



General Assembly

Amendment

January Session, 2023

LCO No. 8890



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4 repealed and the following is substituted in lieu thereof (*Effective from*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 and provide the State Ombudsman
56 with a copy of the discharge plan developed pursuant to the provisions
57 of subsection (e) of section 19a-535. Failure to provide notice and a copy
58 of such discharge plan to the State Ombudsman pursuant to the
59 provisions of this subdivision shall invalidate any notice of the
60 proposed involuntary transfer or discharge of a resident submitted
61 pursuant to the provisions of subdivision (1) of this subsection.

62 Sec. 2. Subsection (k) of section 19a-535 of the general statutes is
63 repealed and the following is substituted in lieu thereof (*Effective from*
64 *passage*):

65 (k) [A] Except as otherwise provided pursuant to subdivision (3) of
66 subsection (c) of this section, a facility shall electronically report each
67 involuntary transfer or discharge to the State Ombudsman, appointed
68 pursuant to section [17a-405] 17a-870, (1) in a manner prescribed by the
69 State Ombudsman, and (2) on an Internet web site portal maintained by
70 the State Ombudsman in accordance with patient privacy provisions of
71 the Health Insurance Portability and Accountability Act of 1996, P.L.
72 104-191, as amended from time to time.

73 Sec. 3. Section 19a-693 of the general statutes is repealed and the
74 following is substituted in lieu thereof (*Effective October 1, 2023*):

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

77 (1) "Activities of daily living" means activities or tasks that are
78 essential for a person's healthful and safe existence, including, but not

79 limited to, bathing, dressing, grooming, eating, meal preparation,
80 shopping, housekeeping, transfers, bowel and bladder care, laundry,
81 communication, self-administration of medication and ambulation.

82 (2) "Assisted living services" means nursing services and assistance
83 with activities of daily living provided to residents living within (A) a
84 managed residential community having supportive services that
85 encourage persons primarily fifty-five years of age or older to maintain
86 a maximum level of independence, or (B) an elderly housing complex
87 receiving assistance and funding through the United States Department
88 of Housing and Urban Development's Assisted Living Conversion
89 Program.

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

94 (4) "Managed residential community" means a for-profit or not-for-
95 profit facility consisting of private residential units that provides a
96 managed group living environment consisting of housing and services
97 for persons who are primarily fifty-five years of age or older. "Managed
98 residential community" does not include any state-funded congregate
99 housing facilities.

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

101 (6) "Family council" means an independent, self-determining group
102 of family members and friends who (A) advocate for the needs and
103 interests of the residents of a managed residential community that offers
104 assisted living services, and (B) facilitate open communication between
105 the managed residential community administration, the residents and
106 family and friends of the residents.

107 ~~[(6)]~~ (7) "Private residential unit" means a private living environment
108 designed for use and occupancy by a resident within a managed
109 residential community that includes a full bathroom and access to

110 facilities and equipment for the preparation and storage of food.

111 [(7)] (8) "Resident" means a person residing in a private residential
112 unit of a managed residential community pursuant to the terms of a
113 written agreement for occupancy of such unit.

114 Sec. 4. Section 19a-694 of the general statutes is repealed and the
115 following is substituted in lieu thereof (*Effective October 1, 2023*):

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

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

119 (2) Afford residents the ability to access services provided by an
120 assisted living services agency. Such services shall be provided in
121 accordance with a service plan developed in accordance with section
122 19a-699;

123 (3) Upon the request of a resident, arrange, in conjunction with the
124 assisted living services agency, for the provision of ancillary medical
125 services on behalf of a resident, including physician and dental services,
126 pharmacy services, restorative physical therapies, podiatry services,
127 hospice care and home health agency services, provided the ancillary
128 medical services are not administered by employees of the managed
129 residential community, unless the resident chooses to receive such
130 services;

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

134 (5) Afford residents the rights and privileges guaranteed under title
135 47a;

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

138 (7) Assist a resident who has a long-term care insurance policy with
139 preparing and submitting claims for benefits to the insurer, provided
140 such resident has executed a written authorization requesting and
141 directing the insurer to (A) disclose information to the managed
142 residential community relevant to such resident's eligibility for an
143 insurance benefit or payment, and (B) provide a copy of the acceptance
144 or declination of a claim for benefits to the managed residential
145 community at the same time such acceptance or declination is made to
146 such resident; and

147 (8) On or before January 1, 2024, encourage and assist in the
148 establishment of a family council in managed residential communities
149 offering assisted living services. Such family council shall not allow a
150 family member or friend of a resident who is not a resident of a dementia
151 special care unit to participate in the family council without the consent
152 of such resident.

