
OLR Bill Analysis

sHB 5001

AN ACT SUPPORTING CONNECTICUT SENIORS AND THE IMPROVEMENT OF NURSING AND HOME-BASED CARE.

TABLE OF CONTENTS:

SUMMARY

§§ 1-3 — DSS HOME CARE PROVIDER REGISTRY AND DATA PROCESSING SYSTEM

Requires the DSS commissioner, starting January 1, 2025, to develop and maintain a home care provider registry and data processing system for people receiving Medicaid home- and community-based services; allows the commissioner to apply to the federal Centers for Medicare and Medicaid Services for enhanced federal financial participation related to the registry's development, maintenance, and ongoing operation

§ 4 — PERSONAL CARE ATTENDANT WORKFORCE COUNCIL PCA TRAINING

Requires the PCA Workforce Council, starting January 1, 2025, to develop training for PCAs on techniques for recognizing and responding to consumer harassment, abuse, and discrimination

§§ 5 & 6 — HOME CARE WORKER TRAINING ON CONSUMER HARASSMENT, ABUSE, AND DISCRIMINATION

Starting January 1, 2025, requires (1) prospective homemaker-companion employees and contractors and (2) home health care, home health aide, and hospice agency employees to complete training on how to recognize and respond to consumer harassment, abuse, and discrimination

§ 7 — TRAINING FOR FAMILY CAREGIVERS PROVIDING PCA SERVICES

Requires the DSS commissioner, by October 1, 2024, to develop and implement a training program for family caregivers who provide PCA services under the Community First Choice Program and Connecticut Home Care Program for Elders; starting January 1, 2025, requires family caregivers to complete the training to be eligible for compensation under these programs

§§ 8 & 9 — MEDICARE NURSING HOME CARE COMPARE WEBSITE LINK

Requires the DPH and DSS commissioners to prominently post on their department websites, a link to the Medicare Nursing Home Care Compare website

§ 10 — EXPANDING FINGERPRINTING LOCATIONS

Requires the DESPP commissioner to develop and implement a plan to expand fingerprinting locations in the state and report on the plan to the Aging, Public Health, and Public Safety committees by January 1, 2025

§§ 11-13 — HOME CARE EMPLOYEE BADGES AND PHOTOGRAPHS

Requires home health care, home health aide, homemaker-companion, and hospice agencies to require their employees to wear an identification badge with their name and photograph during client appointments; subjects agencies to disciplinary action for violating the requirements

§§ 14-18 — PRESUMPTIVE MEDICAID ELIGIBILITY FOR HOMECARE

Requires the DSS commissioner, by October 1, 2024, to establish a presumptive Medicaid eligibility system for people applying to the Medicaid-funded portion of CHCPE; requires the state to pay for up to 90 days of home care applicants determined to be presumptively Medicaid eligible; expands DSS annual CHCPE reporting requirements to include data on the presumptive Medicaid eligibility system

§ 19 — ADS STUDY ON FINANCIAL ASSISTANCE FOR NONPARENT CARETAKER RELATIVES

Requires the ADS commissioner to study reimbursement rate options for nonparent caretaker relatives (e.g., grandparents) receiving DSS Temporary Family Assistance benefits and report on the study to the Aging and Human Services committees by January 1, 2025

§§ 20 & 21 — FAMILY RESOURCE CENTERS AND PARENT EDUCATION AND SUPPORT CENTERS

Expands the scope of SDE family resource centers and DCF parent education and support centers to include resources, programs, and services for nonparent caretaker relatives and legal guardians; requires the centers to make referrals to certain community programs

§ 22 — MUNICIPAL AGENTS FOR THE ELDERLY

Makes the duties of municipal agents for the elderly mandatory and expands them to include helping seniors access housing assistance resources; requires the ADS commissioner to create a directory with these agents' contact information and post it on the department's website

