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General Assembly

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(Reprint of File No. 110)

Substitute Senate Bill No. 837
As Amended by Senate Amendment Schedule
"A" and House Amendment Schedule "A"

Approved by the Legislative Commissioner
May 24, 2013

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 Section 7-127b of the general statutes is repealed and the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 from passage*):

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 is designated as the State Unit on
131 Aging to administer, manage, design and advocate for benefits,
132 programs and services for the elderly and their families pursuant to
133 the Older Americans Act. The department shall study continuously the
134 conditions and needs of elderly persons in this state in relation to
135 nutrition, transportation, home care, housing, income, employment,
136 health, recreation and other matters. The department shall be
137 responsible, in cooperation with federal, state, local and area planning
138 agencies on aging, for the overall planning, development and
139 administration of a comprehensive and integrated social service
140 delivery system for elderly persons. The department shall: (1) Measure
141 the need for services; (2) survey methods of administration of
142 programs for service delivery; (3) provide for periodic evaluations of
143 social services; (4) maintain technical, information, consultation and
144 referral services in cooperation with other state agencies to local and
145 area public and private agencies to the fullest extent possible; (5)
146 develop and coordinate educational outreach programs for the

147 purposes of informing the public and elderly persons of available
148 programs; (6) cooperate in the development of performance standards
149 for licensing of residential and medical facilities with appropriate state
150 agencies; (7) supervise the establishment, in selected areas and local
151 communities of the state, of pilot programs for elderly persons; (8)
152 coordinate with the Department of Transportation to provide adequate
153 transportation services related to the needs of elderly persons; and (9)
154 cooperate with other state agencies to provide adequate and alternate
155 housing for elderly persons, including congregate housing, as defined
156 in section 8-119e.

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

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

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

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

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

176 The Department of Social Services is designated as the state agency
177 for the administration of (1) the child care development block grant

178 pursuant to the Child Care and Development Block Grant Act of 1990;
179 (2) the Connecticut energy assistance program pursuant to the Low
180 Income Home Energy Assistance Act of 1981; (3) [programs for the
181 elderly pursuant to the Older Americans Act; (4)] the state plan for
182 vocational rehabilitation services for the fiscal year ending June 30,
183 1994; [(5)] (4) the refugee assistance program pursuant to the Refugee
184 Act of 1980; [(6)] (5) the legalization impact assistance grant program
185 pursuant to the Immigration Reform and Control Act of 1986; [(7)] (6)
186 the temporary assistance for needy families program pursuant to the
187 Personal Responsibility and Work Opportunity Reconciliation Act of
188 1996; [(8)] (7) the Medicaid program pursuant to Title XIX of the Social
189 Security Act; [(9)] (8) the supplemental nutrition assistance program
190 pursuant to the Food and Nutrition Act of 2008; [(10)] (9) the state
191 supplement to the Supplemental Security Income Program pursuant to
192 the Social Security Act; [(11)] (10) the state child support enforcement
193 plan pursuant to Title IV-D of the Social Security Act; and [(12)] (11)
194 the state social services plan for the implementation of the social
195 services block grants and community services block grants pursuant to
196 the Social Security Act. [The Department of Social Services is
197 designated a public housing agency for the purpose of administering
198 the Section 8 existing certificate program and the housing voucher
199 program pursuant to the Housing Act of 1937.]

200 Sec. 6. Subsection (c) of section 17b-28 of the general statutes is
201 repealed and the following is substituted in lieu thereof (*Effective July*
202 *1, 2013*):

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

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

209 (2) Four appointed by the speaker of the House of Representatives,

210 one of whom shall be a member of the General Assembly, one of
211 whom shall be a community provider of adult Medicaid health
212 services, one of whom shall be a recipient of Medicaid benefits for the
213 aged, blind and disabled or an advocate for such a recipient and one of
214 whom shall be a representative of the state's federally qualified health
215 clinics;

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

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

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

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

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

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

239 (9) The executive director of the Commission on Children, or the

240 executive director's designee;

