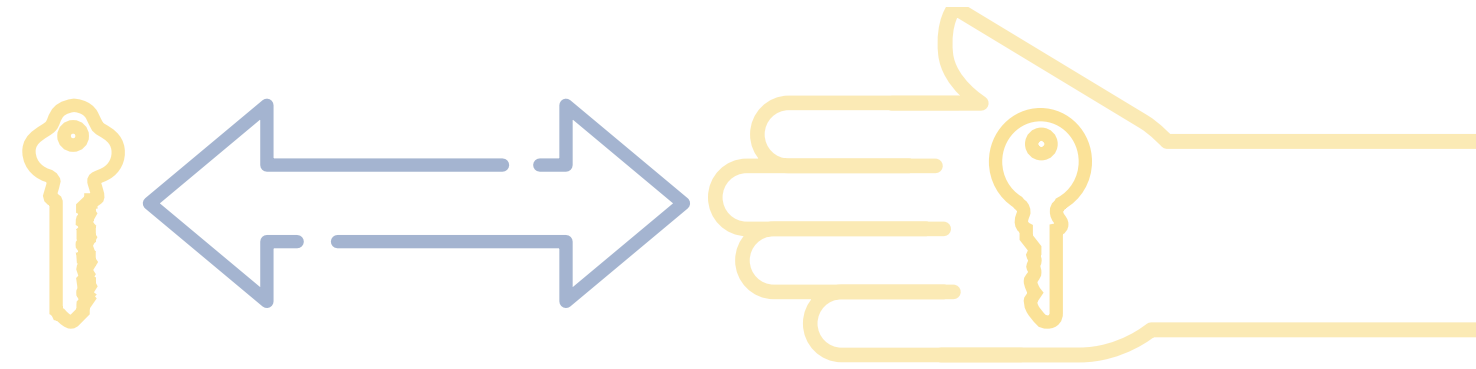
While living in an RCH, there may be a time when you are asked to move to another room.

THERE ARE THREE (3) REASONS A ROOM CHANGE CAN HAPPEN WITHOUT YOUR PERMISSION:

1. There is a medical need to move you to another room.
2. For your well-being or the well-being of other residents.
3. You receive Medicaid and the RCH wants you to move from a private room to a non-private room.

If one of these three (3) reasons is given for making you move to another room, you must get a written letter from the RCH explaining why you are being moved. This letter must be given to you at least 30 days, but no more than 60 days, before the move.

If you believe any of your resident rights are not being upheld, go to the section in this guidebook on “Protecting Your Rights.”

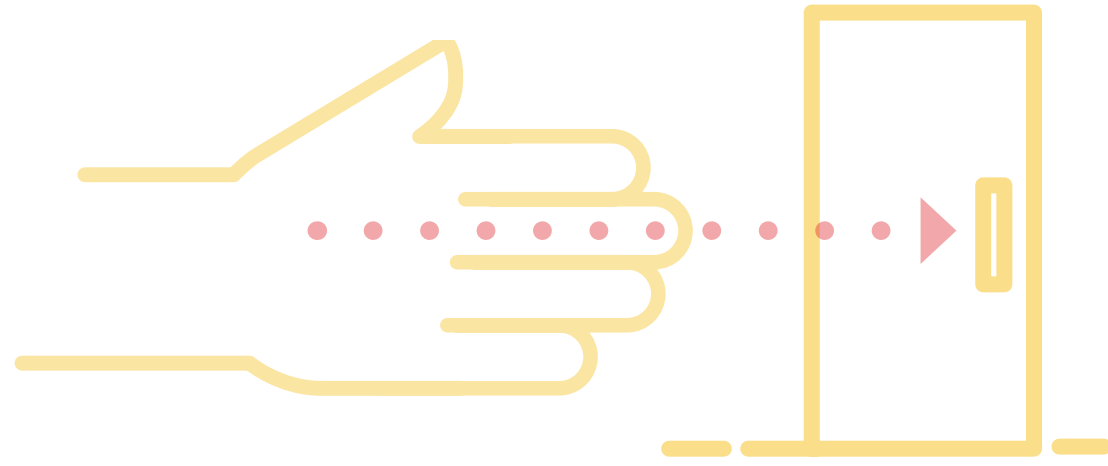


THE RCH CAN MOVE YOU TO ANOTHER ROOM WITHOUT ANY PREVIOUS NOTICE FOR ONLY THREE (3) REASONS. THOSE THREE (3) REASONS ARE:

1. The health, safety or well-being of you or other residents is in danger.
2. Your immediate medical needs.
3. You have lived in the RCH for less than 30 days.

If you are told you need to move to another room because of a medical reason or for the well-being of other residents, your record must have notes detailing the actions the RCH took to make the transfer process more comfortable for you.

Your Rights



DISCHARGE RIGHTS

As an RCH resident, you can ask for a hearing if you do not agree with the RCH's decision to discharge you. Do not be afraid to ask for a hearing.

UNDER THE LAW, AN RCH CAN ONLY DISCHARGE YOU, OR ASK YOU TO LEAVE, FOR SIX (6) REASONS:

1. You have not paid your rent.
2. Your health or something else has changed and you no longer need to live in an RCH.
3. Your medical or physical needs can no longer be met in an RCH.
4. You staying in the RCH is a danger to other residents' safety.
5. You staying in the RCH is a danger to other residents' health.
6. The RCH is closing down.

