



General Assembly

Amendment

January Session, 2023

LCO No. 8976



Offered by:

REP. GARIBAY, 60th Dist.

SEN. HOCHADEL, 13th Dist.

REP. BOLINSKY, 106th Dist.

To: House Bill No. 5781

File No. 52

Cal. No. 56

"AN ACT CONCERNING A STUDY OF THE NEEDS OF SENIOR CITIZENS."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Subsection (c) of section 19a-535 of the general statutes is
4 repealed and the following is substituted in lieu thereof (*Effective from*
5 *passage*):

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

14 Services, the date by which an appeal must be initiated in order to
15 preserve the resident's right to an appeal hearing and the date by which
16 an appeal must be initiated in order to stay the proposed transfer or
17 discharge and the possibility of an exception to the date by which an
18 appeal must be initiated in order to stay the proposed transfer or
19 discharge for good cause, that the resident may represent himself or
20 herself or be represented by legal counsel, a relative, a friend or other
21 spokesperson, an affirmation by the facility that notice of the proposed
22 transfer or discharge has been provided to the State Long-Term Care
23 Ombudsman, in accordance with the provisions of subdivision (3) of
24 this subsection, and information as to bed hold and nursing home
25 readmission policy when required in accordance with section 19a-537.
26 The notice shall also include the name, mailing address and telephone
27 number of the State Long-Term Care Ombudsman. If the resident is, or
28 the facility alleges a resident is, mentally ill or developmentally
29 disabled, the notice shall include the name, mailing address and
30 telephone number of the nonprofit entity designated by the Governor in
31 accordance with section 46a-10b to serve as the Connecticut protection
32 and advocacy system. The notice shall be given at least thirty days and
33 no more than sixty days prior to the resident's proposed transfer or
34 discharge, except where the health or safety of individuals in the facility
35 are endangered, or where the resident's health improves sufficiently to
36 allow a more immediate transfer or discharge, or where immediate
37 transfer or discharge is necessitated by urgent medical needs or where
38 a resident has not resided in the facility for thirty days, in which cases
39 notice shall be given as many days before the transfer or discharge as
40 practicable.

41 (2) The resident may initiate an appeal pursuant to this section by
42 submitting a written request to the Commissioner of Social Services not
43 later than sixty calendar days after the facility issues the notice of the
44 proposed transfer or discharge, except as provided in subsection (h) of
45 this section. In order to stay a proposed transfer or discharge, the
46 resident must initiate an appeal not later than twenty days after the date
47 the resident receives the notice of the proposed transfer or discharge

48 from the facility unless the resident demonstrates good cause for failing
49 to initiate such appeal within the twenty-day period.

50 (3) On the date that the facility provides notice of a proposed
51 involuntary transfer or discharge of a resident pursuant to the
52 provisions of subdivision (1) of this subsection, the facility shall notify
53 the State Ombudsman, appointed pursuant to section 17a-870, in a
54 manner prescribed by the State Ombudsman, of such proposed
55 involuntary transfer or discharge. Failure to provide notice to the State
56 Ombudsman pursuant to the provisions of this subdivision shall
57 invalidate any notice of the proposed involuntary transfer or discharge
58 of a resident submitted pursuant to the provisions of subdivision (1) of
59 this subsection.

60 Sec. 2. Subsection (a) of section 17a-878 of the general statutes is
61 repealed and the following is substituted in lieu thereof (*Effective from*
62 *passage*):

63 (a) The State Ombudsman and representatives of the office shall have:

64 (1) Access to long-term care facilities and residents;

65 (2) Appropriate access to review the medical and social records of a
66 resident, including, but not limited to, the discharge plan developed
67 pursuant to subsection (e) of section 19a-535, if (A) the representative of
68 the office has the permission of the resident, or the legal representative
69 of the resident, (B) the resident is unable to consent to the review and
70 has no legal representative, or (C) access to the records is necessary to
71 investigate a complaint and a resident representative refuses to give
72 permission, a representative of the office has reasonable cause to believe
73 that the resident representative is not acting in the best interests of the
74 resident, and the representative of the office obtains the approval of the
75 ombudsman;

76 (3) Access to the administrative records, policies and documents, to
77 which the residents have, or the general public has access, of long-term
78 care facilities; and

79 (4) Access to and, on request, copies of all licensing and certification
80 records maintained by the state with respect to long-term care facilities.

