



General Assembly

January Session, 2023

Raised Bill No. 989

LCO No. 4040



Referred to Committee on HUMAN SERVICES

Introduced by:
(HS)

AN ACT CONCERNING NURSING HOMES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-522a of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective from passage*):

3 (a) On and after July 1, 2024, each chronic and convalescent nursing
4 home and rest home with nursing supervision shall have an air
5 conditioning system in all resident rooms. Not later than January 1,
6 2025, each chronic and convalescent nursing home and rest home with
7 nursing supervision shall submit a report to the Department of Public
8 Health attesting to its compliance with this subsection or its plan to
9 comply with the requirements of this subsection.

10 (b) A chronic and convalescent nursing home or a rest home with
11 nursing supervision may maintain temperatures in resident rooms and
12 other areas used by residents at such facilities at levels that are lower
13 than minimum temperature standards prescribed in the Public Health
14 Code provided temperature levels at such facilities comply with the
15 comfortable and safe temperature standards prescribed under federal

16 law pursuant to 42 CFR 483.15(h)(6). In accordance with section 19a-36,
17 the Commissioner of Public Health shall amend the Public Health Code
18 in conformity with the provisions of this section.

19 (c) The provisions of this section shall not apply to residential care
20 homes, as defined in section 19a-490.

21 Sec. 2. (NEW) (*Effective from passage*) (a) There is established, within
22 the Connecticut Health and Educational Facilities Authority, a
23 revolving loan account for the purpose of providing financial assistance
24 to owners of chronic and convalescent nursing homes or rest homes
25 with nursing supervision, licensed pursuant to chapter 368v of the
26 general statutes, for costs incurred to install air conditioning systems
27 required by subsection (a) of section 19a-522a of the general statutes, as
28 amended by this act.

29 (b) The revolving loan account shall contain any moneys provided or
30 required by law to be deposited in the account. The authority may
31 accept contributions from any source, public or private, for deposit in
32 the account for purposes of the loan program.

33 (c) Loans made pursuant to this section shall have such terms and
34 conditions and shall be subject to such eligibility, loan approval, credit
35 and other underwriting requirements and criteria as are determined by
36 the authority to be reasonable in light of the purpose of the loan
37 program.

38 (d) On or before January 1, 2025, and biannually thereafter so long as
39 the loan program remains active, the authority shall submit to the joint
40 standing committees of the General Assembly having cognizance of
41 matters relating to aging, human services and public health a report, in
42 accordance with section 11-4a of the general statutes, setting forth the
43 following information: (1) A list of the loans made under the program,
44 a general description of the terms and conditions of such loans and the
45 repayment history; (2) an assessment of the impact of such loans on
46 compliance with the requirements of section 19a-522a of the general
47 statutes, as amended by this act; (3) the need for additional funding for

48 the loan program authorized by this section; and (4) such other
49 information as the authority deems relevant to evaluating the success of
50 the loan program in meeting its objectives.

51 (e) In connection with the making and administration of loans
52 pursuant to this section, the authority shall have and may exercise such
53 powers as are necessary or appropriate to carry out the purposes of this
54 section, including the same powers expressly granted to the authority
55 in section 10a-180 of the general statutes with respect to other loans.

56 (f) No loan may be made pursuant to this section after June 30, 2025,
57 and any moneys then remaining in, or thereafter received to the credit
58 of, the account established in subsection (b) of this section may be
59 withdrawn by the authority from such account and used for other
60 purposes of the authority, subject to specific restrictions governing any
61 contribution to such account pursuant to subsection (b) of this section.

62 (g) The authority shall adopt written procedures, in accordance with
63 section 1-121 of the general statutes, to carry out the provisions of this
64 section.

65 Sec. 3. Subsection (c) of section 19a-535 of the general statutes is
66 repealed and the following is substituted in lieu thereof (*Effective from*
67 *passage*):

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

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

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

109 (3) On the date that the facility provides notice of a proposed
110 involuntary transfer or discharge of a resident pursuant to the
111 provisions of subdivision (1) of this subsection, the facility shall notify
112 the State Ombudsman, appointed pursuant to section 17a-405, in a
113 manner prescribed by the State Ombudsman, of such proposed

114 involuntary transfer or discharge. Failure to provide notice to the State
115 Ombudsman pursuant to the provisions of this subdivision shall
116 invalidate any notice of the proposed involuntary transfer or discharge
117 of a resident submitted pursuant to the provisions of subdivision (1) of
118 this subsection.

