



House of Representatives

General Assembly

File No. 121

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Substitute House Bill No. 5001

House of Representatives, March 26, 2024

The Committee on Aging reported through REP. GARIBAY of the 60th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

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

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

1 Section 1. (NEW) (*Effective October 1, 2024*) (a) As used in this section,
2 (1) "home care" means long-term services and supports provided to
3 adults in a home or community-based program administered by the
4 Department of Social Services; (2) "home care provider" means a person
5 who (A) provides home care or long-term services and supports and is
6 not licensed by the Department of Public Health pursuant to title 20 of
7 the general statutes, including, but not limited to, personal care
8 assistants, or (B) is employed by an entity that provides such services,
9 including, but not limited to, (i) a home health agency or hospice agency,
10 as such terms are defined in section 19a-490 of the general statutes, or
11 (ii) a homemaker-companion agency, as defined in section 20-670 of the
12 general statutes; and (3) "long-term services and supports" means (A)
13 health, health-related, personal care and social services provided to
14 persons with physical, cognitive or mental health conditions or

15 disabilities to facilitate optimal functioning and quality of life, or (B)
16 hospice care provided to persons who may be nearing the end of their
17 lives.

18 (b) On and after January 1, 2025, the Commissioner of Social Services,
19 in consultation with the Commissioners of Public Health and Consumer
20 Protection, shall develop and maintain a home care services provider
21 registry and data processing system that shall promote awareness of
22 and access to qualified home care providers for persons who receive
23 Medicaid-covered home and community-based services, and may
24 support recruitment and retention of qualified home care providers and
25 support oversight of home care providers. The commissioner shall post
26 a link to such registry on the Department of Social Services' Internet web
27 site.

28 (c) The home care services provider registry shall include the
29 following information regarding each home care provider in the state:
30 (1) First and last name; (2) job title; (3) date of hire; (4) the home care
31 provider's employer's legal name; (5) list of training programs offered
32 by the home care provider's employer; and (6) the date the home care
33 provider completed any such training. The Commissioner of Social
34 Services, in consultation with the Commissioners of Public Health and
35 Consumer Protection, shall develop procedures for collecting and
36 maintaining the information described in this subsection, including, but
37 not limited to, procedures relating to the frequency of collection and
38 methods for updating or removing inaccurate or outdated information.

39 (d) The home care services provider registry may include, but need
40 not be limited to, functionalities that:

41 (1) Connect persons seeking home and community-based services
42 with qualified home care providers and support self-direction by (A)
43 helping such persons identify and match with qualified home care
44 providers by sorting such providers based on characteristics, including,
45 but not limited to, language proficiency, certifications and previous
46 experience or special skills, (B) assisting such persons and their families
47 in navigating the home and community-based services system in the

48 state, and (C) integrating financial management service functions,
49 including, but not limited to, processing payments to providers and
50 making tax withholdings and other deductions for standard
51 employment benefits on behalf of the person seeking services;

52 (2) Support recruitment and retention of qualified home care
53 providers by (A) helping such providers become and stay enrolled as
54 home and community-based services Medicaid providers, (B) actively
55 recruiting home care providers through job advertisements and job
56 fairs, (C) connecting providers to training benefits and opportunities for
57 professional development, (D) facilitating such providers' access to
58 health insurance coverage and other benefits, and (E) facilitating
59 communication with such providers in the event of a public health or
60 other emergency; and

61 (3) Support state oversight of home care providers by (A) facilitating
62 background checks, (B) verifying provider qualifications and
63 identifying special skills, and (C) facilitating communication with
64 providers in the event of a public health or other emergency.

65 (e) The Commissioner of Social Services may submit an advanced
66 planning document to the Centers for Medicare and Medicaid Services
67 for enhanced federal financial participation relating to (1) developing
68 and maintaining the registry, pursuant to the provisions of 45 CFR 95,
69 Subpart F, as amended from time to time, or (2) ongoing operations
70 relating to the registry, pursuant to the provisions of 42 CFR 433,
71 Subpart C, as amended from time to time.

72 (f) The commissioner may adopt regulations, in accordance with the
73 provisions of chapter 54 of the general statutes, to implement the
74 provisions of this section.

75 Sec. 2. (NEW) (*Effective October 1, 2024*) Each home health care agency,
76 home health aide agency and hospice agency, as such terms are defined
77 in section 19a-490 of the general statutes, shall submit the information
78 required under the provisions of subsection (c) of section 1 of this act to
79 the Commissioner of Public Health, in a form and manner prescribed by

80 the commissioner. The commissioner shall provide such information to
81 the Commissioner of Social Services for inclusion in the home care
82 services provider registry, established pursuant to said section.

83 Sec. 3. (NEW) (*Effective October 1, 2024*) Each homemaker-companion
84 agency, as defined in section 20-670 of the general statutes, shall submit
85 the information required under the provisions of subsection (c) of
86 section 1 of this act to the Commissioner of Consumer Protection, in a
87 form and manner prescribed by the commissioner. The commissioner
88 shall provide such information to the Commissioner of Social Services
89 for inclusion in the home care services provider registry, established
90 pursuant to said section.

91 Sec. 4. Subsection (c) of section 17b-706a of the general statutes is
92 repealed and the following is substituted in lieu thereof (*Effective October*
93 *1, 2024*):

94 (c) The Personal Care Attendant Workforce Council shall have the
95 following duties and responsibilities relating to personal care
96 attendants: (1) Study issues relating to the recruitment, retention and
97 adequacy of personal care attendants; and (2) develop a plan to improve
98 the quality, stability and availability of personal care attendants by (A)
99 developing a means to identify and recruit personal care attendants, (B)
100 developing training and educational opportunities for personal care
101 attendants and consumers, including, on and after January 1, 2025,
102 training for personal care attendants on techniques for recognizing and
103 responding to harassment, abuse and discrimination by consumers, (C)
104 developing one or more registries to (i) provide routine, emergency and
105 respite referrals of qualified personal care attendants to consumers and
106 surrogates who are authorized to receive long-term, in-home personal
107 care services by a personal care attendant, (ii) enable consumers and
108 surrogates to access information about prospective personal care
109 attendants such as their training, educational background and work
110 experience, and (iii) provide appropriate employment opportunities for
111 personal care attendants, and (D) establishing standards for wages,
112 benefits and conditions of employment for personal care attendants.

113 Sec. 5. (NEW) (*Effective October 1, 2024*) On and after January 1, 2025,
114 each homemaker-companion agency, prior to extending an offer of
115 employment or entering into a contract with a prospective employee
116 who may provide companion services or homemaker services, shall
117 require such prospective employee to complete training, in a form and
118 manner prescribed by the Commissioner of Consumer Protection, that
119 teaches techniques to recognize and respond to harassment, abuse and
120 discrimination by homemaker-companion agency clients.

121 Sec. 6. Subsection (h) of section 19a-491 of the 2024 supplement to the
122 general statutes is repealed and the following is substituted in lieu
123 thereof (*Effective October 1, 2024*):

124 (h) (1) The commissioner may require as a condition of the licensure
125 of a home health care agency, hospice agency and home health aide
126 agency that each agency meet minimum service quality standards. In
127 the event the commissioner requires such agencies to meet minimum
128 service quality standards as a condition of their licensure, the
129 commissioner shall adopt regulations, in accordance with the
130 provisions of chapter 54, to define such minimum service quality
131 standards, which shall [(1)] (A) allow for training of home health aides
132 by adult continuing education, [(2)] (B) require a registered nurse to visit
133 and assess each patient receiving home health aide services as often as
134 necessary based on the patient's condition, but not less than once every
135 sixty days, and [(3)] (C) require the assessment prescribed by
136 [subdivision (2) of this subsection] subparagraph (B) of this subdivision
137 to be completed while the home health aide is providing services in the
138 patient's home.

139 (2) On and after January 1, 2025, the commissioner shall require as a
140 condition of the licensure of a home health care agency, hospice agency
141 and home health aide agency that each agency require its employees to
142 complete training, in a form and manner prescribed by the
143 commissioner, that teaches techniques to recognize and respond to
144 harassment, abuse and discrimination by agency clients.

145 Sec. 7. (NEW) (*Effective from passage*) (a) As used in this section, (1)

146 "Community First Choice" means an optional service under the
147 Medicaid state plan that allows an eligible Medicaid beneficiary to hire
148 personal care assistants and receive other services and supports to live
149 independently longer at home; (2) "family caregiver" means a caregiver
150 related by blood or marriage or a legal guardian of a participant in a
151 Medicaid waiver program; and (3) "Medicaid waiver program" means
152 any of the three programs established under Section 1915(c) of the Social
153 Security Act to provide home and community-based services to clients
154 of the Department of Social Services.