§§ 23 & 24 — MANAGED RESIDENTIAL COMMUNITY RESIDENCY AGREEMENTS AND FEES

Requires MRCs to (1) include information in written residency agreements on the way they may adjust monthly or other recurring fees; (2) give residents, or their representatives, 90 days' notice of any fee increases; and (3) give residents prorated or full refunds of certain fees if the facility cannot meet the resident's needs within the first 45 days of occupancy

§ 25 — ALSA FEES

Requires ALSAs to (1) disclose fee increases to residents or their representatives at least 90 days before they take effect and (2) upon request, give them the history of fee increases over the past three years

§ 26 — LONG-TERM CARE OMBUDSMAN NOTIFICATION OF ALSA LICENSURE

Requires the DPH commissioner to notify the Long-Term Care Ombudsman within 30 days after granting a license to an ALSA that operates an MRC or provides services at an MRC

§ 27 — MANAGED RESIDENTIAL COMMUNITY RESIDENT NOTIFICATION

Requires MRCs to give at least 30 days' notice to residents, and their legal representatives, before changing the facility's operator or ALSA that provides facility services

§ 28 — MANAGED RESIDENTIAL COMMUNITY CONSUMER GUIDE

Requires the Long-Term Care Ombudsman, in consultation with the public health commissioner, to develop an MRC consumer guide and post the guide on specified agency websites by January 1, 2025

§ 29 — REGIONAL LONG-TERM CARE OMBUDSMEN DUTIES

Adds to the duties of regional long-term care ombudsmen, those of a regional community ombudsman who supports adults receiving DSS-administered home- and community-based services

§ 30 — OFFICE OF THE LONG-TERM CARE OMBUDSMAN CLIENT RECORDS DISCLOSURE

Allows nursing home residents or complainants to give consent visually or by using auxiliary aids for the Office of the Long-Term Care Ombudsman to disclose their files or records; requires an office representative to document the consent in writing

§ 31 — COMMUNITY OMBUDSMAN PROGRAM

Allows recipients of home- and community-based services with specified medical conditions or disabilities to give consent visually or by using auxiliary aids for the Community Ombudsman to disclose their files or records; specifies that this data includes medical, social, or other client-related data; allows the Long-Term Care Ombudsman to assign a community regional ombudsman the duties of a long-term care regional ombudsman

§ 32 — STUDY ON NURSING HOME DIAGNOSTIC PRACTICES FOR COGNITIVE DISORDERS

Requires the DPH commissioner to study the current practices nursing homes use to diagnose a resident with a cognitive disorder; requires her to report the study results to the Aging and Public Health committees by January 1, 2025

§ 33 — BONDS TO EXPAND AGING IN PLACE SAFELY PROGRAM

Permits the State Bond Commission to authorize up to \$1 million in state general obligation bonds for ADS to expand the Aging in Place Safely Program

§§ 34-38 — ADS AND DPH GENERAL FUND APPROPRIATIONS

Makes FY 25 General Fund appropriations to (1) ADS to hire four regional ombudsmen, purchase a new data system for the Community Ombudsman program, and provide marketing and outreach for area agencies on aging and (2) DPH for a contracted analysis of nursing home acuity data and an Alzheimer's disease public awareness campaign targeting underserved communities

SUMMARY

This bill evaluates and expands supports and services for older adults as described in the section-by-section analysis below.

EFFECTIVE DATE: October 1, 2024, unless otherwise noted below.

§§ 1-3 — DSS HOME CARE PROVIDER REGISTRY AND DATA PROCESSING SYSTEM

Requires the DSS commissioner, starting January 1, 2025, to develop and maintain a home care provider registry and data processing system for people receiving Medicaid home- and community-based services; allows the commissioner to apply to the federal Centers for Medicare and Medicaid Services for enhanced federal financial participation related to the registry's development, maintenance, and ongoing operation

Starting January 1, 2025, the bill requires the Department of Social Services (DSS) commissioner to develop and maintain a home care provider registry and data processing system that (1) promotes awareness of and access to qualified home care providers for recipients of Medicaid home- and community-based services (HCBS) and (2) may support the recruitment, retention, and oversight of qualified home care providers. The commissioner must do this in consultation with the Department of Consumer Protection (DCP) and Department of Public Health (DPH) commissioners and post a link to the registry on the DSS website.