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

156 Sec. 5. (NEW) (*Effective October 1, 2023*) There shall be within the
157 Department of Aging and Disability Services a dementia services
158 coordinator. The dementia services coordinator shall (1) coordinate
159 dementia services across state agencies, (2) assess and analyze
160 dementia-related data collected by the state, (3) evaluate state-funded
161 dementia services, (4) identify and support the development of
162 dementia-specific training programs, and (5) perform any other relevant
163 duties to support individuals with dementia in the state, as determined
164 by the Commissioner of Aging and Disability Services.

165 Sec. 6. (NEW) (*Effective July 1, 2023*) (a) Beginning with the cost report
166 year ending on September 30, 2023, and annually thereafter, each
167 nursing home facility, as defined in section 19a-490 of the general
168 statutes, shall submit to the Commissioner of Social Services narrative
169 summaries of expenditures in addition to the cost reports required

170 pursuant to section 17b-340 of the general statutes, as amended by this
171 act. The summaries shall include profit and loss statements for the
172 preceding three cost report years, total revenue, total expenditures, total
173 assets, total liabilities, short-term debt, long-term debt and cash flows
174 from investing, operating and financing activities. The Commissioner of
175 Social Services shall develop a uniform narrative summary form to be
176 used by nursing home facilities for the purposes of complying with the
177 provisions of this subsection and post such form on the department's
178 Internet web site.

179 (b) Not later than January 1, 2024, and annually thereafter, the
180 Commissioner of Social Services shall post in a conspicuous area on the
181 Internet web site of the Department of Social Services a link to the
182 annual cost reports and the summaries provided by each nursing home
183 facility.

184 (c) Any nursing home facility that violates or fails to comply with the
185 provisions of this section shall be fined not more than ten thousand
186 dollars for each incident of noncompliance. Prior to imposing any
187 penalty pursuant to this subsection, the commissioner shall notify the
188 nursing home facility of the alleged violation and the accompanying
189 penalty and shall permit such facility to request that the department
190 review its findings. A facility shall request such review not later than
191 fifteen days after receipt of the notice of violation from the department.
192 The department shall stay the imposition of any penalty pending the
193 outcome of the review. The commissioner may impose a penalty upon
194 a facility pursuant to this subsection regardless of whether a change in
195 ownership of the facility has taken place since the time of the violation,
196 provided the department issued notice of the alleged violation and the
197 accompanying penalty prior to the effective date of the change in
198 ownership and record of such notice is readily available in a central
199 registry maintained by the department. Payments of fines received
200 pursuant to this subsection shall be deposited in the General Fund and
201 credited to the Medicaid account.

202 Sec. 7. Section 19a-491a of the general statutes is repealed and the

203 following is substituted in lieu thereof (*Effective July 1, 2023*):

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

207 (1) (A) The name and business address of the owner and a statement
208 of whether the owner is an individual, partnership, corporation or other
209 legal entity; (B) the names of the officers, directors, trustees, or
210 managing and general partners of the owner, the names of persons
211 having a ten per cent or greater ownership interest in the owner, and a
212 description of each such person's occupation with the owner; [and] (C)
213 if the owner is a corporation which is incorporated in another state, a
214 certificate of good standing from the secretary of state of the state of
215 incorporation; and (D) if a private equity company or real estate
216 investment trust owns any portion of the business, any information
217 regarding such company or trust required to be disclosed (i) on federal
218 Form CMS-855a, and (ii) in accordance with 42 CFR 424.516 or 42 CFR
219 455.104, as amended from time to time;