No one can force you to leave unless one of the legal reasons listed above are given, supported by proof, and proven.

You also do not have to leave your RCH because other residents are complaining about you.

IF YOU ARE TOLD THAT THE RCH PLANS TO DISCHARGE YOU:

- The RCH must give you a written letter giving the reason for the discharge and facts to support it.
 - The letter must list the telephone number for the Department of Public Health (DPH) and instructions on how you can ask for a hearing, or in-person review, from DPH.
 - The letter must be given at least thirty (30) days before the date you are expected to leave.
 - DPH will then set up a date for the hearing. You will have a better chance of staying in the RCH if you ask for and go to the hearing.
- Do not wait if you want to ask for a hearing to reconsider a discharge.
- Once you get the written letter from your RCH about your discharge, you or your representative will have ten (10) days to ask for a hearing from DPH.

For more information about the hearing process, you can contact LTCOP. The LTCOP can also help you with paperwork, represent you, or suggest a lawyer for you. It is highly recommended that you be represented by a lawyer, LTCOP, or other trusted person, but you do not have to and can represent yourself.

READMISSION RIGHTS

Your room should be held for you during short absences.

While living at an RCH, there are many personal reasons why you may have to leave the building for several days. But you still have rights even when you are away.

As long as your rent has been paid, your room should be held during hospital stays, vacations, or other absences.

If you are on the State Supplement Program and want to return to your RCH, the State will keep paying for your room during the month you are away and the month after.

If you believe any of your resident rights are not being upheld, go to the section in this guidebook on "Protecting Your Rights."

Services Standards

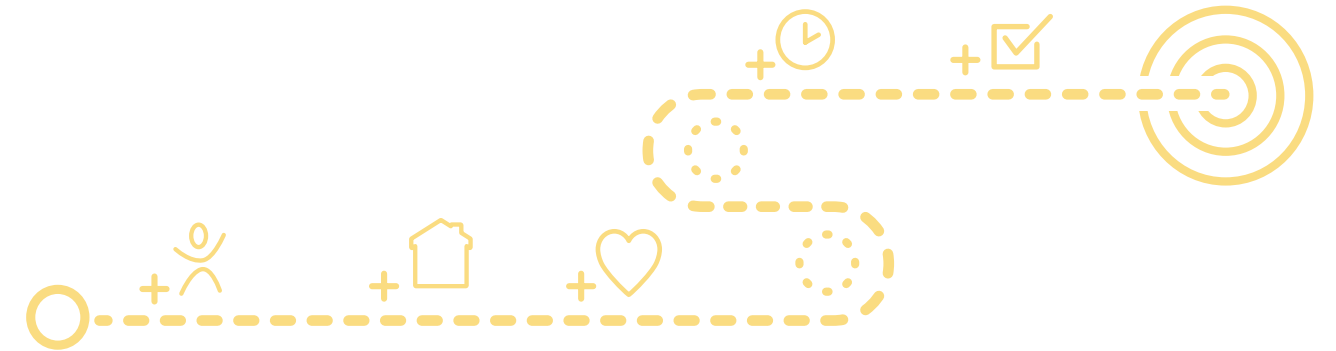
UNDERSTANDING
HOME- AND COMMUNITY-
BASED SERVICES

Services Standards

HOW TO GET HOME- AND COMMUNITY-BASED SERVICES IN YOUR RCH

There are many programs that offer services to help residents like you live as independently as possible right at home. These programs are called Home- and Community-Based Services (HCBS) “waiver” programs. In order for you to receive covered HCBS “waiver” services in your RCH, your RCH must be in compliance with HCBS rules. This includes allowing residents to:

- Have full access to your community, which includes the freedom to have a job, handle your own money, and get local services. Your RCH cannot treat you differently because you are receiving HCBS through Medicaid.
- Choose where you want to live, including living arrangements that are not only for people living with disabilities.
- Be treated with dignity and respect. You also have the right to privacy and you do not have to make any choices you don’t want to make.
- Make your own choices about daily activities, where you spend your day, and who you spend time with.
- Choose what services you want and who gives them to you.



If your RCH does not provide or cannot follow these rules, you will not be able to get HCBS “waiver” services in your RCH. If you want to get HCBS services, you may need to move to another RCH that follows the HCBS rules.

As an RCH resident in Connecticut you have other rights under the HCBS rules. These rights are:

- Protection from being evicted, or forced out of an RCH.
- Privacy in your room or apartment. This means the doors to your room or apartment must have locks on the inside and only a few staff members should have a copy of your key. You can also choose your own roommate(s).
- Control over your own plans and activities. You are also allowed to have access to food at all times.
- The ability to have visitors at any time.
- The ability to live in an RCH that is comfortable and accessible to your physical needs.
- The right to agree to any changes related to these rights.

