

STATE OF RHODE ISLAND  
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
APPEALS OFFICE

████████████████████

V.

Docket No. 26-1714

██

████████

**I. INTRODUCTION**

A Microsoft Teams hearing on the above-entitled matter was held on April 6, 2026, and the Appellant declined the option of a video hearing. ██████████ (Appellant) initiated this matter to appeal the Pre-Transfer or Pre-Discharge 30-Day Notice issued by ██████████ ██████████ (Facility) on February 25, 2026. The Facility seeks to discharge the Appellant due to failure to pay his rent or complete a necessary Medicaid paperwork after reasonable and appropriate notice to pay. The Appellant disagrees with the Facility and is seeking to have the Notice rescinded so he may remain at the Facility. For the reasons discussed in more detail below, the Appellant's appeal is denied.

**II. JURISDICTION**

The Executive Office of Health and Human Services (EOHHS) is authorized and designated by R. I. G. L. § 42-7.2-6.1 and EOHHS regulation 210-RICR-10-05-2 to be the entity responsible for appeals and hearings related to involuntary transfers and discharges for all patients from nursing homes regardless of whether they are on Medicaid or not. The administrative hearing was held in accordance with the Administrative Procedures Act (R. I. G. L. § 42-35.1 et. seq.) and EOHHS regulation 210-RICR-10-05-2.

### **III. ISSUE**

The issue is whether there is sufficient evidence and compliance with procedures to permit the involuntary discharge of the Appellant.

### **IV. PARTIES AND EXHIBITS**

The Appellant refused to participate, he was represented by Beth Mantia of The Alliance for Better Long-Term Care Ombudsman's Office (Ombudsman). Present for the Facility were [REDACTED], [REDACTED]. The following exhibits were offered and entered into the record of hearing:

1. Progress notes covering period October 1, 2025, through March 26, 2026.
2. E-mail from Neighborhood Health Plan (NHP) to the Facility dated March 24, 2026.

### **V. RELEVANT LAW/REGULATIONS**

There is a set of requirements, both procedural and substantive, a nursing home must take to involuntarily discharge a patient. This process is not limited to Medicaid patients. Facilities are not allowed to discharge patients involuntarily, except in certain cases. 210-RICR-50-00-7.4(A).

Under 210-RICR-50-00-7.4(A)(5), nursing home facilities may discharge a resident from a long-term care facility if the resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility.

Furthermore, 210-RICR-50-00-7.6 outlines several procedural requirements to discharge a patient from a nursing home involuntarily. These include:

1. Written notice being given to the patient and any representative they have. The notice must:
  - a. Be in a language and manner the patient understands.
  - b. List the reason for the transfer/discharge.
  - c. List the effective date of the transfer/discharge.

- d. List the location the patient is being discharged to.
- e. Contains a statement of the patient's appeal rights including the name, mailing address, email address, and telephone number of the entity that receives such appeals.
- f. Contain information on how to obtain the appeal form and how to get assistance in completing the appeal form, if needed.
- g. Contain the name, mailing address, email address, and telephone number of the Office of the State's Long-Term Care Ombudsman.
- h. Be provided at least 30 days in advance of the transfer except in certain cases of:
  - i) danger to the safety or health of the individuals in the facility.
  - ii) when the patient's health improves sufficiently to allow a more immediate transfer or discharge.
  - iii) when a more immediate transfer or discharge is needed based on the patient's urgent medical needs.
  - iv) when the patient has not been in the facility for a period of at least 30 days.
- i. For intellectually and/or developmentally disabled patients, the notice also needs to include the mailing address, email address, and telephone number of the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals Division of Developmental Disabilities.
- j. Notification of the pending discharge must be provided to the Office of the State Long-Term Care Ombudsman. The Ombudsman is part of and operates out of the Alliance for Better Long-Term Care.
- k. The patient also needs to receive a notice of appeal rights at the time of the discharge notice.

Finally, there is a requirement for the discharge to be a safe discharge. Federally, 42 C. F. R. § 483.15(c)(7) requires the facility must provide (and document) sufficient preparation and orientation to the patient to ensure a safe and orderly transfer or discharge. This must be in a form and matter that the patient can understand. On the State level, 210-RICR-50-00-7.5(B) lays out the requirements of a safe

discharge. This includes 1) contact information for the practitioner responsible for the patient's care, 2) the patients' representatives' information, including contact information, 3) any advance directives of the patient, 4) any special instructions or precautions for ongoing care, 5) comprehensive care plan goals, and 6) all other necessary information and documentation to ensure a safe and effective transition of care. This includes a copy of the discharge summary.

