



## 2024 Acts Affecting Seniors

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## Notice to Readers

This report provides summaries of new laws (public acts) significantly affecting seniors enacted during the 2024 regular legislative session. OLR's other Acts Affecting reports, are, or will soon be, available on [OLR's website](#).

Each summary indicates the public act (PA) number. Not all provisions of the acts are included. The report does not include vetoed acts unless the veto was overridden. Complete summaries of public acts are, or will soon be, available on [OLR's website](#).

Readers are encouraged to obtain the full text of acts that interest them from the Connecticut State Library, House Clerk's Office, or [General Assembly's website](#).

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## **Accessibility**

### ***Accessible Parking***

A new law modifies the conditions under which health care professionals may certify applicants for an accessible parking removable windshield placard. It specifically requires their certifications to be based on their professional opinion after completing a medically reasonable assessment of the applicant's medical history and current medical condition made during a bona fide health care professional-patient relationship. It also (1) prohibits health care professionals from making fees they charge to applicants seeking certification contingent on whether or not they certify the applicants' eligibility and (2) imposes a civil penalty of up to \$1,000 for violations ([PA 24-20](#), §§ 43 & 44, effective October 1, 2024).

### ***Medical Facility Accessibility***

Under new legislation, group practices of at least nine physicians, advanced practice registered nurses, or a combination of them ("practice locations") must consider certain federal technical accessibility standards when purchasing medical diagnostic equipment. Starting January 1, 2025, the act also requires these practice locations and certain health care facilities (i.e., hospitals, outpatient clinics, and long-term care and hospice facilities) to take related administrative actions, such as (1) training direct care staff on policies and procedures for patients with accessibility needs, (2) taking an inventory of all medical diagnostic equipment, and (3) creating a plan to address equipment inventory gaps and identify steps needed to ensure compliance with the accessibility standards.

Among other things, the act also generally requires, starting January 1, 2026, health care facilities and practice locations with three or more examination rooms to have certain accessible medical diagnostic equipment (e.g., at least one weight scale and one examination table or chair in at least one examination room that accommodates patients using assistive devices) ([PA 24-113](#), effective July 1, 2024).

## **Agency Reports, Databases, and Working Groups**

### ***Healthy Brain Initiative***

A new law requires the Department of Public Health (DPH), within available appropriations and starting by January 1, 2025, to annually report to the Public Health Committee on the department's work on the Healthy Brain Initiative. This initiative is the Centers for Disease Control and Prevention's collaborative approach to fully integrate cognitive health into public health practice

and reduce the risk and impact of Alzheimer’s disease and other dementias ([PA 24-19](#), § 25, effective upon passage).

### ***Loneliness and Isolation Working Group***

Under a new law, the Public Health Committee chairpersons must create a working group to study and make recommendations on ways to address loneliness and isolation experienced by people in the state and to improve their social connection, including through the creation of a pilot program that uses technology to combat loneliness and foster social engagement. The group must report to the Public Health Committee by January 1, 2025 ([PA 24-19](#), § 28, effective upon passage).

### ***Parkinson’s Disease and Parkinsonism Registry***

A new law requires DPH, within available appropriations and in collaboration with an in-state public college or university, to maintain and operate a registry on Parkinson’s disease and Parkinsonism. It requires hospitals and certain health care providers to make data available to the registry as DPH requires, subject to patients opting out. Among other things, it also establishes a data oversight committee to monitor the registry’s activities ([PA 24-19](#), § 26, effective upon passage).

## **Assisted Living Facilities and Managed Residential Communities**

### ***Assisted Living Services Agency Fees***

By law, the state does not license assisted living facilities. Instead, it licenses and regulates assisted living services agencies (ALSAs) that provide assisted living services. ALSAs can only provide these services at a managed residential community (MRC). MRCs that wish to provide assisted living services must obtain a DPH license as an ALSA or arrange for the services with a licensed ALSA.