81 Sec. 3. Subsection (k) of section 19a-535 of the general statutes is
82 repealed and the following is substituted in lieu thereof (*Effective from*
83 *passage*):

84 (k) [A] Except as otherwise provided pursuant to subdivision (3) of
85 subsection (c) of this section, a facility shall electronically report each
86 involuntary transfer or discharge to the State Ombudsman, appointed
87 pursuant to section [17a-405] 17a-870, (1) in a manner prescribed by the
88 State Ombudsman, and (2) on an Internet web site portal maintained by
89 the State Ombudsman in accordance with patient privacy provisions of
90 the Health Insurance Portability and Accountability Act of 1996, P.L.
91 104-191, as amended from time to time.

92 Sec. 4. Section 19a-693 of the general statutes is repealed and the
93 following is substituted in lieu thereof (*Effective October 1, 2023*):

94 As used in this section and sections 19a-694 to 19a-701, inclusive, as
95 amended by this act:

96 (1) "Activities of daily living" means activities or tasks that are
97 essential for a person's healthful and safe existence, including, but not
98 limited to, bathing, dressing, grooming, eating, meal preparation,
99 shopping, housekeeping, transfers, bowel and bladder care, laundry,
100 communication, self-administration of medication and ambulation.

101 (2) "Assisted living services" means nursing services and assistance
102 with activities of daily living provided to residents living within (A) a
103 managed residential community having supportive services that
104 encourage persons primarily fifty-five years of age or older to maintain
105 a maximum level of independence, or (B) an elderly housing complex
106 receiving assistance and funding through the United States Department
107 of Housing and Urban Development's Assisted Living Conversion
108 Program.

109 (3) "Assisted living services agency" means an entity, licensed by the
110 Department of Public Health pursuant to chapter 368v that provides,
111 among other things, nursing services and assistance with activities of
112 daily living to a population that is chronic and stable.

113 (4) "Managed residential community" means a for-profit or not-for-
114 profit facility consisting of private residential units that provides a
115 managed group living environment consisting of housing and services
116 for persons who are primarily fifty-five years of age or older. "Managed
117 residential community" does not include any state-funded congregate
118 housing facilities.

119 (5) "Department" means the Department of Public Health.

120 (6) "Family council" means an independent, self-determining group
121 of family members and friends who (A) advocate for the needs and
122 interests of the residents of a managed residential community that offers
123 assisted living services, and (B) facilitate open communication between
124 the managed residential community administration, the residents and
125 family and friends of the residents.

126 ~~[(6)]~~ (7) "Private residential unit" means a private living environment
127 designed for use and occupancy by a resident within a managed
128 residential community that includes a full bathroom and access to
129 facilities and equipment for the preparation and storage of food.

130 ~~[(7)]~~ (8) "Resident" means a person residing in a private residential
131 unit of a managed residential community pursuant to the terms of a
132 written agreement for occupancy of such unit.

133 Sec. 5. Section 19a-694 of the general statutes is repealed and the
134 following is substituted in lieu thereof (*Effective October 1, 2023*):

135 (a) All managed residential communities operating in the state shall:

136 (1) Provide a written residency agreement to each resident in
137 accordance with section 19a-700;

138 (2) Afford residents the ability to access services provided by an
139 assisted living services agency. Such services shall be provided in
140 accordance with a service plan developed in accordance with section
141 19a-699;

142 (3) Upon the request of a resident, arrange, in conjunction with the
143 assisted living services agency, for the provision of ancillary medical
144 services on behalf of a resident, including physician and dental services,
145 pharmacy services, restorative physical therapies, podiatry services,
146 hospice care and home health agency services, provided the ancillary
147 medical services are not administered by employees of the managed
148 residential community, unless the resident chooses to receive such
149 services;

150 (4) Provide a formally established security program for the protection
151 and safety of residents that is designed to protect residents from
152 intruders;

153 (5) Afford residents the rights and privileges guaranteed under title
154 47a;

155 (6) Comply with the provisions of subsection (c) of section 19-13-D105
156 of the regulations of Connecticut state agencies; [and]

157 (7) Assist a resident who has a long-term care insurance policy with
158 preparing and submitting claims for benefits to the insurer, provided
159 such resident has executed a written authorization requesting and
160 directing the insurer to (A) disclose information to the managed
161 residential community relevant to such resident's eligibility for an
162 insurance benefit or payment, and (B) provide a copy of the acceptance
163 or declination of a claim for benefits to the managed residential
164 community at the same time such acceptance or declination is made to
165 such resident; and

166 (8) On or before January 1, 2024, encourage and assist in the
167 establishment of a family council in managed residential communities
168 offering assisted living services. Such family council shall not allow a

169 family member or friend of a resident who is not a resident of a dementia
170 special care unit to participate in the family council without the consent
171 of such resident.

172 (b) No managed residential community shall control or manage the
173 financial affairs or personal property of any resident, except as provided
174 for in subdivision (7) of subsection (a) of this section.

