



Senate

General Assembly

File No. 528

January Session, 2009

Substitute Senate Bill No. 841

Senate, April 8, 2009

The Committee on Government Administration and Elections reported through SEN. SLOSSBERG of the 14th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE DEPARTMENT ON AGING.

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

1 Section 1. Section 4-5 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2010*):

3 As used in sections 4-6, 4-7 and 4-8, the term "department head"
4 means Secretary of the Office of Policy and Management,
5 Commissioner of Administrative Services, Commissioner of Revenue
6 Services, Banking Commissioner, Commissioner of Children and
7 Families, Commissioner of Consumer Protection, Commissioner of
8 Correction, Commissioner of Economic and Community Development,
9 State Board of Education, Commissioner of Emergency Management
10 and Homeland Security, Commissioner of Environmental Protection,
11 Commissioner of Agriculture, Commissioner of Public Health,
12 Insurance Commissioner, Labor Commissioner, Liquor Control
13 Commission, Commissioner of Mental Health and Addiction Services,
14 Commissioner of Public Safety, Commissioner of Social Services,

15 Commissioner of Developmental Services, Commissioner of Motor
16 Vehicles, Commissioner of Transportation, Commissioner of Public
17 Works, Commissioner of Veterans' Affairs, Commissioner of Health
18 Care Access, Chief Information Officer, the chairperson of the Public
19 Utilities Control Authority, the executive director of the Board of
20 Education and Services for the Blind, the executive director of the
21 Connecticut Commission on Culture and Tourism, the Ombudsman
22 for Property Rights, [and] the executive director of the Office of
23 Military Affairs, and the Commissioner on Aging. As used in sections
24 4-6 and 4-7, "department head" also means the Commissioner of
25 Education.

26 Sec. 2. Section 17a-317 of the general statutes is repealed and the
27 following is substituted in lieu thereof (*Effective July 1, 2010*):

28 (a) Effective [July 1, 2008] July 1, 2010, there shall be established a
29 Department on Aging which shall be under the direction and
30 supervision of the Commissioner on Aging who shall be appointed by
31 the Governor in accordance with the provisions of sections 4-5 to 4-8,
32 inclusive, as amended by this act, with the powers and duties
33 prescribed in said sections. The commissioner shall be knowledgeable
34 and experienced with respect to the conditions and needs of elderly
35 persons and shall serve on a full-time basis.

36 (b) The Commissioner on Aging shall administer all laws under the
37 jurisdiction of the Department on Aging and shall employ the most
38 efficient and practical means for the provision of care and protection of
39 elderly persons. The commissioner shall have the power and duty to
40 do the following: (1) Administer, coordinate and direct the operation
41 of the department; (2) adopt and enforce regulations, in accordance
42 with chapter 54, as necessary to implement the purposes of the
43 department as established by statute; (3) establish rules for the internal
44 operation and administration of the department; (4) establish and
45 develop programs and administer services to achieve the purposes of
46 the department; (5) contract for facilities, services and programs to
47 implement the purposes of the department; (6) act as advocate for

48 necessary additional comprehensive and coordinated programs for
49 elderly persons; (7) assist and advise all appropriate state, federal, local
50 and area planning agencies for elderly persons in the performance of
51 their functions and duties pursuant to federal law and regulation; (8)
52 plan services and programs for elderly persons; (9) coordinate
53 outreach activities by public and private agencies serving elderly
54 persons; [and] (10) consult and cooperate with area and private
55 planning agencies; and (11) establish and maintain a toll-free telephone
56 number and an Internet web site in order to provide a single point of
57 access to information on services and resources available for elderly
58 persons.

59 (c) [The] In accordance with sections 4-38d, 4-38e and 4-39, all
60 functions, powers, duties and personnel of the Division of Elderly
61 Services of the Department of Social Services, or any subsequent
62 division or portion of a division with similar functions, powers,
63 personnel and duties, [shall be] are transferred to the Department on
64 Aging. [pursuant to the provisions of sections 4-38d, 4-38e and 4-39.] In
65 addition and in accordance with sections 4-38d, 4-38e and 4-39, the
66 functions, powers, duties and personnel of the Department of Social
67 Services under subsection (b) of section 17b-4, as amended by this act,
68 and sections 17b-342, as amended by this act, 17b-342a, as amended by
69 this act, 17b-349e, as amended by this act, 17b-365, as amended by this
70 act, 17b-366, as amended by this act, 17b-400 to 17b-417, inclusive, as
71 amended by this act, and 17b-427, as amended by this act, are
72 transferred to the Department on Aging. Whenever the words
73 "Department of Social Services", "department", "Commissioner of
74 Social Services" or "commissioner" are used in said sections, the words
75 "Department on Aging" or "Commissioner on Aging", whichever is
76 appropriate, are substituted in lieu thereof.

77 (d) The Department of Social Services shall continue to administer
78 programs under the jurisdiction of the Department on Aging until the
79 Commissioner on Aging is appointed and administrative staff is hired.

80 (e) The Governor may, with the approval of the Finance Advisory

81 Committee, transfer funds between the Department of Social Services
82 and the Department on Aging, pursuant to subsection (b) of section 4-
83 87, during the fiscal years ending June 30, 2011, and June 30, 2012.

84 [(d)] (f) Any order or regulation of the Department of Social Services
85 [or the Commission on Aging] that is in force on July 1, [2008] 2009,
86 shall continue in force and effect as an order or regulation until
87 amended, repealed or superseded pursuant to law.

88 Sec. 3. Section 17b-1 of the general statutes is repealed and the
89 following is substituted in lieu thereof (*Effective July 1, 2010*):

90 (a) There is established a Department of Social Services. The
91 department head shall be the Commissioner of Social Services, who
92 shall be appointed by the Governor in accordance with the provisions
93 of sections 4-5 to 4-8, inclusive, as amended by this act, with the
94 powers and duties therein prescribed.

95 (b) The Department of Social Services shall constitute a successor
96 department to the Department of Income Maintenance [] and the
97 Department of Human Resources [and the Department on Aging] in
98 accordance with the provisions of sections 4-38d and 4-39.

99 (c) Wherever the words "Commissioner of Income Maintenance" []
100 or "Commissioner of Human Resources" [or "Commissioner on
101 Aging"] are used in the general statutes, the words "Commissioner of
102 Social Services" shall be substituted in lieu thereof. Wherever the
103 words "Department of Income Maintenance" [] or "Department of
104 Human Resources" [or "Department on Aging"] are used in the general
105 statutes, "Department of Social Services" shall be substituted in lieu
106 thereof.

107 (d) [Any] Subject to the provisions of subsection (d) of section 17a-
108 317, as amended by this act, any order or regulation of the Department
109 of Income Maintenance, the Department of Human Resources or the
110 Department on Aging which is in force on July 1, 1993, shall continue
111 in force and effect as an order or regulation of the Department of Social

112 Services until amended, repealed or superseded pursuant to law.
113 Where any order or regulation of said departments conflict, the
114 Commissioner of Social Services may implement policies and
115 procedures consistent with the provisions of public act 93-262* while in
116 the process of adopting the policy or procedure in regulation form,
117 provided notice of intention to adopt the regulations is printed in the
118 Connecticut Law Journal within twenty days of implementation. The
119 policy or procedure shall be valid until the time final regulations are
120 effective.

