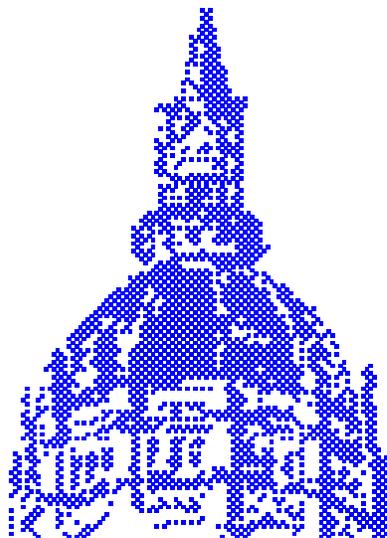


Office of Legislative Research
Connecticut General Assembly



SENIORS



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TO THE READER

This report provides highlights of new laws (Public Acts and Special Acts) affecting seniors enacted during the 2013 regular legislative session. At the end of each summary we indicate the Public Act (PA) or Special Act (SA) number and the date the legislation takes effect.

Not all provisions of the acts are included here. Complete summaries of all 2013 Public Acts will be available on OLR's webpage: www.cga.ct.gov/olr/OLRPASums.asp.

Readers are encouraged to obtain the full text of acts that interest them from the Connecticut State Library, the House Clerk's Office, or the General Assembly's website (www.cga.ct.gov/).

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AGING IN PLACE

Aging in Place

[PA 13-250](#) makes several changes to help seniors age in place (i.e., remain in their own homes or community settings of their choice, regardless of age or disability). For example, it:

1. requires the Department of Social Services (DSS) to incorporate into its existing efforts coordinated outreach to increase the awareness and use of the supplemental nutrition assistance program (SNAP, formerly known as Food Stamps);
2. requires local planning commissioners preparing plans of conservation and development to consider allowing seniors and individuals with disabilities to remain in their homes and communities;
3. specifies that the exemption from obtaining a State Building Code variance or exemption in order to construct homes with visitable features includes certain ramps allowing wheelchair access;
4. adds anyone paid by an institution, organization, agency, or facility to care for seniors to the list of mandated elder abuse reporters and establishes a

- related training requirement for their employers;
5. requires DSS, by July 1, 2014, to begin annually reporting to the legislature on the elder abuse and neglect complaints it received in the previous calendar year; and
 6. requires the Department of Consumer Protection to conduct a public awareness campaign, within available funds, to educate seniors and caregivers on ways to resist aggressive marketing tactics and scams.

EFFECTIVE DATE: July 1, 2013

Livable Communities

[PA 13-109](#) requires the state's Commission on Aging to establish a "Livable Communities" initiative to serve as a (1) forum for best practices and (2) resource clearinghouse to help municipal and state leaders design livable communities that allow residents to age in place.

The commission must report annually on the initiative to the legislature starting by July 1, 2014. It must also, by January 1, 2014, establish a single portal on its website for information and resources on the initiative.

EFFECTIVE DATE: July 1, 2013

COUNCILS AND TASK FORCES

Palliative Care Advisory Council

[PA 13-55](#) establishes, within available appropriations, a 13-member Palliative Care Advisory Council within the Department of Public Health (DPH). The council must (1) analyze the current state of palliative care in Connecticut and (2) advise DPH on matters related to improving palliative care and the quality of life for people with serious or chronic illnesses.

EFFECTIVE DATE: October 1, 2013

Task Force on Alzheimer's Disease and Dementia

[SA 13-11](#) (as amended by [PA 13-208](#)) establishes a 24-member task force to analyze and make recommendations on Alzheimer's disease and dementia, including (1) service provision, (2) legislative policy changes, (3) state and private agency coordination, and (4) placement of individuals with these conditions in health care facilities and community settings. The task force must report its findings and recommendations to the legislature by January 1, 2014.

EFFECTIVE DATE: Upon passage

DEPARTMENT ON AGING

Transfer of Certain DSS Responsibilities

The law established a Department on Aging effective January 1, 2013 and transferred to it all functions, powers, duties, and personnel of 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).

[PA 13-125](#) 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 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.

EFFECTIVE DATE: July 1, 2013, except that certain technical changes take effect upon passage

HOUSING

Assisted Living Demonstration Program

The Department of Housing's (DOH) assisted living demonstration program provides assisted living services to low- and moderate-income seniors living in government-subsidized elderly housing. [PA 13-234](#) expands program eligibility to include tenants age 65 and older who are also eligible for the Department of Mental Health and Addiction Services' (DMHAS) home and community-based program for adults with severe and persistent psychiatric disabilities. Prior law limited program eligibility to similarly aged tenants eligible for the Connecticut Homecare Program For Elders.

