



General Assembly

February Session, 2024

Raised Bill No. 5001

LCO No. 2319



Referred to Committee on AGING

Introduced by:
(AGE)

***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 provider registry
21 and data processing system that shall promote awareness of and access
22 to qualified home care providers for persons who receive Medicaid-
23 covered home and community-based services, and may support
24 recruitment and retention of qualified home care providers and support
25 oversight of home care providers. The commissioner shall post a link to
26 such registry on the Department of Social Services' Internet web site.

27 (c) The home care services provider registry may include, but need
28 not be limited to, functionalities that:

29 (1) Connect persons seeking home and community-based services
30 with qualified home care providers and support self-direction by (A)
31 helping such persons identify and match with qualified home care
32 providers by sorting such providers based on characteristics, including,
33 but not limited to, language proficiency, certifications and previous
34 experience or special skills, (B) assisting such persons and their families
35 in navigating the home and community-based services system in the
36 state, and (C) integrating financial management service functions,
37 including, but not limited to, processing payments to providers and
38 making tax withholdings and other deductions for standard
39 employment benefits on behalf of the person seeking services;

40 (2) Support recruitment and retention of qualified home care
41 providers by (A) helping such providers become and stay enrolled as
42 home and community-based services Medicaid providers, (B) actively
43 recruiting home care providers through job advertisements and job
44 fairs, (C) connecting providers to training benefits and opportunities for
45 professional development, (D) facilitating such providers' access to
46 health insurance coverage and other benefits, and (E) facilitating
47 communication with such providers in the event of a public health or
48 other emergency; and

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

53 (d) The commissioner may submit an advanced planning document
54 to the Centers for Medicare and Medicaid Services for enhanced federal
55 financial participation relating to (1) developing and maintaining the
56 registry, pursuant to the provisions of 45 CFR 95, Subpart F, as amended
57 from time to time, or (2) ongoing operations relating to the registry,
58 pursuant to the provisions of 42 CFR 433, Subpart C, as amended from
59 time to time.

60 (e) The commissioner may adopt regulations, in accordance with the
61 provisions of chapter 54 of the general statutes, to implement the
62 provisions of this section.

63 Sec. 2. Subsection (c) of section 17b-706a of the general statutes is
64 repealed and the following is substituted in lieu thereof (*Effective October*
65 *1, 2024*):

66 (c) The Personal Care Attendant Workforce Council shall have the
67 following duties and responsibilities relating to personal care
68 attendants: (1) Study issues relating to the recruitment, retention and
69 adequacy of personal care attendants; and (2) develop a plan to improve
70 the quality, stability and availability of personal care attendants by (A)
71 developing a means to identify and recruit personal care attendants, (B)
72 developing training and educational opportunities for personal care
73 attendants and consumers, including, on and after January 1, 2025,
74 training for personal care attendants on techniques for recognizing and
75 responding to harassment, abuse and discrimination by consumers, (C)
76 developing one or more registries to (i) provide routine, emergency and
77 respite referrals of qualified personal care attendants to consumers and
78 surrogates who are authorized to receive long-term, in-home personal
79 care services by a personal care attendant, (ii) enable consumers and
80 surrogates to access information about prospective personal care

81 attendants such as their training, educational background and work
82 experience, and (iii) provide appropriate employment opportunities for
83 personal care attendants, and (D) establishing standards for wages,
84 benefits and conditions of employment for personal care attendants.

85 Sec. 3. (NEW) (*Effective October 1, 2024*) On and after January 1, 2025,
86 each homemaker-companion agency, prior to extending an offer of
87 employment or entering into a contract with a prospective employee
88 who may provide companion services or homemaker services, shall
89 require such prospective employee to complete training, in a form and
90 manner prescribed by the Commissioner of Consumer Protection, that
91 teaches techniques to recognize and respond to harassment, abuse and
92 discrimination by homemaker-companion agency clients.

93 Sec. 4. Subsection (h) of section 19a-491 of the 2024 supplement to the
94 general statutes is repealed and the following is substituted in lieu
95 thereof (*Effective October 1, 2024*):

96 (h) (1) The commissioner may require as a condition of the licensure
97 of a home health care agency, hospice agency and home health aide
98 agency that each agency meet minimum service quality standards. In
99 the event the commissioner requires such agencies to meet minimum
100 service quality standards as a condition of their licensure, the
101 commissioner shall adopt regulations, in accordance with the
102 provisions of chapter 54, to define such minimum service quality
103 standards, which shall [(1)] (A) allow for training of home health aides
104 by adult continuing education, [(2)] (B) require a registered nurse to visit
105 and assess each patient receiving home health aide services as often as
106 necessary based on the patient's condition, but not less than once every
107 sixty days, and [(3)] (C) require the assessment prescribed by
108 [subdivision (2) of this subsection] subparagraph (B) of this subdivision
109 to be completed while the home health aide is providing services in the
110 patient's home.

111 (2) On and after January 1, 2025, the commissioner shall require as a
112 condition of the licensure of a home health care agency, hospice agency

113 and home health aide agency that each agency require its employees to
114 complete training, in a form and manner prescribed by the
115 commissioner, that teaches techniques to recognize and respond to
116 harassment, abuse and discrimination by agency clients.

117 Sec. 5. (NEW) (*Effective from passage*) (a) As used in this section, (1)
118 "Community First Choice" means an optional service under the
119 Medicaid state plan that allows an eligible Medicaid beneficiary to hire
120 personal care assistants and receive other services and supports to live
121 independently longer at home; (2) "family caregiver" means a caregiver
122 related by blood or marriage or a legal guardian of a participant in a
123 Medicaid waiver program; and (3) "Medicaid waiver program" means
124 any of the three programs established under Section 1915(c) of the Social
125 Security Act to provide home and community-based services to clients
126 of the Department of Developmental Services.

127 (b) Not later than October 1, 2024, the Commissioner of Social
128 Services shall develop and implement a training program for family
129 caregivers providing personal care assistance services under the
130 Community First Choice program and the Medicaid waiver program.
131 Such training program shall teach such family caregivers the technical
132 skills necessary to provide needed care. On and after January 1, 2025,
133 the commissioner shall require that such family caregivers complete the
134 training program developed pursuant to the provisions of this section
135 to be eligible for compensation under said programs. The commissioner
136 shall seek federal approval, if necessary, to amend the Medicaid state
137 plan or any Medicaid waiver program to implement the provisions of
138 this section.

139 Sec. 6. (NEW) (*Effective October 1, 2024*) The Commissioner of Social
140 Services shall post in a prominent location on the Department of Social
141 Services' Internet web site a link to the Medicare online reporting tool
142 that allows the public to compare nursing homes by quality of care and
143 consumer complaints.

144 Sec. 7. (NEW) (*Effective October 1, 2024*) The Commissioner of Public

145 Health shall post in a prominent location on the Department of Public
146 Health's Internet web site a link to the Medicare online reporting tool
147 that allows the public to compare nursing homes by quality of care and
148 consumer complaints.

149 Sec. 8. (*Effective from passage*) The Commissioner of Emergency
150 Services and Public Protection, in consultation with the Commissioner
151 of Public Health, shall develop and implement a plan to expand
152 fingerprinting locations in the state to facilitate greater access to such
153 locations for persons requiring state and national criminal history
154 records checks for employment or licensing purposes. Not later than
155 January 1, 2025, the commissioner shall report, in accordance with the
156 provisions of section 11-4a of the general statutes, to the joint standing
157 committees of the General Assembly having cognizance of matters
158 relating to public safety, aging and public health regarding such plan.

159 Sec. 9. (NEW) (*Effective October 1, 2024*) (a) Notwithstanding any
160 provision of chapter 368v of the general statutes, the Department of
161 Social Services, on and after October 1, 2024, shall conduct
162 investigations concerning consumer complaints regarding quality of
163 care and services at nursing home facilities and facilities served by
164 assisted living services agencies. The Secretary of the Office of Policy
165 and Management, in accordance with section 4-38d of the general
166 statutes, shall transfer a sufficient number of employees from the
167 Department of Public Health's facility licensing and investigations
168 section to the Department of Social Services to implement the provisions
169 of this section.

170 (b) The Commissioner of Social Services shall forward the results of
171 investigations conducted pursuant to subsection (a) of this section to the
172 Commissioner of Public Health for use in licensure and disciplinary
173 matters and for reporting to the Centers for Medicare and Medicaid
174 Services for the Medicare Nursing Home Compare public report
175 comparing nursing homes based on quality of care and consumer
176 complaint data.

177 (c) The Commissioner of Social Services, pursuant to section 17b-340d
178 of the general statutes, as amended by this act, may reduce the Medicaid
179 rate of reimbursement beginning in the fiscal year ending June 30, 2026,
180 for any facility that has been assessed an overall rating of two stars or
181 fewer in the Medicare Nursing Home Compare public report in the
182 three most recent reporting periods as of July 1, 2022.

