



House of Representatives

General Assembly

File No. 355

February Session, 2006

Substitute House Bill No. 5497

House of Representatives, April 4, 2006

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

AN ACT CONCERNING ACCESS TO THE LONG-TERM CARE OMBUDSMAN'S PROGRAM IN LONG-TERM CARE SETTINGS.

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

1 Section 1. (NEW) (*Effective October 1, 2006*) (a) As used in this
2 section:

3 (1) "Assisted living services agency" means an institution that
4 provides, among other things, nursing services and assistance with
5 activities of daily living to a population that is chronic and stable.

6 (2) "Managed residential community" means a facility consisting of
7 private residential units that provides a managed group living
8 arrangement, including housing and services for persons fifty-five
9 years of age or older.

10 (b) The administrator of any managed residential community,
11 served by an assisted living services agency, shall provide to each
12 resident, at the time of admission to such residential managed

13 community and to all current residents of such community, a written
 14 notice of the duties of the Office of the Long-Term Care Ombudsman,
 15 in a form and manner prescribed by the State Ombudsman. Such
 16 notice shall provide at a minimum: (1) A summary of the mission and
 17 statutory duties of the Office of the Long-Term Care Ombudsman, and
 18 (2) the name, address and telephone number of the ombudsman who
 19 serves the region in which such managed residential community is
 20 located. In addition, any assisted living services agency or managed
 21 residential community shall post or cause to be posted in a
 22 conspicuous place a notice, in a form and manner prescribed by the
 23 State Ombudsman, that at a minimum contains the information
 24 required by subdivisions (1) and (2) of this subsection.

25 (c) Any person who knowingly violates subsection (b) of this section
 26 may be assessed a civil penalty in an amount not to exceed two
 27 hundred fifty dollars. Any amount recovered shall be deposited in the
 28 General Fund and credited to the appropriation to the Department of
 29 Public Health and used by the department, to enforce the provisions of
 30 this section and to promote greater public awareness of the Office of
 31 the Long-Term Care Ombudsman, and the role of residents' advocates
 32 and private citizen advocacy groups.

33 (d) The Commissioner of Public Health, in consultation with the
 34 State Ombudsman, shall adopt regulations, in accordance with the
 35 provisions of chapter 54 of the general statutes, to implement the
 36 provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2006	New section

AGE *Joint Favorable Subst. C/R* PH
PH *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 07 \$	FY 08 \$
Department of Social Services	GF - See Below	None	None
Department of Public Health	GF - Revenue Gain & Cost	Potential Minimal	Potential Minimal

Municipal Impact: None

Explanation

This bill requires assisted living facilities and assisted living service agencies to inform residents and post notices concerning the services of the Long-Term Care Ombudsman Office, which is located in the Department of Social Services. Although such postings may lead to a workload increase to the Office, it is not expected to result in a direct fiscal impact.

The Department of Public Health will be able to adopt the required regulations without requiring additional resources. A potential minimal revenue gain would result to the extent that civil penalties of \$250 are collected from parties found in violation of the bill’s notification requirements. Any such payments would be credited to the department’s appropriation and expended to enforce the bill’s provisions and promote public awareness activities.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis

sHB 5497

AN ACT CONCERNING ACCESS TO THE LONG-TERM CARE OMBUDSMAN'S PROGRAM IN LONG-TERM CARE SETTINGS.

SUMMARY:

This bill requires assisted living facilities, known as managed residential communities (MRCs) to give each of their current and future residents a notice with information about the Long-Term Care Ombudsman Office' services and to post the same notice in a conspicuous location. It also requires assisted living services agencies (ALSAs) that provide the services to post the notice. The bill imposes a \$250 civil penalty for failure, specifies the purposes that collected penalties can be used for, and requires the Department of Public Health (DPH), in consultation with the State Ombudsman, to adopt implementing regulations.

EFFECTIVE DATE: October 1, 2006

NOTICE AND POSTING REQUIREMENTS

The bill requires the administrator of an MRC served by an ALSA to give each resident at the time of admission and all current residents a written notice about the duties of the Office of the Long-Term Care Ombudsman in a form and manner the state ombudsman prescribes. The notice must contain, at a minimum, (1) a summary of the office's mission and statutory duties and (2) the appropriate regional ombudsman's name, address, and phone number.

In addition, the ALSA or MRC must post or cause to be posted in a conspicuous place a notice with this same information.

PENALTY AND ITS USES

The bill imposes a \$250 civil penalty on anyone who knowingly violates its notice requirements. It requires amounts DPH recovers from the penalty to be deposited in the General Fund and credited to DPH, which must use it to (1) enforce the bill and (2) promote greater public awareness of the Long-Term Care Ombudsman Office and the role of residents' advocates and private citizen advocacy groups.

BACKGROUND

Long-Term Care Ombudsman Office and Assisted Living Pilot

PA 04-158 required the Office of the Long-Term Care Ombudsman, which previously was authorized only to help residents in nursing homes and residential care homes with complaints and advocate for them, to develop and implement a pilot program to provide assistance and education to residents of MRCs who receive services from a licensed ALSA.

Assisted Living and MRCs

Assisted living is primarily for people age 55 and older who do not need full nursing home services, but require some health care, nursing, or assistance with activities of daily living, such as dressing, eating, bathing, using the toilet, or transferring from a bed to a chair. Although people informally refer to an "assisted living facility," Connecticut statute does not generally use the term.

Instead, the state regulates "assisted living services." In Connecticut, only a state-licensed ALSA can provide such services. And the ALSA can provide these services only at an MRC. An MRC is not licensed but must meet the definition of an MRC in DPH regulations by providing certain "core services" to its residents, such as meals, housekeeping, laundry, maintenance, transportation, and social and recreational activities before it can engage an ALSA to provide services to residents. The MRC must provide residents with their own separate apartment with a full bath and access to food preparation facilities. In addition, the MRC must provide 24-hour security, emergency call systems in each living unit, washers and dryers, and common use space big enough to accommodate 50% of the

tenant population (Conn. Agencies. Regs. § 19-13-D105).

An MRC can apply to become an ALSA itself or contract with a licensed ALSA to provide the services at the MRC location. Assisted living services can be provided in a number of different settings, such as apartments, continuing care retirement communities, or other structured settings as long as the facility itself provides the basic services to qualify as an MRC.

COMMITTEE ACTION

Select Committee on Aging

Joint Favorable Substitute Change of Reference
Yea 12 Nay 0 (03/07/2006)

Public Health Committee

Joint Favorable
Yea 23 Nay 0 (03/17/2006)