121 Sec. 4. Subsection (b) of section 17b-4 of the general statutes is
122 repealed and the following is substituted in lieu thereof (*Effective July*
123 *1, 2010*):

124 (b) The Department [of Social Services] on Aging shall study
125 continuously the conditions and needs of elderly and aging persons in
126 this state in relation to nutrition, transportation, home-care, housing,
127 income, employment, health, recreation and other matters. It shall be
128 responsible in cooperation with federal, state, local and area planning
129 agencies on aging for the overall planning, development and
130 administration of a comprehensive and integrated social service
131 delivery system for elderly persons and the aged. The department
132 shall: (1) Measure the need for services; (2) survey methods of
133 administration of programs for service delivery; (3) provide for
134 periodic evaluations of social services; (4) maintain technical,
135 information, consultation and referral services in cooperation with
136 other state agencies to local and area public and private agencies to the
137 fullest extent possible; (5) develop and coordinate educational
138 outreach programs for the purposes of informing the public and
139 elderly persons of available programs; (6) cooperate in the
140 development of performance standards for licensing of residential and
141 medical facilities with appropriate state agencies; (7) supervise the
142 establishment, in selected areas and local communities of the state, of
143 pilot programs for elderly persons; (8) coordinate with the Department
144 of Transportation to provide adequate transportation services related
145 to the needs of elderly persons; and (9) cooperate with other state

146 agencies to provide adequate and alternate housing for elderly
147 persons, including congregate housing, as defined in section 8-119e.

148 Sec. 5. Subsection (c) of section 17b-337 of the general statutes is
149 repealed and the following is substituted in lieu thereof (*Effective July*
150 *1, 2010*):

151 (c) The Long-Term Care Planning Committee shall consist of: (1)
152 The chairpersons and ranking members of the joint standing and select
153 committees of the General Assembly having cognizance of matters
154 relating to human services, public health, elderly services and
155 long-term care; (2) the Commissioner of Social Services, or the
156 commissioner's designee; (3) one member of the Office of Policy and
157 Management appointed by the Secretary of the Office of Policy and
158 Management; (4) one member from the Department of Social Services
159 appointed by the Commissioner of Social Services; (5) one member
160 from the Department of Public Health appointed by the Commissioner
161 of Public Health; (6) one member from the Department of Economic
162 and Community Development appointed by the Commissioner of
163 Economic and Community Development; (7) one member from the
164 Office of Health Care Access appointed by the Commissioner of
165 Health Care Access; (8) one member from the Department of
166 Developmental Services appointed by the Commissioner of
167 Developmental Services; (9) one member from the Department of
168 Mental Health and Addiction Services appointed by the Commissioner
169 of Mental Health and Addiction Services; (10) one member from the
170 Department of Transportation appointed by the Commissioner of
171 Transportation; (11) one member from the Department of Children and
172 Families appointed by the Commissioner of Children and Families;
173 [and] (12) the executive director of the Office of Protection and
174 Advocacy for Persons with Disabilities or the executive director's
175 designee; and (13) the Commissioner on Aging, or the commissioner's
176 designee. The committee shall convene no later than ninety days after
177 June 4, 1998. Any vacancy shall be filled by the appointing authority.
178 The chairperson shall be elected from among the members of the
179 committee. The committee shall seek the advice and participation of

180 any person, organization or state or federal agency it deems necessary
181 to carry out the provisions of this section.

182 Sec. 6. Subsection (a) of section 17b-338 of the general statutes is
183 repealed and the following is substituted in lieu thereof (*Effective July*
184 *1, 2010*):

185 (a) There is established a Long-Term Care Advisory Council which
186 shall consist of the following: (1) The executive director of the
187 Commission on Aging, or the executive director's designee; (2) the
188 State Nursing Home Ombudsman, or the ombudsman's designee; (3)
189 the president of the Coalition of Presidents of Resident Councils, or the
190 president's designee; (4) the executive director of the Legal Assistance
191 Resource Center of Connecticut, or the executive director's designee;
192 (5) the state president of AARP, or the president's designee; (6) one
193 representative of a bargaining unit for health care employees,
194 appointed by the president of the bargaining unit; (7) the president of
195 the Connecticut Association of Not-For-Profit Providers for the Aging,
196 or the president's designee; (8) the president of the Connecticut
197 Association of Health Care Facilities, or the president's designee; (9)
198 the president of the Connecticut Association of Residential Care
199 Homes, or the president's designee; (10) the president of the
200 Connecticut Hospital Association or the president's designee; (11) the
201 executive director of the Connecticut Assisted Living Association or
202 the executive director's designee; (12) the executive director of the
203 Connecticut Association for Homecare or the executive director's
204 designee; (13) the president of Connecticut Community Care, Inc. or
205 the president's designee; (14) one member of the Connecticut
206 Association of Area Agencies on Aging appointed by the agency; (15)
207 the president of the Connecticut chapter of the Connecticut
208 Alzheimer's Association; (16) one member of the Connecticut
209 Association of Adult Day Centers appointed by the association; (17)
210 the president of the Connecticut Chapter of the American College of
211 Health Care Administrators, or the president's designee; (18) the
212 president of the Connecticut Council for Persons with Disabilities, or
213 the president's designee; (19) the president of the Connecticut

214 Association of Community Action Agencies, or the president's
215 designee; (20) a personal care attendant appointed by the speaker of
216 the House of Representatives; (21) the president of the Family Support
217 Council, or the president's designee; (22) a person who, in a home
218 setting, cares for a person with a disability and is appointed by the
219 president pro tempore of the Senate; (23) three persons with a
220 disability appointed one each by the majority leader of the House of
221 Representatives, the majority leader of the Senate and the minority
222 leader of the House of Representatives; (24) a legislator who is a
223 member of the Long-Term Care Planning Committee; [and] (25) one
224 member who is a nonunion home health aide appointed by the
225 minority leader of the Senate; and (26) the Commissioner on Aging, or
226 the commissioner's designee.

227 Sec. 7. Subsection (i) of section 17b-342 of the general statutes is
228 repealed and the following is substituted in lieu thereof (*Effective July*
229 *1, 2010*):

230 (i) (1) [On and after July 1, 1992, the] The Commissioner [of Social
231 Services] on Aging shall, within available appropriations, administer a
232 state-funded portion of the program for persons (A) who are sixty-five
233 years of age and older; (B) who are inappropriately institutionalized or
234 at risk of inappropriate institutionalization; (C) whose income is less
235 than or equal to the amount allowed under subdivision (3) of
236 subsection (a) of this section; and (D) whose assets, if single, do not
237 exceed the minimum community spouse protected amount pursuant
238 to Section 4022.05 of the [department's] Department of Social Services'
239 uniform policy manual or, if married, the couple's assets do not exceed
240 one hundred fifty per cent of said community spouse protected
241 amount and on and after April 1, 2007, whose assets, if single, do not
242 exceed one hundred fifty per cent of the minimum community spouse
243 protected amount pursuant to Section 4022.05 of the [department's]
244 Department of Social Services' uniform policy manual or, if married,
245 the couple's assets do not exceed two hundred per cent of said
246 community spouse protected amount.

247 (2) Any person whose income exceeds two hundred per cent of the
248 federal poverty level shall contribute to the cost of care in accordance
249 with the methodology established for recipients of medical assistance
250 pursuant to Sections 5035.20 and 5035.25 of the [department's]
251 Department of Social Services' uniform policy manual.

252 (3) On and after June 30, 1992, the program shall serve persons
253 receiving state-funded home and community-based services from the
254 department, persons receiving services under the promotion of
255 independent living for the elderly program operated by the
256 Department of Social Services, regardless of age, and persons receiving
257 services on June 19, 1992, under the home care demonstration project
258 operated by the Department of Social Services. Such persons receiving
259 state-funded services whose income and assets exceed the limits
260 established pursuant to subdivision (1) of this subsection may continue
261 to participate in the program, but shall be required to pay the total cost
262 of care, including case management costs.