119 Sec. 4. (NEW) (*Effective July 1, 2023*) (a) Any nursing home facility, as
120 defined in section 19a-490 of the general statutes, with available vehicles
121 equipped to transport nonambulatory residents, may provide
122 nonemergency transportation of such residents to the homes of such
123 residents' family members, provided: (1) Such family members live
124 within fifteen miles of the nursing home facility, and (2) such
125 transportation is approved not less than five business days in advance
126 by a physician or physician's assistant, licensed pursuant to chapter 370
127 of the general statutes, or an advanced practice registered nurse licensed
128 pursuant to chapter 378 of the general statutes.

129 (b) The Commissioner of Social Services, within available
130 appropriations, shall establish a grant program to fund such
131 nonemergency transportation. The commissioner shall prescribe forms
132 and procedures for a nursing home facility to apply for a grant through
133 the program.

134 Sec. 5. Section 19a-533 of the general statutes is repealed and the
135 following is substituted in lieu thereof (*Effective July 1, 2023*):

136 (a) As used in this section, (1) "nursing home" means any chronic and
137 convalescent facility or any rest home with nursing supervision, as
138 defined in section 19a-521, which has a provider agreement with the
139 state to provide services to recipients of funds obtained through Title
140 XIX of the Social Security Amendments of 1965; and (2) "indigent
141 person" means any person who is eligible for or who is receiving
142 medical assistance benefits from the state.

143 (b) A nursing home which receives payment from the state for
144 rendering care to indigent persons shall include the following wording
145 in a conspicuous place on all applications for admission in at least

146 twelve-point bold type:

147 "As soon as you substantially complete and return this admissions
148 form to the facility, we will accept your application and place your name
149 on our waiting list for admission to the facility. Your name will only be
150 placed on our waiting list after you substantially complete and return
151 the written application form to us. Your name will be removed from the
152 waiting list if the facility is unable to reach you to confirm interest in
153 admission to the facility for a period of not less than thirty days after
154 you have been on the waiting list for a period of not less than ninety
155 days." A nursing home shall not be required to maintain a list of
156 inquiries from prospective residents who have not yet submitted a
157 substantially completed application for admission accepted by the
158 nursing home, nor to provide any such person with a receipt of their
159 inquiry.

160 (1) [Be] A nursing home shall be prohibited from discriminating
161 against indigent persons who apply for admission to such facility on the
162 basis of source of payment. Except as otherwise provided by law, all
163 applicants for admission to such facility shall be admitted in the order
164 in which such applicants apply for admission. A nursing home may
165 provide applications for admission to prospective residents by mail,
166 electronic transmission or Internet web site posting. Each nursing home
167 shall [(A) provide a receipt to each applicant for admission to its facility
168 who requests placement on a waiting list stating the date and time of
169 such request and (B) maintain a dated list of such applications which
170 shall be] maintain a waiting list in the order in which a substantially
171 completed application is accepted by such home with the documented
172 date of acceptance. A nursing home may maintain the waiting list in
173 either a written paper document or in an electronic format, and such list
174 shall not be required to be kept in a single, bound volume. The waiting
175 list shall be made available at all times to any applicant, his bona fide
176 representative, authorized personnel from the Departments of Public
177 Health and Social Services and such other state agencies or other bodies
178 established by state statute whose statutory duties necessitate access to
179 such lists. A nursing home may make a dated notation to the list either

180 in a written paper document or electronically. If a nursing home desires
181 to remove the name of an applicant who is unresponsive to facility
182 telephone calls, [and] letters or other means of communication from its
183 waiting list, the nursing home may, no sooner than ninety days after
184 initial placement of the person's name on the waiting list, inquire by
185 [letter] either letter delivered by United States mail or electronic mail to
186 such applicant, and any one person if designated by such applicant,
187 whether the applicant [desires continuation of his] wants to keep the
188 applicant's name on the waiting list. If the applicant does not respond
189 and an additional thirty days pass, the facility may remove such
190 applicant's name from its waiting list. A nursing home may annually
191 send a waiting list placement continuation letter by either letter
192 delivered by United States mail or electronic mail to all [persons]
193 applicants on the waiting list for at least ninety days to inquire as to
194 whether such [person desires continuation of his name] applicant wants
195 to remain on the waiting list, provided such letter shall also be sent to
196 any one person if designated by such applicant. If such person does not
197 respond and at least thirty days pass, the facility may remove the
198 person's name from its waiting list. Indigent persons shall be placed on
199 any waiting list for admission to a facility and shall be admitted to the
200 facility as vacancies become available, in the same manner as self-pay
201 applicants, except as provided in subsections (f) and (g) of this section;

