



Senate

General Assembly

File No. 110

January Session, 2013

Substitute Senate Bill No. 837

Senate, March 25, 2013

The Committee on Aging reported through SEN. AYALA, A. of the 23rd 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 Section 7-127b of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective July 1, 2013*):

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

9 (b) The duties of the municipal agent may include, but shall not be
10 limited to, (1) disseminating information to elderly persons, assisting
11 such persons in learning about the community resources available to
12 them and publicizing such resources and benefits; (2) assisting elderly
13 persons to apply for federal and other benefits available to such
14 persons; (3) reporting to the chief elected official or chief executive

15 officer of the municipality and the Department [of Social Services] on
16 Aging any needs and problems of the elderly and any
17 recommendations for action to improve services to the elderly.

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

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

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

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

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

45 (a) The Department of Social Services shall plan, develop,

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

67 [(b) The Department of Social Services shall study continuously the
68 conditions and needs of elderly and aging persons in this state in
69 relation to nutrition, transportation, home-care, housing, income,
70 employment, health, recreation and other matters. It shall be
71 responsible in cooperation with federal, state, local and area planning
72 agencies on aging for the overall planning, development and
73 administration of a comprehensive and integrated social service
74 delivery system for elderly persons and the aged. The department
75 shall: (1) Measure the need for services; (2) survey methods of
76 administration of programs for service delivery; (3) provide for
77 periodic evaluations of social services; (4) maintain technical,
78 information, consultation and referral services in cooperation with
79 other state agencies to local and area public and private agencies to the
80 fullest extent possible; (5) develop and coordinate educational

81 outreach programs for the purposes of informing the public and
82 elderly persons of available programs; (6) cooperate in the
83 development of performance standards for licensing of residential and
84 medical facilities with appropriate state agencies; (7) supervise the
85 establishment, in selected areas and local communities of the state, of
86 pilot programs for elderly persons; (8) coordinate with the Department
87 of Transportation to provide adequate transportation services related
88 to the needs of elderly persons; and (9) cooperate with other state
89 agencies to provide adequate and alternate housing for elderly
90 persons, including congregate housing, as defined in section 8-119e.]

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

101 Sec. 4. Section 17a-317 of the general statutes is repealed and the
102 following is substituted in lieu thereof (*Effective July 1, 2013*):

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

110 (b) The Commissioner on Aging shall administer all laws under the
111 jurisdiction of the Department on Aging and shall employ the most
112 efficient and practical means for the provision of care and protection of
113 elderly persons. The commissioner shall have the power and duty to

114 do the following: (1) Administer, coordinate and direct the operation
115 of the department; (2) adopt and enforce regulations, in accordance
116 with chapter 54, as necessary to implement the purposes of the
117 department as established by statute; (3) establish rules for the internal
118 operation and administration of the department; (4) establish and
119 develop programs and administer services to achieve the purposes of
120 the department; (5) contract for facilities, services and programs to
121 implement the purposes of the department; (6) act as advocate for
122 necessary additional comprehensive and coordinated programs for
123 elderly persons; (7) assist and advise all appropriate state, federal, local
124 and area planning agencies for elderly persons in the performance of
125 their functions and duties pursuant to federal law and regulation; (8)
126 plan services and programs for elderly persons; (9) coordinate
127 outreach activities by public and private agencies serving elderly
128 persons; and (10) consult and cooperate with area and private
129 planning agencies.

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

149 coordinate with the Department of Transportation to provide adequate
150 transportation services related to the needs of elderly persons; and (9)
151 cooperate with other state agencies to provide adequate and alternate
152 housing for elderly persons, including congregate housing, as defined
153 in section 8-119e.

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

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

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

167 [(f)] (g) Any order or regulation of the Department of Social Services
168 or the Commission on Aging that is in force on [January] July 1, 2013,
169 shall continue in force and effect as an order or regulation until
170 amended, repealed or superseded pursuant to law.