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

223 (3) Affidavits signed by the owner, any of the persons described in
224 subdivision (1) of this subsection, the administrator, assistant
225 administrator, the medical director, the director of nursing and assistant
226 director of nursing disclosing any matter in which such person has been
227 convicted of a felony, as defined in section 53a-25, or has pleaded nolo
228 contendere to a felony charge, or has been held liable or enjoined in a
229 civil action by final judgment, if the felony or civil action involved fraud,
230 embezzlement, fraudulent conversion or misappropriation of property;
231 or is subject to an injunction or restrictive or remedial order of a court of
232 record at the time of application, within the past five years has had any
233 state or federal license or permit suspended or revoked as a result of an
234 action brought by a governmental agency or department, arising out of

235 or relating to health care business activity, including, but not limited to,
236 actions affecting the operation of a nursing home, retirement home,
237 residential care home or any facility subject to sections 17b-520 to 17b-
238 535, inclusive, or a similar statute in another state or country;

239 (4) (A) A statement as to whether or not the owner is, or is affiliated
240 with, a religious, charitable or other nonprofit organization; (B) the
241 extent of the affiliation, if any; (C) the extent to which the affiliate
242 organization will be responsible for the financial obligations of the
243 owner; and (D) the provision of the Internal Revenue Code of 1986, or
244 any subsequent corresponding internal revenue code of the United
245 States, as from time to time amended, if any, under which the owner or
246 affiliate is exempt from the payment of income tax;

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

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

254 ~~[(6)]~~ (7) If the operation of the nursing home has not yet commenced,
255 a statement of the anticipated source and application of the funds used
256 or to be used in the purchase or construction of the home, including:

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

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

264 (b) In addition to the information provided pursuant to subsection (a)

265 of this section, the commissioner may reasonably require an applicant
266 for a nursing home license or renewal of a nursing home license to
267 submit additional information. Such information may include audited
268 and certified financial statements of the owner, including, (1) a balance
269 sheet as of the end of the most recent fiscal year, and (2) income
270 statements for the most recent fiscal year of the owner or such shorter
271 period of time as the owner shall have been in existence.

272 (c) No person acting individually or jointly with any other person
273 shall establish, conduct, operate or maintain a nursing home without
274 maintaining professional liability insurance or other indemnity against
275 liability for professional malpractice. The amount of insurance which
276 such person shall maintain as insurance or indemnity against claims for
277 injury or death for professional malpractice shall be not less than one
278 million dollars for one person, per occurrence, with an aggregate of not
279 less than three million dollars. The requirements of this subsection shall
280 not apply to any person who establishes, conducts, operates or
281 maintains a residential care home.

282 (d) A person seeking to renew a nursing home license shall furnish
283 the department with any information required under this section that
284 was not previously submitted and with satisfactory written proof that
285 the owner of the nursing home consents to such renewal, if the owner is
286 different from the person seeking renewal, and shall provide data on
287 any change in the information submitted. The commissioner shall refuse
288 to issue or renew a nursing home license if the person seeking renewal
289 fails to provide the information required under this section. Upon such
290 refusal, the commissioner shall grant such license to the holder of the
291 certificate of need, provided such holder meets all requirements for such
292 licensure. If such holder does not meet such requirements, the
293 commissioner shall proceed in accordance with sections 19a-541 to 19a-
294 549, inclusive. If the commissioner is considering a license renewal
295 application pursuant to an order of the commissioner, the procedures in
296 this subsection shall apply to such consideration.