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

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

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

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

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

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

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

259 (1) Promote and support research to: (A) Improve the identification,
260 diagnosis, treatment and rehabilitation of older adults and others who
261 have a high risk of falling; (B) improve data collection and analysis to
262 identify risk factors for falls and factors that reduce the likelihood of
263 falls; (C) design, implement and evaluate the most effective fall
264 prevention interventions; (D) improve intervention strategies that have
265 been proven effective in reducing falls by tailoring such strategies to
266 specific populations of older adults; (E) maximize the dissemination of
267 proven, effective fall prevention interventions; (F) assess the risk of
268 falls occurring in various settings; (G) identify barriers to the adoption
269 of proven interventions with respect to the prevention of falls among

270 older adults; (H) develop, implement and evaluate the most effective
271 approaches to reducing falls among high-risk older adults living in
272 communities and long-term care and assisted living facilities; and (I)
273 evaluate the effectiveness of community programs designed to prevent
274 falls among older adults;

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

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

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

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

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

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

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

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

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

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

319 (a) As used in this chapter:

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

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

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

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

328 (5) "Representative" includes a regional ombudsman, a residents'
329 advocate or an employee of the Office of the Long-Term Care

330 Ombudsman who is individually designated by the [ombudsman]
331 State Ombudsman.

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

334 (7) "Long-term care facility" means any skilled nursing facility, as
335 defined in Section 1819(a) of the Social Security Act, (42 USC 1395i-
336 3(a)) any nursing facility, as defined in Section 1919(a) of the Social
337 Security Act, (42 USC 1396r(a)) a board and care facility as defined in
338 Section 102(19) of the federal Older Americans Act, (42 USC 3002(19))
339 and for purposes of ombudsman program coverage, an institution
340 regulated by the state pursuant to Section 1616(e) of the Social Security
341 Act, (42 USC 1382e(e)) and any other adult care home similar to a
342 facility or nursing facility or board and care home.

343 (8) "Commissioner" means the Commissioner [of Social Services] on
344 Aging.

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

347 [(10)] (9) "Applicant" means an older individual who has applied for
348 admission to a long-term care facility.

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

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

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

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

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

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

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

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

387 (5) (A) Review and, if necessary, comment on any existing and
388 proposed laws, regulations and other government policies and actions
389 that pertain to the rights and well-being of residents and applicants in

390 relation to their applications to long-term care facilities, and (B)
391 facilitate the ability of the public to comment on the laws, regulations,
392 policies and actions;

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

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

396 Sec. 11. Subsection (c) of section 17b-406 of the general statutes is
397 repealed and the following is substituted in lieu thereof (*Effective July*
398 *1, 2013*):

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

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

405 The Commissioner [of Social Services] on Aging, after consultation
406 with the State Ombudsman, shall adopt regulations in accordance with
407 the provisions of chapter 54, to carry out the provisions of sections 17b-
408 400 to 17b-412, inclusive, as amended by this act, 19a-531 and 19a-532.

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

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

413 (1) Prepare an annual report:

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

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

417 413;

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

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

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

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

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

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

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

449 The state shall be divided into five elderly planning and service
450 areas, in accordance with federal law and regulations, each having an
451 area agency on aging to carry out the mandates of the federal Older
452 Americans Act of 1965, as amended. The area agencies shall (1)
453 represent elderly persons within their geographic areas, (2) develop an
454 area plan for approval by the Department [of Social Services] on Aging
455 and upon such approval administer the plan, (3) coordinate and assist
456 local public and nonprofit, private agencies in the development of
457 programs, (4) receive and distribute federal and state funds for such
458 purposes, in accordance with applicable law, (5) carry out any
459 additional duties and functions required by federal law and
460 regulations.