175 Sec. 6. (NEW) (*Effective October 1, 2023*) There shall be within the
176 Department of Aging and Disability Services a dementia services
177 coordinator. The dementia services coordinator shall (1) coordinate
178 dementia services across state agencies, (2) assess and analyze
179 dementia-related data collected by the state, (3) evaluate state-funded
180 dementia services, (4) identify and support the development of
181 dementia-specific training programs, and (5) perform any other relevant
182 duties to support individuals with dementia in the state, as determined
183 by the Commissioner of Aging and Disability Services.

184 Sec. 7. (NEW) (*Effective July 1, 2023*) (a) Beginning with the cost report
185 year ending on September 30, 2023, and annually thereafter, each
186 nursing home facility, as defined in section 19a-490 of the general
187 statutes, shall submit to the Commissioner of Social Services narrative
188 summaries of expenditures in addition to the cost reports required
189 pursuant to section 17b-340 of the general statutes, as amended by this
190 act. The summaries shall include profit and loss statements for the
191 preceding three cost report years, total revenue, total expenditures, total
192 assets, total liabilities, short-term debt, long-term debt and cash flows
193 from investing, operating and financing activities. The Commissioner of
194 Social Services shall develop a uniform narrative summary form to be
195 used by nursing home facilities for the purposes of complying with the
196 provisions of this subsection and post such form on the department's
197 Internet web site.

198 (b) Not later than January 1, 2024, and annually thereafter, the
199 Commissioner of Social Services shall post in a conspicuous area on the
200 Internet web site of the Department of Social Services a link to the

201 annual cost reports and the summaries provided by each nursing home
202 facility.

203 (c) Any nursing home facility that violates or fails to comply with the
204 provisions of this section shall be fined not more than ten thousand
205 dollars for each incident of noncompliance. Prior to imposing any
206 penalty pursuant to this subsection, the commissioner shall notify the
207 nursing home facility of the alleged violation and the accompanying
208 penalty and shall permit such facility to request that the department
209 review its findings. A facility shall request such review not later than
210 fifteen days after receipt of the notice of violation from the department.
211 The department shall stay the imposition of any penalty pending the
212 outcome of the review. The commissioner may impose a penalty upon
213 a facility pursuant to this subsection regardless of whether a change in
214 ownership of the facility has taken place since the time of the violation,
215 provided the department issued notice of the alleged violation and the
216 accompanying penalty prior to the effective date of the change in
217 ownership and record of such notice is readily available in a central
218 registry maintained by the department. Payments of fines received
219 pursuant to this subsection shall be deposited in the General Fund and
220 credited to the Medicaid account.

221 Sec. 8. Section 19a-491a of the general statutes is repealed and the
222 following is substituted in lieu thereof (*Effective July 1, 2023*):

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

226 (1) (A) The name and business address of the owner and a statement
227 of whether the owner is an individual, partnership, corporation or other
228 legal entity; (B) the names of the officers, directors, trustees, or
229 managing and general partners of the owner, the names of persons
230 having a ten per cent or greater ownership interest in the owner, and a
231 description of each such person's occupation with the owner; [and] (C)
232 if the owner is a corporation which is incorporated in another state, a

233 certificate of good standing from the secretary of state of the state of
234 incorporation; and (D) if a private equity company or real estate
235 investment trust owns any portion of the business, any information
236 regarding such company or trust required to be disclosed (i) on federal
237 Form CMS-855a, and (ii) in accordance with 42 CFR 424.516 or 42 CFR
238 455.104, as amended from time to time;

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

242 (3) Affidavits signed by the owner, any of the persons described in
243 subdivision (1) of this subsection, the administrator, assistant
244 administrator, the medical director, the director of nursing and assistant
245 director of nursing disclosing any matter in which such person has been
246 convicted of a felony, as defined in section 53a-25, or has pleaded nolo
247 contendere to a felony charge, or has been held liable or enjoined in a
248 civil action by final judgment, if the felony or civil action involved fraud,
249 embezzlement, fraudulent conversion or misappropriation of property;
250 or is subject to an injunction or restrictive or remedial order of a court of
251 record at the time of application, within the past five years has had any
252 state or federal license or permit suspended or revoked as a result of an
253 action brought by a governmental agency or department, arising out of
254 or relating to health care business activity, including, but not limited to,
255 actions affecting the operation of a nursing home, retirement home,
256 residential care home or any facility subject to sections 17b-520 to 17b-
257 535, inclusive, or a similar statute in another state or country;

258 (4) (A) A statement as to whether or not the owner is, or is affiliated
259 with, a religious, charitable or other nonprofit organization; (B) the
260 extent of the affiliation, if any; (C) the extent to which the affiliate
261 organization will be responsible for the financial obligations of the
262 owner; and (D) the provision of the Internal Revenue Code of 1986, or
263 any subsequent corresponding internal revenue code of the United
264 States, as from time to time amended, if any, under which the owner or
265 affiliate is exempt from the payment of income tax;