297 Sec. 8. Subsection (a) of section 17b-340 of the general statutes is

298 repealed and the following is substituted in lieu thereof (*Effective July 1,*
299 *2023*):

300 (a) For purposes of this subsection, (1) a "related party" includes, but
301 is not limited to, any company related to a chronic and convalescent
302 nursing home through family association, common ownership, control
303 or business association with any of the owners, operators or officials of
304 such nursing home; (2) "company" means any person, partnership,
305 association, holding company, limited liability company or corporation;
306 (3) "family association" means a relationship by birth, marriage or
307 domestic partnership; and (4) "profit and loss statement" means the
308 most recent annual statement on profits and losses finalized by a related
309 party before the annual report mandated under this subsection. The
310 rates to be paid by or for persons aided or cared for by the state or any
311 town in this state to licensed chronic and convalescent nursing homes,
312 to chronic disease hospitals associated with chronic and convalescent
313 nursing homes, to rest homes with nursing supervision, to licensed
314 residential care homes, as defined by section 19a-490, and to residential
315 facilities for persons with intellectual disability that are licensed
316 pursuant to section 17a-227 and certified to participate in the Title XIX
317 Medicaid program as intermediate care facilities for individuals with
318 intellectual disabilities, for room, board and services specified in
319 licensing regulations issued by the licensing agency shall be determined
320 annually, except as otherwise provided in this subsection by the
321 Commissioner of Social Services, to be effective July first of each year
322 except as otherwise provided in this subsection. Such rates shall be
323 determined on a basis of a reasonable payment for such necessary
324 services, which basis shall take into account as a factor the costs of such
325 services. Cost of such services shall include reasonable costs mandated
326 by collective bargaining agreements with certified collective bargaining
327 agents or other agreements between the employer and employees,
328 provided "employees" shall not include persons employed as managers
329 or chief administrators or required to be licensed as nursing home
330 administrators, and compensation for services rendered by proprietors
331 at prevailing wage rates, as determined by application of principles of

332 accounting as prescribed by said commissioner. Cost of such services
333 shall not include amounts paid by the facilities to employees as salary,
334 or to attorneys or consultants as fees, where the responsibility of the
335 employees, attorneys, or consultants is to persuade or seek to persuade
336 the other employees of the facility to support or oppose unionization.
337 Nothing in this subsection shall prohibit inclusion of amounts paid for
338 legal counsel related to the negotiation of collective bargaining
339 agreements, the settlement of grievances or normal administration of
340 labor relations. The commissioner may, in the commissioner's
341 discretion, allow the inclusion of extraordinary and unanticipated costs
342 of providing services that were incurred to avoid an immediate negative
343 impact on the health and safety of patients. The commissioner may, in
344 the commissioner's discretion, based upon review of a facility's costs,
345 direct care staff to patient ratio and any other related information, revise
346 a facility's rate for any increases or decreases to total licensed capacity
347 of more than ten beds or changes to its number of licensed rest home
348 with nursing supervision beds and chronic and convalescent nursing
349 home beds. The commissioner may, in the commissioner's discretion,
350 revise the rate of a facility that is closing. An interim rate issued for the
351 period during which a facility is closing shall be based on a review of
352 facility costs, the expected duration of the close-down period, the
353 anticipated impact on Medicaid costs, available appropriations and the
354 relationship of the rate requested by the facility to the average Medicaid
355 rate for a close-down period. The commissioner may so revise a facility's
356 rate established for the fiscal year ending June 30, 1993, and thereafter
357 for any bed increases, decreases or changes in licensure effective after
358 October 1, 1989. Effective July 1, 1991, in facilities that have both a
359 chronic and convalescent nursing home and a rest home with nursing
360 supervision, the rate for the rest home with nursing supervision shall
361 not exceed such facility's rate for its chronic and convalescent nursing
362 home. All such facilities for which rates are determined under this
363 subsection shall report on a fiscal year basis ending on September
364 thirtieth. Such report shall be submitted to the commissioner by
365 February fifteenth. Each [for-profit] chronic and convalescent nursing
366 home that receives state funding pursuant to this section shall include