183 (d) On or before January 15, 2025, and annually thereafter, the
184 commissioner shall report, in accordance with the provisions of section
185 11-4a of the general statutes, to the joint standing committees of the
186 General Assembly having cognizance of matters relating to human
187 services, public health and aging regarding the number of complaints
188 per facility and the rate of complaints per facility resident and the
189 resolution of such complaints. The commissioner shall include a link to
190 the report in a prominent place on the Department of Social Services'
191 Internet web site.

192 Sec. 10. Section 17b-340d of the 2024 supplement to the general
193 statutes is repealed and the following is substituted in lieu thereof
194 (*Effective October 1, 2024*):

195 (a) The Commissioner of Social Services shall implement an acuity-
196 based methodology for Medicaid reimbursement of nursing home
197 services effective July 1, 2022. Notwithstanding section 17b-340, for the
198 fiscal year ending June 30, 2023, and annually thereafter, the
199 Commissioner of Social Services shall establish Medicaid rates paid to
200 nursing home facilities based on cost years ending on September
201 thirtieth in accordance with the following:

202 (1) Case-mix adjustments to the direct care component, which will be
203 based on Minimum Data Set resident assessment data as well as cost
204 data reported for the cost year ending September 30, 2019, shall be made
205 effective beginning July 1, 2022, and updated every quarter thereafter.
206 After modeling such case-mix adjustments, the Commissioner of Social
207 Services shall evaluate impact on a facility by facility basis and, not later
208 than October 1, 2021, (A) make recommendations to the Secretary of the

209 Office of Policy and Management, and (B) submit a report on the
210 recommendations, in accordance with the provisions of section 11-4a, to
211 the joint standing committees of the General Assembly having
212 cognizance of matters relating to appropriations and the budgets of state
213 agencies and human services on any adjustments needed to facilitate the
214 transition to the new methodology on July 1, 2022. This evaluation may
215 include a review of inflationary allowances, case mix and budget
216 adjustment factors and stop loss and stop gain corridors and the ability
217 to make such adjustments within available appropriations.

218 (2) Beginning July 1, 2022, facilities will be required to comply with
219 collection and reporting of quality metrics as specified by the
220 Department of Social Services, after consultation with the nursing home
221 industry, consumers, employees and the Department of Public Health.
222 Rate adjustments based on performance on quality metrics will be
223 phased in, beginning July 1, 2022, with a period of reporting only.
224 Effective July 1, 2023, the Department of Social Services shall issue
225 individualized reports annually to each nursing home facility showing
226 the impact to the Medicaid rate for such home based on the quality
227 metrics program. A nursing home facility receiving an individualized
228 quality metrics report may use such report to evaluate the impact of the
229 quality metrics program on said facility's Medicaid reimbursement. Not
230 later than June 30, 2025, the department shall submit a report, in
231 accordance with the provisions of section 11-4a, to the joint standing
232 committees of the General Assembly having cognizance of matters
233 relating to appropriations and the budgets of state agencies and human
234 services on the quality metrics program. Such report shall include
235 information regarding individualized reports and the anticipated
236 impact on nursing homes if the state were to implement a rate withhold
237 on nursing homes that fail to meet certain quality metrics.

238 (3) Geographic peer groupings of facilities shall be established by the
239 Department of Social Services pursuant to regulations adopted in
240 accordance with subsection (b) of this section.

241 (4) Allowable costs shall be divided into the following five cost

242 components: (A) Direct costs, which shall include salaries for nursing
243 personnel, related fringe benefits and costs for nursing personnel
244 supplied by a temporary nursing services agency; (B) indirect costs,
245 which shall include professional fees, dietary expenses, housekeeping
246 expenses, laundry expenses, supplies related to patient care, salaries for
247 indirect care personnel and related fringe benefits; (C) fair rent, which
248 shall be defined in regulations adopted in accordance with subsection
249 (b) of this section; (D) capital-related costs, which shall include property
250 taxes, insurance expenses, equipment leases and equipment
251 depreciation; and (E) administrative and general costs, which shall
252 include maintenance and operation of plant expenses, salaries for
253 administrative and maintenance personnel and related fringe benefits.
254 For (i) direct costs, the maximum cost shall be equal to one hundred
255 thirty-five per cent of the median allowable cost of that peer grouping;
256 (ii) indirect costs, the maximum cost shall be equal to one hundred
257 fifteen per cent of the state-wide median allowable cost; (iii) fair rent,
258 the amount shall be calculated utilizing the amount approved pursuant
259 to section 17b-353; (iv) capital-related costs, there shall be no maximum;
260 and (v) administrative and general costs, the maximum shall be equal to
261 the state-wide median allowable cost. For purposes of this subdivision,
262 "temporary nursing services agency" and "nursing personnel" have the
263 same meaning as provided in section 19a-118.

264 (5) Costs in excess of the maximum amounts established under this
265 subsection shall not be recognized as allowable costs, except that the
266 commissioner may establish rates whereby allowable costs may exceed
267 such maximum amounts for beds which are restricted to use by patients
268 with acquired immune deficiency syndrome, traumatic brain injury or
269 other specialized services.

270 (6) On or after June 30, 2022, the commissioner may, in the
271 commissioner's discretion and within available appropriations, provide
272 pro rata fair rent increases to facilities which have documented fair rent
273 additions placed in service in the most recently filed cost report that are
274 not otherwise included in the rates issued. The commissioner may
275 provide, within available appropriations, pro rata fair rent increases,

276 which may, at the discretion of the commissioner, include increases for
277 facilities which have undergone a material change in circumstances
278 related to fair rent additions in the most recently filed cost report. The
279 commissioner may allow minimum fair rent as the basis upon which
280 reimbursement associated with improvements to real property is
281 added.

282 (7) For the purpose of determining allowable fair rent, a facility with
283 allowable fair rent less than the twenty-fifth percentile of the state-wide
284 allowable fair rent shall be reimbursed as having allowable fair rent
285 equal to the twenty-fifth percentile of the state-wide allowable fair rent.
286 Any facility with a rate of return on real property other than land in
287 excess of eleven per cent shall have such allowance revised to eleven per
288 cent. Any facility or its related realty affiliate which finances or
289 refinances debt through bonds issued by the Connecticut Health and
290 Education Facilities Authority shall report the terms and conditions of
291 such financing or refinancing to the Commissioner of Social Services not
292 later than thirty days after completing such financing or refinancing.
293 The commissioner may revise the facility's fair rent component of its rate
294 to reflect any financial benefit the facility or its related realty affiliate
295 received as a result of such financing or refinancing. The commissioner
296 shall determine allowable fair rent for real property other than land
297 based on the rate of return for the cost year in which such bonds were
298 issued. The financial benefit resulting from a facility financing or
299 refinancing debt through such bonds shall be shared between the state
300 and the facility to an extent determined by the commissioner on a case-
301 by-case basis and shall be reflected in an adjustment to the facility's
302 allowable fair rent.

303 (8) A facility shall receive cost efficiency adjustments for indirect costs
304 and for administrative and general costs if such costs are below the
305 state-wide median costs. The cost efficiency adjustments shall equal
306 twenty-five per cent of the difference between allowable reported costs
307 and the applicable median allowable cost established pursuant to
308 subdivision (4) of this subsection.

309 (9) On and after July 1, 2025, costs shall be rebased no more frequently
310 than every two years and no less frequently than every four years, as
311 determined by the commissioner. There shall be no inflation adjustment
312 during a year in which a facility's rates are rebased. The commissioner
313 shall determine whether and to what extent a change in ownership of a
314 facility shall occasion the rebasing of the facility's costs.

315 (10) The method of establishing rates for new facilities shall be
316 determined by the commissioner in accordance with the provisions of
317 this subsection.

318 (11) There shall be no increase to rates based on inflation or any
319 inflationary factor for the fiscal years ending June 30, 2022, and June 30,
320 2023, unless otherwise authorized under subdivision (1) of this
321 subsection. Notwithstanding section 17-311-52 of the regulations of
322 Connecticut state agencies, for the fiscal years ending June 30, 2024, and
323 June 30, 2025, there shall be no inflationary increases to rates beyond
324 those already factored into the model for the transition to an acuity-
325 based reimbursement system. Notwithstanding any other provisions of
326 this chapter, any subsequent increase to allowable operating costs,
327 excluding fair rent, shall be inflated by the gross domestic product
328 deflator when funding is specifically appropriated for such purposes in
329 the enacted budget. The rate of inflation shall be computed by
330 comparing the most recent rate year to the average of the gross domestic
331 product deflator for the previous four fiscal quarters ending April
332 thirtieth. Any increase to rates based on inflation shall be applied prior
333 to the application of any other budget adjustment factors that may
334 impact such rates.

335 (12) For purposes of computing minimum allowable patient days,
336 utilization of a facility's certified beds shall be determined at a minimum
337 of ninety per cent of capacity, except for facilities that have undergone
338 a change in ownership, new facilities, and facilities which are certified
339 for additional beds which may be permitted a lower occupancy rate for
340 the first three months of operation after the effective date of licensure.