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

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

273 ~~[(6)]~~ (7) If the operation of the nursing home has not yet commenced,
274 a statement of the anticipated source and application of the funds used
275 or to be used in the purchase or construction of the home, including:

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

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

283 (b) In addition to the information provided pursuant to subsection (a)
284 of this section, the commissioner may reasonably require an applicant
285 for a nursing home license or renewal of a nursing home license to
286 submit additional information. Such information may include audited
287 and certified financial statements of the owner, including, (1) a balance
288 sheet as of the end of the most recent fiscal year, and (2) income
289 statements for the most recent fiscal year of the owner or such shorter
290 period of time as the owner shall have been in existence.

291 (c) No person acting individually or jointly with any other person
292 shall establish, conduct, operate or maintain a nursing home without
293 maintaining professional liability insurance or other indemnity against
294 liability for professional malpractice. The amount of insurance which
295 such person shall maintain as insurance or indemnity against claims for
296 injury or death for professional malpractice shall be not less than one

297 million dollars for one person, per occurrence, with an aggregate of not
298 less than three million dollars. The requirements of this subsection shall
299 not apply to any person who establishes, conducts, operates or
300 maintains a residential care home.

301 (d) A person seeking to renew a nursing home license shall furnish
302 the department with any information required under this section that
303 was not previously submitted and with satisfactory written proof that
304 the owner of the nursing home consents to such renewal, if the owner is
305 different from the person seeking renewal, and shall provide data on
306 any change in the information submitted. The commissioner shall refuse
307 to issue or renew a nursing home license if the person seeking renewal
308 fails to provide the information required under this section. Upon such
309 refusal, the commissioner shall grant such license to the holder of the
310 certificate of need, provided such holder meets all requirements for such
311 licensure. If such holder does not meet such requirements, the
312 commissioner shall proceed in accordance with sections 19a-541 to 19a-
313 549, inclusive. If the commissioner is considering a license renewal
314 application pursuant to an order of the commissioner, the procedures in
315 this subsection shall apply to such consideration.

316 Sec. 9. Subsection (a) of section 17b-340 of the general statutes is
317 repealed and the following is substituted in lieu thereof (*Effective July 1,*
318 *2023*):

319 (a) For purposes of this subsection, (1) a "related party" includes, but
320 is not limited to, any company related to a chronic and convalescent
321 nursing home through family association, common ownership, control
322 or business association with any of the owners, operators or officials of
323 such nursing home; (2) "company" means any person, partnership,
324 association, holding company, limited liability company or corporation;
325 (3) "family association" means a relationship by birth, marriage or
326 domestic partnership; and (4) "profit and loss statement" means the
327 most recent annual statement on profits and losses finalized by a related
328 party before the annual report mandated under this subsection. The
329 rates to be paid by or for persons aided or cared for by the state or any

330 town in this state to licensed chronic and convalescent nursing homes,
331 to chronic disease hospitals associated with chronic and convalescent
332 nursing homes, to rest homes with nursing supervision, to licensed
333 residential care homes, as defined by section 19a-490, and to residential
334 facilities for persons with intellectual disability that are licensed
335 pursuant to section 17a-227 and certified to participate in the Title XIX
336 Medicaid program as intermediate care facilities for individuals with
337 intellectual disabilities, for room, board and services specified in
338 licensing regulations issued by the licensing agency shall be determined
339 annually, except as otherwise provided in this subsection by the
340 Commissioner of Social Services, to be effective July first of each year
341 except as otherwise provided in this subsection. Such rates shall be
342 determined on a basis of a reasonable payment for such necessary
343 services, which basis shall take into account as a factor the costs of such
344 services. Cost of such services shall include reasonable costs mandated
345 by collective bargaining agreements with certified collective bargaining
346 agents or other agreements between the employer and employees,
347 provided "employees" shall not include persons employed as managers
348 or chief administrators or required to be licensed as nursing home
349 administrators, and compensation for services rendered by proprietors
350 at prevailing wage rates, as determined by application of principles of
351 accounting as prescribed by said commissioner. Cost of such services
352 shall not include amounts paid by the facilities to employees as salary,
353 or to attorneys or consultants as fees, where the responsibility of the
354 employees, attorneys, or consultants is to persuade or seek to persuade
355 the other employees of the facility to support or oppose unionization.
356 Nothing in this subsection shall prohibit inclusion of amounts paid for
357 legal counsel related to the negotiation of collective bargaining
358 agreements, the settlement of grievances or normal administration of
359 labor relations. The commissioner may, in the commissioner's
360 discretion, allow the inclusion of extraordinary and unanticipated costs
361 of providing services that were incurred to avoid an immediate negative
362 impact on the health and safety of patients. The commissioner may, in
363 the commissioner's discretion, based upon review of a facility's costs,
364 direct care staff to patient ratio and any other related information, revise