Existing law requires each ALSA to ensure all services provided individually to clients are fully understood by the client, or their representative, and that clients or their representatives are made aware of their cost. A new law requires ALSAs to also (1) disclose fee increases to the client or representative at least 60 days before they take effect, and (2) upon request, give the resident or representative the history of fee increases over the past three calendar years. The law does not prohibit ALSAs from immediately adjusting fees if they are directly related to a change in the level of care or services provided to the resident or the resident’s condition changes which results in a required change in services ([PA 24-141](#), § 9, effective October 1, 2024).

## ***DPH Notification of ALSA Licensure***

A new law requires the DPH commissioner to notify the Long-Term Care Ombudsman within 30 days after granting a license to an ALSA that operates an MRC or provides services at an MRC ([PA 24-39](#), § 18, effective October 1, 2024).

## ***Managed Residential Community Residency Agreements and Fees***

Existing law requires each MRC to give residents a written residency agreement that clearly sets out the residents' and the MRC's rights and responsibilities. New legislation modifies the content of these agreements and establishes notification and reimbursement requirements for certain resident fees. MRCs generally must now (1) include information in the agreements on how they may adjust monthly or other recurring fees, (2) give residents or their representatives 90 days' notice of any fee increases, and (3) give residents prorated or full refunds of certain fees if the facility cannot meet the resident's needs within the first 45 days of occupancy ([PA 24-141](#), §§ 7 & 8, effective October 1, 2024, except the provisions on residency agreements are effective upon passage).

## ***Managed Residential Community Service Provider Change Notice***

Legislation enacted this session requires each MRC to give residents and their legal representatives at least 30 days' notice before changing the facility's operator or ALSA that provides services at the facility ([PA 24-39](#), § 19, effective October 1, 2024).

## **Conservatorships, Taxes, & Trusts**

### ***Connecticut Uniform Trust Decanting Act***

This session, the legislature adopted the Connecticut Uniform Trust Decanting Act. Generally, a trust decanting occurs when a trust's authorized fiduciary, in line with authority granted under the trust, modifies the trust's terms or distributes property from it to another trust.

The act generally allows decanting for express irrevocable trusts, or under limited circumstances, revocable trusts. It does not allow decanting of wholly charitable trusts (but sets rules for decanting of charitable interests within other trusts). Authorized fiduciaries generally (1) do not need court approval for decanting, except for testamentary trusts, but (2) must notify qualified beneficiaries and in some cases, certain state officials.

Among other things, the act (1) sets specific standards for decanting involving special needs trusts for a beneficiary with a disability and (2) sets certain limits on the decanting power, such as limits to avoid unintended tax consequences ([PA 24-104](#), effective January 1, 2025).

## ***Income Tax Withholding for Retirement Income Distributions***

Starting January 1, 2025, a new law makes income tax withholding for certain retirement income distributions optional, rather than mandatory. Under the act, people receiving distributions from pensions, annuities, or other specified sources have the option of requesting that the distribution payer withhold tax from these distributions, unless they are a “lump sum distribution” (i.e., one that exceeds \$5,000 or 50% of the payee’s entire account balance, whichever is less, excluding any other tax withholding and administrative charges and fees). Mandatory withholding continues to apply to these lump sum distributions ([PA 24-151](#), § 69, effective January 1, 2025, and applicable to tax years starting on or after that date).

## ***Notice of Involuntary Conservatorship Petition***

New legislation specifies the procedures to notify the non-petitioning spouse of an involuntary conservatorship petition if the spouse is out-of-state, cannot be located, or cannot be served in the state. It also requires notice to be sent by certified mail to specified other family members if the spouse’s location is unknown in certain cases involving elderly persons ([PA 24-97](#), § 4, effective October 1, 2024).

## **Consumer Protection and Outreach**

### ***Alkaline Hydrolysis***

A new law defines cremation as including “alkaline hydrolysis” (i.e., a flameless alternative method that uses water, chemicals, heat, and pressure). The act allows crematories to perform alkaline hydrolysis only if it is done on the grounds of a funeral home, and otherwise subjects this practice to the same requirements that apply to standard cremation (e.g., ones on cremation certificates and related recordkeeping) ([PA 24-68](#), §§ 10-14, effective upon passage).

