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In This Issue:

- [Connecticut Passes Legislation Concerning Patient-Designated Caregivers](#)
- [Connecticut Mandates the Availability of Language Interpreters in Hospitals](#)
- [Connecticut Extends Cost Report Deadline for Long-Term Care Facilities](#)
- [Connecticut Establishes Requirements for Facilities That Complete Medicare or Medicaid Applications for Patients](#)

CONNECTICUT PASSES LEGISLATION CONCERNING PATIENT-DESIGNATED CAREGIVERS

Effective October 1, 2015, P.A. 15-32 establishes requirements for hospitals to require patients to designate a caregiver to provide post-discharge assistance to the patient. The term “caregiver” is defined as an individual designated by the patient to provide assistance with basic activities of daily living and other support tasks following discharge from a hospital. A caregiver can include a relative, spouse, partner, friend, or neighbor “who has a significant relationship with the patient” and is not compensated for performing caregiving tasks. The term is limited to assistance provided in the patient’s home and generally does not include post-discharge care provided in a rehabilitation facility, nursing home, or similar setting.

As of October 1, 2015, hospitals will be required to (1) allow patients to designate a caregiver prior to or at the time the patient receives a written copy of the patient’s discharge plan; (2) include the designated caregiver’s name, contact information, and relationship to the patient in the discharge plan; (3) make reasonable attempts to notify the caregiver of the patient’s discharge to the patient’s home as soon as practicable; (4) provide training and instructions for caregivers in all post-discharge assistance tasks described in the discharge plan; and (5) document in the patient’s medical record any training provided to the caregiver, patient, or patient representative and any instructions regarding post-discharge assistance.

Hospitals have discretion to provide training and instructions for caregivers either in person or by video technology as long as the hospital provides the following as part of the instruction: (1) a live or recorded demonstration of the post-discharge assistance tasks performed by an individual designated by the hospital and authorized to perform the tasks, (2) an opportunity for the caregiver to ask questions about the tasks, and (3) answers to the caregiver’s questions. P.A. 15-32 requires individuals providing demonstrations and responding to caregiver questions to do so in a culturally competent manner and with

appropriate language access services as required under state and federal law. In addition, all training and instruction should use nontechnical language to the extent possible.

P.A. 15-32 explicitly states that it does not create a private right of action against a hospital or its employees, consultants, or contractors and that the same will not be held liable, in any way, for services rendered or not rendered by a caregiver to a patient at the patient's home. The bill also specifies that it should not be construed to affect a health insurer's benefit plans or reimbursement obligations, to delay patient discharges or transfers from a hospital to another facility, or to take precedence over a patient's proxy health care rights. Caregivers are not entitled to reimbursement by any government or commercial payor for post-discharge assistance provided in accordance with P.A. 15-32.

CONNECTICUT MANDATES THE AVAILABILITY OF LANGUAGE INTERPRETERS IN HOSPITALS

Governor Dannel P. Malloy signed into law Public Act 15-34, "An Act Concerning Language Interpreters in Hospitals" (P.A. 15-34). P.A. 15-34 revises a current Connecticut law regarding patient access to interpreters in acute care hospitals. Previously, acute care hospitals in Connecticut were required to make interpreter services available to certain patients "to the extent possible" for the hospital. P.A. 15-34 removes the "to the extent possible" condition from the current law to now mandate that all acute care hospitals in Connecticut "ensure the availability of interpreter services to patients whose primary language is spoken by a group comprising not less than five per cent of the population residing in the geographic area served by the hospital." P.A. 15-34 takes effect on October 1, 2015.

CONNECTICUT EXTENDS COST REPORT DEADLINE FOR LONG-TERM CARE FACILITIES

On June 5, 2015, Connecticut Governor Dannel P. Malloy signed into law Public Act 15-36, which extends the deadline for long-term care facilities to submit their annual cost reports. Long-term care facilities include, but are not limited to, nursing homes, residential care homes, and residential facilities for persons with intellectual disabilities. Current law requires long-term care facilities to file cost reports with the Department of Social Services by December 31 of each year. This legislation extends this deadline to February 15 of each year. Public Act 15-36 is effective July 1, 2015.

CONNECTICUT ESTABLISHES REQUIREMENTS FOR FACILITIES THAT COMPLETE MEDICARE OR MEDICAID APPLICATIONS FOR PATIENTS

Connecticut Governor Dannel P. Malloy recently signed into law Public Act 15-50, "An Act Concerning Requirements for Facilities That Complete Medicare or Medicaid Applications for Patients" (P.A. 15-50). Current law sets forth a bill of rights for all patients of nursing home facilities, residential care homes, and chronic disease hospitals. The patients' bill of rights ensures respect for patients' autonomy and safeguards their well-being. It includes the right of patients to be fully informed about their medical condition and the services available in the facility, as well as the right to confidential treatment of personal and medical records, quality care, and freedom from mental and physical abuse.

This legislation adds a new right to the patients' bill of rights, providing that every patient of a nursing home facility, residential care home, or chronic disease hospital is entitled to receive a copy of any Medicare or Medicaid application completed by the facility on behalf of the patient or to designate a family member or other representative to receive a copy of any such application. Public Act 15-50 is effective July 1, 2015.

If you have any questions, please contact a member of
Robinson+Cole's [Health Law Group](#):

[Lisa M. Boyle](#) | [Leslie J. Levinson](#) | [Brian D. Nichols](#) | [Theodore J. Tucci](#)

[Pamela H. Del Negro](#) | [Christopher J. Librandi](#) | [Meaghan Mary Cooper](#)

[Nathaniel T. Arden](#) | [Conor O. Duffy](#)

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