367 in such annual report a profit and loss statement from each related party
368 that receives from such chronic and convalescent nursing home [fifty]
369 thirty thousand dollars or more per year for goods, fees and services.
370 No cause of action or liability shall arise against the state, the
371 Department of Social Services, any state official or agent for failure to
372 take action based on the information required to be reported under this
373 subsection. The commissioner may reduce the rate in effect for a facility
374 that fails to submit a complete and accurate report on or before February
375 fifteenth by an amount not to exceed ten per cent of such rate. If a
376 licensed residential care home fails to submit a complete and accurate
377 report, the department shall notify such home of the failure and the
378 home shall have thirty days from the date the notice was issued to
379 submit a complete and accurate report. If a licensed residential care
380 home fails to submit a complete and accurate report not later than thirty
381 days after the date of notice, such home may not receive a retroactive
382 rate increase, in the commissioner's discretion. The commissioner shall,
383 annually, on or before April first, report the data contained in the reports
384 of such facilities on the department's Internet web site. For the cost
385 reporting year commencing October 1, 1985, and for subsequent cost
386 reporting years, facilities shall report the cost of using the services of any
387 nursing personnel supplied by a temporary nursing services agency by
388 separating said cost into two categories, the portion of the cost equal to
389 the salary of the employee for whom the nursing personnel supplied by
390 a temporary nursing services agency is substituting shall be considered
391 a nursing cost and any cost in excess of such salary shall be further
392 divided so that seventy-five per cent of the excess cost shall be
393 considered an administrative or general cost and twenty-five per cent of
394 the excess cost shall be considered a nursing cost, provided if the total
395 costs of a facility for nursing personnel supplied by a temporary nursing
396 services agency in any cost year are equal to or exceed fifteen per cent
397 of the total nursing expenditures of the facility for such cost year, no
398 portion of such costs in excess of fifteen per cent shall be classified as
399 administrative or general costs. The commissioner, in determining such
400 rates, shall also take into account the classification of patients or
401 boarders according to special care requirements or classification of the

402 facility according to such factors as facilities and services and such other
403 factors as the commissioner deems reasonable, including anticipated
404 fluctuations in the cost of providing such services. The commissioner
405 may establish a separate rate for a facility or a portion of a facility for
406 traumatic brain injury patients who require extensive care but not acute
407 general hospital care. Such separate rate shall reflect the special care
408 requirements of such patients. If changes in federal or state laws,
409 regulations or standards adopted subsequent to June 30, 1985, result in
410 increased costs or expenditures in an amount exceeding one-half of one
411 per cent of allowable costs for the most recent cost reporting year, the
412 commissioner shall adjust rates and provide payment for any such
413 increased reasonable costs or expenditures within a reasonable period
414 of time retroactive to the date of enforcement. Nothing in this section
415 shall be construed to require the Department of Social Services to adjust
416 rates and provide payment for any increases in costs resulting from an
417 inspection of a facility by the Department of Public Health. Such
418 assistance as the commissioner requires from other state agencies or
419 departments in determining rates shall be made available to the
420 commissioner at the commissioner's request. Payment of the rates
421 established pursuant to this section shall be conditioned on the
422 establishment by such facilities of admissions procedures that conform
423 with this section, section 19a-533 and all other applicable provisions of
424 the law and the provision of equality of treatment to all persons in such
425 facilities. The established rates shall be the maximum amount
426 chargeable by such facilities for care of such beneficiaries, and the
427 acceptance by or on behalf of any such facility of any additional
428 compensation for care of any such beneficiary from any other person or
429 source shall constitute the offense of aiding a beneficiary to obtain aid
430 to which the beneficiary is not entitled and shall be punishable in the
431 same manner as is provided in subsection (b) of section 17b-97.
432 Notwithstanding any provision of this section, the Commissioner of
433 Social Services may, within available appropriations, provide an interim
434 rate increase for a licensed chronic and convalescent nursing home or a
435 rest home with nursing supervision for rate periods no earlier than April
436 1, 2004, only if the commissioner determines that the increase is