EFFECTIVE DATE: July 1, 2013

Elderly Congregate Housing and Rental Assistance Programs

[PA 13-234](#) transfers administration of the state's elderly congregate housing and elderly rental assistance programs from the Department of Economic and Community Development (DECD) to the newly established DOH.

EFFECTIVE DATE: July 1, 2013

Elderly Rental Rebate Program

[PA 13-234](#) transfers, from DECD to DOH, administration of the state's rental rebate program for the elderly and people with total and permanent disabilities. It also suspends applications received on or after April 1, 2013 by specifying that a person who did not receive a rental rebate in calendar year (CY) 2011 is ineligible to apply for another rebate. A person who received a CY 2011 rebate continues to be eligible to apply. But, if such a person does not receive a grant in any subsequent year, he or she is no longer eligible to apply.

EFFECTIVE DATE: July 1, 2013

INSURANCE

Liability Insurance for Certain Long-Term Care Providers

[PA 13-249](#) requires anyone who individually or jointly establishes, conducts, operates, or maintains a nursing home, home health care agency, or homemaker-home health aide agency to maintain professional liability insurance or other indemnity against liability for professional malpractice. The insurance must cover malpractice claims for injury or death of at least \$1 million for one person, per occurrence, with

an aggregate (i.e., the total for all claims within the coverage period) of at least \$3 million.

EFFECTIVE DATE: January 1, 2014

Long-Term Care Benefits Under Annuity Contracts

[PA 13-280](#) allows insurers licensed for both life and health insurance in Connecticut to offer annuity contracts or certificates, or riders or endorsements to them, that provide long-term care insurance benefits. This will allow withdrawals from the annuity for long-term care expenses. These contracts and certificates must waive the surrender charges or accelerate a portion of the annuity contract. By law, life insurance policies may already provide long-term care benefits.

EFFECTIVE DATE: October 1, 2013

LONG-TERM CARE

Background Checks For Long-Term Care Facility Volunteers

Under prior law, a long-term care facility had to require any person offered a volunteer position involving direct patient access to submit to a background search. [PA 13-208](#) conforms to federal law by limiting the background search requirement to only those volunteers the facility reasonably expects to regularly perform duties substantially similar to

those of an employee with direct patient access. By law, a background search is not required if the person provides the facility evidence that a background search carried out within three years of applying for the volunteer position revealed no disqualifying offense.

EFFECTIVE DATE: October 1, 2013

Bond Authorizations For Long-Term Care Rebalancing

[PA 13-239](#) authorizes the issuance of state general obligation bonds to DOH for certain long-term care rebalancing projects, including (1) \$1 million to develop adult family homes and (2) \$1 million for grants for accessibility modifications for those transitioning from institutions to homes under the Money Follows the Person demonstration program.

The act also authorizes the issuance of up to \$10 million of state general obligation bonds in fiscal years 2014 and 2015 to DECD to provide grants to nursing homes for alterations, renovations, and improvements to convert them for other uses in support of right-sizing (e.g., helping seniors and individuals with disabilities transition out of institutions into community settings).

EFFECTIVE DATE: July 1, 2013 for FY 14 bond authorizations and July 1, 2014 for FY 15 authorizations

Conservatorship Involving Long-Term Care Facility Residents

[PA 13-81](#) extends to people under voluntary conservatorship the law's protections for involuntary conservatorship regarding placement in long-term care institutions. For example, it allows a person under conservatorship, who is placed in a long-term care institution, to request a probate court hearing at any time on that placement. It also requires the court to order a different placement for a long-term care facility resident if the court determines that the resident's needs can be met in a less restrictive and more integrated setting within his or her resources.

EFFECTIVE DATE: October 1, 2013

Homemaker-Companion Agencies

Homemaker-companion agencies employ people who provide companion or homemaker services, such as help with hygiene, cooking, and household chores, but not home health care. [PA 13-88](#) expands several notice requirements for these agencies and adds certain consumer protections to agency contracts. For example, it specifies (1) when contracts are enforceable and can be cancelled by a client and (2) payment

obligations, including allowing agencies to recover payment for work performed.

EFFECTIVE DATE: January 1, 2014

Licensure Fees For Home Health Care Agencies and Assisted Living Facilities

[PA 13-234](#) establishes a licensing and inspection fee for home health care agencies of \$300 per agency and \$100 per satellite office. The fee must be paid biennially to DPH, except for Medicare- and Medicaid-certified agencies, which are licensed and inspected triennially.

The act also establishes a \$500 biennial licensing and inspection fee for assisted living services agencies, except those participating in the state's congregate housing pilot program in Norwich.