263 (4) Services shall not be increased for persons who received services
264 under the promotion of independent living for the elderly program
265 over the limits in effect under said program in the fiscal year ending
266 June 30, 1992, unless a person's needs increase and the person is
267 eligible for Medicaid.

268 (5) The annualized cost of services provided to an individual under
269 the state-funded portion of the program shall not exceed fifty per cent
270 of the weighted average cost of care in nursing homes in the state,
271 except an individual who received services costing in excess of such
272 amount under the Department of Social Services in the fiscal year
273 ending June 30, 1992, may continue to receive such services, provided
274 the annualized cost of such services does not exceed eighty per cent of
275 the weighted average cost of such nursing home care. The
276 commissioner may allow the cost of services provided to an individual
277 to exceed the maximum cost established pursuant to this subdivision
278 in a case of extreme hardship, as determined by the commissioner,
279 provided in no case shall such cost exceed that of the weighted cost of

280 such nursing home care.

281 Sec. 8. Section 17b-342a of the general statutes is repealed and the
282 following is substituted in lieu thereof (*Effective July 1, 2010*):

283 (a) The Commissioner [of Social Services] on Aging shall, within
284 available appropriations, establish and operate a state-funded pilot
285 program to allow persons who are sixty-five years of age or older and
286 meet the eligibility requirements of the Connecticut home-care
287 program for the elderly established under section 17b-342, as amended
288 by this act, to receive personal care assistance provided such services
289 are cost effective as determined by the Commissioner [of Social
290 Services] on Aging. Persons who receive personal care assistance
291 services pursuant to the pilot program established by section 47 of
292 public act 00-2 of the June special session* shall be included as
293 participants of the pilot program established pursuant to this section.
294 Personal care assistance under the program may be provided by
295 nonspousal family members of the recipient of services under the
296 program.

297 (b) In conducting the pilot program, the commissioner or the
298 commissioner's agent (1) may require as a condition of participation
299 that participants in the pilot program disclose if a personal care
300 assistant is a nonspousal family member, (2) shall monitor the
301 provision of services under the pilot program, and (3) shall ensure the
302 cost-effectiveness of the pilot program.

303 (c) The commissioner shall establish the maximum allowable rate to
304 be paid for such services under the pilot program and may set a
305 separate lower rate for nonspousal family members providing services
306 as personal care assistants in the pilot program if deemed necessary by
307 the commissioner to ensure [cost effectiveness] cost-effectiveness of the
308 pilot program and to conduct the pilot program within available
309 appropriations.

310 [(d) Not later than January 1, 2007, the Commissioner of Social
311 Services shall submit a report on the pilot program to the joint

312 standing committees of the General Assembly having cognizance of
313 matters relating to appropriations and human services and to the select
314 committee of the General Assembly having cognizance of matters
315 relating to aging. The report shall include information on the quality of
316 services provided under the pilot program and shall be submitted in
317 accordance with section 11-4a.]

318 Sec. 9. Section 17b-349e of the general statutes is repealed and the
319 following is substituted in lieu thereof (*Effective July 1, 2010*):

320 (a) As used in this section:

321 (1) "Respite care services" means support services which provide
322 short-term relief from the demands of ongoing care for an individual
323 with Alzheimer's disease.

324 (2) "Caretaker" means a person who has the responsibility for the
325 care of an individual with Alzheimer's disease or has assumed the
326 responsibility for such individual voluntarily, by contract or by order
327 of a court of competent jurisdiction.

328 (3) "Copayment" means a payment made by or on behalf of an
329 individual with Alzheimer's disease for respite care services.

330 (4) "Individual with Alzheimer's disease" means an individual with
331 Alzheimer's disease or related disorders.

332 (b) The Commissioner [of Social Services] on Aging shall establish a
333 [demonstration] program, within available appropriations, to provide
334 respite care services for caretakers of individuals with Alzheimer's
335 disease, provided such individuals with Alzheimer's disease meet the
336 requirements set forth in subsection (c) of this section. Such respite
337 care services may include, but need not be limited to (1) homemaker
338 services; (2) adult day care; (3) temporary care in a licensed medical
339 facility; (4) home-health care; or (5) companion services. Such respite
340 care services may be administered directly by the department, or
341 through contracts for services with providers of such services, or by
342 means of direct subsidy to caretakers of individuals with Alzheimer's

343 disease to purchase such services.

344 (c) (1) No individual with Alzheimer's disease may participate in the
345 program if such individual (A) has an annual income of more than
346 thirty thousand dollars or liquid assets of more than eighty thousand
347 dollars, or (B) is receiving services under the Connecticut home-care
348 program for the elderly.

349 (2) No individual with Alzheimer's disease who participates in the
350 program may receive more than three thousand five hundred dollars
351 for services under the program in any fiscal year or receive more than
352 thirty days of out-of-home respite care services other than adult day
353 care services under the program in any fiscal year.

354 (3) The commissioner may require an individual with Alzheimer's
355 disease who participates in the program to pay a copayment for respite
356 care services under the program, except the commissioner may waive
357 such copayment upon demonstration of financial hardship by such
358 individual.

359 (d) The commissioner shall adopt regulations in accordance with the
360 provisions of chapter 54 to implement the provisions of this section.
361 Such regulations shall include, but need not be limited to (1) standards
362 for eligibility for respite care services; (2) the basis for priority in
363 receiving services; (3) qualifications and requirements of providers,
364 which shall include specialized training in Alzheimer's disease,
365 dementia and related disorders; (4) a requirement that providers
366 accredited by the Joint Commission on the Accreditation of Healthcare
367 Organizations, when available, receive preference in contracting for
368 services; (5) provider reimbursement levels; (6) limits on services and
369 cost of services; and (7) a fee schedule for copayments.

370 [(e) The Commissioner of Social Services may allocate any funds
371 appropriated in excess of five hundred thousand dollars for the
372 demonstration program among the five area agencies on aging
373 according to need, as determined by said commissioner.]

374 Sec. 10. Section 17b-365 of the general statutes is repealed and the
375 following is substituted in lieu thereof (*Effective July 1, 2010*):

376 [(a)] The Commissioner [of Social Services] on Aging may, within
377 available appropriations, establish and operate a pilot program to
378 allow individuals to receive assisted living services, provided by an
379 assisted living services agency licensed by the Department of Public
380 Health in accordance with chapter 368v. In order to be eligible for the
381 program, an individual shall: (1) Reside in a managed residential
382 community, as defined in section 19a-693; (2) be ineligible to receive
383 assisted living services under any other assisted living pilot program
384 established by the General Assembly; and (3) be eligible for services
385 under the Medicaid waiver portion of the Connecticut home-care
386 program for the elderly established under section 17b-342, as amended
387 by this act. The total number of individuals enrolled in said pilot
388 program, when combined with the total number of individuals
389 enrolled in the pilot program established pursuant to section 17b-366,
390 as amended by this act, shall not exceed seventy-five individuals. The
391 Commissioner [of Social Services] on Aging shall operate said pilot
392 program in accordance with the Medicaid rules established pursuant
393 to 42 USC 1396p(c), as from time to time amended.

394 [(b)] The pilot program established pursuant to this section may
395 begin operation on or after January 1, 2003. Not later than January 1,
396 2005, the Commissioner of Social Services shall report, in accordance
397 with section 11-4a, to the joint standing committees of the General
398 Assembly having cognizance of matters relating to public health,
399 human services, appropriations and the budgets of state agencies on
400 the pilot program.]