202 (2) [Post] A nursing home shall post in a conspicuous place a notice
203 informing applicants for admission that the facility is prohibited by
204 statute from discriminating against indigent applicants for admission
205 on the basis of source of payment. Such notice shall advise applicants
206 for admission of the remedies available under this section and shall list
207 the name, address and telephone number of the ombudsman who
208 serves the region in which the facility is located;

209 (3) [Be] A nursing home shall be prohibited from requiring that an
210 indigent person pay any sum of money or furnish any other
211 consideration, including but not limited to the furnishing of an
212 agreement by the relative, conservator or other responsible party of an
213 indigent person which obligates such party to pay for care rendered to

214 an indigent person as a condition for admission of such indigent person;

215 (4) [Record in the patient roster, maintained pursuant to the Public
216 Health Code, or in a separate roster maintained for this purpose, the] A
217 nursing home shall make available, upon request, the number of
218 patients who are Medicare, Medicaid and private pay patients [on each
219 day. Such numbers shall be recorded daily and made available, upon
220 request,] to the state or regional ombudsman.

221 (c) Upon the receipt of a complaint concerning a violation of this
222 section, the Department of Social Services shall conduct an investigation
223 into such complaint.

224 (d) The Department of Social Services is authorized to decrease the
225 daily reimbursement rate to a nursing home for one year for a violation
226 of this section which occurred during the twelve-month period covered
227 by the cost report upon which the per diem rate is calculated. The per
228 diem rate shall be reduced by one-quarter of one per cent for an initial
229 violation of this section and one per cent for each additional violation.

230 (e) Prior to imposing any sanction, the Department of Social Services
231 shall notify the nursing home of the alleged violation and the
232 accompanying sanction, and shall permit such facility to request an
233 administrative hearing, in accordance with sections 4-176e to 4-181a,
234 inclusive. A facility shall request such hearing within fifteen days of
235 receipt of the notice of violation from the Department of Social Services.
236 The department shall stay the imposition of any sanction pending the
237 outcome of the administrative hearing.

238 (f) A nursing home with a number of self-pay residents equal to or
239 less than thirty per cent of its total number of residents shall not be
240 required to admit an indigent person on a waiting list for admission
241 when a vacancy becomes available during the subsequent six months,
242 provided no bed may be held open for more than thirty days. Each such
243 nursing home meeting the conditions for such waiver shall on a
244 quarterly basis notify the Commissioner of Social Services and the
245 regional nursing home ombudsman office of the date on which such six-

246 month period of waiver began.

247 (g) A nursing home shall not be required to admit an indigent person
248 on a waiting list for admission when a vacancy becomes available if the
249 vacancy is in a private room.

250 (h) Notwithstanding the provisions of this section, a nursing home
251 may, without regard to the order of its waiting list, admit an applicant
252 who (1) seeks to transfer from a nursing home that is closing, or (2) seeks
253 to transfer from a nursing home in which the applicant was placed
254 following the closure of the nursing home where such applicant
255 previously resided or, in the case of a nursing home placed in
256 receivership, the anticipated closure of the nursing home where such
257 applicant previously resided, provided (A) the transfer occurs not later
258 than sixty days following the date that such applicant was transferred
259 from the nursing home where he or she previously resided, and (B) the
260 applicant submitted an application to the nursing home to which he or
261 she seeks admission at the time of the applicant's transfer from the
262 nursing home where he or she previously resided.

263 Sec. 6. (NEW) (*Effective July 1, 2023*) (a) Beginning with the cost report
264 year ending on September 30, 2023, and annually thereafter, each
265 nursing home facility, as defined in section 19a-490 of the general
266 statutes, shall submit to the Commissioner of Social Services narrative
267 summaries of expenditures in addition to the cost reports required
268 pursuant to section 17b-340 of the general statutes. The summaries shall
269 include the percentage of Medicaid funding allocated to the five cost
270 components of allowable costs described in section 17b-340d of the
271 general statutes and include expenditures for each allowable cost
272 component by the nursing home and any related party, as defined in
273 section 17b-340 of the general statutes.