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

173 The Department of Social Services is designated as the state agency
174 for the administration of (1) the child care development block grant
175 pursuant to the Child Care and Development Block Grant Act of 1990;
176 (2) the Connecticut energy assistance program pursuant to the Low
177 Income Home Energy Assistance Act of 1981; (3) [programs for the
178 elderly pursuant to the Older Americans Act; (4)] the state plan for
179 vocational rehabilitation services for the fiscal year ending June 30,

180 1994; [(5)] (4) the refugee assistance program pursuant to the Refugee
181 Act of 1980; [(6)] (5) the legalization impact assistance grant program
182 pursuant to the Immigration Reform and Control Act of 1986; [(7)] (6)
183 the temporary assistance for needy families program pursuant to the
184 Personal Responsibility and Work Opportunity Reconciliation Act of
185 1996; [(8)] (7) the Medicaid program pursuant to Title XIX of the Social
186 Security Act; [(9)] (8) the supplemental nutrition assistance program
187 pursuant to the Food and Nutrition Act of 2008; [(10)] (9) the state
188 supplement to the Supplemental Security Income Program pursuant to
189 the Social Security Act; [(11)] (10) the state child support enforcement
190 plan pursuant to Title IV-D of the Social Security Act; and [(12)] (11)
191 the state social services plan for the implementation of the social
192 services block grants and community services block grants pursuant to
193 the Social Security Act. [The Department of Social Services is
194 designated a public housing agency for the purpose of administering
195 the Section 8 existing certificate program and the housing voucher
196 program pursuant to the Housing Act of 1937.]

197 Sec. 6. Subsection (c) of section 17b-28 of the general statutes is
198 repealed and the following is substituted in lieu thereof (*Effective July*
199 *1, 2013*):

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

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

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

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

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

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

226 (6) Two appointed by the minority leader of the House of
227 Representatives, one of whom shall be an advocate for persons with
228 disabilities and one of whom shall be a dually eligible Medicaid-
229 Medicare beneficiary or an advocate for such a beneficiary;

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

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

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

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

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

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

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

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

251 Sec. 7. Subsection (a) of section 17b-28a of the general statutes is
252 repealed and the following is substituted in lieu thereof (*Effective July*
253 *1, 2013*):

254 (a) There is established a Waiver Application Development Council
255 that shall be composed of the following members: The chairpersons
256 and ranking members of the joint standing committee of the General
257 Assembly having cognizance of matters relating to appropriations, or
258 their designees; the chairpersons and ranking members of the joint
259 standing committee of the General Assembly having cognizance of
260 matters relating to aging, or their designees; the chairpersons and
261 ranking members of the joint standing committee of the General
262 Assembly having cognizance of matters relating to human services, or
263 their designees; the chairpersons and ranking members of the joint
264 standing committee of the General Assembly having cognizance of
265 matters relating to public health, or their designees; the Commissioner
266 of Social Services, or [his] the commissioner's designee; the
267 Commissioner on Aging, or the commissioner's designee; the
268 Commissioner of Public Health, or [his] the commissioner's designee;
269 the Commissioner of Mental Health and Addiction Services, or [his]
270 the commissioner's designee; the Commissioner of Developmental
271 Services, or [his] the commissioner's designee; the Secretary of the
272 Office of Policy and Management, or [his] the secretary's designee; the
273 State Comptroller, or [his] the comptroller's designee; a representative
274 of advocacy for mental retardation to be appointed by the president
275 pro tempore of the Senate; a representative of advocacy for the elderly

276 to be appointed by the majority leader of the Senate; a representative
277 of the nursing home industry to be appointed by the minority leader of
278 the Senate; a representative of the home health care industry,
279 independent of the nursing home industry, to be appointed by the
280 speaker of the House of Representatives; a representative of the mental
281 health profession to be appointed by the majority leader of the House
282 of Representatives; a representative of the substance abuse profession
283 to be appointed by the minority leader of the House of
284 Representatives; a health care provider to be appointed by the
285 president pro tempore of the Senate; two elderly consumers of
286 Medicaid services who are also eligible for Medicare, to be appointed
287 by the speaker of the House of Representatives; a representative of the
288 managed care industry, to be appointed by the president pro tempore
289 of the Senate; a social services care provider, to be appointed by the
290 majority leader of the House of Representatives; a family support care
291 provider, to be appointed by the majority leader of the Senate; two
292 persons with disabilities who are consumers of Medicaid services, one
293 to be appointed by the president pro tempore of the Senate and one to
294 be appointed by the minority leader of the House of Representatives; a
295 representative of legal advocacy for Medicaid clients, to be appointed
296 by the minority leader of the Senate; and six members of the General
297 Assembly, one member appointed by the president pro tempore of the
298 Senate; one member appointed by the majority leader of the Senate;
299 one member appointed by the minority leader of the Senate; one
300 member appointed by the speaker of the House of Representatives;
301 one member appointed by the majority leader of the House of
302 Representatives; and one member appointed by the minority leader of
303 the House of Representatives. The council shall be responsible for
304 advising the Department of Social Services, which shall be the lead
305 agency in the development of a Medicaid Research and Demonstration
306 Waiver under Section 1115 of the Social Security Act for application to
307 the Office of State Health Reform of the United States Department of
308 Health and Human Services by May 1, 1996. The council shall advise
309 the department with respect to specific provisions within the waiver
310 application, including but not limited to, the identification of