401 Sec. 11. Section 17b-366 of the general statutes is repealed and the
402 following is substituted in lieu thereof (*Effective July 1, 2010*):

403 [(a)] The Commissioner [of Social Services] on Aging may, within
404 available appropriations, establish and operate a pilot program to
405 allow individuals to receive assisted living services, provided by an
406 assisted living services agency licensed by the Department of Public

407 Health, in accordance with chapter 368v. In order to be eligible for the
408 pilot program, an individual shall: (1) Reside in a managed residential
409 community, as defined in section 19a-693; (2) be ineligible to receive
410 assisted living services under any other assisted living pilot program
411 established by the General Assembly; and (3) be eligible for services
412 under the state-funded portion of the Connecticut home-care program
413 for the elderly established under section 17b-342, as amended by this
414 act. The total number of individuals enrolled in said pilot program,
415 when combined with the total number of individuals enrolled in the
416 pilot program established pursuant to section 17b-365, as amended by
417 this act, shall not exceed seventy-five individuals. The Commissioner
418 [of Social Services] on Aging shall operate said pilot program in
419 accordance with the Medicaid rules established pursuant to 42 USC
420 1396p(c), as from time to time amended.

421 [(b) The pilot program established pursuant to this section may
422 begin operation on or after January 1, 2003. Not later than January 1,
423 2005, the Commissioner of Social Services shall report, in accordance
424 with section 11-4a, to the joint standing committees of the General
425 Assembly having cognizance of matters relating to public health,
426 human services, appropriations and the budgets of state agencies on
427 the pilot program.]

428 Sec. 12. Section 17b-400 of the general statutes is repealed and the
429 following is substituted in lieu thereof (*Effective July 1, 2010*):

430 (a) As used in this chapter:

431 (1) "State agency" means the [Division of Elderly Services of the
432 Department of Social Services] Department on Aging.

433 (2) "Office" means the Office of the Long-Term Care Ombudsman
434 established in this section.

435 (3) "State Ombudsman" means the State Ombudsman established in
436 this section.

437 (4) "Program" means the long-term care ombudsman program

438 established in this section.

439 (5) "Representative" includes a regional ombudsman, a residents'
440 advocate or an employee of the Office of the Long-Term Care
441 Ombudsman who is individually designated by the ombudsman.

442 (6) "Resident" means an older individual who resides in or is a
443 patient in a long-term care facility who is sixty years of age or older.

444 (7) "Long-term care facility" means any skilled nursing facility, as
445 defined in Section 1819(a) of the Social Security Act, (42 USC 1395i-
446 3(a)) any nursing facility, as defined in Section 1919(a) of the Social
447 Security Act, (42 USC 1396r(a)) a board and care facility as defined in
448 Section 102(19) of the federal Older Americans Act, (42 USC 3002(19))
449 and for purposes of ombudsman program coverage, an institution
450 regulated by the state pursuant to Section 1616(e) of the Social Security
451 Act, (42 USC 1382e(e)) and any other adult care home similar to a
452 facility or nursing facility or board and care home.

453 (8) "Commissioner" means the Commissioner [of Social Services] on
454 Aging.

455 [(9) "Director" means the director of the Division of Elderly Services
456 of the Department of Social Services.]

457 [(10)] (9) "Applicant" means an older individual who has applied for
458 admission to a long-term care facility.

459 (b) There is established an independent Office of the Long-Term
460 Care Ombudsman within the Department [of Social Services] on
461 Aging. The Commissioner [of Social Services] on Aging shall appoint a
462 State Ombudsman who shall be selected from among individuals with
463 expertise and experience in the fields of long-term care and advocacy
464 to head the office and the State Ombudsman shall appoint assistant
465 regional ombudsmen. In the event the State Ombudsman or an
466 assistant regional ombudsman is unable to fulfill the duties of the
467 office, the commissioner shall appoint an acting State Ombudsman and
468 the State Ombudsman shall appoint an acting assistant regional

469 ombudsman.

470 (c) Notwithstanding the provisions of subsection (b) of this section,
471 on and after July 1, 1990, the positions of State Ombudsman and
472 regional ombudsmen shall be classified service positions. The State
473 Ombudsman and regional ombudsmen holding said positions on said
474 date shall continue to serve in their positions as if selected through
475 classified service procedures. As vacancies occur in such positions
476 thereafter, such vacancies shall be filled in accordance with classified
477 service procedures.

478 Sec. 13. Section 17b-405 of the general statutes is repealed and the
479 following is substituted in lieu thereof (*Effective July 1, 2010*):

480 The regional ombudsmen shall, in accordance with the policies and
481 procedures established by the Office of the Long-Term Care
482 Ombudsman and the [director] commissioner:

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

485 (2) Ensure that residents in service areas have regular timely access
486 to representatives of the program and timely responses to complaints
487 and requests for assistance;

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

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

497 (5) (A) Review and, if necessary, comment on any existing and
498 proposed laws, regulations and other government policies and actions

499 that pertain to the rights and well-being of residents and applicants in
500 relation to their applications to long-term care facilities, and (B)
501 facilitate the ability of the public to comment on the laws, regulations,
502 policies and actions;

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

504 (7) Carry out other activities that the State Ombudsman determines
505 to be appropriate.

506 Sec. 14. Subsection (c) of section 17b-406 of the general statutes is
507 repealed and the following is substituted in lieu thereof (*Effective July*
508 *1, 2010*):

509 (c) The Commissioner [of Social Services] on Aging shall have
510 authority to seek funding for the purposes contained in this section
511 from public and private sources, including, but not limited to, any
512 federal or state funded programs.

513 Sec. 15. Section 17b-407 of the general statutes is repealed and the
514 following is substituted in lieu thereof (*Effective July 1, 2010*):

515 (a) Any physician or surgeon licensed under the provisions of
516 chapter 370, any resident physician or intern in any hospital in this
517 state, whether or not so licensed, and any registered nurse, licensed
518 practical nurse, medical examiner, dentist, optometrist, chiropractor,
519 podiatrist, social worker, clergyman, police officer, pharmacist,
520 physical therapist, long-term care facility administrator, nurse's aide or
521 orderly in a long-term care facility, any person paid for caring for a
522 patient in a long-term care facility, any staff person employed by a
523 long-term care facility and any person who is a sexual assault
524 counselor or a battered women's counselor as defined in section
525 52-146k who has reasonable cause to suspect or believe that a resident
526 in a long-term care facility has been abused, neglected, exploited or
527 abandoned, or is in a condition that is the result of such abuse, neglect,
528 exploitation or abandonment, shall, not later than seventy-two hours
529 after such suspicion or belief arose, report such information or cause a

530 report to be made in any reasonable manner to the Commissioner [of
531 Social Services] on Aging pursuant to chapter 319dd. Any person
532 required to report under the provision of this section who fails to make
533 such report within the prescribed time period shall be fined not more
534 than five hundred dollars, except that, if such person intentionally fails
535 to make such report within the prescribed time period, such person
536 shall be guilty of a class C misdemeanor for the first offense and a class
537 A misdemeanor for any subsequent offense.

538 (b) Such report shall contain the name and address of the long-term
539 care facility, the name of the involved resident, information regarding
540 the nature and extent of the abuse, neglect, exploitation or
541 abandonment and any other information which the reporter believes
542 might be helpful in an investigation of the case and for the protection
543 of the resident.