Protecting Your Rights

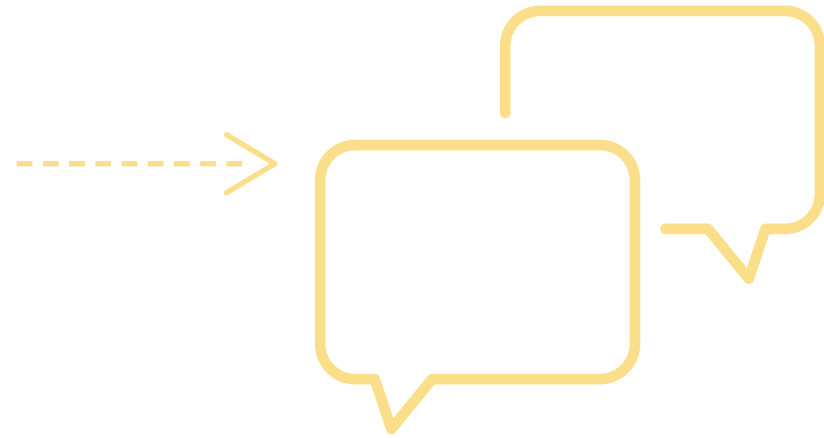
As a resident of an RCH, there are easy steps you can take to make sure your resident rights are protected.

1 TALK IT OUT

2 GET ADDITIONAL SUPPORT

3 GET OUTSIDE HELP

Protecting Your Rights



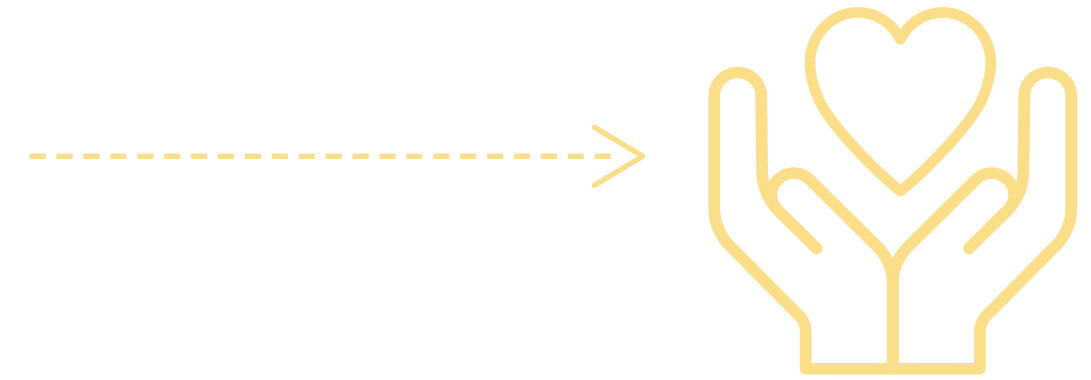
Step 1 TALK IT OUT

Problem with a resident or staff:

If you have an issue with another resident or with a staff member, try talking one-on-one with that person in order to solve the problem together. Calmly and respectfully tell them what is upsetting you, and see if you both can agree on a way to fix the problem. By talking to the other person, you may be able to quickly solve the problem together. If that does not solve the problem, talk with your RCH manager. If talking to the RCH manager does not help solve your problem, then go to Step Three.

Problem with the RCH manager:

If you have a problem with the RCH manager, ask for a meeting with the manager to talk about it. Doing this usually can help fix the problem. If talking with your RCH manager does not help solve the problem, then go to Step Two.



Step 2 GET ADDITIONAL SUPPORT

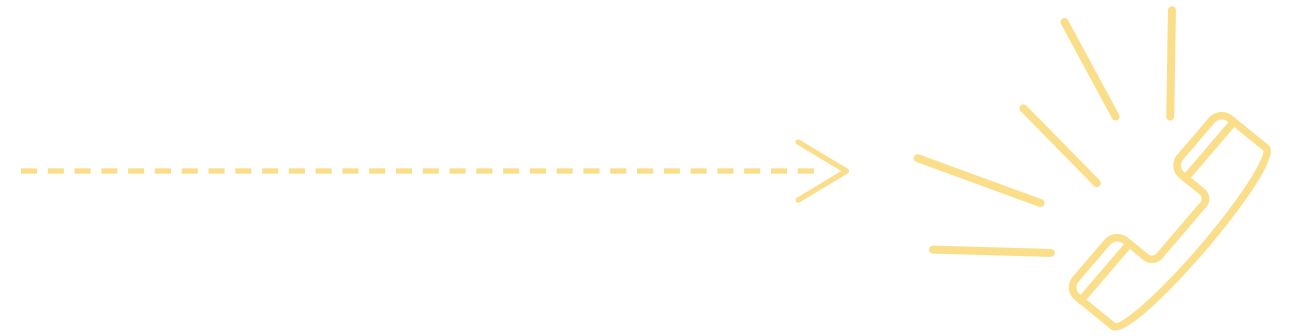
If the RCH manager does not solve your problem, you can get support from fellow residents and families through resident councils and/or family support groups. Meetings with other residents or families can give you a safe space to get important information, hear other opinions, and talk about ways to fix problems that may be happening in the RCH. Your resident council and/or family support group can then ask for a meeting with the RCH manager or owners to talk about these problems and the best ways to solve them.

LTCOP can help you create a resident council. See the “Resident Councils” section in the Appendix for more information.

If having the resident council/family support group speak to the RCH manager does not help the situation, go to Step Three.

“If the RCH manager does not solve your problem, you can get support from fellow residents and families through resident councils and/or family support groups.”