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

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

472 (b) Sixty per cent of the state funds appropriated to the five area
473 agencies on aging for elderly nutrition and social services shall be
474 allocated in the same proportion as allocations made pursuant to
475 subsection (a) of this section. Forty per cent of all state funds
476 appropriated to the five area agencies on aging for elderly nutrition
477 and social services used for purposes other than the required
478 nonfederal matching funds shall be allocated at the discretion of the

479 Commissioner [of Social Services] on Aging, in consultation with the
480 five area agencies on aging, based on their need for such funds. Any
481 state funds appropriated to the five area agencies on aging for
482 administrative expenses shall be allocated equally.

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

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

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

495 The Department [of Social Services] on Aging may make a grant to
496 any city, town or borough or public or private agency, organization or
497 institution for the following purposes: (a) For community planning
498 and coordination of programs carrying out the purposes of the Older
499 Americans Act of 1965, as amended; (b) for demonstration programs or
500 activities particularly valuable in carrying out such purposes; (c) for
501 training of special personnel needed to carry out such programs and
502 activities; (d) for establishment of new or expansion of existing
503 programs to carry out such purposes, including establishment of new
504 or expansion of existing centers of service for elderly persons,
505 providing recreational, cultural and other leisure time activities, and
506 informational, transportation, referral and preretirement and
507 postretirement counseling services for elderly persons and assisting
508 such persons in providing volunteer community or civic services,
509 except that no costs of construction, other than for minor alterations
510 and repairs, shall be included in such establishment or expansion; (e)

511 for programs to develop or demonstrate approaches, methods and
512 techniques for achieving or improving coordination of community
513 services for elderly or aging persons and such other programs and
514 services as may be allowed under Title III of the Older Americans Act
515 of 1965, as amended, or to evaluate these approaches, techniques and
516 methods, as well as others which may assist elderly or aging persons
517 to enjoy wholesome and meaningful living and to continue to
518 contribute to the strength and welfare of the state and nation.

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

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

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

528 (a) As used in this section:

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

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

540 (3) "Medicare organization" means any corporate entity or other

541 organization or group that contracts with the federal Centers for
542 Medicare and Medicaid Services to serve as a Medicare health plan
543 organization to provide health care services to Medicare beneficiaries
544 in this state as an alternative to the traditional Medicare fee-for-service
545 plan.

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

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

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

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

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

605 [(d)] (f) Each Medicare organization that fails to file the annual data,
606 reports or information requested pursuant to subsection [(c)] (e) of this
607 section shall pay a late fee of one hundred dollars per day for each day

608 from the due date of such data, reports or information to the date of
609 filing. Each Medicare organization that files incomplete annual data,
610 reports or information shall be so informed by the Insurance
611 Commissioner, shall be given a date by which to remedy such
612 incomplete filing and shall pay said late fee commencing from the new
613 due date.

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

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

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

635 Sec. 19. Subsection (a) of section 17b-792 of the general statutes is
636 repealed and the following is substituted in lieu thereof (*Effective July*
637 *1, 2013*):

638 (a) The Department [of Social Services] on Aging shall be
639 responsible for the administration of programs which provide

640 nutritionally sound diets to needy elderly persons and for the
641 expansion of such programs when possible. Such programs shall be
642 continued in such a manner as to fully utilize congregate feeding and
643 nutrition education of elderly citizens who qualify for such program.

644 Sec. 20. Subsection (c) of section 17b-337 of the general statutes is
645 repealed and the following is substituted in lieu thereof (*Effective July*
646 *1, 2013*):