274 (b) Not later than January 1, 2024, and annually thereafter, the
275 Commissioner of Social Services shall post in a conspicuous area on the
276 department's Internet web site a link to (1) the annual cost reports and
277 the summaries provided by each nursing home facility, (2) comparisons

278 between individual nursing homes by expenditures, and (3) a summary
279 of the average reported expenditures by facility for each category. Any
280 cost report forms utilized by the department shall include a glossary and
281 explanation of the terms used and a description of the categories being
282 reported on, including, but not limited to, plain language explanation of
283 formulas used to determine maximum costs for the five allowable cost
284 components described in section 17b-340d of the general statutes.

285 (c) Any nursing home facility that violates or fails to comply with the
286 provisions of this section shall be fined not more than ten thousand
287 dollars for each incident of noncompliance. The Commissioner of Social
288 Services may offset payments due a facility to collect the penalty. Prior
289 to imposing any penalty pursuant to this subsection, the commissioner
290 shall notify the nursing home facility of the alleged violation and the
291 accompanying penalty and shall permit such facility to request that the
292 department review its findings. A facility shall request such review not
293 later than fifteen days after receipt of the notice of violation from the
294 department. The department shall stay the imposition of any penalty
295 pending the outcome of the review. The commissioner may impose a
296 penalty upon a facility pursuant to this subsection regardless of whether
297 a change in ownership of the facility has taken place since the time of
298 the violation, provided the department issued notice of the alleged
299 violation and the accompanying penalty prior to the effective date of the
300 change in ownership and record of such notice is readily available in a
301 central registry maintained by the department. Payments of fines
302 received pursuant to this subsection shall be deposited in the General
303 Fund and credited to the Medicaid account.

304 Sec. 7. Section 19a-491a of the general statutes is repealed and the
305 following is substituted in lieu thereof (*Effective July 1, 2023*):

306 (a) A person seeking a license to establish, conduct, operate or
307 maintain a nursing home shall provide the Department of Public Health
308 with the following information:

309 (1) (A) The name and business address of the owner and a statement

310 of whether the owner is an individual, partnership, corporation or other
311 legal entity; (B) the names of the officers, directors, trustees, or
312 managing and general partners of the owner, the names of persons
313 having a ten per cent or greater ownership interest in the owner, and a
314 description of each such person's occupation with the owner; [and] (C)
315 if the owner is a corporation which is incorporated in another state, a
316 certificate of good standing from the secretary of state of the state of
317 incorporation; and (D) if a private equity fund owns any portion of the
318 business, the name of the fund's investment advisor and a copy of the
319 most recent quarterly statement provided to the private fund's
320 investors, including information regarding fees, expenses and
321 performance of the fund;

322 (2) A description of the relevant business experience of the owner and
323 of the administrator of the nursing home and evidence that the
324 administrator has a license issued pursuant to section 19a-514;

325 (3) Affidavits signed by the owner, any of the persons described in
326 subdivision (1) of this subsection, the administrator, assistant
327 administrator, the medical director, the director of nursing and assistant
328 director of nursing disclosing any matter in which such person has been
329 convicted of a felony, as defined in section 53a-25, or has pleaded nolo
330 contendere to a felony charge, or has been held liable or enjoined in a
331 civil action by final judgment, if the felony or civil action involved fraud,
332 embezzlement, fraudulent conversion or misappropriation of property;
333 or is subject to an injunction or restrictive or remedial order of a court of
334 record at the time of application, within the past five years has had any
335 state or federal license or permit suspended or revoked as a result of an
336 action brought by a governmental agency or department, arising out of
337 or relating to health care business activity, including, but not limited to,
338 actions affecting the operation of a nursing home, retirement home,
339 residential care home or any facility subject to sections 17b-520 to 17b-
340 535, inclusive, or a similar statute in another state or country;

341 (4) (A) A statement as to whether or not the owner is, or is affiliated
342 with, a religious, charitable or other nonprofit organization; (B) the