Protecting Your Rights



Step 3 GET OUTSIDE HELP

If you are having a hard time getting help from inside your RCH to solve a problem, you can seek help from organizations outside of your RCH. These organizations include:



Scan QR code
or click [HERE](#)

Connecticut Long Term Care
Ombudsman Program (LTCOP): (866) 388-1888

Department of Public Health (DPH): (860) 509-8000

Department of Social Services (DSS): (855) 626-6632
TTD/TTY (800) 842-4524

Connecticut Attorney General's Office: (860) 808-5318

Greater Hartford Legal Aid: (860) 541-5000

New Haven Legal Assistance Association: (203) 946-4811

CONNECTICUT LEGAL SERVICES:

Bridgeport: (800) 809-4434

Stamford: (800) 541-8909

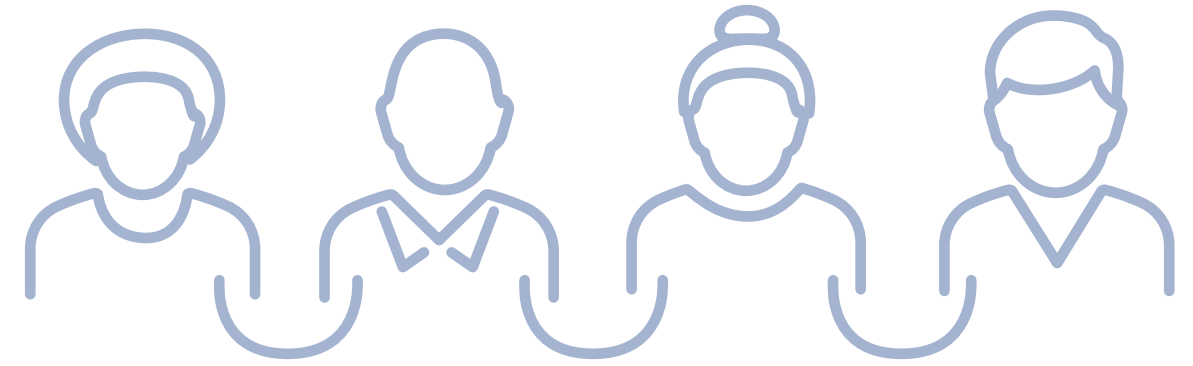
Waterbury: (800) 413-7797

Willimantic: (800) 413-7796

Appendix

- RESIDENT COUNCILS
- RESIDENTIAL HOME COMPLAINT FORM
- RESIDENT PERSONAL BELONGINGS INVENTORY LIST

Appendix



WORKING WITH RESIDENT COUNCILS

Resident Councils can be very useful to you when it comes to representing yourself and your needs in an RCH. You and your fellow residents can use resident councils to help make positive changes at your RCH. This will take commitment, planning, patience, and understanding.

Resident issues that are brought up at Resident Council meetings can be written down in your meeting notes and taken to RCH management. Those issues should be investigated and addressed by RCH management. You should ask that any results or ideas from management be reported back to the Resident Council at the next meeting.

“Resident Councils can be very useful to you when it comes to representing yourself and your needs in an RCH. You and your fellow residents can use resident councils to help make positive changes at your RCH.”

COMMUNICATION SKILLS

Residents will want to attend and participate in Resident Council meetings that are well-planned and make them feel heard. This requires good communication skills from Resident Council leaders and members. Here are some basic communication skills that can help members and leaders build healthy relationships and accomplish their goals:

- Listen to, and respect, other opinions.
- Confidently explain your point without offending others.
- Keep a positive attitude and be open to other ideas.
- Keep meetings focused and on topic.
- Make sure all attending residents are heard out.
- Encourage active participation and commitment.
- Stay informed—know your rights!

Appendix



RESIDENT COUNCILS SHOULD BE RUN

- By residents
- With support, but little interruption, from staff members
- Where issues are brought forward and followed up on at the next meeting
- Where concerns and problems are quickly handled by management
- Where all residents feel comfortable in raising issues and speaking freely
- Where residents can access information as needed and asked for by the Council
- Where residents are treated with respect and their issues are taken seriously
- As a way to make positive changes for all residents in the RCH

RESIDENT COUNCILS USUALLY RUN AS FOLLOWS

1. Welcome: Call to order, ask secretary to read minutes from previous meeting
2. Minutes: Read minutes, ask for additions or corrections, approve minutes
3. Announcements
4. Old business/Committee reports
5. New business
6. Closing and schedule of next meeting

Appendix

RESIDENT CARE HOME COMPLAINT FORM

While you do not have to use this form to file a complaint, it can help you put together important information about the issue you are bringing forward.

Keep a copy of this complaint.

Once this form is completed, signed, and dated, send a copy to:

Facility Licensing and Investigations Section

Connecticut Department of Public Health

410 Capitol Ave., MS# 12 HSR

Hartford, CT 06134-0308

Phone: (860) 509-7400

Fax: (860) 730-8390

Email: dph.fliscomplaint@ct.gov

OR

Department of Social Services

Office of Legal Counsel, Regulations, and Administrative Hearings

55 Farmington Avenue

Hartford, CT 06105

Fax Number: (860) 424-5729

Check with the LTCOP to determine where your specific complaint should be filed. See the “Resources” section for contact information.