155 (b) Not later than October 1, 2024, the Commissioner of Social
156 Services shall develop and implement a training program for family
157 caregivers providing personal care assistance services under the
158 Community First Choice program and the Connecticut home-care
159 program for the elderly, established pursuant to section 17b-342 of the
160 general statutes, as amended by this act. Such training program shall
161 teach such family caregivers the technical skills necessary to provide
162 needed care. On and after January 1, 2025, the commissioner shall
163 require that such family caregivers complete the training program
164 developed pursuant to the provisions of this section to be eligible for
165 compensation under said programs. The commissioner shall seek
166 federal approval, if necessary, to amend the Medicaid state plan or any
167 Medicaid waiver program to implement the provisions of this section.

168 Sec. 8. (NEW) (*Effective October 1, 2024*) The Commissioner of Social
169 Services shall post in a prominent location on the Department of Social
170 Services' Internet web site a link to the Medicare online reporting tool
171 that allows the public to compare nursing homes by quality of care.

172 Sec. 9. (NEW) (*Effective October 1, 2024*) The Commissioner of Public
173 Health shall post in a prominent location on the Department of Public
174 Health's Internet web site a link to the Medicare online reporting tool
175 that allows the public to compare nursing homes by quality of care.

176 Sec. 10. (*Effective from passage*) The Commissioner of Emergency
177 Services and Public Protection, in consultation with the Commissioner
178 of Public Health, shall develop and implement a plan to expand

179 fingerprinting locations in the state to facilitate greater access to such
180 locations for persons requiring state and national criminal history
181 records checks for employment or licensing purposes. Not later than
182 January 1, 2025, the commissioner shall report, in accordance with the
183 provisions of section 11-4a of the general statutes, to the joint standing
184 committees of the General Assembly having cognizance of matters
185 relating to public safety, aging and public health regarding such plan.

186 Sec. 11. (NEW) (*Effective October 1, 2024*) Each home health care
187 agency, home health aide agency and hospice agency, as defined in
188 section 19a-490 of the general statutes, shall require each agency
189 employee to wear an identification badge that includes the employee's
190 name and photograph during each appointment with a client. In any
191 case in which the Commissioner of Public Health determines that a
192 home health care agency, home health aide agency or hospice agency
193 has failed to comply with the requirements established under this
194 section, the commissioner may initiate disciplinary action against the
195 agency pursuant to section 19a-494 of the general statutes.

196 Sec. 12. (NEW) (*Effective October 1, 2024*) On and after July 1, 2025,
197 each homemaker-companion agency shall require each agency
198 employee to wear an identification badge that includes the employee's
199 name and photograph during each appointment with a client. In any
200 case in which the Commissioner of Consumer Protection determines
201 that a homemaker-companion agency has failed to comply with the
202 requirements established under this section, the commissioner may
203 initiate disciplinary action against the agency pursuant to section 20-675
204 of the general statutes, as amended by this act.

205 Sec. 13. Section 20-675 of the 2024 supplement to the general statutes
206 is repealed and the following is substituted in lieu thereof (*Effective*
207 *October 1, 2024*):

208 (a) The Commissioner of Consumer Protection may revoke, suspend
209 or refuse to issue or renew any certificate of registration as a
210 homemaker-companion agency or place an agency on probation or issue
211 a letter of reprimand for: (1) Conduct by the agency, or by an employee

212 of the agency while in the course of employment, of a character likely to
213 mislead, deceive or defraud the public or the commissioner; (2)
214 engaging in any untruthful or misleading advertising; (3) failure of such
215 agency that acts as a registry to comply with the notice requirements of
216 section 20-679a; (4) failing to perform a comprehensive background
217 check of a prospective employee or maintain a copy of materials
218 obtained during a comprehensive background check, as required by
219 section 20-678; [or] (5) failing to provide a written notice, obtain a signed
220 notice or maintain a copy of a signed notice, as required by section 20-
221 679c; or (6) on and after July 1, 2025, failing to require an employee
222 scheduled to provide services to a client to wear a badge, as required by
223 section 12 of this act.

224 (b) The commissioner shall revoke a certificate of registration if a
225 homemaker-companion agency is found to have violated, after an
226 administrative hearing conducted in accordance with chapter 54, the
227 provisions of subdivisions (1) to ~~[(5)]~~ (6), inclusive, of subsection (a) of
228 this section three times in one calendar year.

229 (c) The commissioner shall not revoke or suspend any certificate of
230 registration except upon notice and hearing in accordance with chapter
231 54.

232 Sec. 14. Section 17b-342 of the general statutes is repealed and the
233 following is substituted in lieu thereof (*Effective July 1, 2024*):

234 (a) The Commissioner of Social Services shall administer the
235 Connecticut home-care program for the elderly state-wide in order to
236 prevent the institutionalization of elderly persons who (1) [who] are
237 recipients of medical assistance, (2) [who] are eligible for such
238 assistance, (3) [who] would be eligible for medical assistance if residing
239 in a nursing facility, or (4) [who] meet the criteria for the state-funded
240 portion of the program under subsection ~~[(i)]~~ (j) of this section. For
241 purposes of this section, [a long-term care facility is] "long-term care
242 facility" means a facility that has been federally certified as a skilled
243 nursing facility or intermediate care facility. The commissioner shall
244 make any revisions in the state Medicaid plan required by Title XIX of

245 the Social Security Act prior to implementing the program. The program
246 shall be structured so that the net cost to the state for long-term facility
247 care in combination with the services under the program shall not
248 exceed the net cost the state would have incurred without the program.
249 The commissioner shall investigate the possibility of receiving federal
250 funds for the program and shall apply for any necessary federal
251 waivers. A recipient of services under the program, and the estate and
252 legally liable relatives of the recipient, shall be responsible for
253 reimbursement to the state for such services to the same extent required
254 of a recipient of assistance under the state supplement program, medical
255 assistance program, temporary family assistance program or
256 supplemental nutrition assistance program. Only a United States citizen
257 or a noncitizen who meets the citizenship requirements for eligibility
258 under the Medicaid program shall be eligible for home-care services
259 under this section, except a qualified alien, as defined in Section 431 of
260 Public Law 104-193, admitted into the United States on or after August
261 22, 1996, or other lawfully residing immigrant alien determined eligible
262 for services under this section prior to July 1, 1997, shall remain eligible
263 for such services. Qualified aliens or other lawfully residing immigrant
264 aliens not determined eligible prior to July 1, 1997, shall be eligible for
265 services under this section subsequent to six months from establishing
266 residency. Notwithstanding the provisions of this subsection, any
267 qualified alien or other lawfully residing immigrant alien or alien who
268 formerly held the status of permanently residing under color of law who
269 is a victim of domestic violence or who has intellectual disability shall
270 be eligible for assistance pursuant to this section. Qualified aliens, as
271 defined in Section 431 of Public Law 104-193, or other lawfully residing
272 immigrant aliens or aliens who formerly held the status of permanently
273 residing under color of law shall be eligible for services under this
274 section provided other conditions of eligibility are met.

275 (b) The commissioner shall solicit bids through a competitive process
276 and shall contract with an access agency, approved by the Office of
277 Policy and Management and the Department of Social Services as
278 meeting the requirements for such agency as defined by regulations
279 adopted pursuant to subsection [(e)] (n) of this section, that submits

280 proposals [which] that meet or exceed the minimum bid requirements.
281 In addition to such contracts, the commissioner may use department
282 staff to provide screening, coordination, assessment and monitoring
283 functions for the program.

284 (c) The community-based services covered under the program shall
285 include, but not be limited to, [the following services to the extent that
286 they are not] services not otherwise available under the state Medicaid
287 plan: [, occupational] (1) Occupational therapy, (2) homemaker services,
288 (3) companion services, (4) meals on wheels, (5) adult day care, (6)
289 transportation, (7) mental health counseling, (8) care management, (9)
290 elderly foster care, (10) minor home modifications, and (11) assisted
291 living services provided in state-funded congregate housing and in
292 other assisted living pilot or demonstration projects established under
293 state law. Personal care assistance services shall be covered under the
294 program to the extent that [(1)] (A) such services are not available under
295 the Medicaid state plan and are more cost effective on an individual
296 client basis than existing services covered under such plan, and [(2)] (B)
297 the provision of such services is approved by the federal government.
298 Recipients of state-funded services, pursuant to subsection (j) of this
299 section, and persons who are determined to be functionally eligible for
300 community-based services who have an application for medical
301 assistance pending, or are determined to be presumptively eligible for
302 Medicaid pursuant to subsection (e) of this section, shall have the cost
303 of home health and community-based services covered by the program,
304 provided they comply with all medical assistance application
305 requirements. Access agencies shall not use department funds to
306 purchase community-based services or home health services from
307 themselves or any related parties.