437 necessary to avoid the filing of a petition for relief under Title 11 of the
438 United States Code; imposition of receivership pursuant to sections 19a-
439 542 and 19a-543; or substantial deterioration of the facility's financial
440 condition that may be expected to adversely affect resident care and the
441 continued operation of the facility, and the commissioner determines
442 that the continued operation of the facility is in the best interest of the
443 state. The commissioner shall consider any requests for interim rate
444 increases on file with the department from March 30, 2004, and those
445 submitted subsequently for rate periods no earlier than April 1, 2004.
446 When reviewing an interim rate increase request the commissioner
447 shall, at a minimum, consider: (A) Existing chronic and convalescent
448 nursing home or rest home with nursing supervision utilization in the
449 area and projected bed need; (B) physical plant long-term viability and
450 the ability of the owner or purchaser to implement any necessary
451 property improvements; (C) licensure and certification compliance
452 history; (D) reasonableness of actual and projected expenses; and (E) the
453 ability of the facility to meet wage and benefit costs. No interim rate
454 shall be increased pursuant to this subsection in excess of one hundred
455 fifteen per cent of the median rate for the facility's peer grouping,
456 established pursuant to subdivision (2) of subsection (f) of this section,
457 unless recommended by the commissioner and approved by the
458 Secretary of the Office of Policy and Management after consultation
459 with the commissioner. Such median rates shall be published by the
460 Department of Social Services not later than April first of each year. In
461 the event that a facility granted an interim rate increase pursuant to this
462 section is sold or otherwise conveyed for value to an unrelated entity
463 less than five years after the effective date of such rate increase, the rate
464 increase shall be deemed rescinded and the department shall recover an
465 amount equal to the difference between payments made for all affected
466 rate periods and payments that would have been made if the interim
467 rate increase was not granted. The commissioner may seek recovery of
468 such payments from any facility with common ownership. With the
469 approval of the Secretary of the Office of Policy and Management, the
470 commissioner may waive recovery and rescission of the interim rate for
471 good cause shown that is not inconsistent with this section, including,

472 but not limited to, transfers to family members that were made for no
473 value. The commissioner shall provide written quarterly reports to the
474 joint standing committees of the General Assembly having cognizance
475 of matters relating to aging, human services and appropriations and the
476 budgets of state agencies, that identify each facility requesting an
477 interim rate increase, the amount of the requested rate increase for each
478 facility, the action taken by the commissioner and the secretary pursuant
479 to this subsection, and estimates of the additional cost to the state for
480 each approved interim rate increase. Nothing in this subsection shall
481 prohibit the commissioner from increasing the rate of a licensed chronic
482 and convalescent nursing home or a rest home with nursing supervision
483 for allowable costs associated with facility capital improvements or
484 increasing the rate in case of a sale of a licensed chronic and convalescent
485 nursing home or a rest home with nursing supervision if receivership
486 has been imposed on such home. For purposes of this section,
487 "temporary nursing services agency" and "nursing personnel" have the
488 same meaning as provided in section 19a-118.

489 Sec. 9. (NEW) (*Effective from passage*) The Commissioner of Social
490 Services shall develop a guidebook that includes, but need not be
491 limited to, a glossary and plain language explanation of the terms
492 relating to and a description of the Medicaid nursing home rate setting
493 process. Not later than July 1, 2024, the commissioner shall post the
494 guidebook in a conspicuous area on the Internet web site of the
495 Department of Social Services. The commissioner may update the
496 guidebook as deemed necessary.

497 Sec. 10. (*Effective from passage*) The Secretary of the Office of Policy
498 and Management, in consultation with the Commissioners of Consumer
499 Protection and Public Health, shall develop a plan to transfer the
500 responsibility for registration and oversight of homemaker-companion
501 agencies, as defined in section 20-670 of the general statutes, as amended
502 by this act, from the Department of Consumer Protection to the
503 Department of Public Health. Such plan shall (1) provide a timeline for
504 the proposed transition, and (2) include recommendations on
505 appropriate training standards that (A) exemplify best practices for

506 providing homemaker and companion services, as defined in section 20-
507 670 of the general statutes, (B) provide instruction and specialized
508 training benchmarks for the care of clients with Alzheimer's disease,
509 dementia and other related conditions, and (C) ensure a high quality of
510 care for homemaker-companion agency clients and may evaluate and
511 make recommendations on the appropriate use of the term "care" in
512 describing the services provided by homemaker-companion agencies
513 and any limitations on the use of such term to ensure consumer clarity.
514 Not later than August 1, 2024, the secretary shall report, in accordance
515 with section 11-4a of the general statutes, on such plan to the joint
516 standing committees of the General Assembly having cognizance of
517 matters relating to aging, general law and public health.