365 a facility's rate for any increases or decreases to total licensed capacity
366 of more than ten beds or changes to its number of licensed rest home
367 with nursing supervision beds and chronic and convalescent nursing
368 home beds. The commissioner may, in the commissioner's discretion,
369 revise the rate of a facility that is closing. An interim rate issued for the
370 period during which a facility is closing shall be based on a review of
371 facility costs, the expected duration of the close-down period, the
372 anticipated impact on Medicaid costs, available appropriations and the
373 relationship of the rate requested by the facility to the average Medicaid
374 rate for a close-down period. The commissioner may so revise a facility's
375 rate established for the fiscal year ending June 30, 1993, and thereafter
376 for any bed increases, decreases or changes in licensure effective after
377 October 1, 1989. Effective July 1, 1991, in facilities that have both a
378 chronic and convalescent nursing home and a rest home with nursing
379 supervision, the rate for the rest home with nursing supervision shall
380 not exceed such facility's rate for its chronic and convalescent nursing
381 home. All such facilities for which rates are determined under this
382 subsection shall report on a fiscal year basis ending on September
383 thirtieth. Such report shall be submitted to the commissioner by
384 February fifteenth. Each [for-profit] chronic and convalescent nursing
385 home that receives state funding pursuant to this section shall include
386 in such annual report a profit and loss statement from each related party
387 that receives from such chronic and convalescent nursing home [fifty]
388 thirty thousand dollars or more per year for goods, fees and services.
389 No cause of action or liability shall arise against the state, the
390 Department of Social Services, any state official or agent for failure to
391 take action based on the information required to be reported under this
392 subsection. The commissioner may reduce the rate in effect for a facility
393 that fails to submit a complete and accurate report on or before February
394 fifteenth by an amount not to exceed ten per cent of such rate. If a
395 licensed residential care home fails to submit a complete and accurate
396 report, the department shall notify such home of the failure and the
397 home shall have thirty days from the date the notice was issued to
398 submit a complete and accurate report. If a licensed residential care
399 home fails to submit a complete and accurate report not later than thirty

400 days after the date of notice, such home may not receive a retroactive
401 rate increase, in the commissioner's discretion. The commissioner shall,
402 annually, on or before April first, report the data contained in the reports
403 of such facilities on the department's Internet web site. For the cost
404 reporting year commencing October 1, 1985, and for subsequent cost
405 reporting years, facilities shall report the cost of using the services of any
406 nursing personnel supplied by a temporary nursing services agency by
407 separating said cost into two categories, the portion of the cost equal to
408 the salary of the employee for whom the nursing personnel supplied by
409 a temporary nursing services agency is substituting shall be considered
410 a nursing cost and any cost in excess of such salary shall be further
411 divided so that seventy-five per cent of the excess cost shall be
412 considered an administrative or general cost and twenty-five per cent of
413 the excess cost shall be considered a nursing cost, provided if the total
414 costs of a facility for nursing personnel supplied by a temporary nursing
415 services agency in any cost year are equal to or exceed fifteen per cent
416 of the total nursing expenditures of the facility for such cost year, no
417 portion of such costs in excess of fifteen per cent shall be classified as
418 administrative or general costs. The commissioner, in determining such
419 rates, shall also take into account the classification of patients or
420 boarders according to special care requirements or classification of the
421 facility according to such factors as facilities and services and such other
422 factors as the commissioner deems reasonable, including anticipated
423 fluctuations in the cost of providing such services. The commissioner
424 may establish a separate rate for a facility or a portion of a facility for
425 traumatic brain injury patients who require extensive care but not acute
426 general hospital care. Such separate rate shall reflect the special care
427 requirements of such patients. If changes in federal or state laws,
428 regulations or standards adopted subsequent to June 30, 1985, result in
429 increased costs or expenditures in an amount exceeding one-half of one
430 per cent of allowable costs for the most recent cost reporting year, the
431 commissioner shall adjust rates and provide payment for any such
432 increased reasonable costs or expenditures within a reasonable period
433 of time retroactive to the date of enforcement. Nothing in this section
434 shall be construed to require the Department of Social Services to adjust

