



**Substitute Senate Bill No. 837**

**Public Act No. 13-125**

**AN ACT CONCERNING THE DEPARTMENT ON AGING.**

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

Section 1. Section 7-127b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) The chief elected official or the chief executive officer if by ordinance of each municipality shall appoint a municipal agent for elderly persons. Such agent shall be a member of an agency that serves elderly persons in the municipality or a responsible resident of the municipality who has demonstrated an interest in the elderly or has been involved in programs in the field of aging.

(b) The duties of the municipal agent may include, but shall not be limited to, (1) disseminating information to elderly persons, assisting such persons in learning about the community resources available to them and publicizing such resources and benefits; (2) assisting elderly persons to apply for federal and other benefits available to such persons; (3) reporting to the chief elected official or chief executive officer of the municipality and the Department [of Social Services] on Aging any needs and problems of the elderly and any recommendations for action to improve services to the elderly.

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(c) Each municipal agent shall serve for a term of two or four years, at the discretion of the appointing authority of each municipality, and may be reappointed. If more than one agent is necessary to carry out the purposes of this section, the appointing authority, in its discretion, may appoint one or more assistant agents. The town clerk in each municipality shall notify the Department [of Social Services] on Aging immediately of the appointment of a new municipal agent. Each municipality may provide to its municipal agent resources sufficient for such agent to perform the duties of the office.

(d) The Department [of Social Services] on Aging shall adopt and disseminate to municipalities guidelines as to the role and duties of municipal agents and such informational and technical materials as may assist such agents in performance of their duties. The department, in cooperation with the area agencies on aging, may provide training for municipal agents within the available resources of the department and of the agencies on aging.

Sec. 2. Section 8-119f of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

The Commissioner of [Economic and Community Development] Housing shall design, implement, operate and monitor a program of congregate housing. For the purpose of this program, the Commissioner of [Economic and Community Development] Housing shall consult with the Commissioner of Social Services and the Commissioner on Aging for the provision of services for the physically disabled in order to comply with the requirements of section 29-271.

Sec. 3. Section 17b-4 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) The Department of Social Services shall plan, develop, administer, operate, evaluate and provide funding for services for

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individuals and families served by the department who are in need of personal or economic development. In cooperation with other social service agencies and organizations, including community-based agencies, the department shall work to develop and fund prevention, intervention and treatment services for individuals and families. The department shall: (1) Provide appropriate services to individuals and families as needed through direct social work services rendered by the department and contracted services from community-based organizations funded by the department; (2) collect, interpret and publish statistics relating to individuals and families serviced by the department; (3) monitor, evaluate and review any program or service which is developed, operated or funded by the department; (4) supervise the establishment of pilot programs funded by the department in local communities which assist and support individuals and families in personal and economic development; (5) improve the quality of services provided, operated and funded by the department and increase the competency of its staff relative to the provision of effective social services by establishing and supporting ongoing staff development and training; and (6) encourage citizen participation in the development of social service priorities and programs.

[(b) The Department of Social Services shall study continuously the conditions and needs of elderly and aging persons in this state in relation to nutrition, transportation, home-care, housing, income, employment, health, recreation and other matters. It shall be responsible in cooperation with federal, state, local and area planning agencies on aging for the overall planning, development and administration of a comprehensive and integrated social service delivery system for elderly persons and the aged. The department shall: (1) Measure the need for services; (2) survey methods of administration of programs for service delivery; (3) provide for periodic evaluations of social services; (4) maintain technical, information, consultation and referral services in cooperation with

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other state agencies to local and area public and private agencies to the fullest extent possible; (5) develop and coordinate educational outreach programs for the purposes of informing the public and elderly persons of available programs; (6) cooperate in the development of performance standards for licensing of residential and medical facilities with appropriate state agencies; (7) supervise the establishment, in selected areas and local communities of the state, of pilot programs for elderly persons; (8) coordinate with the Department of Transportation to provide adequate transportation services related to the needs of elderly persons; and (9) cooperate with other state agencies to provide adequate and alternate housing for elderly persons, including congregate housing, as defined in section 8-119e.]