343 extent of the affiliation, if any; (C) the extent to which the affiliate
344 organization will be responsible for the financial obligations of the
345 owner; and (D) the provision of the Internal Revenue Code of 1986, or
346 any subsequent corresponding internal revenue code of the United
347 States, as from time to time amended, if any, under which the owner or
348 affiliate is exempt from the payment of income tax;

349 (5) The location and a description of other health care facilities of the
350 owner, existing or proposed, and, if proposed, the estimated completion
351 date or dates and whether or not construction has begun; [and]

352 (6) Audited and certified financial statements of the owner, including
353 (A) a balance sheet as of the end of the most recent fiscal year, and (B)
354 income statements for the most recent fiscal year of the owner or such
355 shorter period of time as the owner shall have been in existence; and

356 ~~[(6)]~~ (7) If the operation of the nursing home has not yet commenced,
357 a statement of the anticipated source and application of the funds used
358 or to be used in the purchase or construction of the home, including:

359 (A) An estimate of such costs as financing expense, legal expense,
360 land costs, marketing costs and other similar costs which the owner
361 expects to incur or become obligated for prior to the commencement of
362 operations; and

363 (B) A description of any mortgage loan or any other financing
364 intended to be used for the financing of the nursing home, including the
365 anticipated terms and costs of such financing.

366 [(b) In addition to the information provided pursuant to subsection
367 (a) of this section, the commissioner may reasonably require an
368 applicant for a nursing home license or renewal of a nursing home
369 license to submit additional information. Such information may include
370 audited and certified financial statements of the owner, including, (1) a
371 balance sheet as of the end of the most recent fiscal year, and (2) income
372 statements for the most recent fiscal year of the owner or such shorter
373 period of time as the owner shall have been in existence.]

374 [(c)] (b) No person acting individually or jointly with any other
375 person shall establish, conduct, operate or maintain a nursing home
376 without maintaining professional liability insurance or other indemnity
377 against liability for professional malpractice. The amount of insurance
378 which such person shall maintain as insurance or indemnity against
379 claims for injury or death for professional malpractice shall be not less
380 than one million dollars for one person, per occurrence, with an
381 aggregate of not less than three million dollars. The requirements of this
382 subsection shall not apply to any person who establishes, conducts,
383 operates or maintains a residential care home.

384 [(d)] (c) A person seeking to renew a nursing home license shall
385 furnish the department with any information required under this
386 section that was not previously submitted and with satisfactory written
387 proof that the owner of the nursing home consents to such renewal, if
388 the owner is different from the person seeking renewal, and shall
389 provide data on any change in the information submitted. The
390 commissioner shall refuse to issue or renew a nursing home license if
391 the person seeking renewal fails to provide the information required
392 under this section. Upon such refusal, the commissioner shall grant such
393 license to the holder of the certificate of need, provided such holder
394 meets all requirements for such licensure. If such holder does not meet
395 such requirements, the commissioner shall proceed in accordance with
396 sections 19a-541 to 19a-549, inclusive. If the commissioner is considering
397 a license renewal application pursuant to an order of the commissioner,
398 the procedures in this subsection shall apply to such consideration.

399 Sec. 8. Subsection (a) of section 17b-340 of the general statutes is
400 repealed and the following is substituted in lieu thereof (*Effective July 1,*
401 *2023*):

402 (a) For purposes of this subsection, (1) a "related party" includes, but
403 is not limited to, any company related to a chronic and convalescent
404 nursing home through family association, common ownership, control
405 or business association with any of the owners, operators or officials of
406 such nursing home; (2) "company" means any person, partnership,