435 rates and provide payment for any increases in costs resulting from an
436 inspection of a facility by the Department of Public Health. Such
437 assistance as the commissioner requires from other state agencies or
438 departments in determining rates shall be made available to the
439 commissioner at the commissioner's request. Payment of the rates
440 established pursuant to this section shall be conditioned on the
441 establishment by such facilities of admissions procedures that conform
442 with this section, section 19a-533 and all other applicable provisions of
443 the law and the provision of equality of treatment to all persons in such
444 facilities. The established rates shall be the maximum amount
445 chargeable by such facilities for care of such beneficiaries, and the
446 acceptance by or on behalf of any such facility of any additional
447 compensation for care of any such beneficiary from any other person or
448 source shall constitute the offense of aiding a beneficiary to obtain aid
449 to which the beneficiary is not entitled and shall be punishable in the
450 same manner as is provided in subsection (b) of section 17b-97.
451 Notwithstanding any provision of this section, the Commissioner of
452 Social Services may, within available appropriations, provide an interim
453 rate increase for a licensed chronic and convalescent nursing home or a
454 rest home with nursing supervision for rate periods no earlier than April
455 1, 2004, only if the commissioner determines that the increase is
456 necessary to avoid the filing of a petition for relief under Title 11 of the
457 United States Code; imposition of receivership pursuant to sections 19a-
458 542 and 19a-543; or substantial deterioration of the facility's financial
459 condition that may be expected to adversely affect resident care and the
460 continued operation of the facility, and the commissioner determines
461 that the continued operation of the facility is in the best interest of the
462 state. The commissioner shall consider any requests for interim rate
463 increases on file with the department from March 30, 2004, and those
464 submitted subsequently for rate periods no earlier than April 1, 2004.
465 When reviewing an interim rate increase request the commissioner
466 shall, at a minimum, consider: (A) Existing chronic and convalescent
467 nursing home or rest home with nursing supervision utilization in the
468 area and projected bed need; (B) physical plant long-term viability and
469 the ability of the owner or purchaser to implement any necessary

470 property improvements; (C) licensure and certification compliance
471 history; (D) reasonableness of actual and projected expenses; and (E) the
472 ability of the facility to meet wage and benefit costs. No interim rate
473 shall be increased pursuant to this subsection in excess of one hundred
474 fifteen per cent of the median rate for the facility's peer grouping,
475 established pursuant to subdivision (2) of subsection (f) of this section,
476 unless recommended by the commissioner and approved by the
477 Secretary of the Office of Policy and Management after consultation
478 with the commissioner. Such median rates shall be published by the
479 Department of Social Services not later than April first of each year. In
480 the event that a facility granted an interim rate increase pursuant to this
481 section is sold or otherwise conveyed for value to an unrelated entity
482 less than five years after the effective date of such rate increase, the rate
483 increase shall be deemed rescinded and the department shall recover an
484 amount equal to the difference between payments made for all affected
485 rate periods and payments that would have been made if the interim
486 rate increase was not granted. The commissioner may seek recovery of
487 such payments from any facility with common ownership. With the
488 approval of the Secretary of the Office of Policy and Management, the
489 commissioner may waive recovery and rescission of the interim rate for
490 good cause shown that is not inconsistent with this section, including,
491 but not limited to, transfers to family members that were made for no
492 value. The commissioner shall provide written quarterly reports to the
493 joint standing committees of the General Assembly having cognizance
494 of matters relating to aging, human services and appropriations and the
495 budgets of state agencies, that identify each facility requesting an
496 interim rate increase, the amount of the requested rate increase for each
497 facility, the action taken by the commissioner and the secretary pursuant
498 to this subsection, and estimates of the additional cost to the state for
499 each approved interim rate increase. Nothing in this subsection shall
500 prohibit the commissioner from increasing the rate of a licensed chronic
501 and convalescent nursing home or a rest home with nursing supervision
502 for allowable costs associated with facility capital improvements or
503 increasing the rate in case of a sale of a licensed chronic and convalescent
504 nursing home or a rest home with nursing supervision if receivership

505 has been imposed on such home. For purposes of this section,
506 "temporary nursing services agency" and "nursing personnel" have the
507 same meaning as provided in section 19a-118.

508 Sec. 10. (NEW) (*Effective from passage*) The Commissioner of Social
509 Services shall develop a guidebook that includes, but need not be
510 limited to, a glossary and plain language explanation of the terms
511 relating to and a description of the Medicaid nursing home rate setting
512 process. Not later than July 1, 2024, the commissioner shall post the
513 guidebook in a conspicuous area on the Internet web site of the
514 Department of Social Services. The commissioner may update the
515 guidebook as deemed necessary.