[(c)] (b) The Department of Social Services, in conjunction with the Department of Public Health and the Department on Aging, may adopt regulations in accordance with the provisions of chapter 54 to establish requirements with respect to the submission of reports concerning financial solvency and quality of care by nursing homes for the purpose of determining the financial viability of such homes, identifying homes that appear to be experiencing financial distress and examining the underlying reasons for such distress. Such reports shall be submitted to the Nursing Home Financial Advisory Committee established under section 17b-339.

Sec. 4. Section 17a-317 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Effective January 1, 2013, there shall be established a Department on Aging that shall be under the direction and supervision of the Commissioner on Aging who shall be appointed by the Governor in accordance with the provisions of sections 4-5 to 4-8, inclusive, with the powers and duties prescribed in said sections. The commissioner shall be knowledgeable and experienced with respect to the conditions and needs of elderly persons and shall serve on a full-time basis.

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(b) The Commissioner on Aging shall administer all laws under the jurisdiction of the Department on Aging and shall employ the most efficient and practical means for the provision of care and protection of elderly persons. The commissioner shall have the power and duty to do the following: (1) Administer, coordinate and direct the operation of the department; (2) adopt and enforce regulations, in accordance with chapter 54, as necessary to implement the purposes of the department as established by statute; (3) establish rules for the internal operation and administration of the department; (4) establish and develop programs and administer services to achieve the purposes of the department; (5) contract for facilities, services and programs to implement the purposes of the department; (6) act as advocate for necessary additional comprehensive and coordinated programs for elderly persons; (7) assist and advise all appropriate state, federal, local and area planning agencies for elderly persons in the performance of their functions and duties pursuant to federal law and regulation; (8) plan services and programs for elderly persons; (9) coordinate outreach activities by public and private agencies serving elderly persons; and (10) consult and cooperate with area and private planning agencies.

(c) The Department on Aging is designated as the State Unit on Aging to administer, manage, design and advocate for benefits, programs and services for the elderly and their families pursuant to the Older Americans Act. The department shall study continuously the conditions and needs of elderly persons in this state in relation to nutrition, transportation, home care, housing, income, employment, health, recreation and other matters. The department shall be responsible, in cooperation with federal, state, local and area planning agencies on aging, for the overall planning, development and administration of a comprehensive and integrated social service delivery system for elderly persons. The department shall: (1) Measure the need for services; (2) survey methods of administration of

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programs for service delivery; (3) provide for periodic evaluations of social services; (4) maintain technical, information, consultation and referral services in cooperation with other state agencies to local and area public and private agencies to the fullest extent possible; (5) develop and coordinate educational outreach programs for the purposes of informing the public and elderly persons of available programs; (6) cooperate in the development of performance standards for licensing of residential and medical facilities with appropriate state agencies; (7) supervise the establishment, in selected areas and local communities of the state, of pilot programs for elderly persons; (8) coordinate with the Department of Transportation to provide adequate transportation services related to the needs of elderly persons; and (9) cooperate with other state agencies to provide adequate and alternate housing for elderly persons, including congregate housing, as defined in section 8-119e.

[(c)] (d) The functions, powers, duties and personnel of the Division of Aging Services of the Department of Social Services, or any subsequent division or portion of a division with similar functions, powers, personnel and duties, shall be transferred to the Department on Aging pursuant to the provisions of sections 4-38d, 4-38e and 4-39.

[(d)] (e) The Department of Social Services shall administer programs under the jurisdiction of the Department on Aging until the Commissioner on Aging is appointed and administrative staff are hired.

[(e)] (f) The Governor may, with the approval of the Finance Advisory Committee, transfer funds between the Department of Social Services and the Department on Aging pursuant to subsection (b) of section 4-87 during the fiscal year ending June 30, 2013.

[(f)] (g) Any order or regulation of the Department of Social Services or the Commission on Aging that is in force on January 1, 2013, shall

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continue in force and effect as an order or regulation until amended, repealed or superseded pursuant to law.