## **VI. FINDINGS OF FACT**

- The Appellant was admitted to the Facility on September 30, 2025, for post hospitalization rehabilitation. His stay was covered by NHP from September 30, 2025, through February 14, 2026.
- The Appellant was initially admitted for a short term care changing to long term care in November 2025. At that time, the Facility notified the Appellant his coverage ended on February 14, 2026; therefore he would need to apply for Medicaid or pay privately after that date.
- On December 4, 2025, the Appellant met with a representative from NHP, who discussed with him that his NHP no longer would cover his stay at the Facility after February 14, 2026.
- Facility records document several discussions with the Appellant advising him he would need to apply for Long Term Medicaid coverage or pay privately for his stay after NHP coverage ended.
- It was noted that the Facility discovered the Appellant already had Community Medicaid and was approved for 40 hours of in home care. Due to this, he just needs to request a change from Community Medicaid to Institutional Medicaid.
- On March 24, 2026, NHP sent an e-mail to the Facility advising they had another conversation with the Appellant, who relayed he does not want to apply for Medicaid because he does not want to give his Social Security monies to the Facility.
- The Facility reports both the Appellant and his sister have refused communication with anyone being adamant they are not signing Medicaid paperwork. The Appellant previously completed paperwork, requested it be returned, and ripped it up.

- The Appellant resided with his sister prior to his hospitalization and subsequent rehabilitation. At one point, the Appellant's sister stated she could have him return, but it would take her some time.
- The Appellant has consistently refused to pay for his stay at any time after February 14, 2026, and currently has an outstanding bill of over \$31,000, as shown on the payment ledger.
- The Ombudsman states they have no issue with the discharge of the Appellant. She states she had several discussions with the Appellant; however he is unwavering that he does not want to give his money to the Facility. She also had discussions with the Appellant's sister, who was amenable to having him return to her home. The Ombudsman's only request is that it be a safe discharge, not to a homeless shelter or hotel.

## **VII. DISCUSSION**

As noted above, a nursing home facility may discharge a resident from a long-term care facility if the resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility.

It is well documented that the Facility, the Ombudsman, and NHP have tried several times to educate both the Appellant and his sister about the financial ramifications of non-payment of his bill. The Appellant continues to refuse to complete paperwork necessary for a transfer to another facility, stating he does not want his money going to the Facility.

Because of the Appellant's chronic failure to pay his room and board, as well as consistently refusing to proceed with necessary Medicaid paperwork and the Facility's evidence of reasonable efforts to discuss ramifications, there is a preponderance of evidence to show there is sufficient evidence and compliance with administrative procedures to permit the involuntary discharge of the Appellant.

## **VIII. CONCLUSION OF LAW**

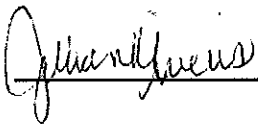
After careful review of the testimony and evidence presented at the Administrative Hearing, it is clear by a preponderance of evidence that:

1. The 30-Day Notice is complete and legally sufficient to meet the procedural requirements.
2. The Appellant has repeatedly failed to pay his room and board.
3. Failure to pay after reasonable and appropriate notice is a valid reason for an involuntary discharge of the Appellant and counsel the Appellant.
4. The Facility, NHP, and the Ombudsman have demonstrated reasonable efforts to assist the Appellant with necessary paperwork.
5. The Facility, NHP, and the Ombudsman made good faith efforts to counsel the Appellant when the 30-Day Discharge or Transfer notice was anticipated.
6. There is a preponderance of evidence to show there is sufficient evidence and compliance with administrative procedures to permit the involuntary discharge of the Appellant.

**IX. DECISION**

Based on the foregoing Findings of Fact, Conclusions of Law, evidence, and testimony, it is found that a final order be entered that there is sufficient evidence to support the discharge of the Appellant. The Facility is permitted to discharge the Appellant once a safe and orderly discharge plan is established.

**APPEAL DENIED**



Jillian R. Rivers, Appeals Officer