EFFECTIVE DATE: July 1, 2013

Money Follows the Person (MFP) II

MFP is a federal demonstration program that allows states to move people out of nursing homes or other institutional settings into less-restrictive, community-based settings. The law requires the DSS commissioner to implement a similar program for adults who may not meet MFP's 90-day institutionalization requirement, often referred to as MFP II. [PA 13-234](#) allows the DSS

commissioner to implement policies and procedures to implement MFP II while in the process of adopting regulations.

EFFECTIVE DATE: July 1, 2013

RCH Statutory Definition

[PA 13-208](#) makes technical changes to the definition of RCHs to ensure appropriate provisions apply to them.

EFFECTIVE DATE: July 1, 2013

MEDICAID AND MEDICARE

ConnMAP Eligibility

[PA 13-234](#) eliminates the formula previously used to calculate Connecticut Medicare Assistance Program (ConnMAP) income eligibility and sets the income limits at current levels (\$43,560 for an individual and \$58,740 for a married couple).

The act requires the DSS commissioner, starting on January 1, 2014, to annually increase the income limits to the nearest hundred dollars to reflect the annual inflation adjustment in Social Security income.

EFFECTIVE DATE: January 1, 2014

Customized Wheelchairs For Medicaid Recipients

Prior law required customized wheelchairs to be covered under Medicaid only when (1) a standard wheelchair would not

meet an individual's needs, as DSS determined and (2) DSS requested an assessment (DSS regulations allow vendors or nursing homes to perform assessments to determine this need.) [PA 13-234](#) removes the requirement that DSS request the assessment.

EFFECTIVE DATE: Upon passage

Medicaid Home Health Care Services Fee Schedule

[PA 13-234](#) allows DSS to annually modify the rates it pays home health care agencies and homemaker-home health aide agencies for Medicaid home health care services they provide if doing so (1) is required to ensure that any state contract is cost neutral to the agencies in the aggregate and (2) ensures patient access.

EFFECTIVE DATE: July 1, 2013

Medicaid Hospice Care Reimbursement Rates

[PA 12-1](#), December Special Session, imposed a 5% reduction on Medicaid reimbursement rates (from 100% to 95%) for long-term care facility residents receiving only hospice care from January 1, 2013 through June 30, 2013.

[PA 13-234](#) makes this reimbursement rate reduction permanent.

EFFECTIVE DATE: July 1, 2013

Medicaid Partial Asset Returns

By law, DSS must impose a penalty period (period of Medicaid ineligibility) on Medicaid long-term care recipients who improperly transfer their assets in order to qualify for the program. The penalty period (1) applies only to transfers made within five years before a person applies for Medicaid long-term care and (2) generally is not imposed if the entire amount of the transferred asset is returned to the individual.

[PA 13-218](#) requires the commissioner, to the extent federal law allows, to reduce the penalty period if (1) part of the transferred assets is returned to the individual and (2) the penalty period's original end date does not change. DSS must consider the entire amount of the returned asset to be available to the transferor from the date it was returned.

EFFECTIVE DATE: July 1, 2013

Medicare Savings Program (MSP) Eligibility

The MSP offers Medicaid-funded assistance with Medicare Part A and B cost sharing to qualifying individuals. [PA 13-234](#) changes the way DSS determines a person's eligibility for the program. It requires DSS to disregard the amount of income for each MSP sub-group (i.e.,

Qualified Medicare Beneficiaries (QMB), Special Low Income Medicare Beneficiaries (SLMB), and Qualified Individuals (QI)) so that a person with income that is (1) less than 211% of the federal poverty level (FPL) will qualify for the QMB program, (2) from 211% FPL to 230% FPL will qualify for the SLMB program, and (3) from 231% FPL to 245% FPL will qualify for the QI program.

Under prior law, DSS had to disregard the amount of income that equalized the program's income limits with the ConnPACE income limits (The act also eliminates the ConnPACE program; see below).

EFFECTIVE DATE: January 1, 2014

Stretcher Vans For Nonemergency Transportation

[PA 13-234](#) eliminates a provision allowing Medicaid recipients requiring medically necessary, nonemergency transportation to be transported in a stretcher van if they had to be transported in a prone position but did not require medical services during the transport.

EFFECTIVE DATE: July 1, 2013

MISCELLANEOUS

Assistive Technology Loans

[PA 12-234](#) makes seniors and their family members eligible for Assistive Technology Revolving Fund loans, which can be used for certain assistive technology and adaptive equipment and services. Prior law limited loan eligibility to individuals with disabilities. The fund is administered by the Department of Rehabilitative Services.

EFFECTIVE DATE: July 1, 2013

Biomedical Research Trust Fund Grants For Stroke Research

[PA 13-18](#) allows DPH to award grants from the Biomedical Research Trust Fund for biomedical research related to strokes. The department may already award grants from the fund for biomedical research in heart disease, cancer, other tobacco-related diseases, Alzheimer's disease, and diabetes.

