



**CONNECTICUT**

**Aging and Disability Services**

**Long Term Care Ombudsman Program**

# RCH: Involuntary Discharges

Public Act 22-58 and Public Act 25-16, Section 3 provide greater protections for residents when an involuntary discharge notice is issued.

- RCHs are required to report **all instances** of a resident involuntary discharge to the LTCOP at [ADSPortal - Login](#)
- The LTCOP portal collects all the required data and allows the RCH the option to print a written notice of involuntary discharge which must be provided to the affected resident.
  - **A copy must be provided to the affected resident and/or legally liable relative, guardian or conservation.**
  - This notice includes all the mandatory information set forth in the law and has been approved and adopted by the Commissioner of Public Health.

# RCH: Involuntary Discharges

- The RCH must assist the resident in finding an alternative residence when a discharge notice has been issued.
  - A discharge plan, prepared by the facility, shall be submitted to the resident not later than seven (7) days after the notice of transfer or discharge.
  - The discharge plan form which has been approved by the Commissioner can be located at the following link: [Residential Care Homes](#).
  - The discharge plan/summary form is a fillable PDF document which can be completed on-line and then printed for the resident. A copy should be maintained in the resident's record and available as required by law.

# RCH: Involuntary Discharges

- Public Act 22-58 and Public Act 25-16, Section 3 modified CGS19a-535a
- Expanded involuntary transfer-discharge requirements
  - Facility must provide written notice to the resident when issuing an involuntary discharge notice
    - Notice not less than 30 days of transfer (except with emergency)
    - Include reason and date of transfer
    - Form and manner prescribed by the Commissioner
      - Contact info for Long Term Care Ombudsman Program (LTCOP) and requirement for sending notice to Ombuds. Not required to send copy to DPH
      - Presence of mental illness → CT P&A organization
      - Legally liable relative, guardian or conservator
      - Right to representation
- Discharge (DC) Plan: form and manner prescribed by the Commissioner- include location

# Involuntary Discharge Appeals-Hearing Office

- Multiple changes
  - Any appeal- transfer shall be stayed until final determination by the Commissioner
  - Changes related to time frames with the appeal process
    - Held not later than 7 business days after receipt of the request
    - Decision not later than 20 days after the closing of the hearing record
  - Commissioner hearing decisions are sent to the Resident, Facility and legal guardian, conservator or other responsible party
  - Emergency involuntary transfers changes:
    - Request by sworn affidavit
    - Commissioner may issue an order for an immediate transfer and temporary order in place until final decision is made
    - Hearing rights
      - Resident or facility who is aggrieved by the final decision may appeal to the Superior Court

# Discharge Plan-CGS 19a-535a

(c) The facility shall be responsible for assisting the resident in finding an alternative residence. A discharge plan, prepared by the facility, in a form and manner prescribed by the Commissioner, as modified from time to time, shall include the resident's individual needs and shall be submitted to the resident not later than seven days after the notice of transfer or discharge is issued to the resident. **The facility shall submit the discharge plan to the Commissioner at or before the hearing held pursuant to subsection (d) of this section.**

- DC Plan is submitted to the hearing office for consideration when an involuntary discharge is appealed

NOTICE OF INTENT TO DISCHARGE  
per CONNECTICUT GENERAL STATUTES, Section 19a-535a

Date of notice →

04/11/2025

Resident name →

Ryan Burnz  
370 Jones Hollow Rd  
Marlborough, CT 06447-0000

Legal Representative: Barbara Katz  
Email: Bcass123@Gmail.Com

Legal representative ←

Reasons for involuntary DC →

Dear Ryan Burnz:

In accordance with Connecticut General Statutes, Section 19a-535a, this letter serves as a 30 day notice that **BY THE RIVER RESIDENTIAL CARE HOME** intends to discharge you from the facility on **Monday, May 12, 2025** for the following reason(s):

Effective DC date (30 days +) ←

- (3) The health or safety of individuals in the facility is endangered;
- (6) OTHER (Ryan was smoking in his room, despite multiple attempts at education, he continues.)

The Facility is planning for you to be discharged to:

- Homeless Shelter 123 Fake St. Madison CT 06443

DC location ←

If you do not want to appeal this discharge, no action is required. You have the right to appeal this discharge by requesting a hearing in writing to:

Department of Public Health - Public Health Hearing Office  
410 Capitol Ave. MS 13PHO  
PO BOX 340308  
Hartford, CT 06134  
Phone: (860) 509-7648 | Fax: (860) 707-1904 Email: phho.dph@ct.gov

Appeal rights ←

Right to self-representation or legal counsel →

If you do not want us to act on this notice until a hearing has been held, you must request the hearing within 10 days of the date that you receive this notice.

Hearing request timeline ←

If you request a hearing, you may be represented by yourself, by legal counsel, a friend, relative or any other person. Please provide us with a copy of your request for a hearing. The State Long Term Care Ombudsman's Office, and (if you are mentally ill or developmentally disabled) the Office of Protection and Advocacy may also be contacted for assistance, as follows:

Connecticut State Long Term Care Ombudsman  
55 Farmington Avenue, Hartford, CT 06105-3730  
Phone: (860) 424-5200 or (866) 388-1888  
Fax: (860) 772-1704 | Email: LTCOP@ct.gov

Disability Rights Connecticut  
75 Charter Oak Ave. Ste 1-101 Hartford, CT 06106  
Phone: 860-297-4300; Toll-free (in CT only): (800) 842-7303  
Fax: (860) 296-0055 | Email: info@disrightsct.org

OPA contact info ←

Our facility staff is available to assist with questions regarding this notice or with any appeals or arrangements, if necessary.