308 (d) Physicians, hospitals, long-term care facilities and other licensed
309 health care facilities may disclose, and, as a condition of eligibility for
310 the program, elderly persons, their guardians, and relatives shall
311 disclose, upon request from the Department of Social Services, such
312 financial, social and medical information as may be necessary to enable
313 the department or any agency administering the program on behalf of

314 the department to provide services under the program. Long-term care
315 facilities shall supply the Department of Social Services with the names
316 and addresses of all applicants for admission. Any information
317 provided pursuant to this subsection shall be confidential and shall not
318 be disclosed by the department or administering agency.

319 [(e) The commissioner shall adopt regulations, in accordance with the
320 provisions of chapter 54, to define "access agency", to implement and
321 administer the program, to establish uniform state-wide standards for
322 the program and a uniform assessment tool for use in the screening
323 process and to specify conditions of eligibility.]

324 (e) Not later than October 1, 2024, the Commissioner of Social
325 Services shall establish a presumptive Medicaid eligibility system under
326 which the state shall fund services under the Connecticut home-care
327 program for the elderly for a period of not longer than ninety days for
328 applicants who require a skilled level of nursing care and who are
329 determined to be presumptively eligible for Medicaid coverage. The
330 system shall include, but need not be limited to: (1) The development of
331 a preliminary screening tool by the Department of Social Services to be
332 used by representatives of the access agency selected pursuant to
333 subsection (b) of this section to determine whether an applicant is
334 functionally able to live at home or in a community setting and is likely
335 to be financially eligible for Medicaid; (2) a requirement that the
336 applicant complete a Medicaid application on the date such applicant is
337 preliminarily screened for functional eligibility or not later than ten days
338 after such screening; (3) a determination of presumptive eligibility for
339 eligible applicants by the department and initiation of home care
340 services not later than ten days after an applicant is successfully
341 screened for eligibility; and (4) a written agreement to be signed by the
342 applicant attesting to the accuracy of financial and other information
343 such applicant provides and acknowledging that the state shall solely
344 fund services not longer than ninety days after the date on which home
345 care services begin. The department shall make a final determination as
346 to Medicaid eligibility for applicants determined to be presumptively
347 eligible for Medicaid coverage not later than forty-five days after the

348 date of receipt of a completed Medicaid application from such applicant,
349 provided the department may make such determination not later than
350 ninety days after receipt of the application if the applicant has
351 disabilities.

352 (f) The Commissioner of Social Services shall retroactively provide
353 Medicaid reimbursement for eligible expenses for a period not to exceed
354 ninety days prior to a Medicaid application in accordance with 42 CFR
355 435.915.

356 ~~[(f)]~~ (g) The commissioner may require long-term care facilities to
357 inform applicants for admission of the Connecticut home-care program
358 for the elderly established under this section and to distribute such
359 forms as the commissioner prescribes for the program. Such forms shall
360 be supplied by and be returnable to the department.

361 ~~[(g)]~~ (h) The commissioner shall report annually, by June first, in
362 accordance with the provisions of section 11-4a, to the joint standing
363 committee of the General Assembly having cognizance of matters
364 relating to human services on the Connecticut home-care program for
365 the elderly in such detail, depth and scope as said committee requires to
366 evaluate the effect of the program on the state and program participants.
367 Such report shall include information on (1) the number of persons
368 diverted from placement in a long-term care facility as a result of the
369 program, (2) the number of persons screened for the program, (3) the
370 number of persons determined presumptively eligible for Medicaid, (4)
371 savings for the state based on institutional care costs that were averted
372 for persons determined to be presumptively eligible for Medicaid who
373 later were determined to be eligible for Medicaid, (5) the number of
374 persons determined presumptively eligible for Medicaid who later were
375 determined not to be eligible for Medicaid and costs to the state to
376 provide such persons with home care services before the final Medicaid
377 eligibility determination, (6) the average cost per person in the program,
378 ~~[(4)]~~ (7) the administration costs, ~~[(5)]~~ (8) the estimated savings to
379 provide home care versus institutional care for all persons in the
380 program, and ~~[(6)]~~ (9) a comparison between costs under the different

381 contracts for program services.

382 [(h)] (i) An individual who is otherwise eligible for services pursuant
383 to this section shall, as a condition of participation in the program, apply
384 for medical assistance benefits [pursuant to section 17b-260] when
385 requested to do so by the department and shall accept such benefits if
386 determined eligible.

387 [(i)] (j) (1) The Commissioner of Social Services shall, within available
388 appropriations, administer a state-funded portion of the Connecticut
389 home-care program for the elderly for persons (A) who are sixty-five
390 years of age and older and are not eligible for Medicaid; (B) who are
391 inappropriately institutionalized or at risk of inappropriate
392 institutionalization; (C) whose income is less than or equal to the
393 amount allowed [under subdivision (3) of subsection (a) of this section]
394 for a person who would be eligible for medical assistance if residing in
395 a nursing facility; and (D) whose assets, if single, do not exceed one
396 hundred fifty per cent of the federal minimum community spouse
397 protected amount pursuant to 42 USC 1396r-5(f)(2) or, if married, the
398 couple's assets do not exceed two hundred per cent of said community
399 spouse protected amount. For program applications received by the
400 Department of Social Services for the fiscal years ending June 30, 2016,
401 and June 30, 2017, only persons who require the level of care provided
402 in a nursing home shall be eligible for the state-funded portion of the
403 program, except for persons residing in affordable housing under the
404 assisted living demonstration project established pursuant to section
405 17b-347e who are otherwise eligible in accordance with this section.

406 (2) Except for persons residing in affordable housing under the
407 assisted living demonstration project established pursuant to section
408 17b-347e, as provided in subdivision (3) of this subsection, any person
409 whose income is at or below two hundred per cent of the federal poverty
410 level and who is ineligible for Medicaid shall contribute three per cent
411 of the cost of his or her care. Any person whose income exceeds two
412 hundred per cent of the federal poverty level shall contribute three per
413 cent of the cost of his or her care in addition to the amount of applied

414 income determined in accordance with the methodology established by
415 the Department of Social Services for recipients of medical assistance.
416 Any person who does not contribute to the cost of care in accordance
417 with this subdivision shall be ineligible to receive services under this
418 subsection. Notwithstanding any provision of sections 17b-60 and 17b-
419 61, the department shall not be required to provide an administrative
420 hearing to a person found ineligible for services under this subsection
421 because of a failure to contribute to the cost of care.

422 (3) Any person who resides in affordable housing under the assisted
423 living demonstration project established pursuant to section 17b-347e
424 and whose income is at or below two hundred per cent of the federal
425 poverty level, shall not be required to contribute to the cost of care. Any
426 person who resides in affordable housing under the assisted living
427 demonstration project established pursuant to section 17b-347e and
428 whose income exceeds two hundred per cent of the federal poverty
429 level, shall contribute to the applied income amount determined in
430 accordance with the methodology established by the Department of
431 Social Services for recipients of medical assistance. Any person whose
432 income exceeds two hundred per cent of the federal poverty level and
433 who does not contribute to the cost of care in accordance with this
434 subdivision shall be ineligible to receive services under this subsection.
435 Notwithstanding any provision of sections 17b-60 and 17b-61, the
436 department shall not be required to provide an administrative hearing
437 to a person found ineligible for services under this subsection because
438 of a failure to contribute to the cost of care.

439 (4) The annualized cost of services provided to an individual under
440 the state-funded portion of the program shall not exceed fifty per cent
441 of the weighted average cost of care in nursing homes in the state, except
442 an individual who received services costing in excess of such amount
443 under the Department of Social Services in the fiscal year ending June
444 30, 1992, may continue to receive such services, provided the annualized
445 cost of such services does not exceed eighty per cent of the weighted
446 average cost of such nursing home care. The commissioner may allow
447 the cost of services provided to an individual to exceed the maximum

448 cost established pursuant to this subdivision in a case of extreme
449 hardship, as determined by the commissioner, provided in no case shall
450 such cost exceed that of the weighted cost of such nursing home care.