311 populations to be included in a managed care program, a timetable for
312 inclusion of distinct populations, expansion of access to care, quality
313 assurance and grievance procedures for consumers and providers. The
314 council shall also advise the department with respect to the goals of
315 the waiver, including but not limited to, the expansion of access and
316 coverage, making state health spending more efficient and to the
317 reduction of uncompensated care.

318 Sec. 8. Section 17b-33 of the general statutes is repealed and the
319 following is substituted in lieu thereof (*Effective July 1, 2013*):

320 The Department [of Social Services] on Aging shall establish, within
321 available appropriations, a fall prevention program. Within such
322 program, the department shall:

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

339 (2) Establish, in consultation with the Commissioner of Public
340 Health, a professional education program in fall prevention, evaluation
341 and management for physicians, allied health professionals and other
342 health care providers who provide services for the elderly in this state.
343 The Commissioner [of Social Services] on Aging may contract for the

344 establishment of such program through (A) a request for proposal
345 process, (B) a competitive grant program, or (C) cooperative
346 agreements with qualified organizations, institutions or consortia of
347 qualified organizations and institutions;

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

353 (A) Targeted fall risk screening and referral programs;

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

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

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

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

371 Sec. 9. Section 17b-251 of the general statutes is repealed and the
372 following is substituted in lieu thereof (*Effective July 1, 2013*):

373 The Department [of Social Services] on Aging shall establish an

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

381 Sec. 10. Section 17b-400 of the general statutes is repealed and the
382 following is substituted in lieu thereof (*Effective July 1, 2013*):

383 (a) As used in this chapter:

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

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

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

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

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

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

398 (7) "Long-term care facility" means any skilled nursing facility, as
399 defined in Section 1819(a) of the Social Security Act, (42 USC 1395i-
400 3(a)) any nursing facility, as defined in Section 1919(a) of the Social
401 Security Act, (42 USC 1396r(a)) a board and care facility as defined in
402 Section 102(19) of the federal Older Americans Act, (42 USC 3002(19))

403 and for purposes of ombudsman program coverage, an institution
404 regulated by the state pursuant to Section 1616(e) of the Social Security
405 Act, (42 USC 1382e(e)) and any other adult care home similar to a
406 facility or nursing facility or board and care home.

407 (8) "Commissioner" means the Commissioner [of Social Services] on
408 Aging.

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

411 [(10)] (9) "Applicant" means an older individual who has applied for
412 admission to a long-term care facility.

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

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

432 Sec. 11. Section 17b-405 of the general statutes is repealed and the
433 following is substituted in lieu thereof (*Effective July 1, 2013*):

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

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

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

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

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

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

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

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

460 Sec. 12. Subsection (c) of section 17b-406 of the general statutes is
461 repealed and the following is substituted in lieu thereof (*Effective July*
462 *1, 2013*):

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

467 Sec. 13. Section 17b-411 of the general statutes is repealed and the
468 following is substituted in lieu thereof (*Effective July 1, 2013*):

469 The Commissioner [of Social Services] on Aging, after consultation
470 with the State Ombudsman, shall adopt regulations in accordance with
471 the provisions of chapter 54, to carry out the provisions of sections 17b-
472 400 to 17b-412, inclusive, as amended by this act, 19a-531 and 19a-532.

473 Sec. 14. Section 17b-412 of the general statutes is repealed and the
474 following is substituted in lieu thereof (*Effective July 1, 2013*):

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

477 (1) Prepare an annual report:

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

480 (B) Containing and analyzing the data collected under section 17b-
481 413;

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

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

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

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

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

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

511 Sec. 15. Section 17b-421 of the general statutes is repealed and the
512 following is substituted in lieu thereof (*Effective July 1, 2013*):

513 The state shall be divided into five elderly planning and service
514 areas, in accordance with federal law and regulations, each having an
515 area agency on aging to carry out the mandates of the federal Older
516 Americans Act of 1965, as amended. The area agencies shall (1)
517 represent elderly persons within their geographic areas, (2) develop an
518 area plan for approval by the Department [of Social Services] on Aging
519 and upon such approval administer the plan, (3) coordinate and assist
520 local public and nonprofit, private agencies in the development of
521 programs, (4) receive and distribute federal and state funds for such
522 purposes, in accordance with applicable law, (5) carry out any
523 additional duties and functions required by federal law and

524 regulations.

