General Assembly

Amendment

January Session, 2025

LCO No. **8999**

Offered by:
SEN. HOCHADEL, 13th Dist.
REP. GARIBAY, 60th Dist.
SEN. HWANG, 28th Dist.
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To: Senate Bill No. **1333** File No. 209 Cal. No. 159

"AN ACT CONCERNING VALUE-BASED MEDICAID REIMBURSEMENT TO NURSING HOMES."

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

"Section 1. Section 17a-886 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

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

agency, as defined in section 19a-490, **[**or**]** (B) a homemaker-companion agency, as defined in section 20-670, or (C) any individual offering home and community-based long-term services and supports directly, whether formally or informally; and (4) **[**"long-term services and supports" means (A) health, health-related, personal care and social services provided to persons with physical, cognitive or mental health conditions or disabilities to facilitate optimal functioning and quality of life, or (B) hospice care provided to persons who may be nearing the end of their lives**]** "home and community-based long-term services and supports" means a comprehensive array of health, personal care and supportive services, including, but not limited to, services and supports offered through (A) community-based programs administered by the Department of Social Services, and (B) a home care provider to a person with physical, cognitive or mental health conditions to (i) enhance such person's quality of life, (ii) facilitate optimal functioning, and (iii) support independent living in the setting of such person's choice.

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

(c) The Community Ombudsman program may:

(1) Identify, investigate, refer and help resolve complaints about home **[**care services**]** and community-based long-term services and supports;

(2) Raise public awareness about home **[**care and the program**]** and community-based long-term services and supports;

(3) Promote access to home **[**care services**]** and community-based long-term services and supports;

(4) Advocate for long-term care options;

(5) Coach individuals in self advocacy; and

(6) Provide referrals to **[**home care**]** clients receiving home and community-based long-term services and supports for legal, housing and social services.

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

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

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

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

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

care;

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

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

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

(f) The State Ombudsman and the Community Ombudsman shall ensure that any health data obtained pursuant to subsection (b) of this section relating to a **[**home care**]** client receiving home and community-based long-term services and supports is protected in accordance with the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time.

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

Sec. 2. Subdivision (2) of subsection (a) of section 17b-340d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2025*):

(2) Beginning July 1, 2022, facilities will be required to comply with

collection and reporting of quality metrics as specified by the Department of Social Services, after consultation with the nursing home industry, consumers, employees and the Department of Public Health. Rate adjustments based on performance on quality metrics will be phased in, beginning July 1, 2022, with a period of reporting only. Effective July 1, 2023, the Department of Social Services shall issue individualized reports annually to each nursing home facility showing the impact to the Medicaid rate for such home based on the quality metrics program. A nursing home facility receiving an individualized quality metrics report may use such report to evaluate the impact of the quality metrics program on said facility's Medicaid reimbursement. **[**Not later than June 30, 2025, the department shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and human services on the quality metrics program. Such report shall include information regarding individualized reports and the anticipated impact on nursing homes if the state were to implement a rate withhold on nursing homes that fail to meet certain quality metrics**]** On or after October 1, 2026, the Department of Social Services may establish a quality metrics program, within available appropriations designated for such purpose, to provide payments to nursing home facilities (A) for high-quality outcomes based on performance in the quality metrics program, and (B) designed to incentivize the provision of high-quality services to nursing home residents who are Medicaid beneficiaries, as indicated in the individualized report issued to each nursing home facility pursuant to the provisions of this subdivision. Such quality metrics program shall evaluate nursing home facilities based on national quality measures for nursing home facilities issued by the Centers for Medicare and Medicaid Services and state-administered consumer satisfaction measures. Such quality measures may be weighted higher for desired outcomes, as determined by the department. Not later than February 1, 2027, the department shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having

cognizance of matters relating to appropriations and the budgets of state agencies and human services on the implementation of the quality metrics program.

Sec. 3. Subdivision (2) of subsection (b) of section 38a-501 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(2) (A) Any insurance company, fraternal benefit society, hospital service corporation, medical service corporation or health care center that files a rate filing for an increase in premium rates for a long-term care policy that is for twenty per cent or more shall spread the increase over a period of not less than three years and not file a rate filing for an increase in premium rates for the long-term care policy during the period chosen. Such company, society, corporation or center shall use a periodic rate increase that is actuarially equivalent to a single rate increase and a current interest rate for the period chosen.