It also permits the DSS commissioner to adopt regulations to implement the registry.

Registry Contents

Under the bill, the registry must include home care providers who (1) offer home care or long-term services and supports (e.g., health, personal care, and social services or hospice care) and are not licensed by DPH (e.g., personal care attendants) or (2) are employed by an entity that provides these services, such as a home health agency, hospice agency, or homemaker-companion agency.

The bill requires the registry to include the following information about these providers:

1. their first and last name, job title, and date of hire;

2. their employer's legal name; and
3. a list of training programs their employer offers and the dates providers completed trainings.

Registry Submissions

The bill requires the DSS commissioner to consult with the DCP and DPH commissioners to develop procedures for collecting and maintaining registry information, including how often they will collect the information and how they will update or remove inaccurate or outdated information.

It correspondingly requires the following agencies to submit the required provider information listed above to the (1) DPH commissioner, for home health aide, home health care, and hospice agencies, and (2) DCP commissioner, for homemaker-companion agencies. The DCP and DPH commissioners must then give the information to the DSS commissioner to include in the registry.

Registry Functionalities

The registry may include functionalities that (1) connect people seeking HCBS with qualified home care providers, (2) support recruiting and retaining qualified home care providers, and (3) support state oversight of these providers.

Connecting Providers and Service Recipients. Under the bill, the registry may connect people seeking HCBS with qualified home care providers and support self-direction by doing the following:

1. helping them identify and match with qualified home care providers by sorting providers based on characteristics (e.g., language proficiency, certifications, prior experience, and special skills);
2. helping individuals and their families navigate the state's home- and community-based services system; and
3. integrating financial management services functions, including

processing provider payments and making tax withholdings and other standard employment benefits deductions on behalf of service recipients.

Provider Recruitment and Retention. Under the bill, the registry may support recruiting and retaining qualified home care providers by doing the following:

1. helping them become and stay enrolled as Medicaid HCBS providers,
2. actively recruiting these providers through job advertisements and job fairs,
3. connecting providers to training benefits and professional development opportunities,
4. facilitating provider access to health insurance coverage and other benefits, and
5. facilitating communication with providers during public health and other emergencies.

Provider Oversight. The bill authorizes the registry to support state oversight of these HCBS providers by facilitating background checks, verifying their qualifications and special skills, and facilitating communication with providers in the event of a public health or other emergency.

Registry Funding

The bill authorizes the DSS commissioner to submit an advanced planning document to the federal Centers for Medicare and Medicaid Services (CMS) for enhanced federal financial participation related to developing and maintaining the registry or its ongoing operations.

§ 4 — PERSONAL CARE ATTENDANT WORKFORCE COUNCIL PCA TRAINING

Requires the PCA Workforce Council, starting January 1, 2025, to develop training for PCAs on techniques for recognizing and responding to consumer harassment, abuse, and discrimination

Starting January 1, 2025, the bill expands the responsibilities of the Personal Care Attendant Workforce Council to include developing training for personal care attendants (PCAs) on techniques for recognizing and responding to consumer harassment, abuse, and discrimination.

§§ 5 & 6 — HOME CARE WORKER TRAINING ON CONSUMER HARASSMENT, ABUSE, AND DISCRIMINATION

Starting January 1, 2025, requires (1) prospective homemaker-companion employees and contractors and (2) home health care, home health aide, and hospice agency employees to complete training on how to recognize and respond to consumer harassment, abuse, and discrimination

Starting January 1, 2025, the bill establishes a training requirement on techniques to recognize and respond to consumer harassment, abuse, and discrimination as follows:

1. homemaker-companion agencies must require prospective employees or contractors who may provide direct care services to complete the training, as the DCP commissioner prescribes and
2. home health aide, home health care, and hospice agencies must require their employees to complete the training, as the DPH commissioner prescribes.

The bill makes the latter a requirement for home health aide, home health care, and hospice agency licensure.