341 (13) Rates determined under this section shall comply with federal
342 laws and regulations.

343 (14) The Commissioner of Social Services may authorize an interim
344 rate for a facility demonstrating circumstances particular to that
345 individual facility impacting facility finances or costs not reflected in the
346 underlying rates.

347 (b) On and after July 1, 2025, the Commissioner of Social Services may
348 reduce the Medicaid rate of reimbursement for any facility that has been
349 assessed an overall rating of two stars or fewer in the Medicare Nursing
350 Home Compare report for consumer complaints and quality of care in
351 the three most recent reporting periods as of July 1, 2022.

352 ~~[(b)]~~ (c) The Commissioner of Social Services may implement policies
353 as necessary to carry out the provisions of this section while in the
354 process of adopting the policies as regulations, provided that prior to
355 implementation the policies are posted (1) on the eRegulations System
356 established pursuant to section 4-173b, and (2) the Department of Social
357 Services' Internet web site.

358 Sec. 11. (NEW) (*Effective October 1, 2024*) Each home health care
359 agency, home health aide agency and hospice agency shall send a
360 photograph of each employee scheduled to provide services to a client
361 to such client via registered or certified mail, electronic mail or text
362 message not less than one day before such employee's scheduled
363 appointment with the client. Each such employee shall wear a badge
364 that includes the employee's name and photograph during each
365 scheduled appointment with a client. In any case in which the
366 Commissioner of Public Health determines that a home health care
367 agency, home health aide agency or hospice agency has failed to comply
368 with the requirements established under this section, the commissioner
369 may initiate disciplinary action against the agency pursuant to section
370 19a-494 of the general statutes.

371 Sec. 12. (NEW) (*Effective October 1, 2024*) Each homemaker-
372 companion agency shall send a photograph of each employee scheduled

373 to provide services to a client to such client via registered or certified
374 mail, electronic mail or text message not less than one day prior to such
375 employee's scheduled appointment with the client. Each such employee
376 shall wear a badge that includes the employee's name and photograph
377 during each scheduled appointment with a client. In any case in which
378 the Commissioner of Consumer Protection determines that a
379 homemaker-companion agency has failed to comply with the
380 requirements established under this section, the commissioner may
381 initiate disciplinary action against the agency pursuant to section 20-675
382 of the general statutes, as amended by this act.

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

386 (a) The Commissioner of Consumer Protection may revoke, suspend
387 or refuse to issue or renew any certificate of registration as a
388 homemaker-companion agency or place an agency on probation or issue
389 a letter of reprimand for: (1) Conduct by the agency, or by an employee
390 of the agency while in the course of employment, of a character likely to
391 mislead, deceive or defraud the public or the commissioner; (2)
392 engaging in any untruthful or misleading advertising; (3) failure of such
393 agency that acts as a registry to comply with the notice requirements of
394 section 20-679a; (4) failing to perform a comprehensive background
395 check of a prospective employee or maintain a copy of materials
396 obtained during a comprehensive background check, as required by
397 section 20-678; [or] (5) failing to provide a written notice, obtain a signed
398 notice or maintain a copy of a signed notice, as required by section 20-
399 679c; or (6) failing to, as required by section 12 of this act, (A) send a
400 photograph of an employee scheduled to provide services to a client to
401 such client, or (B) ensure that such employee wear a badge.

402 (b) The commissioner shall revoke a certificate of registration if a
403 homemaker-companion agency is found to have violated, after an
404 administrative hearing conducted in accordance with chapter 54, the
405 provisions of subdivisions (1) to [(5)] (6), inclusive, of subsection (a) of

406 this section three times in one calendar year.

407 (c) The commissioner shall not revoke or suspend any certificate of
408 registration except upon notice and hearing in accordance with chapter
409 54.

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

412 (a) The Commissioner of Social Services shall administer the
413 Connecticut home-care program for the elderly state-wide in order to
414 prevent the institutionalization of elderly persons who (1) [who] are
415 recipients of medical assistance, (2) [who] are eligible for such
416 assistance, (3) [who] would be eligible for medical assistance if residing
417 in a nursing facility, or (4) [who] meet the criteria for the state-funded
418 portion of the program under subsection [(i)] (j) of this section. For
419 purposes of this section, [a long-term care facility is] "long-term care
420 facility" means a facility that has been federally certified as a skilled
421 nursing facility or intermediate care facility. The commissioner shall
422 make any revisions in the state Medicaid plan required by Title XIX of
423 the Social Security Act prior to implementing the program. The program
424 shall be structured so that the net cost to the state for long-term facility
425 care in combination with the services under the program shall not
426 exceed the net cost the state would have incurred without the program.
427 The commissioner shall investigate the possibility of receiving federal
428 funds for the program and shall apply for any necessary federal
429 waivers. A recipient of services under the program, and the estate and
430 legally liable relatives of the recipient, shall be responsible for
431 reimbursement to the state for such services to the same extent required
432 of a recipient of assistance under the state supplement program, medical
433 assistance program, temporary family assistance program or
434 supplemental nutrition assistance program. Only a United States citizen
435 or a noncitizen who meets the citizenship requirements for eligibility
436 under the Medicaid program shall be eligible for home-care services
437 under this section, except a qualified alien, as defined in Section 431 of
438 Public Law 104-193, admitted into the United States on or after August

439 22, 1996, or other lawfully residing immigrant alien determined eligible
440 for services under this section prior to July 1, 1997, shall remain eligible
441 for such services. Qualified aliens or other lawfully residing immigrant
442 aliens not determined eligible prior to July 1, 1997, shall be eligible for
443 services under this section subsequent to six months from establishing
444 residency. Notwithstanding the provisions of this subsection, any
445 qualified alien or other lawfully residing immigrant alien or alien who
446 formerly held the status of permanently residing under color of law who
447 is a victim of domestic violence or who has intellectual disability shall
448 be eligible for assistance pursuant to this section. Qualified aliens, as
449 defined in Section 431 of Public Law 104-193, or other lawfully residing
450 immigrant aliens or aliens who formerly held the status of permanently
451 residing under color of law shall be eligible for services under this
452 section provided other conditions of eligibility are met.

453 (b) The commissioner shall solicit bids through a competitive process
454 and shall contract with an access agency, approved by the Office of
455 Policy and Management and the Department of Social Services as
456 meeting the requirements for such agency as defined by regulations
457 adopted pursuant to subsection [(e)] (n) of this section, that submits
458 proposals [which] that meet or exceed the minimum bid requirements.
459 In addition to such contracts, the commissioner may use department
460 staff to provide screening, coordination, assessment and monitoring
461 functions for the program.

462 (c) The community-based services covered under the program shall
463 include, but not be limited to, [the following services to the extent that
464 they are not] services not otherwise available under the state Medicaid
465 plan: [, occupational] (1) Occupational therapy, (2) homemaker services,
466 (3) companion services, (4) meals on wheels, (5) adult day care, (6)
467 transportation, (7) mental health counseling, (8) care management, (9)
468 elderly foster care, (10) minor home modifications, and (11) assisted
469 living services provided in state-funded congregate housing and in
470 other assisted living pilot or demonstration projects established under
471 state law. Personal care assistance services shall be covered under the
472 program to the extent that [(1)] (A) such services are not available under

473 the Medicaid state plan and are more cost effective on an individual
474 client basis than existing services covered under such plan, and [(2)] (B)
475 the provision of such services is approved by the federal government.
476 Recipients of state-funded services, pursuant to subsection (j) of this
477 section, and persons who are determined to be functionally eligible for
478 community-based services who have an application for medical
479 assistance pending, or are determined to be presumptively eligible for
480 Medicaid pursuant to subsection (e) of this section, shall have the cost
481 of home health and community-based services covered by the program,
482 provided they comply with all medical assistance application
483 requirements. Access agencies shall not use department funds to
484 purchase community-based services or home health services from
485 themselves or any related parties.

486 (d) Physicians, hospitals, long-term care facilities and other licensed
487 health care facilities may disclose, and, as a condition of eligibility for
488 the program, elderly persons, their guardians, and relatives shall
489 disclose, upon request from the Department of Social Services, such
490 financial, social and medical information as may be necessary to enable
491 the department or any agency administering the program on behalf of
492 the department to provide services under the program. Long-term care
493 facilities shall supply the Department of Social Services with the names
494 and addresses of all applicants for admission. Any information
495 provided pursuant to this subsection shall be confidential and shall not
496 be disclosed by the department or administering agency.