518 Sec. 11. Section 20-675 of the general statutes is repealed and the
519 following is substituted in lieu thereof (*Effective from passage*):

520 (a) The Commissioner of Consumer Protection may revoke, suspend
521 or refuse to issue or renew any certificate of registration as a
522 homemaker-companion agency or place an agency on probation or issue
523 a letter of reprimand for: (1) Conduct by the agency, or by an employee
524 of the agency while in the course of employment, of a character likely to
525 mislead, deceive or defraud the public or the commissioner; (2)
526 engaging in any untruthful or misleading advertising; (3) failure of such
527 agency that acts as a registry to comply with the notice requirements of
528 section 20-679a; [or] (4) failing to perform a comprehensive background
529 check of a prospective employee or maintain a copy of materials
530 obtained during a comprehensive background check, as required by
531 section 20-678; or (5) failing to provide a written notice, obtain a signed
532 notice or maintain a copy of a signed notice, as required by section 17 of
533 this act.

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

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

542 Sec. 12. Section 20-679 of the general statutes is repealed and the
543 following is substituted in lieu thereof (*Effective October 1, 2023*):

544 (a) Not later than seven calendar days after the date on which a
545 homemaker-companion agency commences providing homemaker
546 services or companion services, such agency shall provide the person
547 who receives the services, or the authorized representative of such
548 person, with a written contract or service plan. The written contract or
549 service plan shall be developed in consultation with such person or
550 authorized representative and include (1) a person-centered plan of care
551 and services that prescribes the anticipated scope, type, frequency,
552 duration and cost of the services provided by the agency, (2) the
553 anticipated scope, type and frequency of oversight of an employee
554 assigned to such person by the homemaker-companion agency, and (3)
555 a predetermined frequency of meetings between the person who
556 oversees such employee and the person who receives the services, or the
557 authorized representative of such person. In addition, any contract or
558 service plan provided by a homemaker-companion agency to a person
559 receiving services shall also provide conspicuous notice, in boldface
560 type [(1)] (A) of the person's right to request changes to, or review of the
561 contract or service plan, [(2)] (B) of the employees of such agency who,
562 pursuant to section 20-678 are required to submit to a comprehensive
563 background check, [(3)] (C) that upon the request of such person or an
564 authorized representative of such person, such agency shall provide
565 such person or representative of such person with written notice that a
566 comprehensive background check, as required pursuant to section 20-
567 678, was performed for all employees of such agency performing
568 services for such person, [(4)] (D) that such agency's records are
569 available for inspection or audit by the Department of Consumer
570 Protection, [(5)] (E) that the agency is not able to guarantee the extent to
571 which its services will be covered under any insurance plan, and [(6)]
572 (F) that such contract or service plan may be cancelled at any time by

573 the client if such contract or service plan does not contain a specific
574 period of duration. On the date that a homemaker-companion agency
575 provides such contract or service plan to such person, the agency shall
576 also provide a printed copy of the guide that details the process by
577 which such person, or such person's authorized representative, may file
578 a complaint against such agency, posted on the Department of
579 Consumer Protection's Internet web site pursuant to section 13 of this
580 act. No contract or service plan for the provision of homemaker or
581 companion services shall be valid against the person who receives the
582 services or the authorized representative of such person, unless the
583 contract or service plan has been signed by a duly authorized
584 representative of the homemaker-companion agency and the person
585 who receives the services or the authorized representative of such
586 person. The requirements of this section shall not apply to homemaker
587 services or companion services provided under the Connecticut home-
588 care program for the elderly administered by the Department of Social
589 Services in accordance with section 17b-342. A written contract or
590 service plan between a homemaker-companion agency and a person
591 receiving services or the authorized representative of such person shall
592 not be enforceable against such person receiving services or authorized
593 representative unless such written contract or service plan contains all
594 of the requirements of this section.