Sec. 5. Section 17b-2 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

The Department of Social Services is designated as the state agency for the administration of (1) the child care development block grant pursuant to the Child Care and Development Block Grant Act of 1990; (2) the Connecticut energy assistance program pursuant to the Low Income Home Energy Assistance Act of 1981; (3) [programs for the elderly pursuant to the Older Americans Act; (4)] the state plan for vocational rehabilitation services for the fiscal year ending June 30, 1994; [(5)] (4) the refugee assistance program pursuant to the Refugee Act of 1980; [(6)] (5) the legalization impact assistance grant program pursuant to the Immigration Reform and Control Act of 1986; [(7)] (6) the temporary assistance for needy families program pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; [(8)] (7) the Medicaid program pursuant to Title XIX of the Social Security Act; [(9)] (8) the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008; [(10)] (9) the state supplement to the Supplemental Security Income Program pursuant to the Social Security Act; [(11)] (10) the state child support enforcement plan pursuant to Title IV-D of the Social Security Act; and [(12)] (11) the state social services plan for the implementation of the social services block grants and community services block grants pursuant to the Social Security Act. [The Department of Social Services is designated a public housing agency for the purpose of administering the Section 8 existing certificate program and the housing voucher program pursuant to the Housing Act of 1937.]

Sec. 6. Subsection (c) of section 17b-28 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

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(c) On and after July 1, 2011, the council shall be composed of the following members:

(1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services, public health and appropriations and the budgets of state agencies, or their designees;

(2) Four appointed by the speaker of the House of Representatives, one of whom shall be a member of the General Assembly, one of whom shall be a community provider of adult Medicaid health services, one of whom shall be a recipient of Medicaid benefits for the aged, blind and disabled or an advocate for such a recipient and one of whom shall be a representative of the state's federally qualified health clinics;

(3) Four appointed by the president pro tempore of the Senate, one of whom shall be a member of the General Assembly, one of whom shall be a representative of the home health care industry, one of whom shall be a primary care medical home provider and one of whom shall be an advocate for Department of Children and Families foster families;

(4) Two appointed by the majority leader of the House of Representatives, one of whom shall be an advocate for persons with substance abuse disabilities and one of whom shall be a Medicaid dental provider;

(5) Two appointed by the majority leader of the Senate, one of whom shall be a representative of school-based health centers and one of whom shall be a recipient of benefits under the HUSKY program;

(6) Two appointed by the minority leader of the House of Representatives, one of whom shall be an advocate for persons with disabilities and one of whom shall be a dually eligible Medicaid-

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Medicare beneficiary or an advocate for such a beneficiary;

(7) Two appointed by the minority leader of the Senate, one of whom shall be a low-income adult recipient of Medicaid benefits or an advocate for such a recipient and one of whom shall be a representative of hospitals;

(8) The executive director of the Commission on Aging, or the executive director's designee;

(9) The executive director of the Commission on Children, or the executive director's designee;

(10) A representative of the Long-Term Care Advisory Council;

(11) The Commissioners of Social Services, Children and Families, Public Health, Developmental Services and Mental Health and Addiction Services, and the Commissioner on Aging, or their designees, who shall be ex-officio nonvoting members;

(12) The Comptroller, or the Comptroller's designee, who shall be an ex-officio nonvoting member;

(13) The Secretary of the Office of Policy and Management, or the secretary's designee, who shall be an ex-officio nonvoting member; and

(14) One representative of an administrative services organization which contracts with the Department of Social Services in the administration of the Medicaid program, who shall be a nonvoting member.