647 (c) The Long-Term Care Planning Committee shall consist of: (1)
648 The chairpersons and ranking members of the joint standing [and
649 select] committees of the General Assembly having cognizance of
650 matters relating to human services, public health, elderly services and
651 long-term care; (2) the Commissioner of Social Services, or the
652 commissioner's designee; (3) one member of the Office of Policy and
653 Management appointed by the Secretary of the Office of Policy and
654 Management; (4) one member from the Department [of Social Services]
655 on Aging appointed by the Commissioner [of Social Services] on
656 Aging; (5) two members from the Department of Public Health
657 appointed by the Commissioner of Public Health, one of whom is from
658 the Office of Health Care Access division of the department; (6) one
659 member from the Department of [Economic and Community
660 Development] Housing appointed by the Commissioner of [Economic
661 and Community Development] Housing; (7) one member from the
662 Department of Developmental Services appointed by the
663 Commissioner of Developmental Services; (8) one member from the
664 Department of Mental Health and Addiction Services appointed by the
665 Commissioner of Mental Health and Addiction Services; (9) one
666 member from the Department of Transportation appointed by the
667 Commissioner of Transportation; (10) one member from the
668 Department of Children and Families appointed by the Commissioner
669 of Children and Families; and (11) the executive director of the Office
670 of Protection and Advocacy for Persons with Disabilities or the
671 executive director's designee. The committee shall convene no later
672 than ninety days after June 4, 1998. Any vacancy shall be filled by the
673 appointing authority. The chairperson shall be elected from among the

674 members of the committee. The committee shall seek the advice and
675 participation of any person, organization or state or federal agency it
676 deems necessary to carry out the provisions of this section.

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

679 (a) As used in this section:

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

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

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

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

691 (b) The Commissioner [of Social Services] on Aging shall operate a
692 program, within available appropriations, to provide respite care
693 services for caretakers of individuals with Alzheimer's disease,
694 provided such individuals with Alzheimer's disease meet the
695 requirements set forth in subsection (c) of this section. Such respite
696 care services may include, but need not be limited to (1) homemaker
697 services; (2) adult day care; (3) temporary care in a licensed medical
698 facility; (4) home-health care; (5) companion services; or (6) personal
699 care assistant services. Such respite care services may be administered
700 directly by the [department] Department on Aging, or through
701 contracts for services with providers of such services, or by means of
702 direct subsidy to caretakers of individuals with Alzheimer's disease to
703 purchase such services.

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

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

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

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

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

741 Sec. 22. Subsection (a) of section 17b-367a of the general statutes is
742 repealed and the following is substituted in lieu thereof (*Effective July*
743 *1, 2013*):

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

754 Sec. 23. Subsection (c) of section 3-123aa of the general statutes is
755 repealed and the following is substituted in lieu thereof (*Effective July*
756 *1, 2013*):

757 (c) There is established an advisory committee to the Connecticut
758 Homecare Option Program for the Elderly, which shall consist of the
759 State Treasurer, the State Comptroller, the Commissioner of Social
760 Services, [a representative of the Commission on Aging] the
761 Commissioner on Aging, the director of the long-term care partnership
762 policy program within the Office of Policy and Management, and the
763 cochairpersons and ranking members of the joint standing committees
764 of the General Assembly having cognizance of matters relating to
765 aging, human services and finance, revenue and bonding, [and the
766 cochairpersons and ranking members of the select committee having
767 cognizance of matters relating to aging,] or their designees. The
768 Governor shall appoint one provider of home care services for the

769 elderly and a physician specializing in geriatric care. The advisory
770 committee shall meet at least annually. The State Comptroller shall
771 convene the meetings of the committee.

772 Sec. 24. Subsection (a) of section 16a-41b of the general statutes is
773 repealed and the following is substituted in lieu thereof (*Effective July*
774 *1, 2013*):

775 (a) There shall be a Low-Income Energy Advisory Board which shall
776 consist of the following members or their designees: The [executive
777 director of the Commission on Aging] Commissioner on Aging or the
778 commissioner's designee; a representative of each electric and gas
779 public service company designated by each such company; the
780 chairperson of the Public Utilities Regulatory Authority; the Consumer
781 Counsel; the executive director of Operation Fuel; the executive
782 director of Infoline; the director of the Connecticut Local
783 Administrators of Social Services; the executive director of Legal
784 Assistance Resource Center of Connecticut; the Connecticut president
785 of AARP; a designee of the Norwich Public Utility; a designee of the
786 Independent Connecticut Petroleum Association; and a representative
787 of the community action agencies administering energy assistance
788 programs under contract with the Department of Social Services,
789 designated by the Connecticut Association for Community Action. The
790 Secretary of the Office of Policy and Management and the
791 Commissioners of Social Services and Energy and Environmental
792 Protection, or their designees, shall serve as nonvoting members of the
793 board.