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

Cc: CT Long Term Care Ombudsman's Office / Email: LTCOP@ct.gov

Required as  
of 10/1/2025

## BEST CHOICE REHAB AND CARE CENTER

123 FAKE STREET, MADISON, CT 06443

### NOTICE OF INTENT TO DISCHARGE

per CONNECTICUT GENERAL STATUTES, Section 19a-535

04/25/2025

Barbara Klass  
123 Fake Street  
Madison, CT 06443

Dear Barbara Klass:

In accordance with Connecticut General Statutes, Section 19a-535, this letter serves as a notice that **BEST CHOICE REHAB AND CARE CENTER** intends to discharge you from the facility on **Saturday, May 10, 2025** for the following reason(s):

- (2) The resident no longer needs the services of the facility due to improved health;

The Facility is planning for you to be discharged to:

- |                                  |                                |
|----------------------------------|--------------------------------|
| • Another Long Term Care Setting | 450 High St Branford CT, 06405 |
|----------------------------------|--------------------------------|

Generally, a discharge notice must be provided at least 30 days prior to the transfer or discharge of a resident. However, due to (2) The resident's health has improved sufficiently to allow a more immediate transfer or discharge; an exception to the 30-day requirement applies. As a result, this notice is being provided to you as soon as practicable prior to the discharge.

**BEST CHOICE REHAB AND CARE CENTER** affirms that this notice of proposed transfer or discharge has been provided to the State Long-Term Care Ombudsman, in accordance with the provisions of subdivision (3) of 19a-535.

If you do not want to appeal this discharge, no action is required. You have the right to appeal this discharge by requesting a hearing in writing from:

Department of Social Services - Office of Hearings & Appeals  
55 Farmington Avenue, Hartford, CT 06105-3730  
Phone: (860) 424-5760 or (outside of Hartford area) (800) 462-0134  
Fax: (860) 424-5729 | Email: [olcrah.DSS@ct.gov](mailto:olcrah.DSS@ct.gov)

If you do not want us to act on this notice until a hearing has been held, you must request the hearing within 20 days of the date that you receive this notice. You may file such request within 60 days of the date that you receive this notice but we will have the right to discharge you, pending a hearing, if you file after the 20th day. You may request an extension for good cause.

If you request a hearing, you may be represented by yourself, by legal counsel, a friend, relative or any other person. Please provide us with a copy of your request for hearing. The State Ombudsman's Office, and (if you are mentally ill or developmentally disabled) the Office of Protection and Advocacy may also be contacted for assistance, as follows:

Connecticut State Long Term Care Ombudsman	Disability Rights Connecticut
55 Farmington Avenue, Hartford, CT 06105-3730	76 Charter Oak Ave, Hartford, CT 06106
Phone: (860) 424-5200 or (866) 388-1888	Phone: 860-297-4300; Toll-free (in CT only): (800) 842-7303
Fax: (860) 772-1704   Email: <a href="mailto:LTCOP@ct.gov">LTCOP@ct.gov</a>	Fax: (860) 296-0055   Email: <a href="mailto:info@disrightsct.org">info@disrightsct.org</a>

Our facility social work services department is available to assist with questions regarding this notice or with any appeals or arrangements, if necessary.



# Discharge Plan: Residential Care Homes

Discharge Summary				
Facility Name:				
Facility Address:				
Today's Date:				
Resident Name:				
Resident Date of Birth:				
Allergies: YES <input type="checkbox"/> NO <input type="checkbox"/> ALLERGY TYPES:				
Discharge Address/Destination				
Responsible Party/Legally Authorized Representative				
Date of Admission				
Date of Discharge				
Condition on Discharge				
Adequate supply of medications for discharge: YES <input type="checkbox"/> NO <input type="checkbox"/> Number of Days of Medication:				
Medication list provided to the resident which included Date/Time each medication was last administered: YES <input type="checkbox"/> NO <input type="checkbox"/>				
Diet:				
Physical Mobility: Steady Gait <input type="checkbox"/> Unsteady Gait <input type="checkbox"/> Assistance of 1 <input type="checkbox"/> Utilizes Assistive Device <input type="checkbox"/>				
Assist with Medication Administration: Yes/No				
Durable Equipment Used:				
<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Adaptive Eating Utensils	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Glucometer
<input type="checkbox"/> Walker	<input type="checkbox"/> Shower Chair	<input type="checkbox"/> Specialized Mattress	<input type="checkbox"/> BiPap/CPAP machine	<input type="checkbox"/> Other

Referrals/Services:

☐

Home Health Agency

☐

Substance Use Disorder Services

☐

Occupational Therapy

☐

Speech and Language Therapy

☐

Psychological Services

☐

Physical Therapy

☐

Other

**Future Appointments**




Appointment Date

Appointment Time

Specialist Name




Appointment Date

Appointment Time

Specialist Name




Appointment Date

Appointment Time

Specialist Name




Appointment Date

Appointment Time

Specialist Name



Signature of Staff Member Completing the Plan

Date



Resident Signature

Date Submitted to the Resident

# Links

- [Residential Care Homes](#) (Discharge Plan)
- [ADSPortal - Login](#)

# Questions/Discussion