### ***Managed Residential Community Consumer Guide***

This session, the legislature required the Long-Term Care Ombudsman to consult with the DPH commissioner to develop an MRC consumer guide that includes information on (1) resident protections; (2) housing protections, including those related to evictions; (3) MRC fees; and (4) any other information the ombudsman deems relevant. By January 1, 2025, the ombudsman and commissioner must post the consumer guide on their respective agency websites, and the Department of Social Services (DSS) commissioner must post it on the MyPlaceCT website ([PA 24-39](#), § 20, effective upon passage).



### ***Medicare Nursing Home Care Compare Website***

Legislation enacted this session requires the DSS and DPH commissioners to post, in a prominent location on their respective department websites, a link to the Medicare Nursing Home Care Compare website. This online reporting tool uses a five-star rating system that allows the public to compare nursing homes by quality of care, health inspections, and staffing ([PA 24-39](#), §§ 4 & 5, effective October 1, 2024).

### ***Men's Health Public Awareness and Education Campaign***

A new law requires the DPH commissioner to create a public awareness and educational campaign promoting community-based screening and education for common diseases affecting high-risk male populations, such as colorectal and prostate cancer, hypertension, diabetes, and depression. She must annually report on the campaign to the Public Health Committee, starting by January 1, 2025 ([PA 24-81](#), § 106, effective July 1, 2024).

### ***Nursing Home Center of Excellence Program***

Legislation enacted this session requires DPH to design a Center of Excellence Program to provide incentives to qualifying nursing homes in order to improve quality of care. DPH will give the designation to nursing homes that serve residents using evidence-based, person-centered care based on standards the department sets. When designing the program, the commissioner must study (1) how much the program could improve the quality of care at nursing homes and (2) what other states with similar programs consider to be best practices for nursing homes.

Under the act, the program is voluntary and nursing homes will not be penalized if they do not participate. It authorizes the DSS commissioner to seek a Medicaid waiver or state plan amendment to provide incentives for program participants, so long as the incentives do not duplicate other federal or state funding ([PA 24-39](#), § 25, July 1, 2024).

### ***Online Nursing Home Consumer Dashboard***

A new law requires DPH, in consultation with the Office of the Long-Term Care Ombudsman and the Long-Term Care Advisory Council, to establish an online nursing home consumer dashboard, within available appropriations, that includes: (1) comprehensive information on the quality of care for people in need of nursing home care and their families and (2) industry leading practices. DPH must include a link to the dashboard in a prominent place on the department's website ([PA 24-39](#), § 26, effective July 1, 2024).

## ***Penalties for Healthcare Institutions Failing to Comply With Corrective Action Plans***

This year, the legislature passed a law that authorizes DPH to impose disciplinary action on DPH-licensed health care institutions if they fail to comply with a plan of correction. Existing law requires DPH-licensed health care institutions to submit a correction plan to DPH if the department issues a notice that the institution was out of compliance with applicable state law or regulations.

Disciplinary actions include (1) revocation or suspension of a license; (2) censure of a licensee; (3) placement of a licensee on probationary status; or (4) restricting the acquisition of other facilities for a period set by the DPH commissioner ([PA 24-141](#), § 6, effective upon passage).

## ***Solar Consumer Protection Task Force***

This session, the legislature established a 17-member task force to make recommendations to improve disclosure requirements and consumer protection for customers who purchase, lease, or enter into certain agreements for solar generation facilities (e.g., rooftop solar panels). The task force must examine whether special protections are needed for low-income consumers or senior citizens. It must report its findings to the Energy and Technology and General Law committees by January 1, 2025 ([PA 24-38](#), § 7, effective upon passage).

## **Healthcare Worker Safety**

### ***Health Care Facility Worker Safety***

New legislation requires certain health care facilities that participate in Medicaid to adopt and implement workplace violence prevention standards consistent with those set by the Joint Commission or other applicable certification or accreditation agencies. The DSS commissioner may require these facilities to provide evidence that they adopted and implemented the above standards to continue receiving Medicaid reimbursements. These provisions apply to, among others, hospitals and nursing homes ([PA 24-19](#), § 5, effective October 1, 2024).

### ***Home Health Worker Safety***

The General Assembly passed a new law that includes various provisions to address the safety of home health care workers. The act generally requires home health care and home health aide agencies (other than those licensed as hospice organizations) to collect certain information during client intake on the client and the service location and give it to the employees assigned to the client (but they cannot deny services solely based on this information or the client's inability or refusal to provide it).