407 association, holding company, limited liability company or corporation;
408 (3) "family association" means a relationship by birth, marriage or
409 domestic partnership; and (4) "profit and loss statement" means the
410 most recent annual statement on profits and losses finalized by a related
411 party before the annual report mandated under this subsection. The
412 rates to be paid by or for persons aided or cared for by the state or any
413 town in this state to licensed chronic and convalescent nursing homes,
414 to chronic disease hospitals associated with chronic and convalescent
415 nursing homes, to rest homes with nursing supervision, to licensed
416 residential care homes, as defined by section 19a-490, and to residential
417 facilities for persons with intellectual disability that are licensed
418 pursuant to section 17a-227 and certified to participate in the Title XIX
419 Medicaid program as intermediate care facilities for individuals with
420 intellectual disabilities, for room, board and services specified in
421 licensing regulations issued by the licensing agency shall be determined
422 annually, except as otherwise provided in this subsection by the
423 Commissioner of Social Services, to be effective July first of each year
424 except as otherwise provided in this subsection. Such rates shall be
425 determined on a basis of a reasonable payment for such necessary
426 services, which basis shall take into account as a factor the costs of such
427 services. Cost of such services shall include reasonable costs mandated
428 by collective bargaining agreements with certified collective bargaining
429 agents or other agreements between the employer and employees,
430 provided "employees" shall not include persons employed as managers
431 or chief administrators or required to be licensed as nursing home
432 administrators, and compensation for services rendered by proprietors
433 at prevailing wage rates, as determined by application of principles of
434 accounting as prescribed by said commissioner. Cost of such services
435 shall not include amounts paid by the facilities to employees as salary,
436 or to attorneys or consultants as fees, where the responsibility of the
437 employees, attorneys, or consultants is to persuade or seek to persuade
438 the other employees of the facility to support or oppose unionization.
439 Nothing in this subsection shall prohibit inclusion of amounts paid for
440 legal counsel related to the negotiation of collective bargaining
441 agreements, the settlement of grievances or normal administration of

442 labor relations. The commissioner may, in the commissioner's
443 discretion, allow the inclusion of extraordinary and unanticipated costs
444 of providing services that were incurred to avoid an immediate negative
445 impact on the health and safety of patients. The commissioner may, in
446 the commissioner's discretion, based upon review of a facility's costs,
447 direct care staff to patient ratio and any other related information, revise
448 a facility's rate for any increases or decreases to total licensed capacity
449 of more than ten beds or changes to its number of licensed rest home
450 with nursing supervision beds and chronic and convalescent nursing
451 home beds. The commissioner may, in the commissioner's discretion,
452 revise the rate of a facility that is closing. An interim rate issued for the
453 period during which a facility is closing shall be based on a review of
454 facility costs, the expected duration of the close-down period, the
455 anticipated impact on Medicaid costs, available appropriations and the
456 relationship of the rate requested by the facility to the average Medicaid
457 rate for a close-down period. The commissioner may so revise a facility's
458 rate established for the fiscal year ending June 30, 1993, and thereafter
459 for any bed increases, decreases or changes in licensure effective after
460 October 1, 1989. Effective July 1, 1991, in facilities that have both a
461 chronic and convalescent nursing home and a rest home with nursing
462 supervision, the rate for the rest home with nursing supervision shall
463 not exceed such facility's rate for its chronic and convalescent nursing
464 home. All such facilities for which rates are determined under this
465 subsection shall report on a fiscal year basis ending on September
466 thirtieth. Such report shall be submitted to the commissioner by
467 February fifteenth. Each for-profit chronic and convalescent nursing
468 home that receives state funding pursuant to this section shall include
469 in such annual report a profit and loss statement from each related party
470 that receives from such chronic and convalescent nursing home [fifty
471 thousand dollars or more per year] any amount of income for goods,
472 fees and services. No cause of action or liability shall arise against the
473 state, the Department of Social Services, any state official or agent for
474 failure to take action based on the information required to be reported
475 under this subsection. The commissioner may reduce the rate in effect
476 for a facility that fails to submit a complete and accurate report on or

477 before February fifteenth by an amount not to exceed ten per cent of
478 such rate. If a licensed residential care home fails to submit a complete
479 and accurate report, the department shall notify such home of the failure
480 and the home shall have thirty days from the date the notice was issued
481 to submit a complete and accurate report. If a licensed residential care
482 home fails to submit a complete and accurate report not later than thirty
483 days after the date of notice, such home may not receive a retroactive
484 rate increase, in the commissioner's discretion. The commissioner shall,
485 annually, on or before April first, report the data contained in the reports
486 of such facilities on the department's Internet web site. For the cost
487 reporting year commencing October 1, 1985, and for subsequent cost
488 reporting years, facilities shall report the cost of using the services of any
489 nursing personnel supplied by a temporary nursing services agency by
490 separating said cost into two categories, the portion of the cost equal to
491 the salary of the employee for whom the nursing personnel supplied by
492 a temporary nursing services agency is substituting shall be considered
493 a nursing cost and any cost in excess of such salary shall be further
494 divided so that seventy-five per cent of the excess cost shall be
495 considered an administrative or general cost and twenty-five per cent of
496 the excess cost shall be considered a nursing cost, provided if the total
497 costs of a facility for nursing personnel supplied by a temporary nursing
498 services agency in any cost year are equal to or exceed fifteen per cent
499 of the total nursing expenditures of the facility for such cost year, no
500 portion of such costs in excess of fifteen per cent shall be classified as
501 administrative or general costs. The commissioner, in determining such
502 rates, shall also take into account the classification of patients or
503 boarders according to special care requirements or classification of the
504 facility according to such factors as facilities and services and such other
505 factors as the commissioner deems reasonable, including anticipated
506 fluctuations in the cost of providing such services. The commissioner
507 may establish a separate rate for a facility or a portion of a facility for
508 traumatic brain injury patients who require extensive care but not acute
509 general hospital care. Such separate rate shall reflect the special care
510 requirements of such patients. If changes in federal or state laws,
511 regulations or standards adopted subsequent to June 30, 1985, result in