451 [(j)] (k) The Commissioner of Social Services shall collect data on
452 services provided under the program, including, but not limited to, the:
453 (1) Number of participants before and after [copayments are reduced
454 pursuant to subsection (i) of this section] any adjustment in copayments,
455 (2) average hours of care provided under the program per participant,
456 and (3) estimated cost savings to the state by providing home care to
457 participants who may otherwise receive care in a nursing home facility.
458 The commissioner shall, in accordance with the provisions of section 11-
459 4a, report on the results of the data collection to the joint standing
460 committees of the General Assembly having cognizance of matters
461 relating to aging, appropriations and the budgets of state agencies and
462 human services not later than July 1, 2022. The commissioner may
463 implement revised criteria for the operation of the program while in the
464 process of adopting such criteria in regulation form, provided the
465 commissioner publishes notice of intention to adopt the regulations in
466 accordance with section 17b-10. Such criteria shall be valid until the time
467 final regulations are effective.

468 [(k)] (l) The commissioner shall notify any access agency or area
469 agency on aging that administers the program when the department
470 sends a redetermination of eligibility form to an individual who is a
471 client of such agency.

472 [(l)] (m) In determining eligibility for the program described in this
473 section, the commissioner shall not consider as income (1) Aid and
474 Attendance pension benefits granted to a veteran, as defined in section
475 27-103, or the surviving spouse of such veteran, and (2) any tax refund
476 or advance payment with respect to a refundable credit to the same
477 extent such refund or advance payment would be disregarded under 26
478 USC 6409 in any federal program or state or local program financed in
479 whole or in part with federal funds.

480 (n) The commissioner shall adopt regulations, in accordance with the

481 provisions of chapter 54, to (1) define "access agency", (2) implement and
482 administer the Connecticut home-care program for the elderly, (3)
483 implement and administer the presumptive Medicaid eligibility system
484 described in subsection (e) of this section, (4) establish uniform state-
485 wide standards for the program and uniform assessment tools for use
486 in the screening process for the program and the prescreening for
487 presumptive Medicaid eligibility, and (5) specify conditions of
488 eligibility.

489 Sec. 15. Subsection (a) of section 17b-253 of the general statutes is
490 repealed and the following is substituted in lieu thereof (*Effective July 1,*
491 *2024*):

492 (a) The Department of Social Services shall seek appropriate
493 amendments to its Medicaid regulations and state plan to allow
494 protection of resources and income pursuant to section 17b-252. Such
495 protection shall be provided, to the extent approved by the federal
496 Centers for Medicare and Medicaid Services, for any purchaser of a
497 precertified long-term care policy and shall last for the life of the
498 purchaser. Such protection shall be provided under the Medicaid
499 program or its successor program. Any purchaser of a precertified long-
500 term care policy shall be guaranteed coverage under the Medicaid
501 program or its successor program, to the extent the individual meets all
502 applicable eligibility requirements for the Medicaid program or its
503 successor program. Until such time as eligibility requirements are
504 prescribed for Medicaid's successor program, for the purposes of this
505 subsection, the applicable eligibility requirements shall be the Medicaid
506 program's requirements as of the date its successor program was
507 enacted. The Department of Social Services shall count insurance benefit
508 payments toward resource exclusion to the extent such payments (1) are
509 for services paid for by a precertified long-term care policy; (2) are for
510 the lower of the actual charge and the amount paid by the insurance
511 company; (3) are for nursing home care, or formal services delivered to
512 insureds in the community as part of a care plan approved by an access
513 agency approved by the Office of Policy and Management and the
514 Department of Social Services as meeting the requirements for such

515 agency as defined in regulations adopted pursuant to subsection [(e)]
516 (n) of section 17b-342, as amended by this act; and (4) are for services
517 provided after the individual meets the coverage requirements for long-
518 term care benefits established by the Department of Social Services for
519 this program. The Commissioner of Social Services shall adopt
520 regulations, in accordance with chapter 54, to implement the provisions
521 of this subsection and sections 17b-252, 17b-254 and 38a-475, as
522 amended by this act, relating to determining eligibility of applicants for
523 Medicaid, or its successor program, and the coverage requirements for
524 long-term care benefits.

525 Sec. 16. Subdivision (1) of subsection (e) of section 17b-354 of the
526 general statutes is repealed and the following is substituted in lieu
527 thereof (*Effective July 1, 2024*):

528 (e) (1) A continuing care facility, as described in section 17b-520, (A)
529 shall arrange for a medical assessment to be conducted by an
530 independent physician or an access agency approved by the Office of
531 Policy and Management and the Department of Social Services as
532 meeting the requirements for such agency as defined by regulations
533 adopted pursuant to subsection [(e)] (n) of section 17b-342, as amended
534 by this act, prior to the admission of any resident to the nursing facility
535 and shall document such assessment in the resident's medical file and
536 (B) may transfer or discharge a resident who has intentionally
537 transferred assets in a sum which will render the resident unable to pay
538 the cost of nursing facility care in accordance with the contract between
539 the resident and the facility.

540 Sec. 17. Subsection (a) of section 17b-617 of the general statutes is
541 repealed and the following is substituted in lieu thereof (*Effective July 1,*
542 *2024*):

543 (a) The Commissioner of Social Services shall, within available
544 appropriations, establish and operate a state-funded pilot program to
545 allow not more than one hundred persons with disabilities (1) who are
546 age eighteen to sixty-four, inclusive, (2) who are inappropriately
547 institutionalized or at risk of inappropriate institutionalization, (3)

548 whose assets do not exceed the asset limits of the state-funded home
549 care program for the elderly, established pursuant to subsection [(i)] (j)
550 of section 17b-342, as amended by this act, and (4) who are not eligible
551 for medical assistance under section 17b-261 or a Medicaid waiver
552 pursuant to 42 USC 1396n, to be eligible to receive the same services that
553 are provided under the state-funded home care program for the elderly.
554 At the discretion of the Commissioner of Social Services, such persons
555 may also be eligible to receive services that are necessary to meet needs
556 attributable to disabilities in order to allow such persons to avoid
557 institutionalization.

558 Sec. 18. Section 38a-475 of the general statutes is repealed and the
559 following is substituted in lieu thereof (*Effective July 1, 2024*):

560 The Insurance Department shall only precertify long-term care
561 insurance policies that (1) alert the purchaser to the availability of
562 consumer information and public education provided by the
563 Department of Aging and Disability Services pursuant to section 17a-
564 861; (2) offer the option of home and community-based services in
565 addition to nursing home care; (3) in all home care plans, include case
566 management services delivered by an access agency approved by the
567 Office of Policy and Management and the Department of Social Services
568 as meeting the requirements for such agency as defined in regulations
569 adopted pursuant to subsection [(e)] (n) of section 17b-342, as amended
570 by this act, which services shall include, but need not be limited to, the
571 development of a comprehensive individualized assessment and care
572 plan and, as needed, the coordination of appropriate services and the
573 monitoring of the delivery of such services; (4) provide inflation
574 protection; (5) provide for the keeping of records and an explanation of
575 benefit reports on insurance payments which count toward Medicaid
576 resource exclusion; and (6) provide the management information and
577 reports necessary to document the extent of Medicaid resource
578 protection offered and to evaluate the Connecticut Partnership for
579 Long-Term Care. No policy shall be precertified if it requires prior
580 hospitalization or a prior stay in a nursing home as a condition of
581 providing benefits. The commissioner may adopt regulations, in

582 accordance with chapter 54, to carry out the precertification provisions
583 of this section.

584 Sec. 19. (*Effective from passage*) The Commissioner of Aging and
585 Disability Services shall study (1) reimbursement rate options for
586 families that receive benefits under the temporary family assistance
587 program, and in which the head of the household is a nonparent
588 caretaker relative and the legal guardian of a child, (2) methods to means
589 test such families to target reimbursement to families with the greatest
590 need for reimbursement, and (3) the number of nonparent caretaker
591 relatives who may be eligible for reimbursement pursuant to
592 subdivision (1) of this section after applying a means-testing method
593 examined pursuant to subdivision (2) of this section. Not later than
594 January 1, 2025, the commissioner shall report, in accordance with the
595 provisions of section 11-4a of the general statutes, to the joint standing
596 committees of the General Assembly having cognizance of matters
597 relating to aging and human services regarding such study.