Sec. 7. Section 17b-33 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

The Department [of Social Services] on Aging shall establish, within available appropriations, a fall prevention program. Within such

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program, the department shall:

(1) Promote and support research to: (A) Improve the identification, diagnosis, treatment and rehabilitation of older adults and others who have a high risk of falling; (B) improve data collection and analysis to identify risk factors for falls and factors that reduce the likelihood of falls; (C) design, implement and evaluate the most effective fall prevention interventions; (D) improve intervention strategies that have been proven effective in reducing falls by tailoring such strategies to specific populations of older adults; (E) maximize the dissemination of proven, effective fall prevention interventions; (F) assess the risk of falls occurring in various settings; (G) identify barriers to the adoption of proven interventions with respect to the prevention of falls among older adults; (H) develop, implement and evaluate the most effective approaches to reducing falls among high-risk older adults living in communities and long-term care and assisted living facilities; and (I) evaluate the effectiveness of community programs designed to prevent falls among older adults;

(2) Establish, in consultation with the Commissioner of Public Health, a professional education program in fall prevention, evaluation and management for physicians, allied health professionals and other health care providers who provide services for the elderly in this state. The Commissioner [of Social Services] on Aging may contract for the establishment of such program through (A) a request for proposal process, (B) a competitive grant program, or (C) cooperative agreements with qualified organizations, institutions or consortia of qualified organizations and institutions;

(3) Oversee and support demonstration and research projects to be carried out by organizations, institutions or consortia of organizations and institutions deemed qualified by the Commissioner [of Social Services] on Aging. Such demonstration and research projects may be in the following areas:

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(A) Targeted fall risk screening and referral programs;

(B) Programs designed for community-dwelling older adults that use fall intervention approaches, including physical activity, medication assessment and reduction of medication when possible, vision enhancement and home-modification strategies;

(C) Programs that target new fall victims who are at a high risk for second falls and that are designed to maximize independence and quality of life for older adults, particularly those older adults with functional limitations;

(D) Private sector and public-private partnerships to develop technologies to prevent falls among older adults and prevent or reduce injuries when falls occur; and

(4) Award grants to, or enter into contracts or cooperative agreements with, organizations, institutions or consortia of organizations and institutions deemed qualified by the Commissioner [of Social Services] on Aging to design, implement and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings.

Sec. 8. Section 17b-251 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

The Department [of Social Services] on Aging shall establish an outreach program to educate consumers as to: (1) The need for long-term care; (2) mechanisms for financing such care; (3) the availability of long-term care insurance; and (4) the asset protection provided under sections 17b-252 to 17b-254, inclusive, and 38a-475, as amended by this act. The Department [of Social Services] on Aging shall provide public information to assist individuals in choosing appropriate insurance coverage.

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Sec. 9. Section 17b-400 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) As used in this chapter:

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

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

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

(4) "Program" means the long-term care ombudsman program established in this section.

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

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

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

(8) "Commissioner" means the Commissioner [of Social Services] on

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Aging.

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

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

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

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

Sec. 10. Section 17b-405 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

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

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

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

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

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

(5) (A) Review and, if necessary, comment on any existing and proposed laws, regulations and other government policies and actions that pertain to the rights and well-being of residents and applicants in relation to their applications to long-term care facilities, and (B) facilitate the ability of the public to comment on the laws, regulations, policies and actions;

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

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

Sec. 11. Subsection (c) of section 17b-406 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(c) The Commissioner [of Social Services] on Aging shall have

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authority to seek funding for the purposes contained in this section from public and private sources, including but not limited to any federal or state funded programs.

Sec. 12. Section 17b-411 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

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

Sec. 13. Section 17b-412 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

The [director] Commissioner on Aging shall require the State Ombudsman to:

(1) Prepare an annual report:

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

(B) Containing and analyzing the data collected under section 17b-413;

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

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

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

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and

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

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

(3) (A) Provide such information as the office determines to be necessary to public and private agencies, legislators and other persons, regarding (i) the problems and concerns of older individuals residing in long-term care facilities; and (ii) recommendations related to the problems and concerns; and (B) make available to the public and submit to the federal assistant secretary for aging, the Governor, the General Assembly, the Department of Public Health and other appropriate governmental entities, each report prepared under subdivision (1) of this section.

Sec. 14. Section 17b-421 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

The state shall be divided into five elderly planning and service areas, in accordance with federal law and regulations, each having an area agency on aging to carry out the mandates of the federal Older Americans Act of 1965, as amended. The area agencies shall (1) represent elderly persons within their geographic areas, (2) develop an area plan for approval by the Department [of Social Services] on Aging

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and upon such approval administer the plan, (3) coordinate and assist local public and nonprofit, private agencies in the development of programs, (4) receive and distribute federal and state funds for such purposes, in accordance with applicable law, (5) carry out any additional duties and functions required by federal law and regulations.