512 increased costs or expenditures in an amount exceeding one-half of one
513 per cent of allowable costs for the most recent cost reporting year, the
514 commissioner shall adjust rates and provide payment for any such
515 increased reasonable costs or expenditures within a reasonable period
516 of time retroactive to the date of enforcement. Nothing in this section
517 shall be construed to require the Department of Social Services to adjust
518 rates and provide payment for any increases in costs resulting from an
519 inspection of a facility by the Department of Public Health. Such
520 assistance as the commissioner requires from other state agencies or
521 departments in determining rates shall be made available to the
522 commissioner at the commissioner's request. Payment of the rates
523 established pursuant to this section shall be conditioned on the
524 establishment by such facilities of admissions procedures that conform
525 with this section, section 19a-533, as amended by this act, and all other
526 applicable provisions of the law and the provision of equality of
527 treatment to all persons in such facilities. The established rates shall be
528 the maximum amount chargeable by such facilities for care of such
529 beneficiaries, and the acceptance by or on behalf of any such facility of
530 any additional compensation for care of any such beneficiary from any
531 other person or source shall constitute the offense of aiding a beneficiary
532 to obtain aid to which the beneficiary is not entitled and shall be
533 punishable in the same manner as is provided in subsection (b) of
534 section 17b-97. Notwithstanding any provision of this section, the
535 Commissioner of Social Services may, within available appropriations,
536 provide an interim rate increase for a licensed chronic and convalescent
537 nursing home or a rest home with nursing supervision for rate periods
538 no earlier than April 1, 2004, only if the commissioner determines that
539 the increase is necessary to avoid the filing of a petition for relief under
540 Title 11 of the United States Code; imposition of receivership pursuant
541 to sections 19a-542 and 19a-543; or substantial deterioration of the
542 facility's financial condition that may be expected to adversely affect
543 resident care and the continued operation of the facility, and the
544 commissioner determines that the continued operation of the facility is
545 in the best interest of the state. The commissioner shall consider any
546 requests for interim rate increases on file with the department from

547 March 30, 2004, and those submitted subsequently for rate periods no
548 earlier than April 1, 2004. When reviewing an interim rate increase
549 request the commissioner shall, at a minimum, consider: (A) Existing
550 chronic and convalescent nursing home or rest home with nursing
551 supervision utilization in the area and projected bed need; (B) physical
552 plant long-term viability and the ability of the owner or purchaser to
553 implement any necessary property improvements; (C) licensure and
554 certification compliance history; (D) reasonableness of actual and
555 projected expenses; and (E) the ability of the facility to meet wage and
556 benefit costs. No interim rate shall be increased pursuant to this
557 subsection in excess of one hundred fifteen per cent of the median rate
558 for the facility's peer grouping, established pursuant to subdivision (2)
559 of subsection (f) of this section, unless recommended by the
560 commissioner and approved by the Secretary of the Office of Policy and
561 Management after consultation with the commissioner. Such median
562 rates shall be published by the Department of Social Services not later
563 than April first of each year. In the event that a facility granted an
564 interim rate increase pursuant to this section is sold or otherwise
565 conveyed for value to an unrelated entity less than five years after the
566 effective date of such rate increase, the rate increase shall be deemed
567 rescinded and the department shall recover an amount equal to the
568 difference between payments made for all affected rate periods and
569 payments that would have been made if the interim rate increase was
570 not granted. The commissioner may seek recovery of such payments
571 from any facility with common ownership. With the approval of the
572 Secretary of the Office of Policy and Management, the commissioner
573 may waive recovery and rescission of the interim rate for good cause
574 shown that is not inconsistent with this section, including, but not
575 limited to, transfers to family members that were made for no value. The
576 commissioner shall provide written quarterly reports to the joint
577 standing committees of the General Assembly having cognizance of
578 matters relating to aging, human services and appropriations and the
579 budgets of state agencies, that identify each facility requesting an
580 interim rate increase, the amount of the requested rate increase for each
581 facility, the action taken by the commissioner and the secretary pursuant