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

502 (e) Not later than October 1, 2024, the Commissioner of Social
503 Services shall establish a presumptive Medicaid eligibility system under
504 which the state shall fund services under the Connecticut home-care
505 program for the elderly for a period of not longer than ninety days for

506 applicants who require a skilled level of nursing care and who are
507 determined to be presumptively eligible for Medicaid coverage. The
508 system shall include, but need not be limited to: (1) The development of
509 a preliminary screening tool by the Department of Social Services to be
510 used by representatives of the access agency selected pursuant to
511 subsection (b) of this section to determine whether an applicant is
512 functionally able to live at home or in a community setting and is likely
513 to be financially eligible for Medicaid; (2) a requirement that the
514 applicant complete a Medicaid application on the date such applicant is
515 preliminarily screened for functional eligibility or not later than ten days
516 after such screening; (3) a determination of presumptive eligibility for
517 eligible applicants by the department and initiation of home care
518 services not later than ten days after an applicant is successfully
519 screened for eligibility; and (4) a written agreement to be signed by the
520 applicant attesting to the accuracy of financial and other information
521 such applicant provides and acknowledging that the state shall solely
522 fund services not longer than ninety days after the date on which
523 homecare services begin. The department shall make a final
524 determination as to Medicaid eligibility for applicants determined to be
525 presumptively eligible for Medicaid coverage not later than forty-five
526 days after the date of receipt of a completed Medicaid application from
527 such applicant, provided the department may make such determination
528 not later than ninety days after receipt of the application if the applicant
529 has disabilities.

530 (f) The Commissioner of Social Services shall retroactively provide
531 Medicaid reimbursement for eligible expenses for a period not to exceed
532 ninety days prior to a Medicaid application in accordance with 42 CFR
533 435.915.

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

539 [(g)] (h) The commissioner shall report annually, by June first, in
540 accordance with the provisions of section 11-4a, to the joint standing
541 committee of the General Assembly having cognizance of matters
542 relating to human services on the Connecticut home-care program for
543 the elderly in such detail, depth and scope as said committee requires to
544 evaluate the effect of the program on the state and program participants.
545 Such report shall include information on (1) the number of persons
546 diverted from placement in a long-term care facility as a result of the
547 program, (2) the number of persons screened for the program, (3) the
548 number of persons determined presumptively eligible for Medicaid, (4)
549 savings for the state based on institutional care costs that were averted
550 for persons determined to be presumptively eligible for Medicaid who
551 later were determined to be eligible for Medicaid, (5) the number of
552 persons determined presumptively eligible for Medicaid who later were
553 determined not to be eligible for Medicaid and costs to the state to
554 provide such persons with home care services before the final Medicaid
555 eligibility determination, (6) the average cost per person in the program,
556 [(4)] (7) the administration costs, [(5)] (8) the estimated savings to
557 provide home care versus institutional care for all persons in the
558 program, and [(6)] (9) a comparison between costs under the different
559 contracts for program services.

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

565 [(i)] (j) (1) The Commissioner of Social Services shall, within available
566 appropriations, administer a state-funded portion of the Connecticut
567 home-care program for the elderly for persons (A) who are sixty-five
568 years of age and older and are not eligible for Medicaid; (B) who are
569 inappropriately institutionalized or at risk of inappropriate
570 institutionalization; (C) whose income is less than or equal to the
571 amount allowed [under subdivision (3) of subsection (a) of this section]
572 for a person who would be eligible for medical assistance if residing in

573 a nursing facility; and (D) whose assets, if single, do not exceed one
574 hundred fifty per cent of the federal minimum community spouse
575 protected amount pursuant to 42 USC 1396r-5(f)(2) or, if married, the
576 couple's assets do not exceed two hundred per cent of said community
577 spouse protected amount. For program applications received by the
578 Department of Social Services for the fiscal years ending June 30, 2016,
579 and June 30, 2017, only persons who require the level of care provided
580 in a nursing home shall be eligible for the state-funded portion of the
581 program, except for persons residing in affordable housing under the
582 assisted living demonstration project established pursuant to section
583 17b-347e who are otherwise eligible in accordance with this section.

584 (2) Except for persons residing in affordable housing under the
585 assisted living demonstration project established pursuant to section
586 17b-347e, as provided in subdivision (3) of this subsection, any person
587 whose income is at or below two hundred per cent of the federal poverty
588 level and who is ineligible for Medicaid shall contribute three per cent
589 of the cost of his or her care. Any person whose income exceeds two
590 hundred per cent of the federal poverty level shall contribute three per
591 cent of the cost of his or her care in addition to the amount of applied
592 income determined in accordance with the methodology established by
593 the Department of Social Services for recipients of medical assistance.
594 Any person who does not contribute to the cost of care in accordance
595 with this subdivision shall be ineligible to receive services under this
596 subsection. Notwithstanding any provision of sections 17b-60 and 17b-
597 61, the department shall not be required to provide an administrative
598 hearing to a person found ineligible for services under this subsection
599 because of a failure to contribute to the cost of care.

600 (3) Any person who resides in affordable housing under the assisted
601 living demonstration project established pursuant to section 17b-347e
602 and whose income is at or below two hundred per cent of the federal
603 poverty level, shall not be required to contribute to the cost of care. Any
604 person who resides in affordable housing under the assisted living
605 demonstration project established pursuant to section 17b-347e and
606 whose income exceeds two hundred per cent of the federal poverty

607 level, shall contribute to the applied income amount determined in
608 accordance with the methodology established by the Department of
609 Social Services for recipients of medical assistance. Any person whose
610 income exceeds two hundred per cent of the federal poverty level and
611 who does not contribute to the cost of care in accordance with this
612 subdivision shall be ineligible to receive services under this subsection.
613 Notwithstanding any provision of sections 17b-60 and 17b-61, the
614 department shall not be required to provide an administrative hearing
615 to a person found ineligible for services under this subsection because
616 of a failure to contribute to the cost of care.

617 (4) The annualized cost of services provided to an individual under
618 the state-funded portion of the program shall not exceed fifty per cent
619 of the weighted average cost of care in nursing homes in the state, except
620 an individual who received services costing in excess of such amount
621 under the Department of Social Services in the fiscal year ending June
622 30, 1992, may continue to receive such services, provided the annualized
623 cost of such services does not exceed eighty per cent of the weighted
624 average cost of such nursing home care. The commissioner may allow
625 the cost of services provided to an individual to exceed the maximum
626 cost established pursuant to this subdivision in a case of extreme
627 hardship, as determined by the commissioner, provided in no case shall
628 such cost exceed that of the weighted cost of such nursing home care.

629 [(j)] (k) The Commissioner of Social Services shall collect data on
630 services provided under the program, including, but not limited to, the:
631 (1) Number of participants before and after [copayments are reduced
632 pursuant to subsection (i) of this section] any adjustment in copayments,
633 (2) average hours of care provided under the program per participant,
634 and (3) estimated cost savings to the state by providing home care to
635 participants who may otherwise receive care in a nursing home facility.
636 The commissioner shall, in accordance with the provisions of section 11-
637 4a, report on the results of the data collection to the joint standing
638 committees of the General Assembly having cognizance of matters
639 relating to aging, appropriations and the budgets of state agencies and
640 human services not later than July 1, 2022. The commissioner may

641 implement revised criteria for the operation of the program while in the
642 process of adopting such criteria in regulation form, provided the
643 commissioner publishes notice of intention to adopt the regulations in
644 accordance with section 17b-10. Such criteria shall be valid until the time
645 final regulations are effective.

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

650 [(l)] (m) In determining eligibility for the program described in this
651 section, the commissioner shall not consider as income (1) Aid and
652 Attendance pension benefits granted to a veteran, as defined in section
653 27-103, or the surviving spouse of such veteran, and (2) any tax refund
654 or advance payment with respect to a refundable credit to the same
655 extent such refund or advance payment would be disregarded under 26
656 USC 6409 in any federal program or state or local program financed in
657 whole or in part with federal funds.

658 (n) The commissioner shall adopt regulations, in accordance with the
659 provisions of chapter 54, to (1) define "access agency", (2) implement and
660 administer the Connecticut home-care program for the elderly, (3)
661 implement and administer the presumptive Medicaid eligibility system
662 described in subsection (e) of this section, (4) establish uniform state-
663 wide standards for the program and uniform assessment tools for use
664 in the screening process for the program and the prescreening for
665 presumptive Medicaid eligibility, and (5) specify conditions of
666 eligibility.