RESIDENT CARE HOME COMPLAINT FORM

Resident Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Residential Care Home Name: _____

Residential Care Home Address: _____

Phone: _____ Manager or Owner: _____

The Complaint: Describe the problem you are having. Attach any important paperwork related to this issue.

WHO is involved: _____

WHAT happened: _____

WHEN and WHERE did it happen: _____

Explain how this affected you: _____

Signature: _____ Date: _____

RESIDENT PERSONAL BELONGINGS INVENTORY LIST

INSTRUCTIONS:

1. Fill out this form by listing all of the personal belongings you have with you in your RCH.
2. Make a copy for your records.
3. Deliver the completed form to your RCH's business office.
4. Update this inventory form at least once a year.

Note: Update inventory as needed. Both resident and business offices should maintain copies of all new lists/recordings.

Resident Name: _____ Resident Room #: _____

Date Inventory Completed: _____ Date of Admission: _____

FURNITURE

Bed/Mattress _____

Bookshelf _____

Chair _____

Bedside Table _____

Dresser _____

PERSONAL ITEMS

Purse/Wallet _____

Blanket _____

Walker/Cane _____

Eyeglasses _____

Eyeglass case _____

Dentures _____

Shaver _____

Hearing Aid _____

RESIDENT PERSONAL BELONGINGS INVENTORY LIST (continued)

CLOTHING

Pants _____ Shirts/Blouses _____

Pajamas _____ Socks _____

Underwear _____ Bra _____

Jackets/Coats _____ Sweaters _____

Suits/Dresses _____ Shorts _____

Shoes/Boots _____ Slippers _____

Belts _____ Hats _____

Gloves/Mittens _____ T-Shirts _____

PERSONAL BELONGINGS

Television _____ Radio/CD _____

DVD/VCR Player _____ Remote _____

Books _____ Pictures _____

Decorations _____ Paintings _____

CDs _____ Computer/Laptop _____

MP3/Discman _____ DVDs/VHS _____

Personal Papers _____

Refrigerator _____ Lockbox/Safe _____

NOTES

Resources

Resources

For free help with questions about, or problems with, your rights as a resident of an RCH, call:

The Connecticut Long Term Care Ombudsman Program (LTCOP):
(866) 388-1888 • portal.ct.gov/LTCOP.

CONNECTICUT LEGAL SERVICES, INC.

Legal Services are not-for-profit law firms that help protect the rights of low-income residents of RCHs. All services are free and information shared is confidential.

Contact the office closest to you.

www.ctlegal.org

Serves the following areas:

Bridgeport:	(203) 336-3851
Middletown:	(860) 344-0447
New Britain:	(860) 225-8678
New London:	(860) 447-0323
Stamford:	(203) 348-9216
Waterbury:	(203) 756-8074
Willimantic:	(860) 456-1761
Greater Hartford Legal Aid: <i>Serves the greater Hartford area.</i>	(860) 541-5000
New Haven Legal Assistance Association: <i>Serves the greater New Haven area.</i>	(203) 946-4811

YOUR LOCAL AREA AGENCY ON AGING:

Area Agencies on Aging (AAA) are not-for-profit organizations that offer planning, programs, and services for seniors and people with disabilities to help them live independently in their community. Services funded by AAAs include social services, nutritional services, disease prevention and health promotion services, family caregiver support services, and adult day care aid for people living with dementia.

In Connecticut, there are five regional AAAs – one in each region of the state:

Southwestern CT:	www.swcaa.org	(203) 333-9288
South Central CT:	www.aoascc.org	(203) 785-8533
Eastern CT:	www.seniorresourcesec.org	(860) 887-3561
North Central CT:	www.ncaaact.org	(860) 724-6443
Northwest CT:	www.wcaaa.org	(203) 757-5449

The Office of the Attorney General:	(860) 808-5420
The Department of Public Health:	portal.ct.gov/dph (860) 509-8000
The Department of Social Services:	portal.ct.gov/dss (855) 626-6632 <i>for persons with speech or hearing difficulties:</i> (800) 842-4524
Disability Rights CT:	disrightsct.org (860) 422-4220
Protective Services for the Elderly:	portal.ct.gov/dss (888) 385-4225

Laws for Residents of RCHs

The Connecticut General Assembly Statutes have laws that help protect the rights of residents like you during your stay in an RCH. The following are some key laws related to room changes and involuntary discharges, or a removal from an RCH, that residents can refer to.

To read the full laws mentioned in this guidebook and other laws about your rights while living in an RCH, please visit:

https://www.cga.ct.gov/current/pub/chap_368v.htm



Scan QR code
or click [HERE](https://www.cga.ct.gov/current/pub/chap_368v.htm)

https://www.cga.ct.gov/current/pub/chap_319mm.htm#sec_17b-601



Scan QR code
or click [HERE](https://www.cga.ct.gov/current/pub/chap_319mm.htm#sec_17b-601)

Room Change Rights

[CGS 19a-550(b)(4)]