525 Sec. 16. Section 17b-422 of the general statutes is repealed and the
526 following is substituted in lieu thereof (*Effective July 1, 2013*):

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

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

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

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

556 such fee.

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

559 The Department [of Social Services] on Aging may make a grant to
560 any city, town or borough or public or private agency, organization or
561 institution for the following purposes: (a) For community planning
562 and coordination of programs carrying out the purposes of the Older
563 Americans Act of 1965, as amended; (b) for demonstration programs or
564 activities particularly valuable in carrying out such purposes; (c) for
565 training of special personnel needed to carry out such programs and
566 activities; (d) for establishment of new or expansion of existing
567 programs to carry out such purposes, including establishment of new
568 or expansion of existing centers of service for elderly persons,
569 providing recreational, cultural and other leisure time activities, and
570 informational, transportation, referral and preretirement and
571 postretirement counseling services for elderly persons and assisting
572 such persons in providing volunteer community or civic services,
573 except that no costs of construction, other than for minor alterations
574 and repairs, shall be included in such establishment or expansion; (e)
575 for programs to develop or demonstrate approaches, methods and
576 techniques for achieving or improving coordination of community
577 services for elderly or aging persons and such other programs and
578 services as may be allowed under Title III of the Older Americans Act
579 of 1965, as amended, or to evaluate these approaches, techniques and
580 methods, as well as others which may assist elderly or aging persons
581 to enjoy wholesome and meaningful living and to continue to
582 contribute to the strength and welfare of the state and nation.

583 Sec. 18. Section 17b-426 of the general statutes is repealed and the
584 following is substituted in lieu thereof (*Effective July 1, 2013*):

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

589 five per cent of the moneys so appropriated.

590 Sec. 19. Section 17b-427 of the general statutes is repealed and the
591 following is substituted in lieu thereof (*Effective July 1, 2013*):

592 (a) As used in this section:

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

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

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

609 (b) The Department [of Social Services] on Aging shall administer
610 the CHOICES health insurance assistance program, which shall be a
611 comprehensive Medicare advocacy program that provides assistance
612 to Connecticut residents who are Medicare beneficiaries. The program
613 shall: (1) Maintain a toll-free telephone number to provide advice and
614 information on Medicare benefits, including prescription drug benefits
615 available through the Medicare Part D program, the Medicare appeals
616 process, health insurance matters applicable to Medicare beneficiaries
617 and long-term care options available in the state at least five days per
618 week during normal business hours; (2) provide information, advice
619 and representation, where appropriate, concerning the Medicare

620 appeals process, by a qualified attorney or paralegal at least five days
621 per week during normal business hours; (3) prepare and distribute
622 written materials to Medicare beneficiaries, their families, senior
623 citizens and organizations regarding Medicare benefits, including
624 prescription drug benefits available through the Medicare Part D
625 program and long-term care options available in the state; (4) develop
626 and distribute a Connecticut Medicare consumers guide, after
627 consultation with the Insurance Commissioner and other organizations
628 involved in servicing, representing or advocating for Medicare
629 beneficiaries, which shall be available to any individual, upon request,
630 and shall include: (A) Information permitting beneficiaries to compare
631 their options for delivery of Medicare services; (B) information
632 concerning the Medicare plans available to beneficiaries, including the
633 traditional Medicare fee-for-service plan, Medicare Part D plans and
634 the benefits and services available through each plan; (C) information
635 concerning the procedure to appeal a denial of care and the procedure
636 to request an expedited appeal of a denial of care; (D) information
637 concerning private insurance policies and federal and state-funded
638 programs that are available to supplement Medicare coverage for
639 beneficiaries; (E) a worksheet for beneficiaries to use to evaluate the
640 various plans, including Medicare Part D programs; and (F) any other
641 information the program deems relevant to beneficiaries; (5)
642 collaborate with other state agencies and entities in the development of
643 consumer-oriented web sites that provide information on Medicare
644 plans, including Medicare Part D plans, and long-term care options
645 that are available in the state; and (6) include any functions the
646 department deems necessary to conform to federal grant requirements.