667 Sec. 15. Subsection (a) of section 17b-253 of the general statutes is
668 repealed and the following is substituted in lieu thereof (*Effective July 1,*
669 *2024*):

670 (a) The Department of Social Services shall seek appropriate
671 amendments to its Medicaid regulations and state plan to allow
672 protection of resources and income pursuant to section 17b-252. Such

673 protection shall be provided, to the extent approved by the federal
674 Centers for Medicare and Medicaid Services, for any purchaser of a
675 precertified long-term care policy and shall last for the life of the
676 purchaser. Such protection shall be provided under the Medicaid
677 program or its successor program. Any purchaser of a precertified long-
678 term care policy shall be guaranteed coverage under the Medicaid
679 program or its successor program, to the extent the individual meets all
680 applicable eligibility requirements for the Medicaid program or its
681 successor program. Until such time as eligibility requirements are
682 prescribed for Medicaid's successor program, for the purposes of this
683 subsection, the applicable eligibility requirements shall be the Medicaid
684 program's requirements as of the date its successor program was
685 enacted. The Department of Social Services shall count insurance benefit
686 payments toward resource exclusion to the extent such payments (1) are
687 for services paid for by a precertified long-term care policy; (2) are for
688 the lower of the actual charge and the amount paid by the insurance
689 company; (3) are for nursing home care, or formal services delivered to
690 insureds in the community as part of a care plan approved by an access
691 agency approved by the Office of Policy and Management and the
692 Department of Social Services as meeting the requirements for such
693 agency as defined in regulations adopted pursuant to subsection [(e)]
694 (n) of section 17b-342, as amended by this act; and (4) are for services
695 provided after the individual meets the coverage requirements for long-
696 term care benefits established by the Department of Social Services for
697 this program. The Commissioner of Social Services shall adopt
698 regulations, in accordance with chapter 54, to implement the provisions
699 of this subsection and sections 17b-252, 17b-254 and 38a-475, as
700 amended by this act, relating to determining eligibility of applicants for
701 Medicaid, or its successor program, and the coverage requirements for
702 long-term care benefits.

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

706 (e) (1) A continuing care facility, as described in section 17b-520, (A)

707 shall arrange for a medical assessment to be conducted by an
708 independent physician or an access agency approved by the Office of
709 Policy and Management and the Department of Social Services as
710 meeting the requirements for such agency as defined by regulations
711 adopted pursuant to subsection [(e)] (n) of section 17b-342, as amended
712 by this act, prior to the admission of any resident to the nursing facility
713 and shall document such assessment in the resident's medical file and
714 (B) may transfer or discharge a resident who has intentionally
715 transferred assets in a sum which will render the resident unable to pay
716 the cost of nursing facility care in accordance with the contract between
717 the resident and the facility.

718 Sec. 17. Subsection (a) of section 17b-617 of the general statutes is
719 repealed and the following is substituted in lieu thereof (*Effective July 1,*
720 *2024*):

721 (a) The Commissioner of Social Services shall, within available
722 appropriations, establish and operate a state-funded pilot program to
723 allow not more than one hundred persons with disabilities (1) who are
724 age eighteen to sixty-four, inclusive, (2) who are inappropriately
725 institutionalized or at risk of inappropriate institutionalization, (3)
726 whose assets do not exceed the asset limits of the state-funded home
727 care program for the elderly, established pursuant to subsection [(i)] (j)
728 of section 17b-342, as amended by this act, and (4) who are not eligible
729 for medical assistance under section 17b-261 or a Medicaid waiver
730 pursuant to 42 USC 1396n, to be eligible to receive the same services that
731 are provided under the state-funded home care program for the elderly.
732 At the discretion of the Commissioner of Social Services, such persons
733 may also be eligible to receive services that are necessary to meet needs
734 attributable to disabilities in order to allow such persons to avoid
735 institutionalization.

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

738 The Insurance Department shall only precertify long-term care

739 insurance policies that (1) alert the purchaser to the availability of
740 consumer information and public education provided by the
741 Department of Aging and Disability Services pursuant to section 17a-
742 861; (2) offer the option of home and community-based services in
743 addition to nursing home care; (3) in all home care plans, include case
744 management services delivered by an access agency approved by the
745 Office of Policy and Management and the Department of Social Services
746 as meeting the requirements for such agency as defined in regulations
747 adopted pursuant to subsection [(e)] (n) of section 17b-342, as amended
748 by this act, which services shall include, but need not be limited to, the
749 development of a comprehensive individualized assessment and care
750 plan and, as needed, the coordination of appropriate services and the
751 monitoring of the delivery of such services; (4) provide inflation
752 protection; (5) provide for the keeping of records and an explanation of
753 benefit reports on insurance payments which count toward Medicaid
754 resource exclusion; and (6) provide the management information and
755 reports necessary to document the extent of Medicaid resource
756 protection offered and to evaluate the Connecticut Partnership for
757 Long-Term Care. No policy shall be precertified if it requires prior
758 hospitalization or a prior stay in a nursing home as a condition of
759 providing benefits. The commissioner may adopt regulations, in
760 accordance with chapter 54, to carry out the precertification provisions
761 of this section.

762 Sec. 19. Subsection (a) of section 17b-112 of the 2024 supplement to
763 the general statutes, as amended by section 264 of public act 23-204, is
764 repealed and the following is substituted in lieu thereof (*Effective July 1,*
765 *2024*):

766 (a) (1) The Department of Social Services shall administer a
767 temporary family assistance program under which cash assistance shall
768 be provided to eligible families in accordance with the temporary
769 assistance for needy families program, established pursuant to the
770 Personal Responsibility and Work Opportunity Reconciliation Act of
771 1996. The Commissioner of Social Services may operate portions of the
772 temporary family assistance program as a solely state-funded program,

773 separate from the federal temporary assistance for needy families
774 program, if the commissioner determines that doing so will enable the
775 state to avoid fiscal penalties under the temporary assistance for needy
776 families program. Families receiving assistance under the solely state-
777 funded portion of the temporary family assistance program shall be
778 subject to the same conditions of eligibility as those receiving assistance
779 under the federal temporary assistance for needy families program.
780 Under the temporary family assistance program, benefits shall be
781 provided to a family for not longer than thirty-six months, except as
782 provided in subsections (b) and (c) of this section. For the purpose of
783 calculating said thirty-six-month time limit, months of assistance
784 received on and after January 1, 1996, pursuant to time limits under the
785 aid to families with dependent children program, shall be included. For
786 purposes of this section, "family" means one or more individuals who
787 apply for or receive assistance together under the temporary family
788 assistance program. If the commissioner determines that federal law
789 allows individuals not otherwise in an eligible covered group for the
790 temporary family assistance program to become covered, such family
791 may also, at the discretion of the commissioner, be composed of [(1)] (A)
792 a pregnant woman, or [(2)] (B) a parent, both parents or other caretaker
793 relative and at least one child who is under the age of eighteen, or who
794 is under the age of nineteen and a full-time student in a secondary
795 school or its equivalent. A caretaker relative shall be related to the child
796 or children by blood, marriage or adoption or shall be the legal guardian
797 of such a child or pursuing legal proceedings necessary to achieve
798 guardianship. If the commissioner elects to allow state eligibility
799 consistent with any change in federal law, the commissioner may
800 administratively transfer any qualifying family cases under the cash
801 assistance portion of the state-administered general assistance program
802 to the temporary family assistance program without regard to usual
803 eligibility and enrollment procedures. If such families become an
804 ineligible coverage group under the federal law, the commissioner shall
805 administratively transfer such families back to the cash assistance
806 portion of the state-administered general assistance program without
807 regard to usual eligibility and enrollment procedures to the degree that

808 such families are eligible for the state program.

809 (2) To the extent permissible under federal law, the payment
810 standard for a family that receives benefits under the temporary family
811 assistance program, and in which the head of the household is a
812 nonparent caretaker relative and the legal guardian of a child, shall be
813 equal to the prevailing monthly foster care rate per child, based on the
814 child's age and medical condition, paid by the Department of Children
815 and Families.

816 Sec. 20. Subsection (a) of section 10-4o of the general statutes is
817 repealed and the following is substituted in lieu thereof (*Effective October*
818 *1, 2024*):

819 (a) The Department of Education, in conjunction with the
820 Department of Social Services, shall coordinate a family resource center
821 program to provide comprehensive child care services, remedial
822 educational and literacy services, families-in-training programs and
823 supportive services to parents who are recipients of temporary family
824 assistance and other parents, nonparent caretaker relatives and legal
825 guardians in need of such services. The family resource centers shall be
826 located in or associated with public schools, and any family resource
827 center established on or after July 1, 2000, shall be located in a public
828 elementary school unless the Commissioner of Education waives such
829 requirement. The commissioner shall determine the manner in which
830 the grant recipients of such program, such as municipalities, boards of
831 education and child care providers, shall be selected. The family
832 resource center shall provide: (1) Quality full-day child care and school
833 readiness programs for children age three and older who are not
834 enrolled in school and child care for children enrolled in school up to
835 the age of twelve for before and after regular school hours and on a full-
836 day basis during school holidays and school vacation, in compliance
837 with all state statutes and regulations governing child care services, as
838 described in section 19a-77, and, in the case of the school readiness
839 programs, in compliance with the standards set for such programs
840 pursuant to section 10-16p; (2) support services to parents, nonparent