Among other things, the act also (1) requires these agencies to comply with applicable safety-related training requirements; (2) requires these agencies to report to DPH on a client's verbal threats, abuse, or similar incidents; and (3) creates a grant program to help these agencies provide safety escorts and purchase technology for staff safety checks ([PA 24-19](#), §§ 1-4 & 6, various effective dates).

## **Home- and Community-Based Care**

### ***Home Care Employee Photo Identification Badges***

New legislation requires home health care, home health aide, homemaker-companion, and hospice agencies to require their employees to wear an identification badge with their name and photograph during client appointments. The requirement takes effect July 1, 2025, for homemaker-companion agency employees and October 1, 2024, for all other agency employees. Under the act, violators may be subject to various disciplinary actions (e.g., license suspension or revocation or probation) by (1) the Department of Consumer Protection, for homemaker-companion agencies and (2) DPH, for all other agencies ([PA 24-39](#), §§ 7-9, effective October 1, 2024).

### ***Homecare Provider Registry and Data Processing System***

A new law requires the DSS commissioner, starting January 1, 2025, to develop and maintain a home care provider registry and data processing system for people receiving Medicaid home- and community-based services (HCBS). Among other things, the registry may include functionalities that help people (1) connect with qualified home care providers based on certain characteristics (e.g., language proficiency, prior experience, and special skills) and (2) navigate the state's HCBS system. The registry may also support state oversight of these HCBS providers by facilitating background checks, verifying their qualifications and special skills, and facilitating communication with providers during an emergency ([PA 24-39](#), §§ 1-3, effective October 1, 2024).

### ***Presumptive Medicaid Eligibility for Home Care***

This session, the legislature enacted a law requiring the DSS commissioner to establish a presumptive Medicaid eligibility system for people applying to the Medicaid-funded portion of the Connecticut Home Care Program for Elders (CHCPE). Under the new system, an applicant is deemed immediately eligible for CHCPE services prior to completing a full Medicaid eligibility determination. The state will pay for up to 90 days of care for applicants who (1) require a skilled level of nursing care and (2) are determined presumptively eligible for Medicaid.

Under the act, the presumptive eligibility system does not take effect until the commissioner gets federal reimbursement to cover its costs. Additionally, she may discontinue the system, at her

discretion if (1) it has operated for at least two years and (2) she determines it is not cost effective ([PA 24-39](#), §§ 10-13, as amended by [PA 24-81](#), § 105, effective July 1, 2024).

### ***Study on Financial Assistance for Nonparent Caretaker Relatives***

New legislation requires the Department of Aging and Disability Services (ADS) to study financial assistance for nonparent caretaker relatives (e.g., grandparents), including (1) reimbursement rate options for those receiving DSS Temporary Family Assistance (TFA) benefits, (2) ways to means test these families to target reimbursement to those with greatest need, and (3) the number of nonparent caretaker relatives who may be eligible for TFA reimbursement after applying means testing the department examines. Under the act, the ADS commissioner must report on the study to the Aging and Human Services committees by January 1, 2025 ([PA 24-39](#), § 14, effective upon passage).

### ***Study on Medicaid Family Caregiver Support Benefits***

A new law requires the DSS commissioner to study the feasibility of pursuing a family caregiver support benefit through a Section 1115 Medicaid waiver that would provide respite services and support to residents not otherwise eligible for these services under Medicaid. The study must examine (1) Oregon's Project Independence and Family Caregiver Assistance Program, which is operated under this type of Medicaid waiver; (2) other options to expand eligibility for respite services for those ineligible for Medicaid; and (3) potential state-funded long-term care services that could be used to offset the costs of a family caregiver support benefit. The commissioner must report the study results to the Aging and Human Services committees by January 1, 2025 ([PA 24-39](#), § 24, effective upon passage).