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

655 (d) Each Medicare organization that fails to file the annual data,
656 reports or information requested pursuant to subsection (c) of this
657 section shall pay a late fee of one hundred dollars per day for each day
658 from the due date of such data, reports or information to the date of
659 filing. Each Medicare organization that files incomplete annual data,
660 reports or information shall be so informed by the Insurance
661 Commissioner, shall be given a date by which to remedy such
662 incomplete filing and shall pay said late fee commencing from the new
663 due date.

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

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

681 Sec. 20. Subsection (a) of section 17b-792 of the general statutes is
682 repealed and the following is substituted in lieu thereof (*Effective July*
683 *1, 2013*):

684 (a) The Department [of Social Services] on Aging shall be
685 responsible for the administration of programs which provide
686 nutritionally sound diets to needy elderly persons and for the
687 expansion of such programs when possible. Such programs shall be

688 continued in such a manner as to fully utilize congregate feeding and
689 nutrition education of elderly citizens who qualify for such program.

690 Sec. 21. Subsection (c) of section 17b-337 of the general statutes is
691 repealed and the following is substituted in lieu thereof (*Effective July*
692 *1, 2013*):

693 (c) The Long-Term Care Planning Committee shall consist of: (1)
694 The chairpersons and ranking members of the joint standing [and
695 select] committees of the General Assembly having cognizance of
696 matters relating to human services, public health, elderly services and
697 long-term care; (2) the Commissioner of Social Services, or the
698 commissioner's designee; (3) one member of the Office of Policy and
699 Management appointed by the Secretary of the Office of Policy and
700 Management; (4) one member from the Department [of Social Services]
701 on Aging appointed by the Commissioner [of Social Services] on
702 Aging; (5) two members from the Department of Public Health
703 appointed by the Commissioner of Public Health, one of whom is from
704 the Office of Health Care Access division of the department; (6) one
705 member from the Department of [Economic and Community
706 Development] Housing appointed by the Commissioner of [Economic
707 and Community Development] Housing; (7) one member from the
708 Department of Developmental Services appointed by the
709 Commissioner of Developmental Services; (8) one member from the
710 Department of Mental Health and Addiction Services appointed by the
711 Commissioner of Mental Health and Addiction Services; (9) one
712 member from the Department of Transportation appointed by the
713 Commissioner of Transportation; (10) one member from the
714 Department of Children and Families appointed by the Commissioner
715 of Children and Families; and (11) the executive director of the Office
716 of Protection and Advocacy for Persons with Disabilities or the
717 executive director's designee. The committee shall convene no later
718 than ninety days after June 4, 1998. Any vacancy shall be filled by the
719 appointing authority. The chairperson shall be elected from among the
720 members of the committee. The committee shall seek the advice and
721 participation of any person, organization or state or federal agency it

722 deems necessary to carry out the provisions of this section.

723 Sec. 22. Section 17b-349e of the general statutes is repealed and the
724 following is substituted in lieu thereof (*Effective July 1, 2013*):

725 (a) As used in this section:

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

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

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

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

737 (b) The Commissioner [of Social Services] on Aging shall operate a
738 program, within available appropriations, to provide respite care
739 services for caretakers of individuals with Alzheimer's disease,
740 provided such individuals with Alzheimer's disease meet the
741 requirements set forth in subsection (c) of this section. Such respite
742 care services may include, but need not be limited to (1) homemaker
743 services; (2) adult day care; (3) temporary care in a licensed medical
744 facility; (4) home-health care; (5) companion services; or (6) personal
745 care assistant services. Such respite care services may be administered
746 directly by the [department] Department on Aging, or through
747 contracts for services with providers of such services, or by means of
748 direct subsidy to caretakers of individuals with Alzheimer's disease to
749 purchase such services.

750 (c) (1) No individual with Alzheimer's disease may participate in the
751 program if such individual (A) has an annual income of more than

752 forty-one thousand dollars or liquid assets of more than one hundred
753 nine thousand dollars, or (B) is receiving services under the
754 Connecticut home-care program for the elderly. On July 1, 2009, and
755 annually thereafter, the commissioner shall increase such income and
756 asset eligibility criteria over that of the previous fiscal year to reflect
757 the annual cost of living adjustment in Social Security income, if any.

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

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

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

783 (e) The Commissioner [of Social Services] on Aging may allocate
784 any funds appropriated in excess of five hundred thousand dollars for

785 the program among the five area agencies on aging according to need,
786 as determined by said commissioner.