§ 7 — TRAINING FOR FAMILY CAREGIVERS PROVIDING PCA SERVICES

Requires the DSS commissioner, by October 1, 2024, to develop and implement a training program for family caregivers who provide PCA services under the Community First Choice Program and Connecticut Home Care Program for Elders; starting January 1, 2025, requires family caregivers to complete the training to be eligible for compensation under these programs

The bill requires the DSS commissioner, by October 1, 2024, to develop and implement a training program for family caregivers (i.e., those related by blood or marriage or legal guardians) providing PCA services under the Community First Choice Program and the Connecticut Home Care Program for Elders (CHCPE) (see *Background*).

Under the bill, the training program must teach family caregivers the technical skills necessary to provide needed care. Starting January 1, 2025, the commissioner must require family caregivers to complete the training to be eligible for compensation under these programs.

The bill requires the commissioner to seek any necessary federal approval to amend the Medicaid state plan or any Medicaid waiver program to implement these requirements.

EFFECTIVE DATE: Upon passage

Background — Community First Choice Program

The Community Choice First Program is available to certain Medicaid beneficiaries and provides “self-directed” PCA services to seniors in their homes, including meal preparation and delivery; home safety modifications; household chores; and assistance with activities of daily living. Program participants, or someone they appoint, choose which services they receive at home, manage those services, and determine who provides them. Participants may hire certain relatives and friends to provide services and set the hiring requirements for each staff person. (Spouses and legal guardians are excluded from receiving compensation under the program.)

Background — CHCPE

CHCPE is a Medicaid-waiver and state-funded program that provides a range of home- and community-based services for eligible people ages 65 or older who are at risk of inappropriate institutionalization (e.g., nursing home placement). In comparison to the Medicaid-waiver component, the program’s state-funded portion has no income limit and has higher asset limits. The state has authority to limit program enrollment or establish wait lists based on available resources.

§§ 8 & 9 — MEDICARE NURSING HOME CARE COMPARE WEBSITE LINK

Requires the DPH and DSS commissioners to prominently post on their department websites, a link to the Medicare Nursing Home Care Compare website

The bill requires the DSS and DPH commissioners to post, in a

prominent location on their respective department websites, a link to the Medicare Nursing Home Care Compare website. This online reporting tool uses a five-star rating system that allows the public to compare nursing homes by quality of care, health inspections, and staffing.

§ 10 — EXPANDING FINGERPRINTING LOCATIONS

Requires the DESPP commissioner to develop and implement a plan to expand fingerprinting locations in the state and report on the plan to the Aging, Public Health, and Public Safety committees by January 1, 2025

The bill requires the Department of Emergency Services and Public Protection (DESPP) commissioner, in consultation with the DPH commissioner, to develop and implement a plan to expand fingerprinting locations in the state to facilitate more access to these locations for people required to complete state and national criminal history records checks for employment or licensing purposes.

The commissioner must report to the Aging, Public Health, and Public Safety committees on the plan by January 1, 2025.

EFFECTIVE DATE: Upon passage

§§ 11-13 — HOME CARE EMPLOYEE BADGES AND PHOTOGRAPHS

Requires home health care, home health aide, homemaker-companion, and hospice agencies to require their employees to wear an identification badge with their name and photograph during client appointments; subjects agencies to disciplinary action for violating the requirements

The bill requires each home health care, home health aide, homemaker-companion, and hospice agency to require employees to wear an identification badge that includes his or her name and photograph during each client appointment. The requirement takes effect July 1, 2025, for homemaker-companion agency employees and October 1, 2024, for all other agency employees.

Under the bill, violators may be subject to various disciplinary actions (e.g., license suspension or revocation or probation) by the (1) Department of Consumer Protection, for homemaker-companion agencies and (2) DPH, for all other agencies.

The bill also makes a related conforming change.

