



General Assembly

February Session, 2012

Raised Bill No. 5214

LCO No. 228

* _____HB05214AGE___030812_____*

Referred to Committee on Aging

Introduced by:
(AGE)

AN ACT CONCERNING THE LEGISLATIVE COMMISSIONERS' RECOMMENDATIONS FOR TECHNICAL CORRECTIONS TO REFERENCES TO THE AGING COMMITTEE AS A SELECT COMMITTEE IN THE GENERAL STATUTES.

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

1 Section 1. Subsection (c) of section 3-123aa of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective from*
3 *passage*):

4 (c) There is established an advisory committee to the Connecticut
5 Homecare Option Program for the Elderly, which shall consist of the
6 State Treasurer, the Comptroller, the Commissioner of Social Services,
7 a representative of the Commission on Aging, the director of the long-
8 term care partnership policy program within the Office of Policy and
9 Management, and the cochairpersons and ranking members of the
10 joint standing committees of the General Assembly having cognizance
11 of matters relating to aging, human services and finance, revenue and
12 bonding, [and the cochairpersons and ranking members of the select
13 committee having cognizance of matters relating to aging,] or their
14 designees. The Governor shall appoint one provider of home care

15 services for the elderly and a physician specializing in geriatric care.
16 The advisory committee shall meet at least annually. The State
17 Comptroller shall convene the meetings of the committee.

18 Sec. 2. Subsection (b) of section 8-119n of the general statutes is
19 repealed and the following is substituted in lieu thereof (*Effective from*
20 *passage*):

21 (b) Not later than January 1, 1999, the manager of the congregate
22 housing facility in the town of Norwich in which said pilot program is
23 operated, shall submit a report [to the select committee of the General
24 Assembly having cognizance of matters relating to aging, and] to the
25 joint standing committees of the General Assembly having cognizance
26 of matters relating to aging, human services and appropriations. Said
27 report shall analyze the strengths and shortcomings of the pilot
28 program and shall include data on (1) the number of clients served by
29 the program, (2) the number and type of services offered under the
30 program, and (3) the monthly cost per client under the program.

31 Sec. 3. Subsection (c) of section 17b-339 of the general statutes is
32 repealed and the following is substituted in lieu thereof (*Effective from*
33 *passage*):

34 (c) Not later than January 1, 2010, and annually thereafter, the
35 committee shall submit a report on its activities to the joint standing
36 committees of the General Assembly having cognizance of matters
37 relating to aging, appropriations and the budgets of state agencies,
38 human services and public health, [and to the select committee of the
39 General Assembly having cognizance of matters relating to aging,] in
40 accordance with the provisions of section 11-4a.

41 Sec. 4. Subsection (a) of section 17b-340 of the 2012 supplement to
42 the general statutes is repealed and the following is substituted in lieu
43 thereof (*Effective from passage*):

44 (a) The rates to be paid by or for persons aided or cared for by the
45 state or any town in this state to licensed chronic and convalescent

46 nursing homes, to chronic disease hospitals associated with chronic
47 and convalescent nursing homes, to rest homes with nursing
48 supervision, to licensed residential care homes, as defined by section
49 19a-490, and to residential facilities for the mentally retarded which are
50 licensed pursuant to section 17a-227 and certified to participate in the
51 Title XIX Medicaid program as intermediate care facilities for the
52 mentally retarded, for room, board and services specified in licensing
53 regulations issued by the licensing agency shall be determined
54 annually, except as otherwise provided in this subsection, after a
55 public hearing, by the Commissioner of Social Services, to be effective
56 July first of each year except as otherwise provided in this subsection.
57 Such rates shall be determined on a basis of a reasonable payment for
58 such necessary services, which basis shall take into account as a factor
59 the costs of such services. Cost of such services shall include
60 reasonable costs mandated by collective bargaining agreements with
61 certified collective bargaining agents or other agreements between the
62 employer and employees, provided "employees" shall not include
63 persons employed as managers or chief administrators or required to
64 be licensed as nursing home administrators, and compensation for
65 services rendered by proprietors at prevailing wage rates, as
66 determined by application of principles of accounting as prescribed by
67 said commissioner. Cost of such services shall not include amounts
68 paid by the facilities to employees as salary, or to attorneys or
69 consultants as fees, where the responsibility of the employees,
70 attorneys, or consultants is to persuade or seek to persuade the other
71 employees of the facility to support or oppose unionization. Nothing
72 in this subsection shall prohibit inclusion of amounts paid for legal
73 counsel related to the negotiation of collective bargaining agreements,
74 the settlement of grievances or normal administration of labor
75 relations. The commissioner may, in his discretion, allow the inclusion
76 of extraordinary and unanticipated costs of providing services which
77 were incurred to avoid an immediate negative impact on the health
78 and safety of patients. The commissioner may, in his discretion, based
79 upon review of a facility's costs, direct care staff to patient ratio and
80 any other related information, revise a facility's rate for any increases