841 caretaker relatives and legal guardians of newborn infants to ascertain
842 their needs and provide them with referrals to other services and
843 organizations and, if necessary, education in parenting skills; (3)
844 support and educational services to parents, nonparent caretaker
845 relatives and legal guardians whose children are participants of the
846 child care services of the program and who are interested in obtaining a
847 high school diploma or its equivalent. Parents and nonparent caretaker
848 relatives, legal guardians and preschool age children in their care and
849 their preschool age children may attend classes in parenting and child
850 learning skills together so as to promote the mutual pursuit of education
851 and enhance parent-child interaction; (4) training, technical assistance
852 and other support by the staff of the center to operators and staff of
853 family child care homes, as described in section 19a-77, in the
854 community and serve as an information and referral system for other
855 child care needs in the community or coordinate with such systems as
856 may already exist in the community; (5) a families-in-training program
857 to provide, within available appropriations, community support
858 services to expectant parents and parents, nonparent caretaker relatives
859 and legal guardians of children under the age of three. Such services
860 shall include, but not be limited to, providing information and advice to
861 parents, nonparent caretaker relatives and legal guardians on their
862 children's language, cognitive, social and motor development, visiting a
863 participant's home on a regular basis, organizing group meetings at the
864 center for neighborhood parents, nonparent caretaker relatives and
865 legal guardians of young children and providing a reference center for
866 parents, nonparent caretaker relatives and legal guardians who need
867 special assistance or services. The program shall provide for the
868 recruitment of parents, nonparent caretaker relatives and legal
869 guardians to participate in such program; [and] (6) a sliding scale of
870 payment, as developed in consultation with the Department of Social
871 Services, for child care services at the center; and (7) referrals of parents,
872 nonparent caretaker relatives and legal guardians to community
873 programs concerning childhood development and positive parenting
874 practices. The center shall also provide a teen pregnancy prevention
875 program for adolescents emphasizing responsible decision-making and

876 communication skills.

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

879 The Department of Children and Families shall establish, within
880 available appropriations, community-based, multiservice parent
881 education and support centers. The goal of each center shall be to
882 improve parenting and enhance family functioning in order to provide
883 children and youths increased opportunities for positive development.
884 Each center shall provide: (1) Parent, nonparent caretaker relative and
885 legal guardian education and training services; (2) parent, nonparent
886 caretaker relative and legal guardian support services; (3) information
887 about and coordination of other community services; (4) consultation
888 services; [and] (5) coordination of child care and transportation services
889 to facilitate participation in the center's programs; and (6) referrals of
890 parents, nonparent caretaker relatives and legal guardians to
891 community programs concerning childhood development and positive
892 parenting practices. Each center shall conduct outreach programs and
893 shall be accessible with respect to schedule and location.

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

896 (a) The chief elected official or the chief executive officer if by
897 ordinance of each municipality shall appoint a municipal agent for
898 elderly and disabled persons. Such agent shall be a staff member of a
899 senior center, a member of an agency that serves elderly or disabled
900 persons in the municipality, [or] a responsible resident of the
901 municipality who has demonstrated an interest in [the] assisting elderly
902 or disabled persons or has been involved in programs [in the field of
903 aging] regarding aging or disabled persons.

904 (b) The duties of the municipal agent [may] shall include, but [shall]
905 not be limited to: (1) Disseminating information to elderly and disabled
906 persons, assisting such persons in learning about the community
907 resources available to them and publicizing such resources and benefits;

908 (2) assisting elderly and disabled persons [to apply] in applying for
909 federal and [other benefits] state benefits, and accessing community
910 resources, including, but not limited to, applications for and community
911 resources relating to housing assistance, available to such persons; and
912 (3) reporting to the chief elected official or chief executive officer of the
913 municipality and the Department of Aging and Disability Services any
914 needs and problems of the elderly and disabled and any
915 recommendations for action to improve services to the elderly and
916 disabled. For the purposes of this subsection, "community resources"
917 means resources that assist the elderly and disabled in gaining access to
918 housing opportunities, including, but not limited to, information
919 regarding access to elderly and disabled housing waitlists, applications
920 and consumer reports.

921 (c) Each municipal agent shall serve for a term of two or four years,
922 at the discretion of the appointing authority of each municipality, and
923 may be reappointed. If more than one agent is necessary to carry out the
924 purposes of this section, the appointing authority, in its discretion, may
925 appoint one or more assistant agents. The town clerk in each
926 municipality shall notify the Department of Aging and Disability
927 Services immediately of the appointment of a new municipal agent.
928 Each municipality may provide to its municipal agent resources
929 sufficient for such agent to perform the duties of the office.

930 (d) The Department of Aging and Disability Services shall adopt and
931 disseminate to municipalities guidelines as to the role and duties of
932 municipal agents and such informational and technical materials as may
933 assist such agents in performance of their duties. The department, in
934 cooperation with the area agencies on aging, may provide training for
935 municipal agents within the available resources of the department and
936 of the area agencies on aging.

937 (e) On or before January 1, 2025, the Commissioner of Aging and
938 Disability Services shall create a directory of municipal agents
939 appointed pursuant to the provisions of this section, which shall include
940 the name, title, telephone number, electronic mail address and mailing

941 address of each municipal agent. The commissioner shall post a link to
942 the directory on the Department of Aging and Disability Services'
943 Internet web site.

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

946 A managed residential community shall enter into a written
947 residency agreement with each resident that clearly sets forth the rights
948 and responsibilities of the resident and the managed residential
949 community, including the duties set forth in section 19a-562. The
950 residency agreement shall be set forth in plain language and printed in
951 not less than fourteen-point type. The residency agreement shall be
952 signed by the managed residential community's authorized agent and
953 by the resident, or the resident's legal representative, prior to the
954 resident taking possession of a private residential unit and shall include,
955 at a minimum:

956 (1) An itemization of assisted living services, transportation services,
957 recreation services and any other services and goods, lodging and meals
958 to be provided on behalf of the resident by the managed residential
959 community;

960 (2) A full and fair disclosure of all charges, fees, expenses and costs
961 to be borne by the resident including, for written residency agreements
962 entered into on and after July 1, 2024, nonrefundable charges, fees,
963 expenses and costs;

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

966 (4) For written residency agreements entered into on and after July 1,
967 2024, the manner in which the managed residential community may
968 adjust monthly fees or other recurring fees, including, but not limited
969 to, (A) how often fee increases may occur, (B) the schedule or specific
970 dates of such increases, and (C) the history of fee increases over the past
971 three calendar years;

972 ~~[(4)]~~ (5) The grievance procedure with respect to enforcement of the
973 terms of the residency agreement;

974 ~~[(5)]~~ (6) The managed residential community's covenant to comply
975 with all municipal, state and federal laws and regulations regarding
976 consumer protection and protection from financial exploitation;

977 ~~[(6)]~~ (7) The managed residential community's covenant to afford
978 residents all rights and privileges afforded under title 47a;

979 ~~[(7)]~~ (8) The conditions under which the agreement can be terminated
980 by either party;

981 ~~[(8)]~~ (9) Full disclosure of the rights and responsibilities of the
982 resident and the managed residential community in situations
983 involving serious deterioration in the health of the resident,
984 hospitalization of the resident or death of the resident, including a
985 provision that specifies that in the event that a resident of the
986 community dies, the estate or family of such resident shall only be
987 responsible for further payment to the community for a period of time
988 not to exceed fifteen days following the date of death of such resident as
989 long as the private residential unit formerly occupied by the resident
990 has been vacated; and

991 ~~[(9)]~~ (10) Any adopted rules of the managed residential community
992 reasonably designed to promote the health, safety and welfare of
993 residents.

994 Sec. 24. Section 19a-694 of the 2024 supplement to the general statutes
995 is repealed and the following is substituted in lieu thereof (*Effective July*
996 *1, 2024*):

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

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

1000 (2) Provide residents or residents' representatives advance notice of

1001 ninety days of any increase to monthly or reoccurring fees and disclose
1002 in writing any nonrefundable charges;

1003 (3) Provide residents prorated or full reimbursements of certain
1004 charges if the managed residential community determines it can no
1005 longer meet the resident's needs during the first forty-five days after
1006 occupancy by the resident of the managed residential community unit,
1007 including, but not limited to, prorated first month's rent, prorated
1008 community fee, full last month's rent and full security deposit;

1009 [(2)] (4) Afford residents the ability to access services provided by an
1010 assisted living services agency. Such services shall be provided in
1011 accordance with a service plan developed in accordance with section
1012 19a-699;

1013 [(3)] (5) Upon the request of a resident, arrange, in conjunction with
1014 the assisted living services agency, for the provision of ancillary medical
1015 services on behalf of a resident, including physician and dental services,
1016 pharmacy services, restorative physical therapies, podiatry services,
1017 hospice care and home health agency services, provided the ancillary
1018 medical services are not administered by employees of the managed
1019 residential community, unless the resident chooses to receive such
1020 services;

1021 [(4)] (6) Provide a formally established security program for the
1022 protection and safety of residents that is designed to protect residents
1023 from intruders;

1024 [(5)] (7) Afford residents the rights and privileges guaranteed under
1025 title 47a;

1026 [(6)] (8) Comply with the provisions of subsection (c) of section 19-13-
1027 D105 of the regulations of Connecticut state agencies;

1028 [(7)] (9) Assist a resident who has a long-term care insurance policy
1029 with preparing and submitting claims for benefits to the insurer,
1030 provided such resident has executed a written authorization requesting

1031 and directing the insurer to (A) disclose information to the managed
1032 residential community relevant to such resident's eligibility for an
1033 insurance benefit or payment, and (B) provide a copy of the acceptance
1034 or declination of a claim for benefits to the managed residential
1035 community at the same time such acceptance or declination is made to
1036 such resident; and

1037 [(8) On or before January 1, 2024, encourage] (10) Encourage and
1038 assist in the establishment of a family council in managed residential
1039 communities offering assisted living services. Such family council shall
1040 not allow a family member or friend of a resident who is not a resident
1041 of a dementia special care unit to participate in the family council
1042 without the consent of such resident.