There is established a patients' bill of rights for any person admitted as a patient to any nursing home facility, residential care home or chronic disease hospital. The patients' bill of rights shall be implemented in accordance with the provisions of Sections 1919(b), 1919(c), 1919(c)(2), 1919(c)(2)(d) and 1919(c)(2)(e) of the Social Security Act. The patients' bill of rights shall provide that each such patient: in a residential care home or a chronic disease hospital is transferred from one room to another within such home or chronic disease hospital only for medical reasons, or for the patient's

welfare or that of other patients, as documented in the patient's medical record and such record shall include documentation of action taken to minimize any disruptive effects of such transfer, except a patient who is a Medicaid recipient may be transferred from a private room to a nonprivate room, provided no patient may be involuntarily transferred from one room to another within such home or chronic disease hospital if (A) it is medically established that the move will subject the patient to a reasonable likelihood of serious physical injury or harm, or (B) the patient has a prior established medical history of psychiatric problems and there is psychiatric testimony that as a consequence of the proposed

move there will be exacerbation of the psychiatric problem that would last over a significant period of time and require psychiatric intervention; and in the case of an involuntary transfer from one room to another within such home or chronic disease hospital, the patient and, if known, the patient's legally liable relative, guardian or conservator or a person designated by the patient in accordance with section 1-56r, is given not less than thirty days' and not more than sixty days' written notice to ensure orderly transfer from one room to another within such home or chronic disease hospital, except where the health, safety or welfare of other patients is endangered or where immediate transfer from one room to another within such home or chronic disease hospital is necessitated by urgent medical need of the patient or where a patient has resided in such home or chronic disease hospital for less than thirty days, in which case notice shall be given as many days before the transfer as practicable.

[CGS 19a-550(c)]

The patients' bill of rights shall provide that a patient in a rest home with nursing supervision or a chronic and convalescent nursing home may be transferred from one room to another within such home only for the purpose of promoting the patient's well-being, except as provided pursuant to subparagraph (C) or (D) of this

subsection or subsection (d) of this section. Whenever a patient is to be transferred, such home shall effect the transfer with the least disruption to the patient and shall assess, monitor and adjust care as needed subsequent to the transfer in accordance with subdivision (10) of subsection (b) of this section. When a transfer is initiated by such home and the patient does not consent to the transfer, such home shall establish a consultative process that includes the participation of the attending physician or advanced practice registered nurse, a registered nurse with responsibility for the patient and other appropriate staff in disciplines as determined by the patient's needs, and the participation of the patient, the patient's family, a person designated by the patient in accordance with section 1-56r or other representative. The consultative process shall determine: (1) What caused consideration of the transfer; (2) whether the cause can be removed; and (3) if not, whether such home has attempted alternatives to transfer. The patient shall be informed of the risks and benefits of the transfer and of any alternatives. If subsequent to the completion of the consultative process a patient still does not wish to be transferred, the patient may be transferred without the patient's consent, unless medically contraindicated, only (A) if necessary to accomplish physical plant repairs or

renovations that otherwise could not be accomplished; provided, if practicable, the patient, if the patient wishes, shall be returned to the patient's room when the repairs or renovations are completed; (B) due to irreconcilable incompatibility between or among roommates, which is actually or potentially harmful to the well-being of a patient; (C) if such home has two vacancies available for patients of the same sex in different rooms, there is no applicant of that sex pending admission in accordance with the requirements of section 19a-533 and grouping of patients by the same sex in the same room would allow admission of patients of the opposite sex, that otherwise would not be possible; (D) if necessary to allow access to specialized medical equipment no longer needed by the patient and needed by another patient; or (E) if the patient no longer needs the specialized services or programming that is the focus of the area of such home in which the patient is located. In the case of an involuntary transfer, such home shall, subsequent to completion of the consultative process, provide the patient and the patient's legally liable relative, guardian or conservator if any or other responsible party if known, with at least fifteen days' written notice of the transfer, which shall include the reason for the transfer, the location to which the patient is being transferred, and the name, address and telephone number of the

regional long-term care ombudsman, except that in the case of a transfer pursuant to subparagraph (A) of this subsection at least thirty days' notice shall be provided. Notwithstanding the provisions of this subsection, a patient may be involuntarily transferred immediately from one room to another within such home to protect the patient or others from physical harm, to control the spread of an infectious disease, to respond to a physical plant or environmental emergency that threatens the patient's health or safety or to respond to a situation that presents a patient with an immediate danger of death or serious physical harm. In such a case, disruption of patients shall be minimized; the required notice shall be provided not later than twenty-four hours after the transfer; if practicable, the patient, if the patient wishes, shall be returned to the patient's room when the threat to health or safety that prompted the transfer has been eliminated; and, in the case of a transfer effected to protect a patient or others from physical harm, the consultative process shall be established on the next business day.

[CGS 19a-550(d)]

(d) Notwithstanding the provisions of subsection (c) of this section, unless medically contraindicated, a patient who is a Medicaid recipient may be transferred from a private to a non

private room. In the case of such a transfer, the nursing home facility shall (1) give not less than thirty days' written notice to the patient and the patient's legally liable relative, guardian or conservator, if any, a person designated by the patient in accordance with section 1-56r or other responsible party, if known, which notice shall include the reason for the transfer, the location to which the patient is being transferred and the name, address and telephone number of the regional long-term care ombudsman; and (2) establish a consultative process to effect the transfer with the least disruption to the patient and assess, monitor and adjust care as needed subsequent to the transfer in accordance with subdivision (10) of subsection (b) of this section. The consultative process shall include the participation of the attending physician or advanced practice registered nurse, a registered nurse with responsibility for the patient and other appropriate staff in disciplines as determined by the patient's needs, and the participation of the patient, the patient's family, a person designated by the patient in accordance with section 1-56r or other representative.