81 or decreases to total licensed capacity of more than ten beds or changes
82 to its number of licensed rest home with nursing supervision beds and
83 chronic and convalescent nursing home beds. The commissioner may
84 so revise a facility's rate established for the fiscal year ending June 30,
85 1993, and thereafter for any bed increases, decreases or changes in
86 licensure effective after October 1, 1989. Effective July 1, 1991, in
87 facilities which have both a chronic and convalescent nursing home
88 and a rest home with nursing supervision, the rate for the rest home
89 with nursing supervision shall not exceed such facility's rate for its
90 chronic and convalescent nursing home. All such facilities for which
91 rates are determined under this subsection shall report on a fiscal year
92 basis ending on the thirtieth day of September. Such report shall be
93 submitted to the commissioner by the thirty-first day of December. The
94 commissioner may reduce the rate in effect for a facility which fails to
95 report on or before such date by an amount not to exceed ten per cent
96 of such rate. The commissioner shall annually, on or before the
97 fifteenth day of February, report the data contained in the reports of
98 such facilities to the joint standing committee of the General Assembly
99 having cognizance of matters relating to appropriations. For the cost
100 reporting year commencing October 1, 1985, and for subsequent cost
101 reporting years, facilities shall report the cost of using the services of
102 any nursing pool employee by separating said cost into two categories,
103 the portion of the cost equal to the salary of the employee for whom
104 the nursing pool employee is substituting shall be considered a
105 nursing cost and any cost in excess of such salary shall be further
106 divided so that seventy-five per cent of the excess cost shall be
107 considered an administrative or general cost and twenty-five per cent
108 of the excess cost shall be considered a nursing cost, provided if the
109 total nursing pool costs of a facility for any cost year are equal to or
110 exceed fifteen per cent of the total nursing expenditures of the facility
111 for such cost year, no portion of nursing pool costs in excess of fifteen
112 per cent shall be classified as administrative or general costs. The
113 commissioner, in determining such rates, shall also take into account
114 the classification of patients or boarders according to special care
115 requirements or classification of the facility according to such factors

116 as facilities and services and such other factors as he deems reasonable,
117 including anticipated fluctuations in the cost of providing such
118 services. The commissioner may establish a separate rate for a facility
119 or a portion of a facility for traumatic brain injury patients who require
120 extensive care but not acute general hospital care. Such separate rate
121 shall reflect the special care requirements of such patients. If changes
122 in federal or state laws, regulations or standards adopted subsequent
123 to June 30, 1985, result in increased costs or expenditures in an amount
124 exceeding one-half of one per cent of allowable costs for the most
125 recent cost reporting year, the commissioner shall adjust rates and
126 provide payment for any such increased reasonable costs or
127 expenditures within a reasonable period of time retroactive to the date
128 of enforcement. Nothing in this section shall be construed to require
129 the Department of Social Services to adjust rates and provide payment
130 for any increases in costs resulting from an inspection of a facility by
131 the Department of Public Health. Such assistance as the commissioner
132 requires from other state agencies or departments in determining rates
133 shall be made available to him at his request. Payment of the rates
134 established hereunder shall be conditioned on the establishment by
135 such facilities of admissions procedures which conform with this
136 section, section 19a-533 and all other applicable provisions of the law
137 and the provision of equality of treatment to all persons in such
138 facilities. The established rates shall be the maximum amount
139 chargeable by such facilities for care of such beneficiaries, and the
140 acceptance by or on behalf of any such facility of any additional
141 compensation for care of any such beneficiary from any other person
142 or source shall constitute the offense of aiding a beneficiary to obtain
143 aid to which he is not entitled and shall be punishable in the same
144 manner as is provided in subsection (b) of section 17b-97. For the fiscal
145 year ending June 30, 1992, rates for licensed residential care homes and
146 intermediate care facilities for the mentally retarded may receive an
147 increase not to exceed the most recent annual increase in the Regional
148 Data Resources Incorporated McGraw-Hill Health Care Costs:
149 Consumer Price Index (all urban)-All Items. Rates for newly certified
150 intermediate care facilities for the mentally retarded shall not exceed