544 (c) Any other person having reasonable cause to believe that a
545 resident in a long-term care facility is being, or has been, abused,
546 neglected, exploited or abandoned, or any person who wishes to file
547 any other complaint regarding a long-term care facility, shall report
548 such information in accordance with subsection (b) of this section in
549 any reasonable manner to the Commissioner [of Social Services] on
550 Aging who shall inform the resident of the services of the Office of the
551 Long-Term Care Ombudsman.

552 (d) Such report or complaint shall not be deemed a public record,
553 and shall not be subject to the provisions of section 1-210. Information
554 derived from such reports or complaints for which reasonable grounds
555 are determined to exist after investigation as provided for in section
556 17b-408, including the identity of the long-term care facility, the
557 number of complaints received, the number of complaints
558 substantiated and the types of complaints, may be disclosed by the
559 Commissioner [of Social Services] on Aging, except that in no case
560 shall the name of the resident or the complainant be revealed, unless
561 such person specifically requests such disclosure or unless a judicial
562 proceeding results from such report or complaint.

563 (e) Any person who makes a report or complaint pursuant to this
564 section or who testifies in any administrative or judicial proceeding
565 arising from the report shall be immune from any civil or criminal
566 liability on account of such report or complaint or testimony, except
567 for liability for perjury, unless such person acted in bad faith or with
568 malicious purpose.

569 (f) Any person who is discharged or in any manner discriminated or
570 retaliated against for making, in good faith, a report or complaint
571 pursuant to this section shall be entitled to all remedies available
572 under law including, but not limited to, remedies available under
573 sections 19a-532 and 31-51m, as applicable.

574 (g) The person filing a report or complaint pursuant to the
575 provisions of this section shall be notified of the findings of any
576 investigation conducted by the Commissioner [of Social Services] on
577 Aging, upon request.

578 (h) The Commissioner [of Social Services] on Aging shall maintain a
579 registry of the reports received, the investigations made, the findings
580 and the actions recommended and taken.

581 Sec. 16. Section 17b-411 of the general statutes is repealed and the
582 following is substituted in lieu thereof (*Effective July 1, 2010*):

583 The Commissioner [of Social Services] on Aging, after consultation
584 with the State Ombudsman, shall adopt regulations in accordance with
585 the provisions of chapter 54, to carry out the provisions of sections
586 17b-400 to 17b-412, inclusive, as amended by this act, 19a-531 and
587 19a-532.

588 Sec. 17. Section 17b-412 of the general statutes is repealed and the
589 following is substituted in lieu thereof (*Effective July 1, 2010*):

590 The [director] commissioner shall require the State Ombudsman to:

591 (1) Prepare an annual report:

592 (A) Describing the activities carried out by the office in the year for
593 which the report is prepared;

594 (B) Containing and analyzing the data collected under section 17b-
595 413, as amended by this act;

596 (C) Evaluating the problems experienced by and the complaints
597 made by or on behalf of residents;

598 (D) Containing recommendations for (i) improving the quality of
599 the care and life of the residents, and (ii) protecting the health, safety,
600 welfare and rights of the residents;

601 (E) (i) Analyzing the success of the program including success in
602 providing services to residents of long-term care facilities; and (ii)
603 identifying barriers that prevent the optimal operation of the program;
604 and

605 (F) Providing policy, regulatory and legislative recommendations to
606 solve identified problems, to resolve the complaints, to improve the
607 quality of the care and life of residents, to protect the health, safety,
608 welfare and rights of residents and to remove the barriers that prevent
609 the optimal operation of the program.

610 (2) Analyze, comment on and monitor the development and
611 implementation of federal, state and local laws, regulations and other
612 government policies and actions that pertain to long-term care facilities
613 and services, and to the health, safety, welfare and rights of residents
614 in the state, and recommend any changes in such laws, regulations and
615 policies as the office determines to be appropriate.

616 (3) (A) Provide such information as the office determines to be
617 necessary to public and private agencies, legislators and other persons,
618 regarding (i) the problems and concerns of older individuals residing
619 in long-term care facilities; and (ii) recommendations related to the
620 problems and concerns; and (B) make available to the public and
621 submit to the federal assistant secretary for aging, the Governor, the
622 General Assembly, the Department of Public Health and other

623 appropriate governmental entities, each report prepared under
624 subdivision (1) of this section.

625 Sec. 18. Section 17b-427 of the general statutes is repealed and the
626 following is substituted in lieu thereof (*Effective July 1, 2010*):

627 (a) As used in this section:

628 (1) "CHOICES" means Connecticut's programs for health insurance
629 assistance, outreach, information and referral, counseling and
630 eligibility screening;

631 (2) "CHOICES health insurance assistance program" means the
632 federally recognized state health insurance assistance program funded
633 pursuant to P.L. 101-508 and administered by the Department [of
634 Social Services] on Aging, in conjunction with the area agencies on
635 aging and the Center for Medicare Advocacy, that provides free
636 information and assistance related to health insurance issues and
637 concerns of older persons and other Medicare beneficiaries in
638 Connecticut; and

639 (3) "Medicare organization" means any corporate entity or other
640 organization or group that contracts with the federal Centers for
641 Medicare and Medicaid Services to provide health care services to
642 Medicare beneficiaries in this state as an alternative to the traditional
643 Medicare fee-for-service plan.

644 (b) The Department [of Social Services] on Aging shall administer
645 the CHOICES health insurance assistance program, which shall be a
646 comprehensive Medicare advocacy program that provides assistance
647 to Connecticut residents who are Medicare beneficiaries. The program
648 shall: (1) Maintain a toll-free telephone number to provide advice and
649 information on Medicare benefits, including prescription drug benefits
650 available through the Medicare Part D program, the Medicare appeals
651 process, health insurance matters applicable to Medicare beneficiaries
652 and long-term care options available in the state at least five days per
653 week during normal business hours; (2) provide information, advice

654 and representation, where appropriate, concerning the Medicare
655 appeals process, by a qualified attorney or paralegal at least five days
656 per week during normal business hours; (3) prepare and distribute
657 written materials to Medicare beneficiaries, their families, senior
658 citizens and organizations regarding Medicare benefits, including
659 prescription drug benefits available through the Medicare Part D
660 program and long-term care options available in the state; (4) develop
661 and distribute a Connecticut Medicare consumers guide, after
662 consultation with the Insurance Commissioner and other organizations
663 involved in servicing, representing or advocating for Medicare
664 beneficiaries, which shall be available to any individual, upon request,
665 and shall include: (A) Information permitting beneficiaries to compare
666 their options for delivery of Medicare services; (B) information
667 concerning the Medicare plans available to beneficiaries, including the
668 traditional Medicare fee-for-service plan, Medicare Part D plans and
669 the benefits and services available through each plan; (C) information
670 concerning the procedure to appeal a denial of care and the procedure
671 to request an expedited appeal of a denial of care; (D) information
672 concerning private insurance policies and federal and state-funded
673 programs that are available to supplement Medicare coverage for
674 beneficiaries; (E) a worksheet for beneficiaries to use to evaluate the
675 various plans, including Medicare Part D programs; and (F) any other
676 information the program deems relevant to beneficiaries; (5)
677 collaborate with other state agencies and entities in the development of
678 consumer-oriented websites that provide information on Medicare
679 plans, including Medicare Part D plans, and long-term care options
680 that are available in the state; and (6) include any functions the
681 department deems necessary to conform to federal grant requirements.