787 Sec. 23. Subsection (a) of section 17b-367a of the general statutes is
788 repealed and the following is substituted in lieu thereof (*Effective July*
789 *1, 2013*):

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

800 Sec. 24. Subsection (c) of section 3-123aa of the general statutes is
801 repealed and the following is substituted in lieu thereof (*Effective July*
802 *1, 2013*):

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

818 Sec. 25. Subsection (a) of section 16a-41b of the general statutes is
819 repealed and the following is substituted in lieu thereof (*Effective July*
820 *1, 2013*):

821 (a) There shall be a Low-Income Energy Advisory Board which shall
822 consist of the following members or their designees: The [executive
823 director of the Commission on Aging] Commissioner on Aging or the
824 commissioner's designee; a representative of each electric and gas
825 public service company designated by each such company; the
826 chairperson of the Public Utilities Regulatory Authority; the Consumer
827 Counsel; the executive director of Operation Fuel; the executive
828 director of Infoline; the director of the Connecticut Local
829 Administrators of Social Services; the executive director of Legal
830 Assistance Resource Center of Connecticut; the Connecticut president
831 of AARP; a designee of the Norwich Public Utility; a designee of the
832 Independent Connecticut Petroleum Association; and a representative
833 of the community action agencies administering energy assistance
834 programs under contract with the Department of Social Services,
835 designated by the Connecticut Association for Community Action. The
836 Secretary of the Office of Policy and Management and the
837 Commissioners of Social Services and Energy and Environmental
838 Protection, or their designees, shall serve as nonvoting members of the
839 board.

840 Sec. 26. Subsection (a) of section 17b-253 of the general statutes is
841 repealed and the following is substituted in lieu thereof (*Effective July*
842 *1, 2013*):

843 (a) The Department of Social Services shall seek appropriate
844 amendments to its Medicaid regulations and state plan to allow
845 protection of resources and income pursuant to section 17b-252. Such
846 protection shall be provided, to the extent approved by the federal
847 Centers for Medicare and Medicaid Services, for any purchaser of a
848 precertified long-term care policy and shall last for the life of the
849 purchaser. Such protection shall be provided under the Medicaid
850 program or its successor program. Any purchaser of a precertified

851 long-term care policy shall be guaranteed coverage under the
852 Medicaid program or its successor program, to the extent the
853 individual meets all applicable eligibility requirements for the
854 Medicaid program or its successor program. Until such time as
855 eligibility requirements are prescribed for Medicaid's successor
856 program, for the purposes of this subsection, the applicable eligibility
857 requirements shall be the Medicaid program's requirements as of the
858 date its successor program was enacted. The Department of Social
859 Services shall count insurance benefit payments toward resource
860 exclusion to the extent such payments (1) are for services paid for by a
861 precertified long-term care policy; (2) are for the lower of the actual
862 charge and the amount paid by the insurance company; (3) are for
863 nursing home care, or formal services delivered to insureds in the
864 community as part of a care plan approved by an access agency
865 approved by the Office of Policy and Management and the
866 Department of Social Services as meeting the requirements for such
867 agency as defined in regulations adopted pursuant to subsection (e) of
868 section 17b-342; and (4) are for services provided after the individual
869 meets the coverage requirements for long-term care benefits
870 established by the Department of Social Services for this program. The
871 Commissioner of Social Services shall adopt regulations, in accordance
872 with chapter 54, to implement the provisions of this subsection and
873 sections [17b-251,] 17b-252, 17b-254 and 38a-475, as amended by this
874 act, relating to determining eligibility of applicants for Medicaid, or its
875 successor program, and the coverage requirements for long-term care
876 benefits.

877 Sec. 27. Section 38a-475 of the general statutes is repealed and the
878 following is substituted in lieu thereof (*Effective July 1, 2013*):

879 The Insurance Department shall only precertify long-term care
880 insurance policies which (1) alert the purchaser to the availability of
881 consumer information and public education provided by the
882 Department [of Social Services] on Aging pursuant to section 17b-251,
883 as amended by this act; (2) offer the option of home and community-
884 based services in addition to nursing home care; (3) in all home care