151 one hundred fifty per cent of the median rate of rates in effect on
152 January 31, 1991, for intermediate care facilities for the mentally
153 retarded certified prior to February 1, 1991. Notwithstanding any
154 provision of this section, the Commissioner of Social Services may,
155 within available appropriations, provide an interim rate increase for a
156 licensed chronic and convalescent nursing home or a rest home with
157 nursing supervision for rate periods no earlier than April 1, 2004, only
158 if the commissioner determines that the increase is necessary to avoid
159 the filing of a petition for relief under Title 11 of the United States
160 Code; imposition of receivership pursuant to sections 19a-541 to 19a-
161 549, inclusive; or substantial deterioration of the facility's financial
162 condition that may be expected to adversely affect resident care and
163 the continued operation of the facility, and the commissioner
164 determines that the continued operation of the facility is in the best
165 interest of the state. The commissioner shall consider any requests for
166 interim rate increases on file with the department from March 30, 2004,
167 and those submitted subsequently for rate periods no earlier than
168 April 1, 2004. When reviewing a rate increase request the
169 commissioner shall, at a minimum, consider: (1) Existing chronic and
170 convalescent nursing home or rest home with nursing supervision
171 utilization in the area and projected bed need; (2) physical plant long-
172 term viability and the ability of the owner or purchaser to implement
173 any necessary property improvements; (3) licensure and certification
174 compliance history; (4) reasonableness of actual and projected
175 expenses; and (5) the ability of the facility to meet wage and benefit
176 costs. No rate shall be increased pursuant to this subsection in excess
177 of one hundred fifteen per cent of the median rate for the facility's peer
178 grouping, established pursuant to subdivision (2) of subsection (f) of
179 this section, unless recommended by the commissioner and approved
180 by the Secretary of the Office of Policy and Management after
181 consultation with the commissioner. Such median rates shall be
182 published by the Department of Social Services not later than April
183 first of each year. In the event that a facility granted an interim rate
184 increase pursuant to this section is sold or otherwise conveyed for
185 value to an unrelated entity less than five years after the effective date

186 of such rate increase, the rate increase shall be deemed rescinded and
187 the department shall recover an amount equal to the difference
188 between payments made for all affected rate periods and payments
189 that would have been made if the interim rate increase was not
190 granted. The commissioner may seek recovery from payments made to
191 any facility with common ownership. With the approval of the
192 Secretary of the Office of Policy and Management, the commissioner
193 may waive recovery and rescission of the interim rate for good cause
194 shown that is not inconsistent with this section, including, but not
195 limited to, transfers to family members that were made for no value.
196 The commissioner shall provide written quarterly reports to the joint
197 standing committees of the General Assembly having cognizance of
198 matters relating to aging, human services and appropriations and the
199 budgets of state agencies, [and to the select committee of the General
200 Assembly having cognizance of matters relating to aging,] that identify
201 each facility requesting an interim rate increase, the amount of the
202 requested rate increase for each facility, the action taken by the
203 commissioner and the secretary pursuant to this subsection, and
204 estimates of the additional cost to the state for each approved interim
205 rate increase. Nothing in this subsection shall prohibit the
206 commissioner from increasing the rate of a licensed chronic and
207 convalescent nursing home or a rest home with nursing supervision
208 for allowable costs associated with facility capital improvements or
209 increasing the rate in case of a sale of a licensed chronic and
210 convalescent nursing home or a rest home with nursing supervision,
211 pursuant to subdivision (15) of subsection (f) of this section, if
212 receivership has been imposed on such home.

213 Sec. 5. Subsection (d) of section 17b-342a of the general statutes is
214 repealed and the following is substituted in lieu thereof (*Effective from*
215 *passage*):

216 (d) Not later than January 1, 2007, the Commissioner of Social
217 Services shall submit a report on the pilot program to the joint
218 standing committees of the General Assembly having cognizance of

219 matters relating to aging, appropriations and human services. [and to
220 the select committee of the General Assembly having cognizance of
221 matters relating to aging.] The report shall include information on the
222 quality of services provided under the pilot program and shall be
223 submitted in accordance with section 11-4a.

224 Sec. 6. Section 17b-367 of the general statutes is repealed and the
225 following is substituted in lieu thereof (*Effective from passage*):

226 The Office of Policy and Management, within existing budgetary
227 resources and in consultation with the [Select Committee on Aging]
228 joint standing committee of the General Assembly having cognizance
229 of matters relating to aging, the Commission on Aging, personnel
230 designated by the Commissioner of Social Services who administer the
231 CHOICES health insurance assistance program and the Long-Term
232 Care Advisory Council, shall develop a single consumer-oriented
233 Internet web site that provides comprehensive information on long-
234 term care options that are available in Connecticut. The web site shall
235 also include direct links and referral information regarding long-term
236 care resources, including private and nonprofit organizations offering
237 advice, counseling and legal services.