Sec. 15. Section 17b-422 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

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

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

(c) The Department [of Social Services] on Aging, in consultation with the five area agencies on aging, shall review the method of

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allocation set forth in subsection (a) of this section and shall report any findings or recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and human services.

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

Sec. 16. Section 17b-425 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

The Department [of Social Services] on Aging may make a grant to any city, town or borough or public or private agency, organization or institution for the following purposes: (a) For community planning and coordination of programs carrying out the purposes of the Older Americans Act of 1965, as amended; (b) for demonstration programs or activities particularly valuable in carrying out such purposes; (c) for training of special personnel needed to carry out such programs and activities; (d) for establishment of new or expansion of existing programs to carry out such purposes, including establishment of new or expansion of existing centers of service for elderly persons, providing recreational, cultural and other leisure time activities, and informational, transportation, referral and preretirement and postretirement counseling services for elderly persons and assisting such persons in providing volunteer community or civic services, except that no costs of construction, other than for minor alterations and repairs, shall be included in such establishment or expansion; (e) for programs to develop or demonstrate approaches, methods and techniques for achieving or improving coordination of community services for elderly or aging persons and such other programs and services as may be allowed under Title III of the Older Americans Act of 1965, as amended, or to evaluate these approaches, techniques and

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methods, as well as others which may assist elderly or aging persons to enjoy wholesome and meaningful living and to continue to contribute to the strength and welfare of the state and nation.

Sec. 17. Section 17b-426 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

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

Sec. 18. Section 17b-427 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

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

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

(3) "Medicare organization" means any corporate entity or other organization or group that contracts with the federal Centers for Medicare and Medicaid Services to serve as a Medicare health plan organization to provide health care services to Medicare beneficiaries

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in this state as an alternative to the traditional Medicare fee-for-service plan.

(b) The Department [of Social Services] on Aging shall administer the CHOICES health insurance assistance program, which shall be a comprehensive Medicare advocacy program that provides assistance to Connecticut residents who are Medicare beneficiaries.

(c) The program shall [:(1) Maintain a toll-free telephone number to provide] provide: (1) Toll-free telephone access for consumers to obtain advice and information on Medicare benefits, including prescription drug benefits available through the Medicare Part D program, the Medicare appeals process, health insurance matters applicable to Medicare beneficiaries and long-term care options available in the state at least five days per week during normal business hours; (2) [provide] information, advice and representation, where appropriate, concerning the Medicare appeals process, by a qualified attorney or paralegal at least five days per week during normal business hours; (3) [prepare and distribute written materials to] information through appropriate means and format, including written materials, to Medicare beneficiaries, their families, senior citizens and organizations regarding Medicare benefits, including prescription drug benefits available through [the] Medicare Part D [program] and other pharmaceutical drug company programs and long-term care options available in the state; (4) [develop and distribute a Connecticut Medicare consumers guide, after consultation with the Insurance Commissioner and other organizations involved in servicing, representing or advocating for Medicare beneficiaries, which shall be available to any individual, upon request, and shall include: (A) Information permitting beneficiaries to compare their options for delivery of Medicare services; (B)] information concerning [the] Medicare plans [available to beneficiaries, including the traditional Medicare fee-for-service plan, Medicare Part D plans and the benefits

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and services available through each plan; (C)] and services, private insurance policies and federal and state-funded programs that are available to beneficiaries to supplement Medicare coverage; (5) information permitting Medicare beneficiaries to compare and evaluate their options for delivery of Medicare and supplemental insurance services; (6) information concerning the procedure to appeal a denial of care and the procedure to request an expedited appeal of a denial of care; [(D) information concerning private insurance policies and federal and state-funded programs that are available to supplement Medicare coverage for beneficiaries; (E) a worksheet for beneficiaries to use to evaluate the various plans, including Medicare Part D programs; and (F)] and (7) any other information the program or the Commissioner on Aging deems relevant to Medicare beneficiaries. ]; (5) collaborate with other state agencies and entities in the development of consumer-oriented web sites that provide information on Medicare plans, including Medicare Part D plans, and long-term care options that are available in the state; and (6) include any functions the department deems necessary to conform to federal grant requirements.]