885 plans, include case management services delivered by an access
 886 agency approved by the Office of Policy and Management and the
 887 Department of Social Services as meeting the requirements for such
 888 agency as defined in regulations adopted pursuant to subsection (e) of
 889 section 17b-342, which services shall include, but need not be limited
 890 to, the development of a comprehensive individualized assessment
 891 and care plan and, as needed, the coordination of appropriate services
 892 and the monitoring of the delivery of such services; (4) provide
 893 inflation protection; (5) provide for the keeping of records and an
 894 explanation of benefit reports on insurance payments which count
 895 toward Medicaid resource exclusion; and (6) provide the management
 896 information and reports necessary to document the extent of Medicaid
 897 resource protection offered and to evaluate the Connecticut
 898 Partnership for Long-Term Care. No policy shall be precertified if it
 899 requires prior hospitalization or a prior stay in a nursing home as a
 900 condition of providing benefits. The commissioner may adopt
 901 regulations, in accordance with chapter 54, to carry out the
 902 precertification provisions of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2013</i>	7-127b
Sec. 2	<i>July 1, 2013</i>	8-119f
Sec. 3	<i>July 1, 2013</i>	17b-4
Sec. 4	<i>July 1, 2013</i>	17a-317
Sec. 5	<i>July 1, 2013</i>	17b-2
Sec. 6	<i>July 1, 2013</i>	17b-28(c)
Sec. 7	<i>July 1, 2013</i>	17b-28a(a)
Sec. 8	<i>July 1, 2013</i>	17b-33
Sec. 9	<i>July 1, 2013</i>	17b-251
Sec. 10	<i>July 1, 2013</i>	17b-400
Sec. 11	<i>July 1, 2013</i>	17b-405
Sec. 12	<i>July 1, 2013</i>	17b-406(c)
Sec. 13	<i>July 1, 2013</i>	17b-411
Sec. 14	<i>July 1, 2013</i>	17b-412
Sec. 15	<i>July 1, 2013</i>	17b-421
Sec. 16	<i>July 1, 2013</i>	17b-422

Sec. 17	<i>July 1, 2013</i>	17b-425
Sec. 18	<i>July 1, 2013</i>	17b-426
Sec. 19	<i>July 1, 2013</i>	17b-427
Sec. 20	<i>July 1, 2013</i>	17b-792(a)
Sec. 21	<i>July 1, 2013</i>	17b-337(c)
Sec. 22	<i>July 1, 2013</i>	17b-349e
Sec. 23	<i>July 1, 2013</i>	17b-367a(a)
Sec. 24	<i>July 1, 2013</i>	3-123aa(c)
Sec. 25	<i>July 1, 2013</i>	16a-41b(a)
Sec. 26	<i>July 1, 2013</i>	17b-253(a)
Sec. 27	<i>July 1, 2013</i>	38a-475

Statement of Legislative Commissioners:

Section 11 was added to make a conforming change.

AGE *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect
State Department on Aging	GF - See Below
Department of Social Services	GF - See Below

Municipal Impact: None

Explanation

The State Department on Aging (SDA) became effective January 1, 2013. This bill transfers certain functions, programs and duties from the Department of Social Services to the SDA, effective July 1, 2013. As the bill does not expand any required functions, and codifies the existing administrative responsibilities of the SDA, there is no fiscal impact.

The Out Years

State Impact: None

Municipal Impact: None

OLR Bill Analysis**sSB 837*****AN ACT CONCERNING THE DEPARTMENT ON AGING.*****SUMMARY:**

The law establishes a Department on Aging effective January 1, 2013, and transfers to it all functions, powers, duties, and personnel of the Department of Social Services' (DSS) Aging Services Division. However, DSS must continue to administer programs that become the new department's responsibility until the governor appoints an aging commissioner and administrative staff (the commissioner has not yet been appointed).

This bill effectuates the establishment of the Department on Aging by transferring to it all Aging Services Division programs and responsibilities, including federal Older Americans Act (OAA) programs; the Statewide Respite Program; the Community Choices Program; OAA funding for the area agencies on aging; health insurance counseling; administration of state grants for elderly community services and programs; oversight of municipal agents for the elderly; elderly nutrition; and fall prevention.

The bill also moves, from DSS to the department, the Long-Term Care Ombudsman Office.

The bill makes the Department of Housing (DOH) responsible for the state's congregate and Section 8 housing programs, instead of the Department of Economic and Community Development (DECD) and DSS, respectively (see BACKGROUND).

Finally, the bill makes technical and conforming changes.