794 Sec. 25. Subsection (a) of section 17b-253 of the general statutes is
795 repealed and the following is substituted in lieu thereof (*Effective July*
796 *1, 2013*):

797 (a) The Department of Social Services shall seek appropriate
798 amendments to its Medicaid regulations and state plan to allow
799 protection of resources and income pursuant to section 17b-252. Such
800 protection shall be provided, to the extent approved by the federal

801 Centers for Medicare and Medicaid Services, for any purchaser of a
802 precertified long-term care policy and shall last for the life of the
803 purchaser. Such protection shall be provided under the Medicaid
804 program or its successor program. Any purchaser of a precertified
805 long-term care policy shall be guaranteed coverage under the
806 Medicaid program or its successor program, to the extent the
807 individual meets all applicable eligibility requirements for the
808 Medicaid program or its successor program. Until such time as
809 eligibility requirements are prescribed for Medicaid's successor
810 program, for the purposes of this subsection, the applicable eligibility
811 requirements shall be the Medicaid program's requirements as of the
812 date its successor program was enacted. The Department of Social
813 Services shall count insurance benefit payments toward resource
814 exclusion to the extent such payments (1) are for services paid for by a
815 precertified long-term care policy; (2) are for the lower of the actual
816 charge and the amount paid by the insurance company; (3) are for
817 nursing home care, or formal services delivered to insureds in the
818 community as part of a care plan approved by an access agency
819 approved by the Office of Policy and Management and the
820 Department of Social Services as meeting the requirements for such
821 agency as defined in regulations adopted pursuant to subsection (e) of
822 section 17b-342; and (4) are for services provided after the individual
823 meets the coverage requirements for long-term care benefits
824 established by the Department of Social Services for this program. The
825 Commissioner of Social Services shall adopt regulations, in accordance
826 with chapter 54, to implement the provisions of this subsection and
827 sections [17b-251,] 17b-252, 17b-254 and 38a-475, as amended by this
828 act, relating to determining eligibility of applicants for Medicaid, or its
829 successor program, and the coverage requirements for long-term care
830 benefits.

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

833 The Insurance Department shall only precertify long-term care
834 insurance policies which (1) alert the purchaser to the availability of

835 consumer information and public education provided by the
836 Department [of Social Services] on Aging pursuant to section 17b-251,
837 as amended by this act; (2) offer the option of home and community-
838 based services in addition to nursing home care; (3) in all home care
839 plans, include case management services delivered by an access
840 agency approved by the Office of Policy and Management and the
841 Department of Social Services as meeting the requirements for such
842 agency as defined in regulations adopted pursuant to subsection (e) of
843 section 17b-342, which services shall include, but need not be limited
844 to, the development of a comprehensive individualized assessment
845 and care plan and, as needed, the coordination of appropriate services
846 and the monitoring of the delivery of such services; (4) provide
847 inflation protection; (5) provide for the keeping of records and an
848 explanation of benefit reports on insurance payments which count
849 toward Medicaid resource exclusion; and (6) provide the management
850 information and reports necessary to document the extent of Medicaid
851 resource protection offered and to evaluate the Connecticut
852 Partnership for Long-Term Care. No policy shall be precertified if it
853 requires prior hospitalization or a prior stay in a nursing home as a
854 condition of providing benefits. The commissioner may adopt
855 regulations, in accordance with chapter 54, to carry out the
856 precertification provisions of this section.