682 (c) The Insurance Commissioner, in cooperation with, or on behalf
683 of, the Commissioner [of Social Services] on Aging, may require each
684 Medicare organization to: (1) Annually submit to the commissioner
685 any data, reports or information relevant to plan beneficiaries; and (2)
686 at any other times at which changes occur, submit information to the
687 commissioner concerning current benefits, services or costs to
688 beneficiaries. Such information may include information required

689 under section 38a-478c.

690 (d) Each Medicare organization that fails to file the annual data,
691 reports or information requested pursuant to subsection (c) of this
692 section shall pay a late fee of one hundred dollars per day for each day
693 from the due date of such data, reports or information to the date of
694 filing. Each Medicare organization that files incomplete annual data,
695 reports or information shall be so informed by the Insurance
696 Commissioner, shall be given a date by which to remedy such
697 incomplete filing and shall pay said late fee commencing from the new
698 due date.

699 (e) Not later than June 1, 2001, and annually thereafter, the
700 Insurance Commissioner, in conjunction with the Healthcare
701 Advocate, shall submit to the Governor and to the joint standing
702 committees of the General Assembly having cognizance of matters
703 relating to human services and insurance and to the select committee
704 of the General Assembly having cognizance of matters relating to
705 aging, a list of those Medicare organizations that have failed to file any
706 data, reports or information requested pursuant to subsection (c) of
707 this section.

708 (f) All hospitals, as defined in section 19a-490, which treat persons
709 covered by Medicare Part A shall: (1) Notify incoming patients covered
710 by Medicare of the availability of the services established pursuant to
711 subsection (b) of this section, (2) post or cause to be posted in a
712 conspicuous place therein the toll-free number established pursuant to
713 subsection (b) of this section, and (3) provide each Medicare patient
714 with the toll-free number and information on how to access the
715 CHOICES program.

716 Sec. 19. Section 17b-429 of the general statutes is repealed and the
717 following is substituted in lieu thereof (*Effective July 1, 2010*):

718 The Commissioner of Social Services, in consultation with the
719 Commissioner on Aging, shall, within available appropriations, make
720 information available to senior citizens and disabled persons

721 concerning any pharmaceutical company's drug program for indigent
722 persons by utilizing the ConnPACE program, the CHOICES health
723 insurance assistance program, as defined in section 17b-427, as
724 amended by this act, and Infoline of Connecticut to deliver such
725 information.

726 Sec. 20. Section 17b-421 of the general statutes is repealed and the
727 following is substituted in lieu thereof (*Effective July 1, 2010*):

728 The state shall be divided into five elderly planning and service
729 areas, in accordance with federal law and regulations, each having an
730 area agency on aging to carry out the mandates of the federal Older
731 Americans Act of 1965, as amended. The area agencies shall (1)
732 represent elderly persons within their geographic areas, (2) develop an
733 area plan for approval by the Department [of Social Services] on Aging
734 and upon such approval administer the plan, (3) coordinate and assist
735 local public and nonprofit, private agencies in the development of
736 programs, (4) receive and distribute federal and state funds for such
737 purposes, in accordance with applicable law, and (5) carry out any
738 additional duties and functions required by federal law and
739 regulations.

740 Sec. 21. Section 17b-422 of the general statutes is repealed and the
741 following is substituted in lieu thereof (*Effective July 1, 2010*):

742 (a) The Department [of Social Services] on Aging shall equitably
743 allocate, in accordance with federal law, federal funds received under
744 Title [IIIB and IIIC] III-B and III-C of the Older Americans Act to the
745 five area agencies on aging established pursuant to section 17b-421, as
746 amended by this act. The department, before seeking federal approval
747 to spend any amount above that allotted for administrative expenses
748 under said act, shall inform the joint standing committee of the
749 General Assembly having cognizance of matters relating to human
750 services that it is seeking such approval.

751 (b) Sixty per cent of the state funds appropriated to the five area
752 agencies on aging for elderly nutrition and social services shall be

753 allocated in the same proportion as allocations made pursuant to
754 subsection (a) of this section. Forty per cent of all state funds
755 appropriated to the five area agencies on aging for elderly nutrition
756 and social services used for purposes other than the required
757 nonfederal matching funds shall be allocated at the discretion of the
758 Commissioner [of Social Services] on Aging, in consultation with the
759 five area agencies on aging, based on their need for such funds. Any
760 state funds appropriated to the five area agencies on aging for
761 administrative expenses shall be allocated equally.

762 (c) The Department [of Social Services] on Aging, in consultation
763 with the five area agencies on aging, shall review the method of
764 allocation set forth in subsection (a) of this section and shall report any
765 findings or recommendations to the joint standing committees of the
766 General Assembly having cognizance of matters relating to
767 appropriations and the budgets of state agencies and human services.

768 (d) An area agency may request a person participating in the elderly
769 nutrition program to pay a voluntary fee for meals furnished, except
770 that no eligible person shall be denied a meal due to an inability to pay
771 such fee.

772 Sec. 22. Section 17b-423 of the general statutes is repealed and the
773 following is substituted in lieu thereof (*Effective July 1, 2010*):

774 (a) The Department [of Social Services] on Aging shall prepare and
775 routinely update a community services policy manual. The pages of
776 such manual shall be consecutively numbered and indexed, containing
777 all departmental policy regulations and substantive procedure. Such
778 manual shall be published by the department and distributed so that it
779 is available to all district, subdistrict and field offices of the
780 Department of Social Services. The Department [of Social Services] on
781 Aging shall adopt such policy manual in regulation form in accordance
782 with the provisions of chapter 54. The department may operate under
783 any new policy necessary to conform to a requirement of a federal or
784 joint state and federal program. The department may operate under
785 any new policy while it is in the process of adopting the policy in

786 regulation form, provided the Department [of Social Services] on
787 Aging prints notice of intent to adopt the regulations in the
788 Connecticut Law Journal within twenty days after adopting the policy.
789 Such policy shall be valid until the time final regulations are effective.

790 (b) The Department [of Social Services] on Aging shall write the
791 community services policy manual using plain language as described
792 in section 42-152. The manual shall include an index for frequent
793 referencing and a separate section or manual which specifies
794 procedures to follow to clarify policy.

795 Sec. 23. Section 17b-424 of the general statutes is repealed and the
796 following is substituted in lieu thereof (*Effective July 1, 2010*):

797 The Commissioner [of Social Services] on Aging shall establish an
798 adult foster care program which shall provide room, board and
799 personal care services in a home or substantially equivalent
800 environment to elderly persons who volunteer and may otherwise be
801 placed in a nursing home or who are inappropriately institutionalized.
802 The commissioner shall adopt regulations, in accordance with the
803 provisions of chapter 54, to administer this program.

804 Sec. 24. Section 17b-425 of the general statutes is repealed and the
805 following is substituted in lieu thereof (*Effective July 1, 2010*):

806 The Department [of Social Services] on Aging may make a grant to
807 any city, town or borough or public or private agency, organization or
808 institution for the following purposes: (a) For community planning
809 and coordination of programs carrying out the purposes of the Older
810 Americans Act of 1965, as amended; (b) for demonstration programs or
811 activities particularly valuable in carrying out such purposes; (c) for
812 training of special personnel needed to carry out such programs and
813 activities; (d) for establishment of new or expansion of existing
814 programs to carry out such purposes, including establishment of new
815 or expansion of existing centers of service for elderly persons,
816 providing recreational, cultural and other leisure time activities, and
817 informational, transportation, referral and preretirement and

818 postretirement counseling services for elderly persons and assisting
819 such persons in providing volunteer community or civic services,
820 except that no costs of construction, other than for minor alterations
821 and repairs, shall be included in such establishment or expansion; (e)
822 for programs to develop or demonstrate approaches, methods and
823 techniques for achieving or improving coordination of community
824 services for elderly or aging persons and such other programs and
825 services as may be allowed under Title III of the Older Americans Act
826 of 1965, as amended, or to evaluate these approaches, techniques and
827 methods, as well as others which may assist elderly or aging persons
828 to enjoy wholesome and meaningful living and to continue to
829 contribute to the strength and welfare of the state and nation.