## **Long-Term Care Ombudsmen**

### ***Community Ombudsman Program***

By law, the Community Ombudsman program, among other things, responds to complaints about long-term services and supports provided to adults in DSS-administered home- and community-based programs. The Community Ombudsman can only access data on long-term care services and supports given by a home care provider to a client if the client, or his or her authorized representative, consents to it. Prior law generally allowed consent to only be given in writing. However, new legislation allows clients with physical, cognitive, or mental health conditions or disabilities to instead give informed consent orally, visually, or using auxiliary aids and services. If the client is unable to do so and does not have an authorized representative, the Community Ombudsman may access the data after determining it is necessary to investigate a complaint about the client's care ([PA 24-39](#), § 23, effective October 1, 2024).

## ***Office of the Long-Term Care Ombudsman Client Records Disclosure***

By law, the Office of the Long-Term Care Ombudsman cannot disclose files and records that identify nursing home residents or complainants without the person’s consent (or the consent of their legal representative), unless a court orders the disclosure. Previously, a resident or complainant, or their legal representative, could only give consent in writing or orally. A new law also allows them to give consent visually or by using auxiliary aids and services. By law, a representative of the office must document the consent in writing ([PA 24-39](#), § 22, effective October 1, 2024).

## ***Regional Long-Term Care Ombudsmen Duties***

This session, the legislature expanded the duties of regional long-term care ombudsmen to include activities related to the Community Ombudsman program, which supports adults receiving DSS-administered home- and community-based services.

By law, the Long-Term Care Ombudsman must appoint regional ombudsmen to help her perform certain duties, such as investigating and resolving nursing home resident complaints, representing residents’ and applicants’ interests before governmental agencies, and supporting the development of resident and family councils ([PA 24-39](#), § 21, effective October 1, 2024).

## **Medical Debt**

### ***Medical Debt Reporting***

A new law prohibits Connecticut health care providers and hospitals from reporting medical debt to credit rating agencies for use in a credit report. It also voids any debt that is reported to credit agencies. Under the act, “medical debt” is an obligation to pay for received health care goods (e.g., devices, durable medical equipment, and prescription drugs) or services (i.e., services for the diagnosis, prevention, treatment, cure, or relief of a health condition, illness, injury, or disease). The act excludes debts charged to a credit card unless the card is issued under a plan offered specifically to pay for these goods or services ([PA 24-6](#), effective July 1, 2024).

## **Medical Treatment**

### ***Compliance Packaging***

A new law explicitly authorizes pharmacies to dispense to patients compatible drugs in compliance packaging at the request of the patient, their representative, or their prescribing healthcare practitioner’s request. Compliance packaging is packaging prepared at a pharmacy that separates drugs into individual compartments or containers according to their directions for use and when they are to be taken. The law also allows for pharmacies that first dispensed the drugs to the

patient in compliance packaging to reuse the packaging under certain conditions. Under the law, pharmacies are prohibited from returning to the general inventory or regular stock any returned drugs that were previously contained in compliance packaging returned to the pharmacy, unless otherwise permitted or required by law ([PA 24-73](#), § 4, effective October 1, 2024).

### ***Medical Orders for Life-Sustaining Treatment (MOLST) Program***

By law, to agree to participate in the MOLST program, a patient or the patient's legally authorized representative must sign the MOLST form. Legislation enacted this session removes the requirement that a witness also sign it. A MOLST is a medical order by a physician, advanced practice registered nurse (APRN), or physician assistant to effectuate a patient's request for life-sustaining treatment when a physician or APRN has determined the patient is approaching the end stage of a serious, life-limiting illness or is in a condition of advanced, chronic progressive frailty ([PA 24-68](#), § 7, effective upon passage).

## **Nursing Homes**

### ***Absentee Ballots for Nursing Home Residents***

A new law allows nursing home residents to apply for an absentee ballot within the six-day period before the polls close at an election, primary, or referendum and to appoint someone to bring them their ballot and deliver it to the town clerk (a "designee"). Under the act, the absentee ballot application must include the (1) name and address of the nursing home where the applicant is a patient; (2) name, address, and category of the designee; and (3) designee's authorization to deliver the completed ballot. If the application is delivered within the appropriate timeframe, the clerk must give the designee an absentee ballot to be given to the patient ([PA 24-34](#) and [PA 24-148](#), § 5, effective upon passage).