516 Sec. 11. (*Effective from passage*) The Secretary of the Office of Policy
517 and Management, in consultation with the Commissioners of Consumer
518 Protection and Public Health, shall develop a plan to transfer the
519 responsibility for registration and oversight of homemaker-companion
520 agencies, as defined in section 20-670 of the general statutes from the
521 Department of Consumer Protection to the Department of Public
522 Health. Such plan shall (1) provide a timeline for the proposed
523 transition, and (2) include recommendations on appropriate training
524 standards that (A) exemplify best practices for providing homemaker
525 and companion services, as defined in section 20-670 of the general
526 statutes, (B) provide instruction and specialized training benchmarks
527 for the care of clients with Alzheimer's disease, dementia and other
528 related conditions, and (C) ensure a high quality of care for homemaker-
529 companion agency clients and may evaluate and make
530 recommendations on the appropriate use of the term "care" in
531 describing the services provided by homemaker-companion agencies
532 and any limitations on the use of such term to ensure consumer clarity.
533 Not later than August 1, 2024, the secretary shall report, in accordance
534 with section 11-4a of the general statutes, on such plan to the joint
535 standing committees of the General Assembly having cognizance of
536 matters relating to aging, general law and public health.

537 Sec. 12. Section 20-675 of the general statutes is repealed and the

538 following is substituted in lieu thereof (*Effective from passage*):

539 (a) The Commissioner of Consumer Protection may revoke, suspend
540 or refuse to issue or renew any certificate of registration as a
541 homemaker-companion agency or place an agency on probation or issue
542 a letter of reprimand for: (1) Conduct by the agency, or by an employee
543 of the agency while in the course of employment, of a character likely to
544 mislead, deceive or defraud the public or the commissioner; (2)
545 engaging in any untruthful or misleading advertising; (3) failure of such
546 agency that acts as a registry to comply with the notice requirements of
547 section 20-679a; [or] (4) failing to perform a comprehensive background
548 check of a prospective employee or maintain a copy of materials
549 obtained during a comprehensive background check, as required by
550 section 20-678; or (5) failing to provide a written notice, obtain a signed
551 notice or maintain a copy of a signed notice, as required by section 17 of
552 this act.

553 (b) The commissioner shall revoke a certificate of registration if a
554 homemaker-companion agency is found to have violated, after an
555 administrative hearing conducted in accordance with chapter 54, the
556 provisions of subdivisions (1) to (5), inclusive, of subsection (a) of this
557 section three times in one calendar year.

558 ~~[(b)]~~ (c) The commissioner shall not revoke or suspend any certificate
559 of registration except upon notice and hearing in accordance with
560 chapter 54.

561 Sec. 13. Section 20-679 of the general statutes is repealed and the
562 following is substituted in lieu thereof (*Effective October 1, 2023*):

563 (a) Not later than seven calendar days after the date on which a
564 homemaker-companion agency commences providing homemaker
565 services or companion services, such agency shall provide the person
566 who receives the services, or the authorized representative of such
567 person, with a written contract or service plan. The written contract or
568 service plan shall be developed in consultation with such person or
569 authorized representative and include (1) a person-centered plan of care

570 and services that prescribes the anticipated scope, type, frequency,
571 duration and cost of the services provided by the agency, (2) the
572 anticipated scope, type and frequency of oversight of an employee
573 assigned to such person by the homemaker-companion agency, and (3)
574 a predetermined frequency of meetings between the person who
575 oversees such employee and the person who receives the services, or the
576 authorized representative of such person. In addition, any contract or
577 service plan provided by a homemaker-companion agency to a person
578 receiving services shall also provide conspicuous notice, in boldface
579 type [(1)] (A) of the person's right to request changes to, or review of the
580 contract or service plan, [(2)] (B) of the employees of such agency who,
581 pursuant to section 20-678 are required to submit to a comprehensive
582 background check, [(3)] (C) that upon the request of such person or an
583 authorized representative of such person, such agency shall provide
584 such person or representative of such person with written notice that a
585 comprehensive background check, as required pursuant to section 20-
586 678, was performed for all employees of such agency performing
587 services for such person, [(4)] (D) that such agency's records are
588 available for inspection or audit by the Department of Consumer
589 Protection, [(5)] (E) that the agency is not able to guarantee the extent to
590 which its services will be covered under any insurance plan, and [(6)]
591 (F) that such contract or service plan may be cancelled at any time by
592 the client if such contract or service plan does not contain a specific
593 period of duration. On the date that a homemaker-companion agency
594 provides such contract or service plan to such person, the agency shall
595 also provide a printed copy of the guide that details the process by
596 which such person, or such person's authorized representative, may file
597 a complaint against such agency, posted on the Department of
598 Consumer Protection's Internet web site pursuant to section 14 of this
599 act. No contract or service plan for the provision of homemaker or
600 companion services shall be valid against the person who receives the
601 services or the authorized representative of such person, unless the
602 contract or service plan has been signed by a duly authorized
603 representative of the homemaker-companion agency and the person
604 who receives the services or the authorized representative of such

605 person. The requirements of this section shall not apply to homemaker
606 services or companion services provided under the Connecticut home-
607 care program for the elderly administered by the Department of Social
608 Services in accordance with section 17b-342. A written contract or
609 service plan between a homemaker-companion agency and a person
610 receiving services or the authorized representative of such person shall
611 not be enforceable against such person receiving services or authorized
612 representative unless such written contract or service plan contains all
613 of the requirements of this section.