(B) Prior to implementing a premium rate increase, each such company, society, corporation or center shall:

(i) Notify its policyholders of such premium rate increase and make available to such policyholders the additional choice of reducing the policy benefits to reduce the premium rate or electing coverage that reflects the minimum set of affordable benefit options developed by the commissioner pursuant to section 38a-475a. Such notice shall include a description of such policy benefit reductions and minimum set of affordable benefit options. The premium rates for any benefit reductions shall be based on the new premium rate schedule;

(ii) Provide policyholders not less than thirty calendar days to elect a reduction in policy benefits or coverage that reflects the minimum set of affordable benefit options developed by the commissioner pursuant to section 38a-475a; and

(iii) Include a statement in such notice that if a policyholder fails to elect a reduction in policy benefits or coverage that reflects the

minimum set of affordable benefit options developed by the commissioner pursuant to section 38a-475a by the end of the notice period and has not cancelled the policy, the policyholder will be deemed to have elected to retain the existing policy benefits.

(C) Prior to implementing a premium rate increase exceeding ten per cent, each such company, society, corporation or center shall (i) hold a public hearing on such rate increase, and (ii) provide written notice to policyholders of the date and time of such hearing not less than fourteen days in advance of such date.

Sec. 4. Subdivision (2) of subsection (b) of section 38a-528 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2025*):

(2) (A) Any insurance company, fraternal benefit society, hospital service corporation, medical service corporation or health care center that files a rate filing for an increase in premium rates for a long-term care policy that is for twenty per cent or more shall spread the increase over a period of not less than three years and not file a rate filing for an increase in premium rates for the long-term care policy during the period chosen. Such company, society, corporation or center shall use a periodic rate increase that is actuarially equivalent to a single rate increase and a current interest rate for the period chosen.

(B) Prior to implementing a premium rate increase, each such company, society, corporation or center shall:

(i) Notify its certificate holders of such premium rate increase and make available to such certificate holders the additional choice of reducing the policy benefits to reduce the premium rate or electing coverage that reflects the minimum set of affordable benefit options developed by the commissioner pursuant to section 38a-475a. Such notice shall include a description of such policy benefit reductions and minimum set of affordable benefit options. The premium rates for any benefit reductions shall be based on the new premium rate schedule;

(ii) Provide certificate holders not less than thirty calendar days to elect a reduction in policy benefits or coverage that reflects the minimum set of affordable benefit options developed by the commissioner pursuant to section 38a-475a; and

(iii) Include a statement in such notice that if a certificate holder fails to elect a reduction in policy benefits or coverage that reflects the minimum set of affordable benefit options developed by the commissioner pursuant to section 38a-475a by the end of the notice period and has not cancelled the policy, the certificate holder will be deemed to have elected to retain the existing policy benefits.

(C) Prior to implementing a premium rate increase exceeding ten per cent, each such company, society, corporation or center shall (i) hold a public hearing on such rate increase, and (ii) provide written notice to policyholders of the date and time of such hearing not less than fourteen days in advance of such date.

Sec. 5. (*Effective from passage*) The Commissioner of Social Services, in consultation with the Commissioner of Aging and Disability Services, shall conduct a study of the Connecticut home-care program for the elderly, including, but not limited to, an examination of the feasibility of (1) implementing a package five care level, (2) expanding the demonstration project to provide subsidized assisted living facilities for persons residing in affordable housing, established pursuant to section 17b-347e of the general statutes, to four additional locations in the state, (3) recategorizing assistance provided under said program such that package four care level or package five care level recipients receive funds equal to the funds such recipients would receive if they hired live-in aides, and (4) raising the asset eligibility limit for persons who do not own a home to one hundred forty-five thousand dollars. Not later than October 1, 2026, the Commissioner of Social Services shall report the results of the study, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to aging and human services."

This act shall take effect as follows and shall amend the following sections:		
Section 1	*July 1, 2025*	17a-886
Sec. 2	*October 1, 2025*	17b-340d(a)(2)
Sec. 3	*July 1, 2025*	38a-501(b)(2)
Sec. 4	*July 1, 2025*	38a-528(b)(2)
Sec. 5	*from passage*	New section