§§ 14-18 — PRESUMPTIVE MEDICAID ELIGIBILITY FOR HOMECARE

Requires the DSS commissioner, by October 1, 2024, to establish a presumptive Medicaid eligibility system for people applying to the Medicaid-funded portion of CHCPE; requires the state to pay for up to 90 days of home care applicants determined to be presumptively Medicaid eligible; expands DSS annual CHCPE reporting requirements to include data on the presumptive Medicaid eligibility system

The bill requires the DSS commissioner, by October 1, 2024, to establish a presumptive Medicaid eligibility system for people applying to the Medicaid-funded portion of CHCPE. The bill requires the commissioner to adopt regulations to implement and administer the system.

A presumptive eligibility determination deems an applicant immediately eligible for CHCPE services prior to a full Medicaid-eligibility determination. Under the bill, the state will pay for up to 90 days of care for applicants who (1) require a skilled level of nursing care and (2) are determined presumptively eligible for Medicaid.

The bill also makes related minor, technical, and conforming changes.

EFFECTIVE DATE: July 1, 2024

Eligibility Determinations

By law, DSS contracts with “access” agencies to determine CHCPE participants’ service needs and develop individualized care plans. The bill requires the commissioner to develop a screening tool for these agencies to use to determine if a presumptive eligibility applicant is (1) functionally able to live in a home or community setting (“functionally eligible”) and (2) likely to be financially eligible for Medicaid.

Under the bill, applicants must complete a Medicaid application on the day they are screened for functional eligibility or within 10 days after.

If the applicant meets the two criteria, DSS must make a presumptive eligibility determination and initiate home care services within 10 days.

The bill requires DSS to make a final Medicaid-eligibility determination within 45 days after receiving an applicant's completed Medicaid application, or within 90 days for an applicant with disabilities.

For a person determined presumptively eligible for Medicaid, the commissioner must, in keeping with federal law, determine the person retroactively eligible for Medicaid for up to 90 days prior to the date of his or her Medicaid application.

Written Agreement

The bill requires applicants to sign a written agreement attesting to the accuracy of the information they provide. The agreement must also acknowledge that applicants will receive state-funded services up to 90 days after the home care services begin.

Reporting Requirements

By law, the commissioner must annually report certain CHCPE information to the Human Services Committee. The bill adds the following to this information:

1. the number of people determined presumptively eligible for Medicaid,
2. state savings based on institutional care costs that were averted by correctly determining people presumptively eligible, and
3. the number of people incorrectly determined presumptively eligible and the costs to provide them with the home care services before the final eligibility determination.

§ 19 — ADS STUDY ON FINANCIAL ASSISTANCE FOR NONPARENT CARETAKER RELATIVES

Requires the ADS commissioner to study reimbursement rate options for nonparent caretaker relatives (e.g., grandparents) receiving DSS Temporary Family Assistance benefits and report on the study to the Aging and Human Services committees by January 1, 2025

The bill requires the Department of Aging and Disability Services (ADS) to study financial assistance for nonrelative caretakers, including:

1. reimbursement rate options for families receiving DSS Temporary Family Assistance (TFA) benefits where the head of household is a nonparent caretaker relative and the legal guardian of a child,
2. ways to means test these families to target reimbursement to those with the greatest need, and
3. the number of nonparent caretaker relatives who may be eligible for TFA reimbursement after applying a means-testing method the department examines.

Under the bill, the ADS commissioner must report on the study to the Aging and Human Services committees by January 1, 2025.

EFFECTIVE DATE: Upon passage

§§ 20 & 21 — FAMILY RESOURCE CENTERS AND PARENT EDUCATION AND SUPPORT CENTERS

Expands the scope of SDE family resource centers and DCF parent education and support centers to include resources, programs, and services for nonparent caretaker relatives and legal guardians; requires the centers to make referrals to certain community programs

The bill expands the scope of (1) State Department of Education (SDE) family resource centers and (2) Department of Children and Families (DCF) parent education and support centers to include resources, programs, and services for nonparent caretaker relatives and legal guardians (see *Background*). It also requires these centers to make referrals for parents, nonparent caretaker relatives, and legal guardians to community programs on childhood development and positive parenting practices.