1043 (b) No managed residential community shall control or manage the
1044 financial affairs or personal property of any resident, except as provided
1045 for in subdivision (7) of subsection (a) of this section.

1046 Sec. 25. Subsection (e) of section 19a-564 of the 2024 supplement to
1047 the general statutes is repealed and the following is substituted in lieu
1048 thereof (*Effective July 1, 2024*):

1049 (e) An assisted living services agency shall: [ensure that] (1) Ensure
1050 that all services being provided on an individual basis to clients are fully
1051 understood and agreed upon between either the client or the client's
1052 representative; [, and] (2) ensure that the client or the client's
1053 representative are made aware of the cost of any such services; (3)
1054 disclose fee increases to a resident or a resident's representative not later
1055 than ninety days prior to such fees taking effect; and (4) provide, upon
1056 request, to a resident and a resident's representative the history of fee
1057 increases over the past three calendar years. Nothing in this subsection
1058 shall be construed to limit an assisted living services agency from
1059 immediately adjusting fees to the extent such adjustments are directly
1060 related to a change in the level of care or services necessary to meet
1061 individual resident safety needs at the time of a scheduled resident care
1062 meeting or if a resident's change of condition requires a change in

1063 services.

1064 Sec. 26. (NEW) (*Effective October 1, 2024*) Not later than thirty days
1065 after granting licensure to an assisted living services agency that
1066 operates a managed residential community or an assisted living services
1067 agency that provides services at a managed residential community, the
1068 Commissioner of Public Health shall notify the State Ombudsman of
1069 such licensure.

1070 Sec. 27. (NEW) (*Effective October 1, 2024*) Each managed residential
1071 community shall provide not less than thirty days' notice to its residents
1072 and residents' legal representatives before (1) the operator of the
1073 managed residential community changes from one business entity to
1074 another, or (2) the assisted living services agency providing services at
1075 the managed residential community changes from one agency to
1076 another.

1077 Sec. 28. (NEW) (*Effective from passage*) The State Ombudsman, in
1078 consultation with the Commissioner of Public Health, shall develop a
1079 managed residential community consumer guide. Such guide shall
1080 contain information regarding (1) resident protections, (2) housing
1081 protections, including, but not limited to, protections relating to
1082 evictions, (3) managed residential community fees, and (4) any other
1083 information deemed relevant by the State Ombudsman. The State
1084 Ombudsman and Commissioner of Public Health shall post the
1085 consumer guide on the Internet web sites of the Office of the Long-Term
1086 Care Ombudsman and the Department of Public Health. The
1087 Commissioner of Social Services shall post the consumer guide on the
1088 MyPlaceCT Internet web site.

1089 Sec. 29. (*Effective from passage*) (a) There is established a working
1090 group to conduct a study and make recommendations regarding
1091 managed residential communities and assisted living services agencies
1092 in the state. The study shall include, but need not be limited to (1) an
1093 examination of resident health transitions and determinations of
1094 resident levels of care, and (2) identification of factors contributing to

1095 rental and other fee increases at managed residential communities in the
1096 state.

1097 (b) The working group shall consist of the following members:

1098 (1) The Commissioner of Public Health, or the commissioner's
1099 designee;

1100 (2) The State Ombudsman, or the State Ombudsman's designee;

1101 (3) The Commissioner of Aging and Disability Services, or the
1102 commissioner's designee;

1103 (4) One appointed by the speaker of the House of Representatives;

1104 (5) One appointed by the president pro tempore of the Senate;

1105 (6) One appointed by the majority leader of the House of
1106 Representatives;

1107 (7) One appointed by the majority leader of the Senate;

1108 (8) One appointed by the minority leader of the House of
1109 Representatives; and

1110 (9) One appointed by the minority leader of the Senate.

1111 (c) All appointments to the working group shall be made not later
1112 than thirty days after the effective date of this section. Any vacancy shall
1113 be filled by the appointing authority.

1114 (d) The members appointed by the speaker of the House of
1115 Representatives and the president pro tempore of the Senate shall be the
1116 chairpersons of the working group. Such chairpersons shall schedule
1117 the first meeting of the working group, which shall be held not later than
1118 sixty days after the effective date of this section.

1119 (e) Not later than January 1, 2025, the working group shall submit a
1120 report on its findings and recommendations to the joint standing

1121 committee of the General Assembly having cognizance of matters
1122 relating to aging, in accordance with the provisions of section 11-4a of
1123 the general statutes. The working group shall terminate on the date that
1124 it submits such report or January 1, 2025, whichever is later.

1125 Sec. 30. Section 17a-875 of the general statutes is repealed and the
1126 following is substituted in lieu thereof (*Effective October 1, 2024*):

1127 The regional ombudsmen shall, in accordance with the policies and
1128 procedures established by the Office of the Long-Term Care
1129 Ombudsman:

1130 (1) Provide services to protect the health, safety, welfare and rights of
1131 residents;

1132 (2) Ensure that residents in service areas have regular timely access
1133 to representatives of the office and timely responses to complaints and
1134 requests for assistance;

1135 (3) Identify, investigate and resolve complaints made by or on behalf
1136 of residents that relate to action, inaction or decisions that may
1137 adversely affect the health, safety, welfare or rights of the residents or
1138 by, or on behalf of, applicants in relation to issues concerning
1139 applications to long-term care facilities;

1140 (4) Represent the interests of residents and applicants, in relation to
1141 their applications to long-term care facilities, before government
1142 agencies and seek administrative, legal and other remedies to protect
1143 the health, safety, welfare and rights of the residents;

1144 (5) (A) Review and, if necessary, comment on any existing and
1145 proposed laws, regulations and other government policies and actions
1146 that pertain to the rights and well-being of residents and applicants in
1147 relation to their applications to long-term care facilities, and (B) facilitate
1148 the ability of the public to comment on the laws, regulations, policies
1149 and actions;

1150 (6) Support the development of resident and family councils; and

1151 (7) Carry out other activities that the State Ombudsman determines
1152 to be appropriate, including, but not limited to, the duties and
1153 responsibilities of a regional community ombudsman.

1154 Sec. 31. Section 17a-882 of the general statutes is repealed and the
1155 following is substituted in lieu thereof (*Effective October 1, 2024*):

1156 The state agency shall:

1157 (1) Provide that the files and records maintained by the program may
1158 be disclosed only at the discretion of the State Ombudsman or the
1159 person designated by the ombudsman to disclose the files and records;
1160 and

1161 (2) Prohibit the disclosure of the identity of any complainant or
1162 resident with respect to whom the office maintains such files or records
1163 unless (A) the complainant or resident, or the legal representative of the
1164 complainant or resident, consents to the disclosure and the consent is
1165 given in writing; (B) (i) the complainant or resident gives consent orally,
1166 visually or through the use of auxiliary aids and services; and (ii) the
1167 consent is documented contemporaneously in a writing made by a
1168 representative of the office in accordance with such requirements as the
1169 state agency shall establish; or (iii) the disclosure is required by court
1170 order.

1171 Sec. 32. Section 17a-886 of the general statutes is repealed and the
1172 following is substituted in lieu thereof (*Effective October 1, 2024*):

1173 (a) As used in this section, (1) "authorized representative" means a
1174 person designated by a home care client, in writing, to act on such
1175 client's behalf, including, but not limited to, a health care representative
1176 appointed pursuant to section 19a-575a or 19a-577; (2) "home care"
1177 means long-term services and supports provided to adults in a home or
1178 community-based program administered by the Department of Social
1179 Services; (3) "home care provider" means a person or organization,
1180 including, but not limited to, (A) a home health agency or hospice
1181 agency, as defined in section 19a-490, or (B) a homemaker-companion

1182 agency, as defined in section 20-670; and (4) "long-term services and
1183 supports" means (A) health, health-related, personal care and social
1184 services provided to persons with physical, cognitive or mental health
1185 conditions or disabilities to facilitate optimal functioning and quality of
1186 life, or (B) hospice care provided to persons who may be nearing the end
1187 of their lives.