614 (b) Nothing in this section shall preclude a homemaker-companion
615 agency that has complied with [subdivisions (1) to (6)] subparagraphs
616 (A) to (F), inclusive, of subsection (a) of this section from the recovery of
617 payment for work performed based on the reasonable value of services
618 which were requested by the person receiving services, provided the
619 court determines that it would be inequitable to deny such recovery.

620 Sec. 14. (NEW) (*Effective from passage*) Not later than October 1, 2023,
621 the Commissioner of Consumer Protection shall post a guide that details
622 the process by which a person who receives homemaker services or
623 companion services, as defined in section 20-670 of the general statutes
624 or the authorized representative of such person, may file a complaint
625 against a homemaker-companion agency, as defined in section 20-670 of
626 the general statutes on its Internet web site.

627 Sec. 15. (NEW) (*Effective from passage*) On and after January 1, 2024,
628 each homemaker-companion agency, as defined in section 20-670 of the
629 general statutes shall have a printed consumer brochure and maintain
630 an Internet web site detailing the homemaker and companion services
631 offered by such agency and provide such brochure or the address of
632 such Internet web site upon the request of consumers.

633 Sec. 16. Section 20-677 of the general statutes is amended by adding
634 subsection (g) as follows (*Effective from passage*):

635 (NEW) (g) A homemaker-companion agency may include in its
636 business name and advertising the term "care" if such term is used in

637 reference to such agency's provision of homemaker services, provided,
638 on and after October 1, 2023, any such advertising (1) shall prominently
639 and clearly display in plain font with distinctly contrasting colors at the
640 top of such advertising, including, but not limited to, each page of the
641 agency's Internet web site, social media posts, print media and audio-
642 visual advertisements, the clear and conspicuous words: "(Insert name
643 of homemaker-companion agency) solely provides nonmedical care.",
644 or, if such advertising is an audio advertisement, such words shall be
645 audibly conveyed at the same speed and manner as the rest of such
646 audio advertisement, and (2) shall not include any words that indicate
647 or suggest that such agency provides any services beyond the scope of
648 services authorized under this chapter, including, but not limited to,
649 words relating to medical or health care licensure or services. A
650 homemaker-companion agency may include in its advertising words
651 that accurately describe, as determined by the commissioner, that such
652 agency has employees who are trained to provide homemaker services
653 to individuals experiencing memory difficulties, provided the agency
654 details the type of training and number of hours each employee was
655 trained to provide such services. A violation of the provisions of this
656 subsection shall constitute untruthful or misleading advertising for the
657 purposes of subsection (a) of section 20-675, as amended by this act.

658 Sec. 17. (NEW) (*Effective from passage*) Each homemaker-companion
659 agency, prior to providing homemaker services or companion services,
660 shall (1) provide the person who receives the services, or the authorized
661 representative of such person, with a written notice that the agency
662 provides nonmedical care, and (2) obtain the signature of such person
663 or representative on the written notice. The agency shall maintain a
664 paper or electronic copy of such signed notice until such time that the
665 person who receives the services ceases receiving services from the
666 agency and make such copy available for inspection upon the request of
667 the Commissioner of Consumer Protection."

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>from passage</i>	19a-535(c)
Sec. 2	<i>from passage</i>	17a-878(a)
Sec. 3	<i>from passage</i>	19a-535(k)
Sec. 4	<i>October 1, 2023</i>	19a-693
Sec. 5	<i>October 1, 2023</i>	19a-694
Sec. 6	<i>October 1, 2023</i>	New section
Sec. 7	<i>July 1, 2023</i>	New section
Sec. 8	<i>July 1, 2023</i>	19a-491a
Sec. 9	<i>July 1, 2023</i>	17b-340(a)
Sec. 10	<i>from passage</i>	New section
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>from passage</i>	20-675
Sec. 13	<i>October 1, 2023</i>	20-679
Sec. 14	<i>from passage</i>	New section
Sec. 15	<i>from passage</i>	New section
Sec. 16	<i>from passage</i>	20-677(g)
Sec. 17	<i>from passage</i>	New section