830 Sec. 25. Section 17b-426 of the general statutes is repealed and the
831 following is substituted in lieu thereof (*Effective July 1, 2010*):

832 The Department [of Social Services] on Aging may use moneys
833 appropriated for the purposes of section 17b-425, as amended by this
834 act, for the expenses of administering the grant program under said
835 section, provided the total of such moneys so used shall not exceed
836 five per cent of the moneys so appropriated.

837 Sec. 26. Subsection (a) of section 17b-792 of the general statutes is
838 repealed and the following is substituted in lieu thereof (*Effective July*
839 *1, 2010*):

840 (a) The Department [of Social Services] on Aging shall be
841 responsible for the administration of programs which provide
842 nutritionally sound diets to needy elderly persons and for the
843 expansion of such programs when possible. Such programs shall be
844 continued in such a manner as to fully utilize congregate feeding and
845 nutrition education of elderly citizens who qualify for such program.

846 Sec. 27. Section 17b-413 of the general statutes is repealed and the
847 following is substituted in lieu thereof (*Effective July 1, 2010*):

848 The [state agency] Commissioner on Aging shall establish a state-

849 wide uniform system to: (1) [Collect and] Document reports received,
 850 the investigations made, the findings and the actions recommended
 851 and taken; (2) analyze data relating to complaints and conditions in
 852 long-term care facilities and to residents for the purpose of identifying
 853 and resolving significant problems; and [(2)] (3) submit the data, on a
 854 regular basis to: (A) The Department of Public Health; (B) other state
 855 and federal entities that the State Ombudsman determines to be
 856 appropriate; [and] (C) the National Ombudsman Resource Center,
 857 established in Section 202(a)(21) of the federal Older Americans Act of
 858 1965, as amended from time to time; and (D) the Department of Social
 859 Services.

| | | |
|---|--------------|------------|
| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | July 1, 2010 | 4-5 |
| Sec. 2 | July 1, 2010 | 17a-317 |
| Sec. 3 | July 1, 2010 | 17b-1 |
| Sec. 4 | July 1, 2010 | 17b-4(b) |
| Sec. 5 | July 1, 2010 | 17b-337(c) |
| Sec. 6 | July 1, 2010 | 17b-338(a) |
| Sec. 7 | July 1, 2010 | 17b-342(i) |
| Sec. 8 | July 1, 2010 | 17b-342a |
| Sec. 9 | July 1, 2010 | 17b-349e |
| Sec. 10 | July 1, 2010 | 17b-365 |
| Sec. 11 | July 1, 2010 | 17b-366 |
| Sec. 12 | July 1, 2010 | 17b-400 |
| Sec. 13 | July 1, 2010 | 17b-405 |
| Sec. 14 | July 1, 2010 | 17b-406(c) |
| Sec. 15 | July 1, 2010 | 17b-407 |
| Sec. 16 | July 1, 2010 | 17b-411 |
| Sec. 17 | July 1, 2010 | 17b-412 |
| Sec. 18 | July 1, 2010 | 17b-427 |
| Sec. 19 | July 1, 2010 | 17b-429 |
| Sec. 20 | July 1, 2010 | 17b-421 |
| Sec. 21 | July 1, 2010 | 17b-422 |
| Sec. 22 | July 1, 2010 | 17b-423 |
| Sec. 23 | July 1, 2010 | 17b-424 |
| Sec. 24 | July 1, 2010 | 17b-425 |

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 10 \$ |
|---------------------|--------------|----------|
| Department on Aging | GF - Savings | 449,100 |

Municipal Impact: None

Explanation

This bill delays the implementation of the Department on Aging from July 1, 2009 until July 1, 2010. This results in a savings of \$449,100 in FY 10. The bill makes further clarifications concerning the duties of the department. There is no direct fiscal impact from these provisions.

The Out Years

None

Source: Agency current service budget request

OLR Bill Analysis**SB 841****AN ACT CONCERNING THE STATE DEPARTMENT ON AGING****SUMMARY:**

This bill postpones the reestablishment of a state Department on Aging by two years, from July 1, 2008 to July 1, 2010. It delays the transfer to the new department the functions, powers, duties, and personnel of the Department of Social Services' (DSS) Division of Elderly Services or any successor division or portion of a division.

The bill transfers additional programs on July 1, 2010. These include the Long-Term Care Ombudsman Office, the federal Older Americans Act funding for the area agencies on aging, the Statewide Alzheimer's Respite Program, the state-funded portion of the Connecticut Homecare Program for Elders (CHCPE), two private assisted living pilot programs, the state-funded personal care assistance (PCA) pilot program, health insurance counseling, administration of state grants for elderly community services and programs, elderly nutrition, and adult foster care.

The bill also makes several technical and conforming changes.

EFFECTIVE DATE: July 1, 2010

§§ 1 & 2 — ESTABLISHMENT OF DEPARTMENT AND COMMISSIONER'S DUTIES

The bill postpones the reestablishment of the Department on Aging until July 1, 2010. It requires DSS to continue to administer programs under the Aging Department's jurisdiction until the governor appoints a commissioner and administrative staff are hired. It specifies that any DSS order in effect on July 1, 2009 will remain effective until amended, repealed, or superseded by law.

The bill allows the governor, with approval of the Finance Advisory Committee, to transfer funds between DSS and the Aging Department during FY 11 and FY 12 to implement this re-establishment.

It adds the Aging Department commissioner to the statutory list of executive department heads. It also expands the commissioner's powers and duties, requiring that he establish and maintain a toll-free telephone number and Internet website to provide a single access point for individuals to access information on elderly services and resources.

§§ 2 & 4 — COORDINATION, STUDY, ASSESSMENT, AND MONITORING DUTIES

The bill transfers from DSS to the Aging Department the requirement that it continuously study the conditions and needs of the elderly for nutrition, transportation, home-care, housing, income, employment, health, recreation, and other matters. It also makes the Aging Department responsible for overall planning, development, and administration of a comprehensive and integrated social service delivery system for the elderly. The department must do this in cooperation with federal, state, local, and area planning agencies on aging. Specifically, it must:

1. measure the need for services;
2. survey ways to administer service delivery programs;
3. periodically evaluate social services;
4. maintain technical, information, consultation, and referral services, in cooperation with other state agencies, for local and area public and private agencies to the fullest extent possible;
5. develop and coordinate educational outreach programs that inform the public about available programs;
6. cooperate with appropriate state agencies in developing performance standards for licensing residential and medical care facilities;

7. supervise the establishment of pilot programs for the elderly in selected communities;
8. coordinate with the Department of Transportation to provide adequate elderly transportation services; and
9. cooperate with other state agencies to provide adequate alternate elderly housing, including congregate housing (CGS § 17b-4 (b)).