1188 (b) There is established a Community Ombudsman program within
1189 the independent Office of the Long-Term Care Ombudsman,
1190 established pursuant to section 17a-405. Not later than October 1, 2022,
1191 the State Ombudsman appointed pursuant to said section shall, within
1192 available appropriations, appoint a Community Ombudsman who shall
1193 have access to data pertaining to long-term services and supports
1194 provided by a home care provider to a client, including, but not limited
1195 to, medical, social and other data relating to such client, provided (1)
1196 such client or such client's authorized representative provides written
1197 consent to such access, [or] (2) if such client is incapable of providing
1198 such consent due to a physical, cognitive or mental health condition or
1199 disability, (3) the client communicates informed consent in writing,
1200 orally, visually or through the use of auxiliary aids and services, or (4),
1201 if such client is incapable for providing such consent as described in
1202 subdivision (2) of this subsection, and has no authorized representative,
1203 the Community Ombudsman determines the data is necessary to
1204 investigate a complaint concerning such client's care.

1205 (c) The Community Ombudsman program may:

1206 (1) Identify, investigate, refer and resolve complaints about home
1207 care services;

1208 (2) Raise public awareness about home care and the program;

1209 (3) Promote access to home care services;

1210 (4) Advocate for long-term care options;

1211 (5) Coach individuals in self advocacy; and

1212 (6) Provide referrals to home care clients for legal, housing and social
1213 services.

1214 (d) The Office of the Long-Term Care Ombudsman shall oversee the
1215 Community Ombudsman program and provide administrative and
1216 organizational support by:

1217 (1) Developing and implementing a public awareness strategy about
1218 the Community Ombudsman program;

1219 (2) Applying for, or working in collaboration with other state
1220 agencies to apply for, available federal funding for Community
1221 Ombudsman services;

1222 (3) Collaborating with persons administering other state programs
1223 and services to design and implement an agenda to promote the rights
1224 of elderly persons and persons with disabilities;

1225 (4) Providing information to public and private agencies, elected and
1226 appointed officials, the media and other persons regarding the problems
1227 and concerns of older adults and people with disabilities receiving home
1228 care;

1229 (5) Advocating for improvements in the home and community-based
1230 long-term services and supports system; and

1231 (6) Recommending changes in federal, state and local laws,
1232 regulations, policies and actions pertaining to the health, safety, welfare
1233 and rights of people receiving home care.

1234 (e) Not later than December 1, 2023, and annually thereafter, the State
1235 Ombudsman shall submit a report, in accordance with the provisions of
1236 section 11-4a, to the joint standing committees of the General Assembly
1237 having cognizance of matters relating to aging, human services and
1238 public health on (1) implementation of the public awareness strategy
1239 relating to the Community Ombudsman program, (2) the number of
1240 persons served in the program, (3) the number of complaints regarding
1241 home care filed with the program, (4) the disposition of such complaints,

1242 and (5) any gaps in services and resources needed to address such gaps.

1243 (f) The State Ombudsman and the Community Ombudsman shall
1244 ensure that any health data obtained pursuant to subsection (b) of this
1245 section relating to a home care client is protected in accordance with the
1246 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
1247 191, as amended from time to time.

1248 (g) The State Ombudsman may assign a regional community
1249 ombudsman the duties and responsibilities of a regional ombudsman
1250 for the Office of the Long-Term Care Ombudsman, as deemed necessary
1251 by the State Ombudsman.

1252 Sec. 33. (*Effective from passage*) On or before January 1, 2025, the
1253 Commissioner of Administrative Services shall review the position
1254 classifications in accordance with subsection (c) of section 5-206 of the
1255 general statutes to reclassify the position of State Ombudsman, as
1256 defined in section 17a-870 of the general statutes, to the same or similar
1257 classification as other position classifications receiving a state
1258 compensation plan and group classification of MP 69.

1259 Sec. 34. (*Effective from passage*) The Commissioner of Public Health
1260 shall conduct a study regarding current practices used by skilled
1261 nursing facilities to diagnose a resident with a cognitive disorder. Such
1262 study shall include, but need not be limited to, (1) identification of the
1263 type of health care provider commonly making such diagnoses, (2) an
1264 examination of the procedures and assessments used to make such
1265 diagnoses and whether such procedures and assessments are consistent
1266 with recognized standards for the diagnosis of cognitive disorders, (3)
1267 an assessment of whether health care providers are commonly obtaining
1268 the resident's informed consent before conducting any cognitive
1269 disorder assessment, and (4) recommendations to correct any
1270 deficiencies in the current practices used skilled nursing facilities to
1271 diagnose a resident with a cognitive disorder that were identified
1272 pursuant to the study. Not later than January 1, 2025, the commissioner
1273 shall report, in accordance with the provisions of section 11-4a of the

1274 general statutes, to the joint standing committees of the General
1275 Assembly having cognizance of matters relating to aging and public
1276 health regarding the results of such study.

1277 Sec. 35. (*Effective July 1, 2024*) The sum of ____ dollars is appropriated
1278 to the Department of Aging and Disability Services from the General
1279 Fund, for the fiscal year ending June 30, 2025, for the purpose of hiring
1280 two regional ombudsman for the Office of the Long-Term Care
1281 Ombudsman and two regional community ombudsmen for the
1282 Community Ombudsman program.

1283 Sec. 36. (*Effective July 1, 2024*) The sum of twenty thousand dollars is
1284 appropriated to the Department of Aging and Disability Services from
1285 the General Fund, for the fiscal year ending June 30, 2025, for the
1286 purchase of a new data system to support the Community Ombudsman
1287 programs.

1288 Sec. 37. (*Effective July 1, 2024*) The sum of ____ dollars is appropriated
1289 to the Department of Public Health from the General Fund, for the fiscal
1290 year ending June 30, 2025, for contracting with an entity specializing in
1291 data analysis to analyze a two-year data set to compare skilled nursing
1292 facility acuity data from the Centers for Medicare and Medicaid
1293 Services' minimum data set with facility payroll data to determine if
1294 skilled nursing facilities are staffing to the acuity needs of skilled
1295 nursing.

1296 Sec. 38. (*Effective July 1, 2024*) The sum of one hundred thousand
1297 dollars is appropriated to the Department of Aging and Disability
1298 Services from the General Fund, for the fiscal year ending June 30, 2025,
1299 for funding marketing and outreach for the five area agencies on aging.

1300 Sec. 39. (*Effective July 1, 2024*) The sum of one hundred fifty thousand
1301 dollars is appropriated to the Department of Public Health from the
1302 General Fund, for the fiscal year ending June 30, 2025, for the purpose
1303 of providing a grant-in-aid to the Connecticut chapter of the Alzheimer's
1304 Association to develop and implement a state awareness campaign
1305 relating to Alzheimer's disease targeting underserved communities in

1306 the state.

1307 Sec. 40. (*Effective July 1, 2024*) The sum of one million dollars is
 1308 appropriated to the Department of Aging and Disability Services from
 1309 the General Fund, for the fiscal year ending June 30, 2025, for the
 1310 purpose of expanding the Aging in Place Safely Program.

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>	17b-706a(c)
Sec. 3	<i>October 1, 2024</i>	New section
Sec. 4	<i>October 1, 2024</i>	19a-491(h)
Sec. 5	<i>from passage</i>	New section
Sec. 6	<i>October 1, 2024</i>	New section
Sec. 7	<i>October 1, 2024</i>	New section
Sec. 8	<i>from passage</i>	New section
Sec. 9	<i>October 1, 2024</i>	New section
Sec. 10	<i>October 1, 2024</i>	17b-340d
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	<i>July 1, 2024</i>	17b-354(e)(1)
Sec. 17	<i>July 1, 2024</i>	17b-617(a)
Sec. 18	<i>July 1, 2024</i>	38a-475
Sec. 19	<i>July 1, 2024</i>	17b-112(a)
Sec. 20	<i>October 1, 2024</i>	10-4o(a)
Sec. 21	<i>October 1, 2024</i>	17a-54
Sec. 22	<i>October 1, 2024</i>	7-127b
Sec. 23	<i>from passage</i>	19a-700
Sec. 24	<i>July 1, 2024</i>	19a-694
Sec. 25	<i>July 1, 2024</i>	19a-564(e)
Sec. 26	<i>October 1, 2024</i>	New section
Sec. 27	<i>October 1, 2024</i>	New section
Sec. 28	<i>from passage</i>	New section
Sec. 29	<i>from passage</i>	New section
Sec. 30	<i>October 1, 2024</i>	17a-875

Sec. 31	<i>October 1, 2024</i>	17a-882
Sec. 32	<i>October 1, 2024</i>	17a-886
Sec. 33	<i>from passage</i>	New section
Sec. 34	<i>from passage</i>	New section
Sec. 35	<i>July 1, 2024</i>	New section
Sec. 36	<i>July 1, 2024</i>	New section
Sec. 37	<i>July 1, 2024</i>	New section
Sec. 38	<i>July 1, 2024</i>	New section
Sec. 39	<i>July 1, 2024</i>	New section
Sec. 40	<i>July 1, 2024</i>	New section

Statement of Purpose:

To support Connecticut seniors and the improvement of nursing and home-based care.

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