598 Sec. 20. Subsection (a) of section 10-4o of the general statutes is
599 repealed and the following is substituted in lieu thereof (*Effective October*
600 *1, 2024*):

601 (a) The Department of Education, in conjunction with the
602 Department of Social Services, shall coordinate a family resource center
603 program to provide comprehensive child care services, remedial
604 educational and literacy services, families-in-training programs and
605 supportive services to parents who are recipients of temporary family
606 assistance and other parents, nonparent caretaker relatives and legal
607 guardians in need of such services. The family resource centers shall be
608 located in or associated with public schools, and any family resource
609 center established on or after July 1, 2000, shall be located in a public
610 elementary school unless the Commissioner of Education waives such
611 requirement. The commissioner shall determine the manner in which
612 the grant recipients of such program, such as municipalities, boards of
613 education and child care providers, shall be selected. The family
614 resource center shall provide: (1) Quality full-day child care and school

615 readiness programs for children age three and older who are not
616 enrolled in school and child care for children enrolled in school up to
617 the age of twelve for before and after regular school hours and on a full-
618 day basis during school holidays and school vacation, in compliance
619 with all state statutes and regulations governing child care services, as
620 described in section 19a-77, and, in the case of the school readiness
621 programs, in compliance with the standards set for such programs
622 pursuant to section 10-16p; (2) support services to parents, nonparent
623 caretaker relatives and legal guardians of newborn infants to ascertain
624 their needs and provide them with referrals to other services and
625 organizations and, if necessary, education in parenting skills; (3)
626 support and educational services to parents, nonparent caretaker
627 relatives and legal guardians whose children are participants of the
628 child care services of the program and who are interested in obtaining a
629 high school diploma or its equivalent. Parents and their preschool age
630 children and nonparent caretaker relatives, legal guardians and
631 preschool age children in their care may attend classes in parenting and
632 child learning skills together so as to promote the mutual pursuit of
633 education and enhance parent-child interaction; (4) training, technical
634 assistance and other support by the staff of the center to operators and
635 staff of family child care homes, as described in section 19a-77, in the
636 community and serve as an information and referral system for other
637 child care needs in the community or coordinate with such systems as
638 may already exist in the community; (5) a families-in-training program
639 to provide, within available appropriations, community support
640 services to expectant parents and parents, nonparent caretaker relatives
641 and legal guardians of children under the age of three. Such services
642 shall include, but not be limited to, providing information and advice to
643 parents, nonparent caretaker relatives and legal guardians on their
644 children's language, cognitive, social and motor development, visiting a
645 participant's home on a regular basis, organizing group meetings at the
646 center for neighborhood parents, nonparent caretaker relatives and
647 legal guardians of young children and providing a reference center for
648 parents, nonparent caretaker relatives and legal guardians who need
649 special assistance or services. The program shall provide for the

650 recruitment of parents, nonparent caretaker relatives and legal
651 guardians to participate in such program; [and] (6) a sliding scale of
652 payment, as developed in consultation with the Department of Social
653 Services, for child care services at the center; and (7) referrals of parents,
654 nonparent caretaker relatives and legal guardians to community
655 programs concerning childhood development and positive parenting
656 practices. The center shall also provide a teen pregnancy prevention
657 program for adolescents emphasizing responsible decision-making and
658 communication skills.

659 Sec. 21. Section 17a-54 of the general statutes is repealed and the
660 following is substituted in lieu thereof (*Effective October 1, 2024*):

661 The Department of Children and Families shall establish, within
662 available appropriations, community-based, multiservice parent
663 education and support centers. The goal of each center shall be to
664 improve parenting and enhance family functioning in order to provide
665 children and youths increased opportunities for positive development.
666 Each center shall provide: (1) Parent, nonparent caretaker relative and
667 legal guardian education and training services; (2) parent, nonparent
668 caretaker relative and legal guardian support services; (3) information
669 about and coordination of other community services; (4) consultation
670 services; [and] (5) coordination of child care and transportation services
671 to facilitate participation in the center's programs; and (6) referrals of
672 parents, nonparent caretaker relatives and legal guardians to
673 community programs concerning childhood development and positive
674 parenting practices. Each center shall conduct outreach programs and
675 shall be accessible with respect to schedule and location.

676 Sec. 22. Section 7-127b of the general statutes is repealed and the
677 following is substituted in lieu thereof (*Effective October 1, 2024*):

678 (a) The chief elected official or the chief executive officer if by
679 ordinance of each municipality shall appoint a municipal agent for
680 elderly persons. Such agent shall be a staff member of a senior center, a
681 member of an agency that serves elderly persons in the municipality or
682 a responsible resident of the municipality who has demonstrated an

683 interest in [the] assisting elderly persons or has been involved in
684 programs in the field of aging.

685 (b) The duties of the municipal agent [may] shall include, but [shall]
686 need not be limited to: (1) Disseminating information to elderly persons,
687 assisting such persons in learning about the community resources
688 available to them and publicizing such resources and benefits; (2)
689 assisting elderly persons [to apply] in applying for federal and [other
690 benefits] state benefits, and accessing community resources, available to
691 such persons; and (3) reporting to the chief elected official or chief
692 executive officer of the municipality and the Department of Aging and
693 Disability Services any needs and problems of the elderly and any
694 recommendations for action to improve services to the elderly. For the
695 purposes of this subsection, "community resources" means resources
696 that assist the elderly in gaining access to housing opportunities,
697 including, but not limited to, information regarding access to elderly
698 housing waitlists, applications and consumer reports.

699 (c) Each municipal agent shall serve for a term of two or four years,
700 at the discretion of the appointing authority of each municipality, and
701 may be reappointed. If more than one agent is necessary to carry out the
702 purposes of this section, the appointing authority, in its discretion, may
703 appoint one or more assistant agents. The town clerk in each
704 municipality shall notify the Department of Aging and Disability
705 Services immediately of the appointment of a new municipal agent.
706 Each municipality may provide to its municipal agent resources
707 sufficient for such agent to perform the duties of the office.

708 (d) The Department of Aging and Disability Services shall adopt and
709 disseminate to municipalities guidelines as to the role and duties of
710 municipal agents and such informational and technical materials as may
711 assist such agents in performance of their duties. The department, in
712 cooperation with the area agencies on aging, may provide training for
713 municipal agents within the available resources of the department and
714 of the area agencies on aging.

715 (e) On or before January 1, 2025, the Commissioner of Aging and

716 Disability Services shall create a directory of municipal agents
717 appointed pursuant to the provisions of this section, which shall
718 include, but need not be limited to, the name, title, telephone number,
719 electronic mail address and mailing address of each municipal agent.
720 The commissioner shall post a link to the directory on the Department
721 of Aging and Disability Services' Internet web site.

722 Sec. 23. Section 19a-700 of the general statutes is repealed and the
723 following is substituted in lieu thereof (*Effective from passage*):

724 A managed residential community shall enter into a written
725 residency agreement with each resident that clearly sets forth the rights
726 and responsibilities of the resident and the managed residential
727 community, including the duties set forth in section 19a-562. The
728 residency agreement shall be set forth in plain language and printed in
729 not less than fourteen-point type. The residency agreement shall be
730 signed by the managed residential community's authorized agent and
731 by the resident, or the resident's legal representative, prior to the
732 resident taking possession of a private residential unit and shall include,
733 at a minimum:

734 (1) An itemization of assisted living services, transportation services,
735 recreation services and any other services and goods, lodging and meals
736 to be provided on behalf of the resident by the managed residential
737 community;

738 (2) A full and fair disclosure of all charges, fees, expenses and costs
739 to be borne by the resident including, for written residency agreements
740 entered into on and after October 1, 2024, nonrefundable charges, fees,
741 expenses and costs;

742 (3) A schedule of payments and disclosure of all late fees or potential
743 penalties;

744 (4) For written residency agreements entered into on and after
745 October 1, 2024, the manner in which the managed residential
746 community may adjust monthly fees or other recurring fees, including,

747 but not limited to, (A) how often fee increases may occur, (B) the
748 schedule or specific dates of such increases, and (C) the history of fee
749 increases over the past three calendar years;

750 [(4)] (5) The grievance procedure with respect to enforcement of the
751 terms of the residency agreement;

752 [(5)] (6) The managed residential community's covenant to comply
753 with all municipal, state and federal laws and regulations regarding
754 consumer protection and protection from financial exploitation;

755 [(6)] (7) The managed residential community's covenant to afford
756 residents all rights and privileges afforded under title 47a;

757 [(7)] (8) The conditions under which the agreement can be terminated
758 by either party;

759 [(8)] (9) Full disclosure of the rights and responsibilities of the
760 resident and the managed residential community in situations
761 involving serious deterioration in the health of the resident,
762 hospitalization of the resident or death of the resident, including a
763 provision that specifies that in the event that a resident of the
764 community dies, the estate or family of such resident shall only be
765 responsible for further payment to the community for a period of time
766 not to exceed fifteen days following the date of death of such resident as
767 long as the private residential unit formerly occupied by the resident
768 has been vacated; and

769 [(9)] (10) Any adopted rules of the managed residential community
770 reasonably designed to promote the health, safety and welfare of
771 residents.