Evictions/Involuntary Discharge Rights

[CGS 19a-535a]

(a) As used in this section:

(1) "Facility" means a residential care home, as defined in section 19a-490;

(2) "Emergency" means a situation in which a resident of a facility presents an imminent danger to the resident's own health or safety, the health or safety of another resident or the health or safety of an employee or the owner of the facility;

(3) "Department" means the Department of Public Health; and

(4) "Commissioner" means the Commissioner of Public Health, or the commissioner's designee.

(b) A facility shall not transfer or discharge a resident from the facility except to meet the welfare of the resident which cannot be met in the facility, or unless the resident no longer needs the services of the facility due to improved health, the facility is required to transfer the resident pursuant to section 17b-359 or 17b-360, or the health or safety of individuals in the facility is endangered, or in the case of a self-pay resident, for the resident's nonpayment or arrearage of more than fifteen days of the per diem facility room rate, or the facility ceases to operate. In each case the basis for transfer or discharge shall be documented in the resident's medical record by a physician, a physician assistant or an advanced practice registered nurse. In each case where the welfare, health or safety of the resident is concerned the documentation shall be by the resident's physician, physician assistant or advanced practice registered nurse.

A facility that is part of a continuing care facility which guarantees life care for its residents may transfer or discharge (1) a self-pay resident who is a member of the continuing care community and who has intentionally transferred assets in a sum that will render the resident unable to pay the costs of facility care in accordance with the contract between the resident and the facility, or (2) a self-pay resident who is not a member of the continuing care community and who has intentionally transferred assets in a sum that will render the resident unable to pay the costs of a total of forty-two months of facility care from the date of initial admission to the facility.

(c) (1) Before effecting any transfer or discharge of a resident from the facility, the facility shall notify, in writing, the resident and the resident's guardian or conservator, if any, or legally liable relative or other responsible party if known, of the proposed transfer or discharge, the reasons therefor, the effective date of the proposed transfer or discharge, the location to which the resident is to be transferred or discharged, the right to appeal the proposed transfer or discharge and the procedures for initiating such an appeal as determined by the Department of Social Services, the date by which an appeal must be initiated in order to preserve the resident's right to an appeal hearing and the date by which an appeal must be initiated in order to

stay the proposed transfer or discharge and the possibility of an exception to the date by which an appeal must be initiated in order to stay the proposed transfer or discharge for good cause, that the resident may represent himself or herself or be represented by legal counsel, a relative, a friend or other spokesperson, and information as to bed hold and nursing home readmission policy when required in accordance with section 19a-537. The notice shall also include the name, mailing address and telephone number of the State Long-Term Care Ombudsman. If the resident is, or the facility alleges a resident is, mentally ill or developmentally disabled, the notice shall include the name, mailing address and telephone number of the nonprofit entity designated by the Governor in accordance with section 46a-10b to serve as the Connecticut protection and advocacy system. The notice shall be given at least thirty days and no more than sixty days prior to the resident's proposed transfer or discharge, except where the health or safety of individuals in the facility are endangered, or where the resident's health improves sufficiently to allow a more immediate transfer or discharge, or where immediate transfer or discharge is necessitated by urgent medical needs or where a resident has not resided in the facility for thirty days, in which cases notice shall be given as many days before the transfer

or discharge as practicable.

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

(d) No resident shall be transferred or discharged from any facility as a result of a change in the resident's status from self-pay or Medicare to Medicaid provided the facility offers services to both categories of residents. Any such resident who wishes to be transferred to another facility that has agreed to accept the resident may do so upon giving at least fifteen days written notice to the administrator of the facility from which the resident is to be transferred and a copy thereof to the appropriate advocate of such resident. The resident's advocate may help the resident complete all administrative procedures relating to a transfer.

(e) Except in an emergency or in the case of transfer to a hospital,

no resident shall be transferred or discharged from a facility unless a discharge plan has been developed by the personal physician, physician assistant or advanced practice registered nurse of the resident or the medical director in conjunction with the nursing director, social worker or other health care provider. To minimize the disruptive effects of the transfer or discharge on the resident, the person responsible for developing the plan shall consider the feasibility of placement near the resident's relatives, the acceptability of the placement to the resident and the resident's guardian or conservator, if any, or the resident's legally liable relative or other responsible party, if known, and any other relevant factors that affect the resident's adjustment to the move. The plan shall contain a written evaluation of the effects of the transfer or discharge on the resident and a statement of the action taken to minimize such effects. In addition, the plan shall outline the care and kinds of services that the resident shall receive upon transfer or discharge. Not less than thirty days prior to an involuntary transfer or discharge, a copy of the discharge plan shall be provided to the resident's personal physician, physician assistant or advanced practice registered nurse if the discharge plan was prepared by the medical director, to the resident and the resident's guardian or conservator, if any, or legally

liable relative or other responsible party, if known.

(f) No resident shall be involuntarily transferred or discharged from a facility if such transfer or discharge is medically contraindicated.