### ***Appointment of Receivers for Nursing Homes and Residential Care Homes***

A new law requires applications for the appointment of a receiver for a nursing home facility or residential care home to be granted if the facility or home sustains any type of serious financial loss or failure. It does this by removing a provision in prior law that limited grants based on whether the serious financial loss or failure jeopardized the health, safety, and welfare of their patients.

Additionally, the act specifically allows entities, not just individuals, to serve as a receiver of a facility or home. It also prohibits people employed by a private equity company or an entity owned or controlled by a private equity company from being appointed to act as a receiver ([PA 24-141](#), §§ 10 & 11, effective upon passage).

## ***Discontinuation of Rest Home With Nursing Supervision Licenses***

New legislation prohibits the DPH commissioner from granting new rest home with nursing supervision (RHNS) licenses. In practice, these homes have generally been phased out or converted to chronic and convalescent nursing homes (CCNH). (CCNHs provide skilled nursing care, whereas RHNSs provide intermediate care.) However, the act authorizes the commissioner to approve a one-time license renewal for up to one year for applicants.

The act also exempts current RHNSs from acquiring a certificate of need approval from DSS when changing their licensure to a CCNH ([PA 24-141](#), §§ 3 & 4, effective upon passage).

## ***Minimum Nursing Home Staffing Levels***

Existing law requires DPH to set minimum staffing levels in nursing homes of at least three hours of direct care per resident per day. A new law specifies that “direct care” is hands-on care provided by registered nurses, licensed practical nurses, and nurse’s aides, including helping with feeding, bathing, toileting, dressing, lifting, and moving; administering medication; promoting socialization; and personal care services. It does not include food preparation, housekeeping, laundry services, maintaining the nursing home’s physical environment, or performing administrative tasks ([PA 24-19](#), § 31, effective upon passage).

## ***Nursing Home Applicant Discrimination***

A new law specifically prohibits nursing homes from refusing to admit individuals for admission solely because they received mental health services at any time. It classifies this as a discriminatory practice under the Commission on Human Rights and Opportunities (CHRO) laws. By doing so, the act allows people aggrieved by these violations, or CHRO itself, to file a complaint alleging discrimination.

Under the act, nursing homes are not required to admit applicants (1) who pose a direct threat to the health or safety of others; (2) who do not require a nursing home’s level of care according to state and federal requirements; or (3) whose admission would result in converting the nursing home into an institution for mental diseases ([PA 24-19](#), §§ 38 & 39, effective October 1, 2024).

## ***Nursing Home Room Limits***

This session, a new law prohibits nursing homes from placing newly admitted residents in a room with more than two beds starting July 1, 2026. (Nursing homes will not be required to relocate residents to rooms with two beds or less if they were admitted to the nursing home prior to this date.) The act also allows the DSS commissioner to recalculate a nursing home’s Medicaid rate for

FY 2026, and all subsequent fiscal years, to reflect any bed reductions associated with the elimination of three- and four-bed rooms in nursing homes.

The act also establishes a related working group to study the impact of this prohibition. The working group must examine methods to (1) assist facilities affected, including identifying opportunities to support their financial sustainability, and (2) ensure that these facilities are able to comply ([PA 24-141](#), §§ 1 & 13, effective upon passage).

### ***Nursing Home Waiting Lists and Transfers***

This session, the legislature enacted two new laws that make various changes to waiting list requirements for Medicaid-certified nursing homes. Existing law generally requires nursing homes to keep waiting lists and admit applicants in the order they are received, regardless of their source of payment. Under a new law, nursing homes must now take these actions after accepting a “substantially completed” admissions application. Nursing homes must develop policies and procedures that include, among other things, the information required to deem an application substantially completed. The legislature also took action to require nursing homes to disregard their waiting lists when admitting residents transferring from a nursing home that is closing, with certain exceptions, such as if the person transferring does not have a payor source because they have been denied Medicaid eligibility ([PA 24-17](#), effective upon passage, and [PA 24-141](#), § 2, effective July 1, 2024).