Background — SDE Family Resource Centers

By law, SDE and DSS must coordinate family resource centers together. These centers are generally located in public elementary schools and provide comprehensive child care services, remedial educational and literary services, families-in-training programs, and supportive services to parents who receive Temporary Family Assistance and other parents who need services.

Background — DCF Parent Education and Support Centers

DCF operates, within available appropriations, community-based, multiservice parent education and support centers. The goal of each center is to improve parenting and family functioning to give children and youths more opportunities for positive development. Centers provide (1) education, training, and support services; (2) information on, and coordination of, other community services; (3) consultation services; and (4) coordination of child care and transportation services to facilitate participation in the center's programs.

§ 22 — MUNICIPAL AGENTS FOR THE ELDERLY

Makes the duties of municipal agents for the elderly mandatory and expands them to include helping seniors access housing assistance resources; requires the ADS commissioner to create a directory with these agents' contact information and post it on the department's website

By law, municipalities must appoint a municipal agent for the elderly to help seniors learn about community resources and file for benefits. The bill makes the agents' duties mandatory, rather than permissive as under current law. It also expands their duties to include helping seniors access resources on housing opportunities, including information on accessing elderly housing waiting lists, applications, and consumer reports.

The bill also requires the ADS commissioner, by January 1, 2025, to create a directory of these municipal agents that includes their names and titles, phone numbers, and email and mailing addresses. The commissioner must post a link to the directory on the ADS website.

§§ 23 & 24 — MANAGED RESIDENTIAL COMMUNITY RESIDENCY AGREEMENTS AND FEES

Requires MRCs to (1) include information in written residency agreements on the way they may adjust monthly or other recurring fees; (2) give residents, or their representatives, 90 days' notice of any fee increases; and (3) give residents prorated or full refunds of certain fees if the facility cannot meet the resident's needs within the first 45 days of occupancy

Existing law requires managed residential communities (MRCs) to give each resident a written residency agreement that clearly sets forth the resident's and the MRC's rights and responsibilities. The bill modifies the contents of the agreement and establishes notification and

reimbursement requirements for certain resident fees.

EFFECTIVE DATE: October 1, 2024, except the provisions on the residency agreements are effective upon passage.

Written Residency Agreement

The bill adds to the required contents of the agreement, the way in which MRCs may adjust monthly or other recurring fees, including (1) how often fees may increase, (2) the schedule or specific dates of these increases, and (3) the history of fee increases over the past three calendar years.

Under current law, written residency agreements must include, among other things, a full and fair disclosure of all charges, fees, expenses, and costs to be borne by the resident. The bill specifies that this includes nonrefundable charges, fees, expenses, and costs.

The bill’s provisions apply to written residency agreements entered into on and after October 1, 2024.

Fee Notifications and Reimbursements

The bill requires MRCs to give residents, or their representatives, 90 days’ advance notice of any increase in monthly or recurring fees and written disclosure of any nonrefundable charges.

It also requires MRCs to give residents prorated or full reimbursements of certain charges if the MRC determines it can no longer meet the resident’s needs during the first 45 days of the resident’s occupancy (e.g., prorated first month’s rent, prorated community fee, full last month’s rent, and full security deposit).

Background — Related Bill

HB 5046 (§§ 8 & 9), favorably reported by the Aging Committee, modifies the contents of MRC residency agreements and related notification requirements in a similar manner for agreements entered into on and after July 1, 2024, instead of October 1, 2024.

§ 25 — ALSA FEES

Requires ALSAs to (1) disclose fee increases to residents or their representatives at least 90 days before they take effect and (2) upon request, give them the history of fee increases over the past three years

Existing law requires an assisted living services agency (ALSA) to ensure all services provided individually to clients are fully understood by the client or the client's representative, and that the client or representative is made aware of their cost.

The bill also requires an ALSA to (1) disclose fee increases to the client or representative at least 90 days before they take effect and (2) upon request, give the client or representative the history of fee increases over the past three calendar years.

The bill specifies that this requirement does not limit an ALSA from immediately adjusting fees if (1) they are directly related to a change in the level of care or services necessary to meet the client's safety needs at the time of a scheduled resident care meeting or (2) the client's condition changes, resulting in a required change in services.