772 Sec. 24. Section 19a-694 of the 2024 supplement to the general statutes
773 is repealed and the following is substituted in lieu thereof (*Effective*
774 *October 1, 2024*):

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

776 (1) Provide a written residency agreement to each resident in
777 accordance with section 19a-700, as amended by this act;

778 (2) Provide residents or residents' representatives not less than ninety
779 days' notice of any increase to monthly or reoccurring fees and disclose
780 in writing any nonrefundable charges;

781 (3) Provide residents prorated or full reimbursements of certain
782 charges if the managed residential community determines it can no
783 longer meet the resident's needs during the first forty-five days after
784 occupancy by the resident of the managed residential community unit,
785 including, but not limited to, prorated first month's rent, prorated
786 community fee, full last month's rent and full security deposit;

787 ~~[(2)]~~ (4) Afford residents the ability to access services provided by an
788 assisted living services agency. Such services shall be provided in
789 accordance with a service plan developed in accordance with section
790 19a-699;

791 ~~[(3)]~~ (5) Upon the request of a resident, arrange, in conjunction with
792 the assisted living services agency, for the provision of ancillary medical
793 services on behalf of a resident, including physician and dental services,
794 pharmacy services, restorative physical therapies, podiatry services,
795 hospice care and home health agency services, provided the ancillary
796 medical services are not administered by employees of the managed
797 residential community, unless the resident chooses to receive such
798 services;

799 ~~[(4)]~~ (6) Provide a formally established security program for the
800 protection and safety of residents that is designed to protect residents
801 from intruders;

802 ~~[(5)]~~ (7) Afford residents the rights and privileges guaranteed under
803 title 47a;

804 ~~[(6)]~~ (8) Comply with the provisions of subsection (c) of section 19-13-
805 D105 of the regulations of Connecticut state agencies;

806 [(7)] (9) Assist a resident who has a long-term care insurance policy
807 with preparing and submitting claims for benefits to the insurer,
808 provided such resident has executed a written authorization requesting
809 and directing the insurer to (A) disclose information to the managed
810 residential community relevant to such resident's eligibility for an
811 insurance benefit or payment, and (B) provide a copy of the acceptance
812 or declination of a claim for benefits to the managed residential
813 community at the same time such acceptance or declination is made to
814 such resident; and

815 [(8) On or before January 1, 2024, encourage] (10) Encourage and
816 assist in the establishment of a family council in managed residential
817 communities offering assisted living services. Such family council shall
818 not allow a family member or friend of a resident who is not a resident
819 of a dementia special care unit to participate in the family council
820 without the consent of such resident.

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

824 Sec. 25. Subsection (e) of section 19a-564 of the 2024 supplement to
825 the general statutes is repealed and the following is substituted in lieu
826 thereof (*Effective October 1, 2024*):

827 (e) An assisted living services agency shall: [ensure that] (1) Ensure
828 that all services being provided on an individual basis to clients are fully
829 understood and agreed upon between either the client or the client's
830 representative; [, and] (2) ensure that the client or the client's
831 representative are made aware of the cost of any such services; (3)
832 disclose fee increases to a client or a client's representative not later than
833 ninety days prior to such fees taking effect; and (4) provide, upon
834 request, to a client and a client's representative the history of fee
835 increases over the past three calendar years. Nothing in this subsection
836 shall be construed to limit an assisted living services agency from
837 immediately adjusting fees to the extent such adjustments are directly
838 related to a change in the level of care or services necessary to meet

839 individual client safety needs at the time of a scheduled resident care
840 meeting or if a client's change of condition requires a change in services.

841 Sec. 26. (NEW) (*Effective October 1, 2024*) Not later than thirty days
842 after granting licensure to an assisted living services agency that
843 operates a managed residential community or an assisted living services
844 agency that provides services at a managed residential community, the
845 Commissioner of Public Health shall notify the State Ombudsman of
846 such licensure.

847 Sec. 27. (NEW) (*Effective October 1, 2024*) Each managed residential
848 community shall provide not less than thirty days' notice to its residents
849 and residents' legal representatives before (1) the operator of the
850 managed residential community changes from one business entity to
851 another, or (2) the assisted living services agency providing services at
852 the managed residential community changes from one agency to
853 another.

854 Sec. 28. (NEW) (*Effective from passage*) The State Ombudsman, in
855 consultation with the Commissioner of Public Health, shall develop a
856 managed residential community consumer guide. Such guide shall
857 contain information regarding (1) resident protections, (2) housing
858 protections, including, but not limited to, protections relating to
859 evictions, (3) managed residential community fees, and (4) any other
860 information deemed relevant by the State Ombudsman. The State
861 Ombudsman and Commissioner of Public Health shall post the
862 consumer guide on the Internet web sites of the Office of the Long-Term
863 Care Ombudsman and the Department of Public Health not later than
864 January 1, 2025. The Commissioner of Social Services shall post the
865 consumer guide on the MyPlaceCT Internet web site not later than
866 January 1, 2025.

867 Sec. 29. Section 17a-875 of the general statutes is repealed and the
868 following is substituted in lieu thereof (*Effective October 1, 2024*):

869 The regional ombudsmen shall, in accordance with the policies and
870 procedures established by the Office of the Long-Term Care

871 Ombudsman:

872 (1) Provide services to protect the health, safety, welfare and rights of
873 residents;

874 (2) Ensure that residents in service areas have regular timely access
875 to representatives of the office and timely responses to complaints and
876 requests for assistance;

877 (3) Identify, investigate and resolve complaints made by or on behalf
878 of residents that relate to action, inaction or decisions that may
879 adversely affect the health, safety, welfare or rights of the residents or
880 by, or on behalf of, applicants in relation to issues concerning
881 applications to long-term care facilities;

882 (4) Represent the interests of residents and applicants, in relation to
883 their applications to long-term care facilities, before government
884 agencies and seek administrative, legal and other remedies to protect
885 the health, safety, welfare and rights of the residents;

886 (5) (A) Review and, if necessary, comment on any existing and
887 proposed laws, regulations and other government policies and actions
888 that pertain to the rights and well-being of residents and applicants in
889 relation to their applications to long-term care facilities, and (B) facilitate
890 the ability of the public to comment on the laws, regulations, policies
891 and actions;

892 (6) Support the development of resident and family councils; and

893 (7) Carry out other activities that the State Ombudsman determines
894 to be appropriate, including, but not limited to, the duties and
895 responsibilities of a regional community ombudsman for the
896 Community Ombudsman program established pursuant to section 17a-
897 886, as amended by this act.

898 Sec. 30. Section 17a-882 of the general statutes is repealed and the
899 following is substituted in lieu thereof (*Effective October 1, 2024*):

900 The state agency shall:

901 (1) Provide that the files and records maintained by the program may
902 be disclosed only at the discretion of the State Ombudsman or the
903 person designated by the ombudsman to disclose the files and records;
904 and

905 (2) Prohibit the disclosure of the identity of any complainant or
906 resident with respect to whom the office maintains such files or records
907 unless (A) the complainant or resident, or the legal representative of the
908 complainant or resident, consents to the disclosure and the consent is
909 given in writing; (B) (i) the complainant or resident gives consent orally,
910 visually or through the use of auxiliary aids and services; and (ii) the
911 consent is documented contemporaneously in a writing made by a
912 representative of the office in accordance with such requirements as the
913 state agency shall establish; or (iii) the disclosure is required by court
914 order.

915 Sec. 31. Section 17a-886 of the general statutes is repealed and the
916 following is substituted in lieu thereof (*Effective October 1, 2024*):

917 (a) As used in this section, (1) "authorized representative" means a
918 person designated by a home care client, in writing, to act on such
919 client's behalf, including, but not limited to, a health care representative
920 appointed pursuant to section 19a-575a or 19a-577; (2) "home care"
921 means long-term services and supports provided to adults in a home or
922 community-based program administered by the Department of Social
923 Services; (3) "home care provider" means a person or organization,
924 including, but not limited to, (A) a home health agency or hospice
925 agency, as defined in section 19a-490, or (B) a homemaker-companion
926 agency, as defined in section 20-670; and (4) "long-term services and
927 supports" means (A) health, health-related, personal care and social
928 services provided to persons with physical, cognitive or mental health
929 conditions or disabilities to facilitate optimal functioning and quality of
930 life, or (B) hospice care provided to persons who may be nearing the end
931 of their lives.