238 Sec. 7. Subsection (b) of section 17b-369 of the 2012 supplement to
239 the general statutes is repealed and the following is substituted in lieu
240 thereof (*Effective from passage*):

241 (b) (1) The Commissioner of Social Services shall submit, in
242 accordance with this subdivision, a copy of any report on the Money
243 Follows the Person demonstration project that the commissioner is
244 required to submit to the Secretary of Health and Human Services and
245 that pertains to (A) the status of the implementation of the Money
246 Follows the Person demonstration project, (B) the anticipated date that
247 the first eligible person or persons will be transitioned into the
248 community, or (C) information concerning when and how the
249 Department of Social Services will transition additional eligible
250 persons into the community. The commissioner shall submit such copy

251 to the joint standing [committee] committees of the General Assembly
252 having cognizance of matters relating to aging and human services,
253 [and to the select committee of the General Assembly having
254 cognizance of matters relating to aging,] in accordance with the
255 provisions of section 11-4a. Copies of reports prepared prior to
256 October 1, 2009, shall be submitted by said date and copies of reports
257 prepared thereafter shall be submitted semiannually.

258 (2) After October 1, 2009, if the commissioner has not prepared any
259 new reports for submission to the Secretary of Health and Human
260 Services for any six-month submission period under subdivision (1) of
261 this subsection, the commissioner shall prepare and submit a written
262 report in accordance with this subdivision to the joint standing
263 [committee] committees of the General Assembly having cognizance of
264 matters relating to aging and human services, [and to the select
265 committee of the General Assembly having cognizance of matters
266 relating to aging,] in accordance with the provisions of section 11-4a.
267 Such report shall include (A) the status of the implementation of the
268 Money Follows the Person demonstration project, (B) the anticipated
269 date that the first eligible person or persons will be transitioned into
270 the community, and (C) information concerning when and how the
271 Department of Social Services will transition additional eligible
272 persons into the community.

273 Sec. 8. Subsection (c) of section 17b-417 of the general statutes is
274 repealed and the following is substituted in lieu thereof (*Effective from*
275 *passage*):

276 (c) Not later than June 30, 2005, the Long-Term Care Ombudsman
277 shall submit a report on the pilot program to the Commissioners of
278 Social Services and Public Health, to the joint standing committees of
279 the General Assembly having cognizance of matters relating to aging,
280 human services, public health and appropriations, [and to the select
281 committee of the General Assembly having cognizance of matters
282 relating to aging. The report shall be submitted] in accordance with
283 section 11-4a.

284 Sec. 9. Subsection (e) of section 17b-427 of the general statutes is
 285 repealed and the following is substituted in lieu thereof (*Effective from*
 286 *passage*):

287 (e) Not later than June 1, 2001, and annually thereafter, the
 288 Insurance Commissioner, in conjunction with the Healthcare
 289 Advocate, shall submit to the Governor and to the joint standing
 290 committees of the General Assembly having cognizance of matters
 291 relating to aging, human services and insurance, [and to the select
 292 committee of the General Assembly having cognizance of matters
 293 relating to aging,] a list of those Medicare organizations that have
 294 failed to file any data, reports or information requested pursuant to
 295 subsection (c) of this section.

296 Sec. 10. Subsection (b) of section 20-680 of the general statutes is
 297 repealed and the following is substituted in lieu thereof (*Effective from*
 298 *passage*):

299 (b) Not later than January 1, 2008, the Commissioner of Consumer
 300 Protection shall report, in accordance with section 11-4a, on the
 301 implementation of the provisions of sections 20-670 to 20-679,
 302 inclusive, to the [select] joint standing committee of the General
 303 Assembly having cognizance of matters relating to aging and to the
 304 office of the Governor. Such report may include recommended
 305 revisions to the general statutes or other changes that the
 306 commissioner deems necessary or advisable to enhance the
 307 implementation of the provisions of sections 20-670 to 20-679,
 308 inclusive.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	3-123aa(c)
Sec. 2	<i>from passage</i>	8-119n(b)
Sec. 3	<i>from passage</i>	17b-339(c)
Sec. 4	<i>from passage</i>	17b-340(a)
Sec. 5	<i>from passage</i>	17b-342a(d)

Sec. 6	<i>from passage</i>	17b-367
Sec. 7	<i>from passage</i>	17b-369(b)
Sec. 8	<i>from passage</i>	17b-417(c)
Sec. 9	<i>from passage</i>	17b-427(e)
Sec. 10	<i>from passage</i>	20-680(b)

AGE *Joint Favorable*