EFFECTIVE DATE: July 1, 2013

§§ 1, 5, 8, 15-18, 20-23 — TRANSFER OF CERTAIN DSS FUNCTIONS

The bill transfers authority over the following functions from DSS to the Aging Department:

1. overseeing municipal agents for the elderly (§ 1);
2. administering OAA programs (§ 5);
3. establishing and overseeing a fall prevention program, within available appropriations (§ 8);
4. establishing an outreach program to educate consumers on long-term care, including financing, asset protection, and insurance (§ 9);
5. providing public information to help people choose appropriate long-term care insurance (§ 9);
6. approving plans of the state's five area agencies on aging, allocating OAA funds to these agencies, and reviewing and reporting to the legislature on funding allocation methods (§§ 15 & 16);
7. awarding state grants for elderly community services and programs and using up to 5% of funds appropriated for these grants toward related administrative expenses (§§ 17 & 18);
8. administering the CHOICES program (the state's health insurance information and counseling program for seniors) (§ 19);
9. administering elderly nutrition programs (§ 20);
10. serving on the Long-Term Care Planning Committee (§ 21); and
11. operating the Statewide Respite and Community Choices programs (§§ 22 & 23).

§ 2 — CONGREGATE HOUSING

The bill requires the DOH commissioner, instead of the DECD commissioner, to administer a congregate housing program.

It also requires the housing commissioner to consult with the aging commissioner, not only the DSS commissioner as DECD must do under current law, regarding the provision of services to residents with physical disabilities.

§ 3 — REGULATIONS REGARDING NURSING HOME FINANCIAL SOLVENCY REPORTING

The bill requires DSS to work in conjunction with the Aging Department, not only the Public Health Department as under current law, when adopting regulations on reporting requirements regarding nursing homes' financial solvency and quality of care. These reports are submitted to the Nursing Home Financial Advisory Committee to help determine the financial viability of nursing homes, identify those experiencing financial distress, and identify the reasons for the distress.

§§ 3 & 4 — COORDINATION, STUDY, ASSESSMENT, AND MONITORING DUTIES

The bill transfers, from DSS to the Aging Department, the requirement to 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, rather than DSS, 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.

§§ 6-7 & 24-25 — MEMBERSHIP ON CERTAIN ADVISORY BOARDS AND COUNCILS

The bill replaces the Commission on Aging's representative with the aging commissioner on the Low-Income Energy Advisory Board and the Connecticut Homecare Option Program for the Elderly Advisory

Board.

It also adds the Aging Committee's chairs and ranking members and aging commissioner, or their designees, to the membership of the (1) Medical Assistance Program Oversight Council and (2) Medicaid Waiver Application Development Council.

§§ 10-14 — LONG-TERM CARE OMBUDSMAN

By law, the state's Long-Term Care Ombudsman's Office represents the interests of residents in nursing and residential care homes and assisted living facilities. Among other things, the office receives and investigates residents' complaints about their care; provides education and information to consumers, agencies, and providers; and monitors state and federal laws and regulations.

The bill moves the ombudsman's office from DSS to the Aging Department and makes other related technical and conforming changes.

The bill also makes the aging commissioner, instead of the DSS commissioner, responsible for (1) appointing the Long-Term Care Ombudsman and (2) seeking funding for the ombudsman program's resident advocates.

§ 27 — LONG-TERM CARE INSURANCE CERTIFICATION

Currently, the insurance commissioner can precertify only those long-term care insurance policies that, among other requirements, alert purchasers to consumer information and public education DSS provides. The bill replaces DSS with the Aging Department in this context.

BACKGROUND

Related Bills

HB 6366, favorably reported by the Housing Committee, also makes the DOH responsible for the state's congregate and Section 8 housing programs, instead of DECD and DSS, respectively.

HB 6368, favorably reported by the Human Services Committee, also transfers administration of the CHOICES program from DSS to the Aging Department.

Department on Housing

PA 12-1, June Special Session, established DOH, making it DECD’s successor with respect to its housing-related functions, powers, and duties (including community development, redevelopment, and urban renewal). The housing commissioner is responsible for (1) all aspects of state housing policy, development, redevelopment, preservation, maintenance, and improvement of the state's housing stock and (2) developing strategies to encourage housing provision in the state, including for very low-, low-, and moderate-income families.

Elderly Programs and Services Remaining Under DSS

DSS is the state’s Medicaid agency, which means it is responsible for providing direct oversight of Connecticut’s Medicaid programs. Thus, it will continue to administer all Medicaid-related elderly programs and services. These include, among others, the Connecticut Homecare Program for Elders, Money Follows the Person Rebalancing Demonstration, Medicaid Personal Care Attendant Waiver Program, the Balancing Incentive Program, and the Medicare and Medicaid Enrollee Demonstration.

COMMITTEE ACTION

Aging Committee

Joint Favorable
Yea 12 Nay 0 (03/07/2013)