932 (b) There is established a Community Ombudsman program within
933 the independent Office of the Long-Term Care Ombudsman,
934 established pursuant to section 17a-405. Not later than October 1, 2022,
935 the State Ombudsman appointed pursuant to said section shall, within
936 available appropriations, appoint a Community Ombudsman who shall
937 have access to data pertaining to long-term services and supports
938 provided by a home care provider to a client, including, but not limited
939 to, medical, social and other data relating to such client, provided (1)
940 such client or such client's authorized representative provides written
941 consent to such access, [or] (2) if such client is incapable of providing
942 such consent due to a physical, cognitive or mental health condition or
943 disability, the client communicates consent orally, visually or through
944 the use of auxiliary aids and services, or (3) if such client is incapable of
945 providing such consent as described in subdivision (2) of this
946 subsection, and has no authorized representative, the Community
947 Ombudsman determines the data is necessary to investigate a complaint
948 concerning such client's care.

949 (c) The Community Ombudsman program may:

950 (1) Identify, investigate, refer and resolve complaints about home
951 care services;

952 (2) Raise public awareness about home care and the program;

953 (3) Promote access to home care services;

954 (4) Advocate for long-term care options;

955 (5) Coach individuals in self advocacy; and

956 (6) Provide referrals to home care clients for legal, housing and social
957 services.

958 (d) The Office of the Long-Term Care Ombudsman shall oversee the
959 Community Ombudsman program and provide administrative and
960 organizational support by:

961 (1) Developing and implementing a public awareness strategy about
962 the Community Ombudsman program;

963 (2) Applying for, or working in collaboration with other state
964 agencies to apply for, available federal funding for Community
965 Ombudsman services;

966 (3) Collaborating with persons administering other state programs
967 and services to design and implement an agenda to promote the rights
968 of elderly persons and persons with disabilities;

969 (4) Providing information to public and private agencies, elected and
970 appointed officials, the media and other persons regarding the problems
971 and concerns of older adults and people with disabilities receiving home
972 care;

973 (5) Advocating for improvements in the home and community-based
974 long-term services and supports system; and

975 (6) Recommending changes in federal, state and local laws,
976 regulations, policies and actions pertaining to the health, safety, welfare
977 and rights of people receiving home care.

978 (e) Not later than December 1, 2023, and annually thereafter, the State
979 Ombudsman shall submit a report, in accordance with the provisions of
980 section 11-4a, to the joint standing committees of the General Assembly
981 having cognizance of matters relating to aging, human services and
982 public health on (1) implementation of the public awareness strategy
983 relating to the Community Ombudsman program, (2) the number of
984 persons served in the program, (3) the number of complaints regarding
985 home care filed with the program, (4) the disposition of such complaints,
986 and (5) any gaps in services and resources needed to address such gaps.

987 (f) The State Ombudsman and the Community Ombudsman shall
988 ensure that any health data obtained pursuant to subsection (b) of this
989 section relating to a home care client is protected in accordance with the
990 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
991 191, as amended from time to time.

992 (g) The State Ombudsman may assign a regional community
993 ombudsman the duties and responsibilities of a regional ombudsman
994 for the Office of the Long-Term Care Ombudsman, as deemed necessary
995 by the State Ombudsman.

996 Sec. 32. (*Effective from passage*) The Commissioner of Public Health
997 shall conduct a study regarding current practices used by skilled
998 nursing facilities to diagnose a resident with a cognitive disorder. Such
999 study shall include, but need not be limited to, (1) identification of the
1000 type of health care provider commonly making such diagnoses, (2) an
1001 examination of the procedures and assessments used to make such
1002 diagnoses and whether such procedures and assessments are consistent
1003 with recognized standards for the diagnosis of cognitive disorders, (3)
1004 an assessment of whether health care providers are commonly obtaining
1005 a resident's informed consent before conducting any cognitive disorder
1006 assessment, and (4) recommendations to correct any deficiencies in the
1007 current practices used by skilled nursing facilities to diagnose a resident
1008 with a cognitive disorder that were identified pursuant to the study. Not
1009 later than January 1, 2025, the commissioner shall report, in accordance
1010 with the provisions of section 11-4a of the general statutes, to the joint
1011 standing committees of the General Assembly having cognizance of
1012 matters relating to aging and public health regarding the results of such
1013 study.

1014 Sec. 33. (*Effective July 1, 2024*) (a) For the purposes described in
1015 subsection (b) of this section, the State Bond Commission shall have the
1016 power from time to time to authorize the issuance of bonds of the state
1017 in one or more series and in principal amounts not exceeding in the
1018 aggregate one million dollars.

1019 (b) The proceeds of the sale of such bonds, to the extent of the amount
1020 stated in subsection (a) of this section, shall be used by the Department
1021 of Aging and Disability Services for the purpose of expanding the Aging
1022 in Place Safety program.

1023 (c) All provisions of section 3-20 of the general statutes, or the exercise
1024 of any right or power granted thereby, that are not inconsistent with the

1025 provisions of this section are hereby adopted and shall apply to all
1026 bonds authorized by the State Bond Commission pursuant to this
1027 section. Temporary notes in anticipation of the money to be derived
1028 from the sale of any such bonds so authorized may be issued in
1029 accordance with section 3-20 of the general statutes and from time to
1030 time renewed. Such bonds shall mature at such time or times not
1031 exceeding twenty years from their respective dates as may be provided
1032 in or pursuant to the resolution or resolutions of the State Bond
1033 Commission authorizing such bonds. None of such bonds shall be
1034 authorized except upon a finding by the State Bond Commission that
1035 there has been filed with it a request for such authorization that is signed
1036 by or on behalf of the Secretary of the Office of Policy and Management
1037 and states such terms and conditions as said commission, in its
1038 discretion, may require. Such bonds issued pursuant to this section shall
1039 be general obligations of the state and the full faith and credit of the state
1040 of Connecticut are pledged for the payment of the principal of and
1041 interest on such bonds as the same become due, and accordingly and as
1042 part of the contract of the state with the holders of such bonds,
1043 appropriation of all amounts necessary for punctual payment of such
1044 principal and interest is hereby made, and the State Treasurer shall pay
1045 such principal and interest as the same become due.

1046 Sec. 34. (*Effective July 1, 2024*) The sum of four hundred thousand
1047 dollars is appropriated to the Department of Aging and Disability
1048 Services from the General Fund, for the fiscal year ending June 30, 2025,
1049 for the purpose of hiring two regional ombudsmen for the Office of the
1050 Long-Term Care Ombudsman and two regional community
1051 ombudsmen for the Community Ombudsman program.

1052 Sec. 35. (*Effective July 1, 2024*) The sum of twenty thousand dollars is
1053 appropriated to the Department of Aging and Disability Services from
1054 the General Fund, for the fiscal year ending June 30, 2025, for the
1055 purchase of a new data system to support the Community Ombudsman
1056 program.

1057 Sec. 36. (*Effective July 1, 2024*) The sum of twenty thousand dollars is

1058 appropriated to the Department of Public Health from the General
 1059 Fund, for the fiscal year ending June 30, 2025, for contracting with an
 1060 entity specializing in data analysis to analyze a two-year data set to
 1061 compare skilled nursing facility acuity data from the Centers for
 1062 Medicare and Medicaid Services' minimum data set with facility payroll
 1063 data to determine if skilled nursing facilities are staffing to the acuity
 1064 needs of skilled nursing.

1065 Sec. 37. (*Effective July 1, 2024*) The sum of one hundred thousand
 1066 dollars is appropriated to the Department of Aging and Disability
 1067 Services from the General Fund, for the fiscal year ending June 30, 2025,
 1068 for funding marketing and outreach for the five area agencies on aging.

1069 Sec. 38. (*Effective July 1, 2024*) The sum of one hundred fifty thousand
 1070 dollars is appropriated to the Department of Public Health from the
 1071 General Fund, for the fiscal year ending June 30, 2025, for the purpose
 1072 of providing a grant-in-aid to the Connecticut chapter of the Alzheimer's
 1073 Association to develop and implement a state awareness campaign
 1074 relating to Alzheimer's disease targeting underserved communities in
 1075 the state.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2024</i>	New section
Sec. 2	<i>October 1, 2024</i>	New section
Sec. 3	<i>October 1, 2024</i>	New section
Sec. 4	<i>October 1, 2024</i>	17b-706a(c)
Sec. 5	<i>October 1, 2024</i>	New section
Sec. 6	<i>October 1, 2024</i>	19a-491(h)
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>October 1, 2024</i>	New section
Sec. 9	<i>October 1, 2024</i>	New section
Sec. 10	<i>from passage</i>	New section
Sec. 11	<i>October 1, 2024</i>	New section
Sec. 12	<i>October 1, 2024</i>	New section
Sec. 13	<i>October 1, 2024</i>	20-675
Sec. 14	<i>July 1, 2024</i>	17b-342
Sec. 15	<i>July 1, 2024</i>	17b-253(a)