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

601 Sec. 13. (NEW) (*Effective from passage*) Not later than October 1, 2023,
602 the Commissioner of Consumer Protection shall post a guide that details
603 the process by which a person who receives homemaker services or
604 companion services, as defined in section 20-670 of the general statutes,
605 as amended by this act, or the authorized representative of such person,
606 may file a complaint against a homemaker-companion agency, as

607 defined in section 20-670 of the general statutes, as amended by this act,
608 on its Internet web site.

609 Sec. 14. (NEW) (*Effective from passage*) On and after January 1, 2024,
610 each homemaker-companion agency, as defined in section 20-670 of the
611 general statutes, as amended by this act, shall have a printed consumer
612 brochure and maintain an Internet web site detailing the homemaker
613 and companion services offered by such agency and provide such
614 brochure or the address of such Internet web site upon the request of
615 consumers.

616 Sec. 15. Subdivision (8) of section 20-670 of the general statutes is
617 repealed and the following is substituted in lieu thereof (*Effective from*
618 *passage*):

619 (8) "Homemaker services" means nonmedical and supportive in-
620 home care services, including, but not limited to, assistance with
621 cooking, household cleaning, laundry, personal hygiene and other
622 household chores, that ensure a healthy and safe environment for a
623 person in the person's home.

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

626 (NEW) (g) A homemaker-companion agency may include in its
627 business name and advertising the term "care" if such term is used in
628 reference to such agency's provision of homemaker services, provided,
629 on and after October 1, 2023, any such advertising (1) shall prominently
630 and clearly display in plain font with distinctly contrasting colors at the
631 top of such advertising, including, but not limited to, each page of the
632 agency's Internet web site, social media posts, print media and audio-
633 visual advertisements, the clear and conspicuous words: "(Insert name
634 of homemaker-companion agency) solely provides nonmedical care.",
635 or, if such advertising is an audio advertisement, such words shall be
636 audibly conveyed at the same speed and manner as the rest of such
637 audio advertisement, and (2) shall not include any words that indicate
638 or suggest that such agency provides any services beyond the scope of

639 services authorized under this chapter, including, but not limited to,
 640 words relating to medical or health care licensure or services. A
 641 homemaker-companion agency may include in its advertising words
 642 that accurately describe, as determined by the commissioner, that such
 643 agency has employees who are trained to provide homemaker services
 644 to individuals experiencing memory difficulties, provided the agency
 645 details the type of training and number of hours each employee was
 646 trained to provide such services. A violation of the provisions of this
 647 subsection shall constitute untruthful or misleading advertising for the
 648 purposes of subsection (a) of section 20-675, as amended by this act.

649 Sec. 17. (NEW) (*Effective from passage*) Each homemaker-companion
 650 agency, prior to providing homemaker services or companion services,
 651 shall (1) provide the person who receives the services, or the authorized
 652 representative of such person, with a written notice that the agency
 653 provides nonmedical care, and (2) obtain the signature of such person
 654 or representative on the written notice. The agency shall maintain a
 655 paper or electronic copy of such signed notice until such time that the
 656 person who receives the services ceases receiving services from the
 657 agency and make such copy available for inspection upon the request of
 658 the Commissioner of Consumer Protection."

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| 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> | 19a-535(k) |
| Sec. 3 | <i>October 1, 2023</i> | 19a-693 |
| Sec. 4 | <i>October 1, 2023</i> | 19a-694 |
| Sec. 5 | <i>October 1, 2023</i> | New section |
| 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>from passage</i> | New section |
| Sec. 10 | <i>from passage</i> | New section |
| Sec. 11 | <i>from passage</i> | 20-675 |
| Sec. 12 | <i>October 1, 2023</i> | 20-679 |
| Sec. 13 | <i>from passage</i> | New section |

| | | |
|---------|---------------------|-------------|
| Sec. 14 | <i>from passage</i> | New section |
| Sec. 15 | <i>from passage</i> | 20-670(8) |
| Sec. 16 | <i>from passage</i> | 20-677(g) |
| Sec. 17 | <i>from passage</i> | New section |