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

859 As used in sections 4-6, 4-7 and 4-8, the term "department head"
860 means Secretary of the Office of Policy and Management,
861 Commissioner of Administrative Services, Commissioner on Aging,
862 Commissioner of Revenue Services, Banking Commissioner,
863 Commissioner of Children and Families, Commissioner of
864 Construction Services, Commissioner of Consumer Protection,
865 Commissioner of Correction, Commissioner of Economic and
866 Community Development, State Board of Education, Commissioner of
867 Emergency Services and Public Protection, Commissioner of Energy
868 and Environmental Protection, Commissioner of Agriculture,

869 Commissioner of Public Health, Insurance Commissioner, Labor
 870 Commissioner, Liquor Control Commission, Commissioner of Mental
 871 Health and Addiction Services, Commissioner of Social Services,
 872 Commissioner of Developmental Services, Commissioner of Motor
 873 Vehicles, Commissioner of Transportation, Commissioner of Veterans'
 874 Affairs, Commissioner of Housing, Commissioner of Rehabilitation
 875 Services and the executive director of the Office of Military Affairs. As
 876 used in sections 4-6 and 4-7, "department head" also means the
 877 Commissioner of Education and the president of the Board of Regents
 878 for Higher Education.

879 Sec. 28. Section 4-38c of the general statutes is repealed and the
 880 following is substituted in lieu thereof (*Effective from passage*):

881 There shall be within the executive branch of state government the
 882 following departments: Office of Policy and Management, Department
 883 of Administrative Services, Department on Aging, Department of
 884 Revenue Services, Department of Banking, Department of Agriculture,
 885 Department of Children and Families, Department of Consumer
 886 Protection, Department of Correction, Department of Economic and
 887 Community Development, State Board of Education, Department of
 888 Emergency Services and Public Protection, Department of Energy and
 889 Environmental Protection, Department of Public Health, Board of
 890 Regents for Higher Education, Insurance Department, Labor
 891 Department, Department of Mental Health and Addiction Services,
 892 Department of Developmental Services, Department of Social Services,
 893 Department of Transportation, Department of Motor Vehicles,
 894 Department of Veterans' Affairs and Department of Construction
 895 Services.

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2013	7-127b

Sec. 2	<i>July 1, 2013</i>	8-119f
Sec. 3	<i>July 1, 2013</i>	17b-4
Sec. 4	<i>from passage</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-33
Sec. 8	<i>July 1, 2013</i>	17b-251
Sec. 9	<i>July 1, 2013</i>	17b-400
Sec. 10	<i>July 1, 2013</i>	17b-405
Sec. 11	<i>July 1, 2013</i>	17b-406(c)
Sec. 12	<i>July 1, 2013</i>	17b-411
Sec. 13	<i>July 1, 2013</i>	17b-412
Sec. 14	<i>July 1, 2013</i>	17b-421
Sec. 15	<i>July 1, 2013</i>	17b-422
Sec. 16	<i>July 1, 2013</i>	17b-425
Sec. 17	<i>July 1, 2013</i>	17b-426
Sec. 18	<i>from passage</i>	17b-427
Sec. 19	<i>July 1, 2013</i>	17b-792(a)
Sec. 20	<i>July 1, 2013</i>	17b-337(c)
Sec. 21	<i>July 1, 2013</i>	17b-349e
Sec. 22	<i>July 1, 2013</i>	17b-367a(a)
Sec. 23	<i>July 1, 2013</i>	3-123aa(c)
Sec. 24	<i>July 1, 2013</i>	16a-41b(a)
Sec. 25	<i>July 1, 2013</i>	17b-253(a)
Sec. 26	<i>July 1, 2013</i>	38a-475
Sec. 27	<i>from passage</i>	4-5
Sec. 28	<i>from passage</i>	4-38c
Sec. 29	<i>July 1, 2013</i>	Repealer section

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	FY 14 \$	FY 15 \$
State Dept. on Aging	GF - See Below	None	None
Social Services, Dept.	GF - See Below	None	None

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.

Senate "A" and House "A" made clarifying and technical changes that had no fiscal impact.

The Out Years

There are no additional costs identified in the out years.

OLR Bill Analysis**sSB 837 (File 110, as amended by House "A" and Senate "A")******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. It required DSS to continue to administer programs that became the new department's responsibility until the governor appointed an aging commissioner (the commissioner was confirmed on April 18, 2013).