Sec. 16	July 1, 2024	17b-354(e)(1)
Sec. 17	July 1, 2024	17b-617(a)
Sec. 18	July 1, 2024	38a-475
Sec. 19	from passage	New section
Sec. 20	October 1, 2024	10-4o(a)
Sec. 21	October 1, 2024	17a-54
Sec. 22	October 1, 2024	7-127b
Sec. 23	from passage	19a-700
Sec. 24	October 1, 2024	19a-694
Sec. 25	October 1, 2024	19a-564(e)
Sec. 26	October 1, 2024	New section
Sec. 27	October 1, 2024	New section
Sec. 28	from passage	New section
Sec. 29	October 1, 2024	17a-875
Sec. 30	October 1, 2024	17a-882
Sec. 31	October 1, 2024	17a-886
Sec. 32	from passage	New section
Sec. 33	July 1, 2024	New section
Sec. 34	July 1, 2024	New section
Sec. 35	July 1, 2024	New section
Sec. 36	July 1, 2024	New section
Sec. 37	July 1, 2024	New section
Sec. 38	July 1, 2024	New section

Statement of Legislative Commissioners:

In Section 1(b), "home care provider registry and data processing system" was changed to "home care services provider registry and data processing system" for consistency; in Section 1(e), "commissioner" was changed to "Commissioner of Social Services" for clarity; in Sections 2, 3 and 11, citations to statutory definitions were added for clarity; in Section 20(a)(3), "and nonparent caretaker relatives, legal guardians and preschool age children in their care" was moved from after "Parents" to after "preschool age children" for clarity; in Section 22(e), "but need not be limited to," was inserted after "shall include" for consistency with standard drafting conventions; in Section 24(a)(2), "advance notice of ninety days" was changed to "not less than ninety days' notice" for consistency with standard drafting conventions; in Section 29(7), "for the Community Ombudsman program established pursuant to section 17a-886" was added after "regional community ombudsman" for clarity; in Section 31(b)(2), "communicates informed consent" was changed to

"communicates consent" for consistency; and in Section 33(b), "Safely" was changed to "Safety" for accuracy.

AGE *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 25 \$	FY 26 \$
Social Services, Dept.	GF - Cost	See Below	See Below
Aging and Disability Services, Dept.	GF - Cost	620,000	None
Public Health, Dept.	GF - Cost	170,000	None
Consumer Protection, Dept.	GF - Cost	150,000	None
Consumer Protection, Dept.	GF - Potential Cost	57,237	72,983
State Comptroller - Fringe Benefits ¹	GF - Potential Cost	21,960	29,280
Department of Emergency Services and Public Protection	Applicant Fingerprint Card Submission Account - Potential Revenue Loss	See Below	See Below
Treasurer, Debt Serv.	GF - Cost	See Below	See Below

Note: ZPM17=Applicant Fingerprint Card Submission Account; GF=General Fund

Municipal Impact:

Municipalities	Effect	FY 25 \$	FY 26 \$
Various Municipal Police Departments	Potential Revenue Gain	See Below	See Below

Explanation

Section 1 results in a cost associated with requiring the Department of Social Services (DSS) to develop and maintain a home care provider

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 41.25% of payroll in FY 25.

registry and data processing system to promote awareness and access to qualified home care providers. The development and management of the registry/system is anticipated to cost at least \$200,000 in FY 25 and \$100,000 in FY 26.

Section 1 also results in a potential cost to the Department of Consumer Protection (DCP) to the extent additional complaints are received and investigations are required.² If there is a significant increase in the number of complaints DCP will have to hire a special investigator for a salary and other expenses cost of \$57,237 in FY 25³ and \$72,893 in FY 26, along with corresponding fringe benefits costs of \$21,960 in FY 25 and \$29,280 in FY 26.

Section 5 requires DCP to develop certain training for homemaker-companion agency employees resulting in a cost of \$150,000 in FY 25. DCP does not have the necessary in-house expertise to meet the requirements of this section and will have to hire a consultant to develop the training materials.

Section 7 results in a cost to DSS of at least \$250,000 in FY 25 to develop and implement a training program for family caregivers providing personal care assistance services under the Community First Choice program and the Connecticut home-care program for the elderly. The training program must be established by 10/1/24 and family caregivers must complete the program on and after 1/1/25. The ongoing cost to DSS depends on the scope of the training program.

Section 10 requires the Department of Emergency Services and Public Protection (DESPP) to develop and implement a plan to expand fingerprinting locations throughout the state for persons requiring criminal history records checks for employment or licensing purposes, resulting in a potential revenue loss to the Applicant Fingerprint Card

²DCP regulates and investigates complaints regarding homemaker companion agencies which are included in the new registry.

³ FY 25 costs reflect 9 months of salary due to the bill's October 1, 2024 effective date.

Submission Account⁴ and a potential revenue gain to various municipal police departments to the extent that applicants shift from using state police fingerprinting locations to other fingerprinting locations.

Section 14 results in a cost to DSS associated with presumptive eligibility and retroactive payments for the Medicaid portion of the Connecticut Home Care Program for the Elderly (CHCPE).

The bill requires DSS to establish a presumptive eligibility system and adopt regulations to establish uniform state-wide standards and uniform assessment tools for use in the screening process for the program and the prescreening for presumptive Medicaid eligibility. This results in administrative costs to the agency of approximately \$500,000 in FY 25. Additionally, presumptive eligibility for CHCPE could enable certain individuals to achieve Medicaid eligibility sooner than they otherwise would have, resulting in a shift in associated costs. The state may also incur costs to the extent that individuals are enrolled and then determined ineligible. The actual cost to the state will depend on the presumptive eligibility process developed, the number of applicable individuals who enroll earlier, and the number of individuals who are found ineligible and their associated costs.

For context, the average monthly gross cost per enrollee is approximately \$3,400. Making retroactive payments for the three months prior to applying for Medicaid results in a state Medicaid cost of \$5,100 per client. This assumes approval for such payments by the Centers for Medicare and Medicaid Services (CMS).

Section 19 requires the Department of Aging and Disability Services (ADS) to study and report to the Aging and Human Services Committees, by January 1, 2025 on: (1) reimbursement rate options for families receiving TFA benefits in which the head of household is a nonparent caretaker relative and legal guardian of a child, (2) methods to means test these families to target those with the greatest need, and

⁴DESPP conducts fingerprinting for a fee of \$15 fee per person paid to the Applicant Fingerprint Card Submission Account, a non-lapsing account used for IT support and maintenance for the fingerprinting systems.

(3) the number of nonparent caretaker relatives who may be eligible under the bill's provisions. These topics are outside of the agency's expertise, as the TFA program is not administered by ADS and relevant data necessary to complete the analysis is not housed within the agency. It is estimated this would result in a cost of \$100,000 in FY 25 to hire a consultant to assist with meeting the study and reporting requirements within this timeframe.

Sections 29 and 31 expand the roles and duties of both Regional Long Term Care Ombudsmen and Regional Community Ombudsmen, which is anticipated to increase the workload of the two offices. **Section 34** appropriates \$400,000 in FY 25 to staff four additional positions: two regional ombudsmen for the Office of the Long-Term Care Ombudsman and two regional community ombudsmen for the Community Ombudsman program, to better manage their respective offices' responsibilities.

Section 32, which requires the Department of Public Health (DPH) to conduct a study of current practices used by skilled nursing facilities to diagnose a resident with a cognitive disorder, is anticipated to result in a consultant cost of approximately \$300,000 in FY 25 as department staff do not have needed expertise to complete this study.

Section 33 authorizes \$1 million in General Obligation bonding for the purpose of expanding the Aging in Place Safely program, to be administered by the Department of Aging and Disability Services. To the extent bonds are fully allocated and expended, total debt service is expected to be approximately \$1.43 million over the 20-year duration of the bonds, with annual payments starting no earlier than FY 26.

Section 35 appropriates \$20,000 in FY 25 to ADS for the purchase of a new data system that will support the Community Ombudsman program.

Section 36 appropriates \$20,000 to DPH in FY 25 to support contracting for the analysis of certain Centers for Medicare and Medicaid Services nursing facility data.

Section 37 appropriates \$100,000 in FY 25 to ADS' Area Agencies on Aging for outreach and marketing campaigns.

Section 38 appropriates \$150,000 to DPH in FY 25 so that the department can provide a grant-in-aid to the Connecticut chapter of the Alzheimer's Association for the development and implementation of a state awareness campaign targeting underserved communities.

The bill makes various technical, conforming, and other changes that have no fiscal impact.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation, the terms of any bonds issued, the scope of the training program for family caregivers, and CHCPE cases associated with retroactive payments and presumptive eligibility.

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)