§§ 2, 8-11, 20-26 —TRANSFER OF CERTAIN DSS FUNCTIONS

The bill substitutes the Aging commissioner and the Aging Department for the DSS commissioner and DSS in a number of statutes in order to transfer certain functions and responsibilities. Specifically, it:

1. transfers to the Aging Department the administration of (a) the state-funded PCA pilot program and (b) the state's two private assisted living pilot programs (one Medicaid and one purely state-funded);
2. requires (a) the state's five area agencies on aging (AAAs) to submit their area plans to the Aging Department and (b) the department to allocate federal Older Americans Act (OAA) funds to the AAAs;
3. requires the Aging Department commissioner to consult with the five AAAs, review the method for allocating OAA funds, and report any findings and recommendations to the Appropriations and Human Services committees;
4. requires the Aging Department to prepare and routinely update a community services policy manual;
5. gives the Aging Department commissioner authority over the adult foster care program;
6. transfers responsibility for elderly nutrition programs;

7. transfers administration of the state's Alzheimer's respite program and eliminates the DSS commissioner's current authority to allocate funds over \$500,000 for the program to the five AAAs; and
8. transfers authority to award state grants for community services and programs for the elderly and allows use of up to 5% of these grant funds toward related administrative expenses.

The bill also removes obsolete reporting requirements pertaining to the PCA pilot program and the private assisted living pilot programs.

§§ 2, 12–14, 17 — LONG-TERM CARE OMBUDSMAN

The bill requires the Aging Department commissioner, instead of the DSS commissioner, to appoint the Long-term Care Ombudsman, and moves the ombudsman's office from DSS to the Aging Department (see BACKGROUND). It also makes other technical and conforming changes related to this transfer.

§ 7 — CONNECTICUT HOMECARE PROGRAM FOR ELDERLY (CHCPE)

CHCPE is a Medicaid waiver and state-funded program that provides home and community based services for qualifying individuals age 65 and older who are at risk of institutionalization. The bill transfers administration of the program's state-funded portion from DSS to the Aging Department. Currently, the DSS Division of Medical Care Administration's Alternate Care Unit administers both portions of the program. (Federal law requires Medicaid waiver programs to be administered by the state's Medicaid agency, DSS; thus the bill only transfers the program's state-funded portion to the Aging Department.)

It also makes technical and conforming changes to specify that the state-funded program's asset and cost-sharing requirements are still based on the established methodology in DSS's uniform policy manual.

§ 15 — REPORTING OF ELDERLY ABUSE

The bill requires mandated reporters of elder abuse, neglect, exploitation, and abandonment in long-term care facilities to report within 72 hours to the Aging Department commissioner instead of the DSS commissioner. It requires non-mandated reporters and other individuals wishing to file any other complaint about a long-term care facility to also report to the Aging Department commissioner instead of the DSS commissioner. The Aging Department commissioner must then inform the resident of the services provided by the Office of the Long-Term Care Ombudsman. This is currently required of the DSS commissioner.

The bill also transfers to the Aging Department commissioner, the DSS commissioner's authority to disclose certain information derived from these reports. Current law allows the DSS commissioner to disclose the name of the long-term care facility and the number and types of substantiated complaints. But, he cannot reveal the identity of the resident or complainant unless the individual authorizes it or a court proceeding results from the report. If an investigation is conducted, the bill requires the Aging Department commissioner, instead of the DSS commissioner, to notify the complainant of the investigation results.

The bill also transfers, from the DSS commissioner to the Aging Department commissioner, the requirement that he keep a statewide registry of the reports, evaluations, and actions taken.

§§ 12 & 18 — CHOICES PROGRAM

The bill gives the Aging Department authority over DSS's health insurance counseling and assistance program, CHOICES. (CHOICES stands for Connecticut's programs for Health insurance assistance, Outreach, Information and referral, Counseling and Eligibility Screening.) The program provides seniors with health insurance information and counseling; information on Medicare plans, including Medicare Part D plans; and available long-term care options.

The bill also allows the Insurance commissioner to require Medicare organizations to submit certain information to him on behalf of or in cooperation with the Aging Department commissioner instead of the DSS commissioner. Current law allows the Insurance commissioner to require Medicare organizations to submit data, reports, or information relevant to plan beneficiaries. These reports must be submitted annually or whenever there is a change in benefits, services, or costs to beneficiaries.

§ 19 — LOW-INCOME PHARMACEUTICAL DRUG PROGRAMS

Current law requires the DSS commissioner to disseminate information to elderly and disabled individuals about any pharmaceutical company's drug program for low-income people. Information must be disseminated through the ConnPACE and CHOICES programs and the Connecticut Infoline. The bill requires the DSS commissioner to do this in consultation with the Aging Department commissioner.

§§ 5 & 6 — LONG-TERM CARE PLANNING COMMITTEE AND ADVISORY COUNCIL CHANGE IN MEMBERSHIP

The bill adds the Aging Department commissioner, or his or her designee, to the Long-term Care Planning Committee and the Long-Term Care Advisory Council.

By law, the Long-term Care Planning Committee is composed of representatives from executive agencies and legislators. It is responsible for (1) exchanging information on long-term care issues, coordinating long-term care policy development, (2) establishing a statewide long-term care plan and revising it every three years, and (3) studying related issues.

By law, the Long-term Care Advisory Council advises the Long-term Care Planning Committee and is composed of long-term care providers and consumer advocates.

§ 16 — REGULATIONS

The bill authorizes the Aging Department commissioner instead of

the DSS commissioner, to adopt regulations concerning (1) the Long-Term Care Ombudsman program, (2) elder abuse reports, (3) violations of advance notice prohibitions for nursing home inspections, and (4) discrimination against nursing home residents who lodge complaints.

§ 27 — STATEWIDE UNIFORM DATA SYSTEM

Current law requires DSS to establish a statewide uniform system to:

1. collect and analyze data relating to complaints and conditions in long-term care facilities and to residents to identify and resolve significant problems, and
2. submit the data, on a regular basis, to DPH, other appropriate state and federal entities determined by the state ombudsman, the National Ombudsman Resource Center, and DSS.

The bill transfers this responsibility to the Aging Department commissioner. It also requires the statewide uniform system to document reports received, investigations made, and actions recommended and taken. (It is unclear to which reports, investigations, and actions the bill is referring.) The bill requires the commissioner only to analyze, not collect data, as DSS must currently do, on complaints, conditions, and residents in long-term facilities.

BACKGROUND

Department on Aging

Connecticut disbanded its Department on Aging in 1993 and merged most of its functions and personnel into DSS as the Division of Elderly Services. (This DSS division was renamed the Aging Services Division several years ago.) In 2005, the legislature reestablished the department as of January 1, 2007, but PA 07-2, JSS postponed the reestablishment date from July 1, 2007 to July 1, 2008.

Long-Term Care Ombudsman

The state's Long-Term Care Ombudsman's Office provides services

to protect the health, safety, welfare, and rights of individuals age 60 or older who reside or are patients in a long-term care facility. It offers information to consumers and providers, monitors state and federal laws and regulations, and make recommendations for improvement. Specifically, it:

1. receives and investigates complaints and assists residents in resolving problems;
2. represents residents’ interests before government agencies and seeks administrative, legal, and other remedies;
3. identifies and seeks to remedy gaps in facility, government, or community services;
4. establishes and operates ombudsman programs in Connecticut under the federal 1965 Older Americans Act (P.L. 89-73 §§ 711 to 713);
5. trains regional ombudsmen and residents’ advocates; and
6. coordinates ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses.

One state and nine regional ombudsmen carry out these duties, assisted by over 60 volunteers.

COMMITTEE ACTION

Select Committee on Aging

Joint Favorable Substitute Change of Reference
Yea 11 Nay 0 (03/05/2009)

Government Administration and Elections Committee

Joint Favorable Substitute
Yea 14 Nay 0 (03/20/2009)