(g) The facility shall be responsible for assisting the resident in finding appropriate placement.

(h) (1) Except in the case of an emergency, as provided in subdivision (4) of this subsection, upon receipt of a request for a hearing to appeal any proposed transfer or discharge, the Commissioner of Social Services or the commissioner's designee shall hold a hearing to determine whether the transfer or discharge is being effected in accordance with this section. A hearing shall be convened not less than ten, but not more than thirty days from the date of receipt of such request and a written decision made by the commissioner or the commissioner's designee not later than thirty days after the date of termination of the hearing or not later than sixty days after the date of the hearing request, whichever occurs sooner. The hearing shall be conducted in accordance with chapter 54. In each case the facility shall prove by a preponderance of the evidence that it has complied with the provisions of this section.

Except in the case of an emergency or in circumstances when the resident

is not physically present in the facility, whenever the Commissioner of Social Services receives a request for a hearing in response to a notice of proposed transfer or discharge and such notice does not meet the requirements of subsection (c) of this section, the commissioner shall, not later than ten business days after the date of receipt of such notice from the resident or the facility, order the transfer or discharge stayed and return such notice to the facility. Upon receipt of such returned notice, the facility shall issue a revised notice that meets the requirements of subsection (c) of this section.

(2) The resident, the resident's guardian, conservator, legally liable relative or other responsible party shall have an opportunity to examine, during regular business hours at least three business days prior to a hearing conducted pursuant to this section, the contents of the resident's file maintained by the facility and all documents and records to be used by the commissioner or the commissioner's designee or the facility at the hearing. The facility shall have an opportunity to examine during regular business hours at least three business days prior to such a hearing, all documents and records to be used by the resident at the hearing.

(3) If a hearing conducted pursuant to this section involves medical issues, the commissioner or the commissioner's designee may order an independent

medical assessment of the resident at the expense of the Department of Social Services that shall be made part of the hearing record.

(4) In an emergency the notice required pursuant to subsection (c) of this section shall be provided as soon as practicable. A resident who is transferred or discharged on an emergency basis or a resident who receives notice of such a transfer or discharge may contest the action by requesting a hearing in writing not later than twenty days after the date of receipt of notice or not later than twenty days after the date of transfer or discharge, whichever is later, unless the resident demonstrates good cause for failing to request a hearing within the twenty-day period. A hearing shall be held in accordance with the requirements of this subsection not later than fifteen business days after the date of receipt of the request. The commissioner, or the commissioner's designee, shall issue a decision not later than thirty days after the date on which the hearing record is closed.

(5) Except in the case of a transfer or discharge effected pursuant to subdivision (4) of this subsection, (A) an involuntary transfer or discharge shall be stayed pending a decision by the commissioner or the commissioner's designee, and (B) if the commissioner or the commissioner's designee determines the transfer or discharge is

being effected in accordance with this section, the facility may not transfer or discharge the resident prior to fifteen days from the date of receipt of the decision by the resident and the resident's guardian or conservator, if any, or the resident's legally liable relative or other responsible party if known.

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

(7) A copy of a decision of the commissioner or the commissioner's designee shall be sent to the facility and to the resident, the resident's guardian, conservator, if any, legally liable relative or other responsible party, if known. The decision shall be deemed to have been received not later than five days after the date it was mailed, unless the facility, the resident or the

resident's guardian, conservator, legally liable relative or other responsible party proves otherwise by a preponderance of the evidence. The Superior Court shall consider an appeal from a decision of the Department of Social Services pursuant to this section as a privileged case in order to dispose of the case with the least possible delay.

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

(j) Whenever a facility is discharging a resident to the resident's home in the community, the discharge shall be in

accordance with sections 19a-535c and 19a-535d.

(k) A facility shall electronically report each involuntary transfer or discharge to the State Ombudsman, appointed pursuant to section 17a-405, (1) in a manner prescribed by the State Ombudsman, and (2) on an Internet web site portal maintained by the State Ombudsman in accordance with patient privacy provisions of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time.



RCH Residents Have Rights!

DIGNITY + RESPECT

You have the right to be treated with respect and dignity.

MAKE DECISIONS

Participate in important decisions about your care and choose your own doctor.

BE FREE

You have the right to be free from any type of abuse.

MANAGE MONEY

Manage your own finances or get help to manage them.

BE HEARD

You have the right to share complaints without consequences.

SPEAK FREELY

Spend time with and communicate privately with anyone you choose.

STAY IN TOUCH

You have the right to have visitors and send and receive personal mail.

PERSONAL PROPERTY

You have the right to have personal items in your room and for those items to be safe.

PRIVACY

You have the right to keep your personal and medical records confidential.

EQUAL ACCESS

Apply for state and federal financial assistance without discrimination.

BE IN THE KNOW

Be fully informed about your rights prior to admission.

STAY OR GO

Be given advance notice and the right to appeal a room transfer or discharge.

WHAT LTCOP CAN DO FOR YOU

We provide free and confidential services to Connecticut citizens living in residential care homes to improve their quality of life and care. If you have questions about your rights or need assistance, contact the Long Term Care Ombudsman's Office by calling our statewide toll-free number **866-388-1888**.

Scan QR code or click [HERE](#)





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We refuse to be invisible