This bill completes the Aging Department's establishment 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, the Long-Term Care Ombudsman Office, 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. It also designates the aging commissioner a state agency head, thus subjecting that individual to serve at the pleasure of the governor and legislative approval.

The bill makes the Department of Housing (DOH), rather than the Department of Economic and Community Development (DECD), responsible for the state's congregate housing program. It also removes DSS's designation as the agency responsible for administering the federal Section 8 housing program, but does not transfer this responsibility to another agency (see BACKGROUND).

Finally, the bill makes minor, technical, and conforming changes.

*Senate Amendment "A" (1) removes the Aging Committee chairs and ranking members from the membership of the Medicaid Waiver Application Development Council, (2) explicitly designates the Aging Department as the state unit on aging for purposes of administering federal OAA programs and services, and (3) makes technical and conforming changes.

*House Amendment "A" (1) removes the provision regarding the Medicaid Waiver Application Development Council; (2) adds the provisions making minor and technical changes to the Aging Department's administration of the CHOICES program; (3) eliminates a requirement that the Office of Policy and Management maintain a single consumer-oriented website; and (4) requires CHOICES, instead of DSS, to provide information related to drug company programs.

EFFECTIVE DATE: July 1, 2013, except that the provisions (1) designating the Aging Department as the state unit on aging; (2) making a technical change designating the Aging Department and commissioner as a state agency and state agency head, respectively; and (3) making a technical change regarding existing DSS orders and regulations take effect upon passage.

§§ 1, 5, 7, 14-17, & 19-22 — 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. serving as the designated "state unit on aging" under the federal OAA and administering related programs (§ 5);
3. establishing and overseeing a fall prevention program, within available appropriations (§ 7);
4. establishing an outreach program to educate consumers on long-

- term care, including financing, asset protection, and insurance (§ 8);
5. providing public information to help people choose appropriate long-term care insurance (§ 8);
 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 (§§ 14 & 15);
 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 (§§ 16 & 17);
 8. administering elderly nutrition programs (§ 19);
 9. serving on the Long-Term Care Planning Committee (§ 20); and
 10. operating the Statewide Respite and Community Choices programs (§§ 21 & 22).

§ 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 & 23-24 — 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 Medical Assistance Program Oversight Council.

§§ 9-13 — 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.

§ 18 — CHOICES PROGRAM

The bill transfers administration of the state's CHOICES program from DSS to the Aging Department. The program, which primarily helps seniors with their health care choices, including purchasing Medicare supplements, is authorized by and funded under both federal and state law. The bill also:

1. requires the program to provide consumers access to, instead of maintain, a toll-free telephone number for obtaining advice and information on Medicare benefits;
2. requires the program to provide information through appropriate means and format, instead of preparing and distributing written material;
3. requires the above information to include Medicare prescription drug benefits available through pharmaceutical drug company programs, instead of only those available through Medicare Part D;
4. eliminates the requirement that the program develop and distribute a Medicare consumer's guide and make it available to anyone who requests it (the federal Medicare agency already publishes such a guide that is updated annually);
5. eliminates the requirement that the program provide a worksheet for consumers to use when comparing and evaluating Medicare plan options;
6. eliminates the requirements that the program collaborate with

other state agencies and entities to develop consumer-oriented websites that provide information on Medicare plans and long-term care options (the Aging Department has a CHOICES website that appears to do this); and

7. permits the Aging Department, instead of requiring DSS, to include additional functions it deems necessary to conform to federal grant requirements.

The bill permits the aging commissioner to adopt regulations to implement these changes. It also makes associated technical changes.

§ 26 — 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 (Files 308 and 758), favorably reported by the Housing and Appropriations committees, also makes DOH, rather than DECD, responsible for the state's congregate housing program and removes DSS's designation as the agency responsible for administering the federal Section 8 housing program, but does not transfer this responsibility to another agency.

HB 6368 (Files 213 and 801), passed by the House on May 9, 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)