



General Assembly

February Session, 2010

**Raised Bill No. 5113**

LCO No. 829

\*00829\_\_\_\_\_AGE\*

Referred to Committee on Select Committee on Aging

Introduced by:  
(AGE)

**AN ACT CONCERNING BILLING FOR SERVICES COVERED BY  
LONG-TERM CARE INSURANCE BY MANAGED RESIDENTIAL  
COMMUNITIES.**

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

1 Section 1. Section 19a-694 of the 2010 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective July 1, 2010*):

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

5 (1) Provide a written residency agreement to each resident in  
6 accordance with section 19a-700;

7 (2) Afford residents the ability to access services provided by an  
8 assisted living services agency. Such services shall be provided in  
9 accordance with a service plan developed in accordance with section  
10 19a-699;

11 (3) Upon the request of a resident, arrange, in conjunction with the  
12 assisted living services agency, for the provision of ancillary medical  
13 services on behalf of a resident, including physician and dental

14 services, pharmacy services, restorative physical therapies, podiatry  
15 services, hospice care and home health agency services, provided the  
16 ancillary medical services are not administered by employees of the  
17 managed residential community, unless the resident chooses to receive  
18 such services;

19 (4) Provide a formally established security program for the  
20 protection and safety of residents that is designed to protect residents  
21 from intruders;

22 (5) Afford residents the rights and privileges guaranteed under title  
23 47a; [and]

24 (6) Comply with the provisions of subsection (c) of section 19-13-  
25 D105 of the regulations of Connecticut state agencies; [.] and

26 (7) Upon the request of a resident who has a long-term care  
27 insurance policy, assist such resident with preparing and submitting  
28 claims for benefits to the insurer.

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

32 Sec. 2. Subsection (a) of section 38a-501 of the general statutes is  
33 repealed and the following is substituted in lieu thereof (*Effective July*  
34 *1, 2010*):

35 (a) (1) As used in this section, "long-term care policy" means any  
36 individual health insurance policy, delivered or issued for delivery to  
37 any resident of this state on or after July 1, 1986, which is designed to  
38 provide, within the terms and conditions of the policy, benefits on an  
39 expense-incurred, indemnity or prepaid basis for necessary care or  
40 treatment of an injury, illness or loss of functional capacity provided  
41 by a certified or licensed health care provider in a setting other than an  
42 acute care hospital, for at least one year after an elimination period (1)  
43 not to exceed one hundred days of confinement, or (2) of over one

44 hundred days but not to exceed two years of confinement, provided  
45 such period is covered by an irrevocable trust in an amount estimated  
46 to be sufficient to furnish coverage to the grantor of the trust for the  
47 duration of the elimination period. Such trust shall create an  
48 unconditional duty to pay the full amount held in trust exclusively to  
49 cover the costs of confinement during the elimination period, subject  
50 only to taxes and any trustee's charges allowed by law. Payment shall  
51 be made directly to the provider. The duty of the trustee may be  
52 enforced by the state, the grantor or any person acting on behalf of the  
53 grantor. A long-term care policy shall provide benefits for confinement  
54 in a nursing home or confinement in the insured's own home or both.  
55 Any additional benefits provided shall be related to long-term  
56 treatment of an injury, illness or loss of functional capacity. "Long-term  
57 care policy" shall not include any such policy which is offered  
58 primarily to provide basic Medicare supplement coverage, basic  
59 medical-surgical expense coverage, hospital confinement indemnity  
60 coverage, major medical expense coverage, disability income  
61 protection coverage, accident only coverage, specified accident  
62 coverage or limited benefit health coverage.

63 (2) (A) No insurance company, fraternal benefit society, hospital  
64 service corporation, medical service corporation or health care center  
65 delivering, issuing for delivery, renewing, continuing or amending any  
66 long-term care policy in this state may refuse to accept or make  
67 reimbursement pursuant to a claim for benefits submitted by or  
68 prepared with the assistance of a managed residential community, as  
69 defined in section 19a-693, in accordance with subdivision (7) of  
70 subsection (a) of section 19a-694, solely because such claim for benefits  
71 was submitted by or prepared with the assistance of a managed  
72 residential community.

73 (B) Each insurance company, fraternal benefit society, hospital  
74 service corporation, medical service corporation or health care center  
75 delivering, issuing for delivery, renewing, continuing or amending any  
76 long-term care policy in this state shall provide a copy of the

77 acceptance or declination of a claim for benefits submitted by or  
78 prepared with the assistance of a managed residential community, as  
79 defined in section 19a-693, in accordance with subdivision (7) of  
80 subsection (a) of section 19a-694, to such managed residential  
81 community.

82 Sec. 3. Subsection (a) of section 38a-528 of the general statutes is  
83 repealed and the following is substituted in lieu thereof (*Effective July*  
84 *1, 2010*):

85 (a) (1) As used in this section, "long-term care policy" means any  
86 group health insurance policy or certificate delivered or issued for  
87 delivery to any resident of this state on or after July 1, 1986, which is  
88 designed to provide, within the terms and conditions of the policy or  
89 certificate, benefits on an expense-incurred, indemnity or prepaid basis  
90 for necessary care or treatment of an injury, illness or loss of functional  
91 capacity provided by a certified or licensed health care provider in a  
92 setting other than an acute care hospital, for at least one year after a  
93 reasonable elimination period. A long-term care policy shall provide  
94 benefits for confinement in a nursing home or confinement in the  
95 insured's own home or both. Any additional benefits provided shall be  
96 related to long-term treatment of an injury, illness or loss of functional  
97 capacity. "Long-term care policy" shall not include any such policy or  
98 certificate which is offered primarily to provide basic Medicare  
99 supplement coverage, basic medical-surgical expense coverage,  
100 hospital confinement indemnity coverage, major medical expense  
101 coverage, disability income protection coverage, accident only  
102 coverage, specified accident coverage or limited benefit health  
103 coverage.

104 (2) (A) No insurance company, fraternal benefit society, hospital  
105 service corporation, medical service corporation or health care center  
106 delivering, issuing for delivery, renewing, continuing or amending any  
107 long-term care policy in this state may refuse to accept or make  
108 reimbursement pursuant to a claim for benefits submitted by or

109 prepared with the assistance of a managed residential community, as  
110 defined in section 19a-693, in accordance with subdivision (7) of  
111 subsection (a) of section 19a-694, solely because such claim for benefits  
112 was submitted by or prepared with the assistance of a managed  
113 residential community.

114 (B) Each insurance company, fraternal benefit society, hospital  
115 service corporation, medical service corporation or health care center  
116 delivering, issuing for delivery, renewing, continuing or amending any  
117 long-term care policy in this state shall provide a copy of the  
118 acceptance or declination of a claim for benefits submitted by or  
119 prepared with the assistance of a managed residential community, as  
120 defined in section 19a-693, in accordance with subdivision (7) of  
121 subsection (a) of section 19a-694, to such managed resident  
122 community.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2010</i>	19a-694
Sec. 2	<i>July 1, 2010</i>	38a-501(a)
Sec. 3	<i>July 1, 2010</i>	38a-528(a)

**Statement of Purpose:**

To require managed residential communities, upon request, to assist residents with the preparation or submission of claims for benefits under long-term care insurance policies.

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