Background — Related Bill

HB 5046 (§ 10), favorably reported by the Aging Committee, similarly requires ALSAs to disclose fee increases to residents or their representatives at least 60 days before they take effect and upon request, given them the history of fee increases over the past three years.

§ 26 — LONG-TERM CARE OMBUDSMAN NOTIFICATION OF ALSA LICENSURE

Requires the DPH commissioner to notify the Long-Term Care Ombudsman within 30 days after granting a license to an ALSA that operates an MRC or provides services at an MRC

The bill requires the DPH commissioner to notify the Long-Term Care Ombudsman within 30 days after granting a license to an ALSA that operates an MRC or provides services at an MRC.

Background — ALSA Licensure

Under existing law, the state does not license assisted living facilities. Instead, it licenses and regulates ALSAs that provide assisted living services. ALSAs can only provide these services at an MRC. MRCs that wish to provide assisted living services must obtain a DPH license as an

ALSA or arrange for the services with a licensed ALSA.

§ 27 — MANAGED RESIDENTIAL COMMUNITY RESIDENT NOTIFICATION

Requires MRCs to give at least 30 days' notice to residents, and their legal representatives, before changing the facility's operator or ALSA that provides facility services

The bill requires MRCs to give at least 30 days' notice to residents, and their legal representatives, before changing the facility's operator or ALSA that provides services at the facility.

§ 28 — MANAGED RESIDENTIAL COMMUNITY CONSUMER GUIDE

Requires the Long-Term Care Ombudsman, in consultation with the public health commissioner, to develop an MRC consumer guide and post the guide on specified agency websites by January 1, 2025

The bill requires the Long-Term Care Ombudsman, in consultation with the public health commissioner, to develop an MRC consumer guide that includes information on (1) resident protections; (2) housing protections, including those related to evictions; (3) MRC fees; and (4) any other information the ombudsman deems relevant.

By January 1, 2025, the ombudsman and commissioner must post the consumer guide on their respective agency websites; the DSS commissioner must post it on the MyPlaceCT website.

EFFECTIVE DATE: Upon passage

§ 29 — REGIONAL LONG-TERM CARE OMBUDSMEN DUTIES

Adds to the duties of regional long-term care ombudsmen, those of a regional community ombudsman who supports adults receiving DSS-administered home- and community-based services

By law, the Long-Term Care Ombudsman must appoint regional ombudsmen to help her perform certain duties, such as investigating and resolving nursing home resident complaints, representing residents' and applicants' interests before government agencies, and supporting the development of resident and family councils.

Under current law, regional ombudsmen must also carry out other activities the state ombudsman decides are appropriate. The bill specifies that this includes the duties and responsibilities of a regional

community ombudsman who support adults receiving DSS-administered home- and community-based services (the law does not define this term).

§ 30 — OFFICE OF THE LONG-TERM CARE OMBUDSMAN CLIENT RECORDS DISCLOSURE

Allows nursing home residents or complainants to give consent visually or by using auxiliary aids for the Office of the Long-Term Care Ombudsman to disclose their files or records; requires an office representative to document the consent in writing

Existing law authorizes the Office of the Long-Term Care Ombudsman to disclose its files and records only at the discretion of the ombudsman or her designee. The office cannot identify the associated complainant or resident without the person's consent, or the consent of the person's legal representative, unless a court orders the disclosure.

Under existing law, a resident or complainant, or their legal representative, may give consent in writing or orally. The bill also allows them to give consent visually or by using auxiliary aids and services. As under existing law, a representative of the office must document the consent in writing.