(d) The Commissioner on Aging may include any additional functions necessary to conform to federal grant requirements.

[(c)] (e) The Insurance Commissioner, in cooperation with, or on behalf of, the Commissioner [of Social Services] on Aging, may require each Medicare organization to: (1) Annually submit to the [commissioner] Insurance Commissioner any data, reports or information relevant to plan beneficiaries; and (2) at any other times at which changes occur, submit information to the [commissioner] Insurance Commissioner concerning current benefits, services or costs to plan beneficiaries. Such information may include information required under section 38a-478c.

[(d)] (f) Each Medicare organization that fails to file the annual data,

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reports or information requested pursuant to subsection [(c)] (e) of this section shall pay a late fee of one hundred dollars per day for each day from the due date of such data, reports or information to the date of filing. Each Medicare organization that files incomplete annual data, reports or information shall be so informed by the Insurance Commissioner, shall be given a date by which to remedy such incomplete filing and shall pay said late fee commencing from the new due date.

[(e)] (g) Not later than June 1, 2001, and annually thereafter, the Insurance Commissioner, in conjunction with the Healthcare Advocate, shall submit a list, in accordance with the provisions of section 11-4a, to the Governor and to the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services and insurance, [and to the select committee of the General Assembly having cognizance of matters relating to aging, a list] of those Medicare organizations that have failed to file any data, reports or information requested pursuant to subsection [(c)] (e) of this section.

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

(i) The Commissioner on Aging may adopt regulations, in accordance with chapter 54, as necessary to implement the provisions of this section.

Sec. 19. Subsection (a) of section 17b-792 of the general statutes is

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repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

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

Sec. 20. Subsection (c) of section 17b-337 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(c) The Long-Term Care Planning Committee shall consist of: (1) The chairpersons and ranking members of the joint standing [and select] committees of the General Assembly having cognizance of matters relating to human services, public health, elderly services and long-term care; (2) the Commissioner of Social Services, or the commissioner's designee; (3) one member of the Office of Policy and Management appointed by the Secretary of the Office of Policy and Management; (4) one member from the Department [of Social Services] on Aging appointed by the Commissioner [of Social Services] on Aging; (5) two members from the Department of Public Health appointed by the Commissioner of Public Health, one of whom is from the Office of Health Care Access division of the department; (6) one member from the Department of [Economic and Community Development] Housing appointed by the Commissioner of [Economic and Community Development] Housing; (7) one member from the Department of Developmental Services appointed by the Commissioner of Developmental Services; (8) one member from the Department of Mental Health and Addiction Services appointed by the Commissioner of Mental Health and Addiction Services; (9) one member from the Department of Transportation appointed by the

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Commissioner of Transportation; (10) one member from the Department of Children and Families appointed by the Commissioner of Children and Families; and (11) the executive director of the Office of Protection and Advocacy for Persons with Disabilities or the executive director's designee. The committee shall convene no later than ninety days after June 4, 1998. Any vacancy shall be filled by the appointing authority. The chairperson shall be elected from among the members of the committee. The committee shall seek the advice and participation of any person, organization or state or federal agency it deems necessary to carry out the provisions of this section.

Sec. 21. Section 17b-349e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) As used in this section:

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

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

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

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

(b) The Commissioner [of Social Services] on Aging shall operate a program, within available appropriations, to provide respite care services for caretakers of individuals with Alzheimer's disease, provided such individuals with Alzheimer's disease meet the

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requirements set forth in subsection (c) of this section. Such respite care services may include, but need not be limited to (1) homemaker services; (2) adult day care; (3) temporary care in a licensed medical facility; (4) home-health care; (5) companion services; or (6) personal care assistant services. Such respite care services may be administered directly by the [department] Department on Aging, or through contracts for services with providers of such services, or by means of direct subsidy to caretakers of individuals with Alzheimer's disease to purchase such services.