582 to this subsection, and estimates of the additional cost to the state for
583 each approved interim rate increase. Nothing in this subsection shall
584 prohibit the commissioner from increasing the rate of a licensed chronic
585 and convalescent nursing home or a rest home with nursing supervision
586 for allowable costs associated with facility capital improvements or
587 increasing the rate in case of a sale of a licensed chronic and convalescent
588 nursing home or a rest home with nursing supervision if receivership
589 has been imposed on such home. For purposes of this section,
590 "temporary nursing services agency" and "nursing personnel" have the
591 same meaning as provided in section 19a-118.

592 Sec. 9. (NEW) (*Effective July 1, 2023*) (a) On or before January 1, 2024,
593 the Department of Public Health shall (1) establish minimum staffing
594 level requirements for nursing home facilities of at least four and one-
595 tenth hours of direct care per resident, including three-quarter hours of
596 care by a registered nurse, fifty-four hundredth hours of care by a
597 licensed practical nurse and two and eighty-one hundredth hours of
598 care by a certified nurse's assistant, and (2) modify staffing level
599 requirements for social work and recreational staff of nursing homes
600 such that the requirements (A) for social work are one full-time social
601 worker per sixty residents, and (B) for recreational staff are higher than
602 the requirements prior to January 1, 2022, as deemed appropriate by the
603 Commissioner of Public Health.

604 (b) The commissioner shall adopt regulations in accordance with the
605 provisions of chapter 54 to implement the provisions of this section.

606 Sec. 10. Section 19a-562h of the general statutes is repealed and the
607 following is substituted in lieu thereof (*Effective October 1, 2023*):

608 (a) [If] On or before January 1, 2024, if the Commissioner of Public
609 Health finds that a nursing home facility has substantially failed to
610 comply with a nursing home facility staffing level requirement
611 established pursuant to [the regulations of Connecticut state agencies
612 the commissioner may (1) take any disciplinary action against the
613 nursing home facility permitted under section 19a-494, and (2) issue or

614 cause to be issued a citation to the licensee of such nursing home facility
 615 pursuant to the provisions of section 19a-524] section 9 of this act, such
 616 violation shall be considered a class B violation pursuant to section 19a-
 617 527.

618 (b) A nursing home shall pay any civil penalty imposed as a result of
 619 the violation not later than seven days after the violation from
 620 management fees or funds assigned for administrative and general
 621 costs.

622 [(b)] (c) A citation of a nursing home facility staffing level
 623 requirement set forth in the regulations of Connecticut state agencies
 624 shall be prominently posted in the nursing home facility and included
 625 in the listing prepared by the Department of Public Health pursuant to
 626 the provisions of section 19a-540.

627 (d) The Commissioner of Public Health shall adopt regulations, in
 628 accordance with chapter 54, to implement the provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-522a
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	19a-535(c)
Sec. 4	<i>July 1, 2023</i>	New section
Sec. 5	<i>July 1, 2023</i>	19a-533
Sec. 6	<i>July 1, 2023</i>	New section
Sec. 7	<i>July 1, 2023</i>	19a-491a
Sec. 8	<i>July 1, 2023</i>	17b-340(a)
Sec. 9	<i>July 1, 2023</i>	New section
Sec. 10	<i>October 1, 2023</i>	19a-562h

Statement of Purpose:

To (1) require air conditioning in each room at a nursing home, (2) require notification of the State Ombudsman when a nursing home plans to involuntarily transfer or discharge a patient, (3) establish a grant program for transportation of nonambulatory nursing home residents to homes of family members, (4) make changes in waiting list

requirements for nursing homes, (5) require transparent cost reporting by nursing homes, (6) establish minimum nursing home staffing levels, and (7) impose stricter penalties for violations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]