## **Public Assistance Programs**

### ***Deadline for Financial Records to Social Services Department***

This session, the legislature enacted a law that principally requires financial institutions to provide customer financial records to the DSS commissioner, or anyone deputized by her, within 20 calendar days after receiving a certificate signed by either. Prior law did not impose a specific deadline, but instead generally required anyone with information about someone’s eligibility for certain state aid, care, or child enforcement services (e.g., Medicaid long-term services and supports) to disclose it when presented with a signed certificate by, among others, the DSS commissioner or anyone deputized by her ([PA 24-84](#), effective October 1, 2024).

### ***Elderly Nutrition Program***

This session, the legislature passed a law making changes to the elderly nutrition program. Under the new law, ADS must develop a plan to streamline, among other things, the program’s eligibility and assessment forms. Additionally, the law requires each area agency on aging (AAA) to develop a



plan to minimize disruption to elderly nutrition program benefits when a provider leaves the program or program demand significantly increases.

The law also addresses program funding by requiring DSS and ADS to maximize supplemental nutrition assistance program (SNAP) benefits to support the elderly nutrition program. To do so, DSS and ADS must share requested information about individuals eligible for both programs and plan outreach to these people. It also requires ADS to provide additional elderly nutrition program funding to any AAA contracting with ADS to administer the program that provides documentation of having spent at least half of its initial funding under the contract. Subsequently, AAAs must transfer this funding to elderly nutrition program vendors within 30 days ([PA 24-99](#), effective July 1, 2024, except the provision on streamlining, which is effective upon passage).

### ***Family Resource Centers and Parent Education and Support Centers***

This session, the legislature expanded the scope of (1) State Department of Education family resource centers and (2) Department of Children and Families parent education and support centers to include resources, programs, and services for nonparent caretaker relatives (e.g., grandparents) and legal guardians. It also requires these centers to make referrals for parents, nonparent caretaker relatives, and legal guardians to community programs on childhood development and positive parenting practices ([PA 24-39](#), §§ 15 & 16, effective October 1, 2024).

### ***HUSKY C Income Limits***

HUSKY C provides Medicaid coverage for people who are at least age 65, blind, or living with a disability. A new law reduces a scheduled expansion in eligibility for the program. The HUSKY C income limit is currently based on the monthly cash benefit under a different program (Temporary Family Assistance (TFA)). Under prior law, the income limit would have increased on October 1, 2024, from 143% of the TFA monthly cash benefit (i.e., \$699 per month in 2024 for individuals) to 105% of the federal poverty level (FPL) (i.e., \$1,317 per month in 2024 for individuals) after income disregards. The law passed this year repeals this scheduled change and instead increases the income limit to 159% of the TFA cash benefit (i.e., \$778 per month in 2024 for individuals) ([PA 24-81](#), §§ 38 & 39, effective October 1, 2024, except the repealed section is effective upon passage).

### ***Municipal Agents for the Elderly***

By law, municipalities must appoint a municipal agent for the elderly to help seniors learn about community resources and file for benefits. This session, the legislature made the agents' duties mandatory and expanded them to include helping seniors access resources on housing

opportunities, including information on accessing elderly housing waiting lists, applications, and consumer reports.

This new law also requires the ADS commissioner, by January 1, 2025, to create a directory of these municipal agents that includes their names and titles, phone numbers, and email and mailing addresses. The commissioner must post a link to the directory on the ADS website ([PA 24-39](#), § 17, effective October 1, 2024).

### ***Renters' Rebate Program***

The state's renters' rebate program provides rent reimbursements for older or permanently disabled adults whose qualifying incomes do not exceed specified income thresholds. Under a new law, renters applying for this program have until September 30, rather than October 1, to submit their applications and may no longer apply to the Office of Policy and Management for an extension by November 15 ([PA 24-132](#), §§ 8 & 9, effective July 1, 2024).

## **Recovery of Assets**

### ***Assets of State Humane Institution Residents***

This year, the legislature passed a law prohibiting the Department of Administrative Services (DAS) from recovering from a deceased person's estate charges for the aid, care, or treatment that the person received in a state humane institution unless (1) recovery of the charges is required under federal law or (2) the billing rate for care in the institution was set using fraudulent information. The law also requires DAS to release any liens filed for recovery of charges prohibited under this law ([PA 24-81](#), §§ 25-30, effective July 1, 2024).

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