(c) (1) No individual with Alzheimer's disease may participate in the program if such individual (A) has an annual income of more than forty-one thousand dollars or liquid assets of more than one hundred nine thousand dollars, or (B) is receiving services under the Connecticut home-care program for the elderly. On July 1, 2009, and annually thereafter, the commissioner shall increase such income and asset eligibility criteria over that of the previous fiscal year to reflect the annual cost of living adjustment in Social Security income, if any.

(2) No individual with Alzheimer's disease who participates in the program may receive more than three thousand five hundred dollars for services under the program in any fiscal year or receive more than thirty days of out-of-home respite care services other than adult day care services under the program in any fiscal year, except that the commissioner shall adopt regulations pursuant to subsection (d) of this section to provide up to seven thousand five hundred dollars for services to a participant in the program who demonstrates a need for additional services.

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

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

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

Sec. 22. Subsection (a) of section 17b-367a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) The Commissioner [of Social Services] on Aging shall develop and administer a Community Choices program to provide a single, coordinated system of information and access for individuals seeking long-term support, including in-home, community-based and institutional services. The Community Choices program shall be the state Aging and Disability Resource Center Program in accordance with the federal Older Americans Act Amendments of 2006, P.L. 109-365. Consumers served by the Community Choices program shall include, but not be limited to, those sixty years of age or older and those eighteen years of age or older with disabilities and caregivers.

Sec. 23. Subsection (c) of section 3-123aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July*

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1, 2013):

(c) There is established an advisory committee to the Connecticut Homecare Option Program for the Elderly, which shall consist of the State Treasurer, the State Comptroller, the Commissioner of Social Services, [a representative of the Commission on Aging] the Commissioner on Aging, the director of the long-term care partnership policy program within the Office of Policy and Management, and the cochairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services and finance, revenue and bonding, [and the cochairpersons and ranking members of the select committee having cognizance of matters relating to aging,] or their designees. The Governor shall appoint one provider of home care services for the elderly and a physician specializing in geriatric care. The advisory committee shall meet at least annually. The State Comptroller shall convene the meetings of the committee.

Sec. 24. Subsection (a) of section 16a-41b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) There shall be a Low-Income Energy Advisory Board which shall consist of the following members or their designees: The [executive director of the Commission on Aging] Commissioner on Aging or the commissioner's designee; a representative of each electric and gas public service company designated by each such company; the chairperson of the Public Utilities Regulatory Authority; the Consumer Counsel; the executive director of Operation Fuel; the executive director of Infoline; the director of the Connecticut Local Administrators of Social Services; the executive director of Legal Assistance Resource Center of Connecticut; the Connecticut president of AARP; a designee of the Norwich Public Utility; a designee of the Independent Connecticut Petroleum Association; and a representative

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of the community action agencies administering energy assistance programs under contract with the Department of Social Services, designated by the Connecticut Association for Community Action. The Secretary of the Office of Policy and Management and the Commissioners of Social Services and Energy and Environmental Protection, or their designees, shall serve as nonvoting members of the board.

Sec. 25. Subsection (a) of section 17b-253 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

(a) The Department of Social Services shall seek appropriate amendments to its Medicaid regulations and state plan to allow protection of resources and income pursuant to section 17b-252. Such protection shall be provided, to the extent approved by the federal Centers for Medicare and Medicaid Services, for any purchaser of a precertified long-term care policy and shall last for the life of the purchaser. Such protection shall be provided under the Medicaid program or its successor program. Any purchaser of a precertified long-term care policy shall be guaranteed coverage under the Medicaid program or its successor program, to the extent the individual meets all applicable eligibility requirements for the Medicaid program or its successor program. Until such time as eligibility requirements are prescribed for Medicaid's successor program, for the purposes of this subsection, the applicable eligibility requirements shall be the Medicaid program's requirements as of the date its successor program was enacted. The Department of Social Services shall count insurance benefit payments toward resource exclusion to the extent such payments (1) are for services paid for by a precertified long-term care policy; (2) are for the lower of the actual charge and the amount paid by the insurance company; (3) are for nursing home care, or formal services delivered to insureds in the