§ 31 — COMMUNITY OMBUDSMAN PROGRAM

Allows recipients of home- and community-based services with specified medical conditions or disabilities to give consent visually or by using auxiliary aids for the Community Ombudsman to disclose their files or records; specifies that this data includes medical, social, or other client-related data; allows the Long-Term Care Ombudsman to assign a community regional ombudsman the duties of a long-term care regional ombudsman

Existing law establishes a Community Ombudsman program within the Office of the Long Term Care Ombudsman to, among other things, respond to complaints about long-term services and supports provided to adults in home- and community-based programs administered by DSS. Current law grants the Community Ombudsman access to data on long-term services and supports given by a home care provider to a client if the client, or his or her authorized representative, generally consents in writing.

Under the bill, if the client has a physical, cognitive, or mental health condition or disability, he or she may instead give informed consent

orally, visually, or using auxiliary aids and services. If the client is unable to do so and does not have an authorized representative, the Community Ombudsman must determine the data is necessary to investigate a complaint about the client's care, as under current law.

The bill also specifies that the data the Community Ombudsman may access includes medical, social, or other data related to the client.

Lastly, the bill allows the Long Term Care Ombudsman to assign a regional community ombudsman the duties and responsibilities of a regional long-term care ombudsman, as deemed necessary by the Long Term Care Ombudsman.

§ 32 — STUDY ON NURSING HOME DIAGNOSTIC PRACTICES FOR COGNITIVE DISORDERS

Requires the DPH commissioner to study the current practices nursing homes use to diagnose a resident with a cognitive disorder; requires her to report the study results to the Aging and Public Health committees by January 1, 2025

The bill requires the DPH commissioner to study current practices nursing homes use to diagnose a resident with a cognitive disorder. At a minimum, the study must do the following:

1. identify the type of health care provider commonly making these diagnoses,
2. examine the procedures and assessments used to make these diagnoses and determine if they are consistent with recognized standards for diagnosing cognitive disorders,
3. assess whether health care providers commonly get the resident's informed consent before conducting a cognitive disorder assessment, and
4. recommend ways to correct any identified deficiencies in current practices.

Under the bill, the commissioner must report the study results to the Aging and Public Health committees by January 1, 2025.

EFFECTIVE DATE: Upon passage

§ 33 — BONDS TO EXPAND AGING IN PLACE SAFELY PROGRAM

Permits the State Bond Commission to authorize up to \$1 million in state general obligation bonds for ADS to expand the Aging in Place Safely Program

The bill authorizes the State Bond Commission to authorize up to \$1 million in state general obligation (GO) bonds for ADS to expand the Aging in Place Safely Program. The bonds are subject to standard issuance procedures and have a maximum term of 20 years.

The Aging in Place Safely Program is a pilot program currently serving 25 elderly homeowners in five towns in the Hartford area. It helps participants identify Minority Business Enterprise contractors that provide them no-cost home repairs that are safe, energy efficient, and ADA accessible.

EFFECTIVE DATE: July 1, 2024

§§ 34-38 — ADS AND DPH GENERAL FUND APPROPRIATIONS

Makes FY 25 General Fund appropriations to (1) ADS to hire four regional ombudsmen, purchase a new data system for the Community Ombudsman program, and provide marketing and outreach for area agencies on aging and (2) DPH for a contracted analysis of nursing home acuity data and an Alzheimer's disease public awareness campaign targeting underserved communities

The bill makes the following General Fund appropriations for FY 25:

1. \$400,000 to ADS to hire four regional ombudsmen, two each for the Office of the Long-Term Care Ombudsman and the Community Ombudsman programs;
2. \$20,000 to ADS to purchase a new data system for the Community Ombudsman program;
3. \$100,000 to ADS for marketing and outreach for the five Area Agencies on Aging;
4. \$20,000 to DPH to contract for an analysis of a two-year data set to compare nursing home acuity data from the federal Centers for Medicare and Medicaid Services minimum data set with facility payroll data to determine if nursing homes are staffing to meet acuity needs; and

5. \$150,000 to DPH to provide a grant to the Alzheimer's Association Connecticut Chapter to develop and implement a state awareness campaign on Alzheimer's disease that targets underserved communities.

EFFECTIVE DATE: July 1, 2024

COMMITTEE ACTION

Aging Committee

Joint Favorable Substitute

Yea 15 Nay 0 (03/12/2024)