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community as part of a care plan approved by an access agency approved by the Office of Policy and Management and the Department of Social Services as meeting the requirements for such agency as defined in regulations adopted pursuant to subsection (e) of section 17b-342; and (4) are for services provided after the individual meets the coverage requirements for long-term care benefits established by the Department of Social Services for this program. The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this subsection and sections [17b-251,] 17b-252, 17b-254 and 38a-475, as amended by this act, relating to determining eligibility of applicants for Medicaid, or its successor program, and the coverage requirements for long-term care benefits.

Sec. 26. Section 38a-475 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2013*):

The Insurance Department shall only precertify long-term care insurance policies which (1) alert the purchaser to the availability of consumer information and public education provided by the Department [of Social Services] on Aging pursuant to section 17b-251, as amended by this act; (2) offer the option of home and community-based services in addition to nursing home care; (3) in all home care plans, include case management services delivered by an access agency approved by the Office of Policy and Management and the Department of Social Services as meeting the requirements for such agency as defined in regulations adopted pursuant to subsection (e) of section 17b-342, which services shall include, but need not be limited to, the development of a comprehensive individualized assessment and care plan and, as needed, the coordination of appropriate services and the monitoring of the delivery of such services; (4) provide inflation protection; (5) provide for the keeping of records and an explanation of benefit reports on insurance payments which count

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toward Medicaid resource exclusion; and (6) provide the management information and reports necessary to document the extent of Medicaid resource protection offered and to evaluate the Connecticut Partnership for Long-Term Care. No policy shall be precertified if it requires prior hospitalization or a prior stay in a nursing home as a condition of providing benefits. The commissioner may adopt regulations, in accordance with chapter 54, to carry out the precertification provisions of this section.

Sec. 27. Section 4-5 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

As used in sections 4-6, 4-7 and 4-8, the term "department head" means Secretary of the Office of Policy and Management, Commissioner of Administrative Services, Commissioner on Aging, Commissioner of Revenue Services, Banking Commissioner, Commissioner of Children and Families, Commissioner of Construction Services, Commissioner of Consumer Protection, Commissioner of Correction, Commissioner of Economic and Community Development, State Board of Education, Commissioner of Emergency Services and Public Protection, Commissioner of Energy and Environmental Protection, Commissioner of Agriculture, Commissioner of Public Health, Insurance Commissioner, Labor Commissioner, Liquor Control Commission, Commissioner of Mental Health and Addiction Services, Commissioner of Social Services, Commissioner of Developmental Services, Commissioner of Motor Vehicles, Commissioner of Transportation, Commissioner of Veterans' Affairs, Commissioner of Housing, Commissioner of Rehabilitation Services and the executive director of the Office of Military Affairs. As used in sections 4-6 and 4-7, "department head" also means the Commissioner of Education and the president of the Board of Regents for Higher Education.

Sec. 28. Section 4-38c of the general statutes is repealed and the

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following is substituted in lieu thereof (*Effective from passage*):

There shall be within the executive branch of state government the following departments: Office of Policy and Management, Department of Administrative Services, Department on Aging, Department of Revenue Services, Department of Banking, Department of Agriculture, Department of Children and Families, Department of Consumer Protection, Department of Correction, Department of Economic and Community Development, State Board of Education, Department of Emergency Services and Public Protection, Department of Energy and Environmental Protection, Department of Public Health, Board of Regents for Higher Education, Insurance Department, Labor Department, Department of Mental Health and Addiction Services, Department of Developmental Services, Department of Social Services, Department of Transportation, Department of Motor Vehicles, Department of Veterans' Affairs and Department of Construction Services.

Sec. 29. Sections 17b-367 and 17b-429 of the general statutes are repealed. (*Effective July 1, 2013*)

Approved June 18, 2013