EFFECTIVE DATE: July 1, 2013

Cremation Certificate Fee

[PA 13-234](#) allows the Office of Policy and Management (OPM) secretary, at the chief medical examiner's request, to waive the \$150 cremation certificate fee required for the cremation of a

body for which a death certificate has been issued.

EFFECTIVE DATE: July 1, 2013

Honorary High School Diplomas

[PA 13-122](#) allows local or regional boards of education to award a diploma to any person who withdrew from high school between December 7, 1941 and December 31, 1946 to work in a job to help the war effort in World War II, as long as that person has been a Connecticut resident for at least 50 consecutive years.

EFFECTIVE DATE: July 1, 2013

Silver Alert System and Medical Information Privacy

[PA 13-226](#) requires the state's Missing Children Information Clearinghouse to establish procedures to maintain the confidentiality of any medical information that it collects, discovers, or otherwise obtains on missing persons, including seniors. Among other things, the procedures must provide that no such medical information is disseminated to the public about a missing senior without the consent of the senior's spouse, parent, sibling, child, or next of kin.

By law, the clearinghouse is the state's central repository of information on missing persons, including children, adults with mental impairments, and seniors

age 65 or older. It is within the Department of Emergency Services and Public Protection.

EFFECTIVE DATE: October 1, 2013

State Building Accessibility

[SA 13-6](#) requires the administrative services commissioner, by January 1, 2014, to report to the Aging Committee on the results of the department's survey of state building accessibility for people with disabilities.

EFFECTIVE DATE: Upon passage

NURSING HOMES

Debt Recovery

By law, a Medicaid long-term care applicant who improperly transfers assets to qualify for the program owes DSS the amount of the transferred assets (i.e., penalty period; see Medicaid Partial Asset Returns above). [PA 13-234](#):

1. creates a second debt owed to nursing homes that serve these residents without payment during a penalty period and allows homes to sue to collect this debt;
2. allows the court to award damages and associated court fees to the state or nursing homes for cases they bring regarding improper Medicaid asset transfers;
3. allows a court, including a probate court, to order assets or proceeds associated with an improper transfer to be held in a constructive trust to satisfy a debt owed a nursing home;
4. requires DSS to make certain considerations when determining a Medicaid nursing home resident's applied income amount (i.e. the amount of income residents contribute to their care);
5. requires nursing homes to provide written notice of applied income obligations and potential consequences for nonpayment to the resident and any person controlling the resident's income;
6. allows nursing homes to sue to collect applied income they are owed and courts to award both the amount due and associated legal fees;
7. requires nursing homes, when filing an applied income or improper asset transfer suit, and after a court issues a related judgment or decree, to mail copies of the complaint and

- court documents to the attorney general and DSS commissioner; and
8. prohibits DSS, to the extent federal law allows, from rendering a Medicaid long-term care applicant ineligible for assistance solely based on owning a life insurance policy with a surrender value of less than \$10,000.

EFFECTIVE DATE: October 1, 2013

IV Therapy Programs

[PA 13-208](#) allows a licensed physician assistant employed or contracted by a nursing home that operates an IV (intravenous) therapy program to administer a peripherally-inserted central catheter as part of the home's IV therapy program. The law already allows an IV therapy nurse to do this.

EFFECTIVE DATE: October 1, 2013

Medicaid Advanced Payments

[PA 13-234](#) eliminates a requirement for the DSS commissioner to consult with the OPM secretary before providing advance payments to nursing homes that provide services eligible for payment under Medicaid.

EFFECTIVE DATE: Upon passage

Notification Requirement

The law prohibits nursing homes from admitting anyone, regardless of payment source, who has not undergone a preadmission screening process by which DMHAS determines whether the person is mentally ill and, if so, whether he or she requires nursing home care. [PA 13-234](#) allows the DSS commissioner to require a nursing home to notify DSS within one business day after admitting a person who is mentally ill and meets the admission requirements.

EFFECTIVE DATE: Upon passage

Nursing Home and Residential Care Home (RCH) Citations

[PA 13-208](#) requires the DPH commissioner to issue a citation against any nursing home or RCH that violates the state's long-term care criminal history and patient abuse background search program. The law already requires the commissioner to do this for homes that violate a statute or regulation relating to their licensure, operation, and maintenance.

EFFECTIVE DATE: October 1, 2013

Nursing Home and RCH Rates

With certain conditions, [PA 13-234](#) and [PA 13-247](#) adjust the FY 14 and FY 15 Medicaid and State Supplement Program rates DSS pays nursing homes and RCHs.

EFFECTIVE DATE: July 1, 2013

Staff Training on Residents' Fear of Retaliation

Existing law requires all nursing home staff to receive annual in-service training in an area specific to residents' needs. [PA 13-70](#) requires the training to address residents' fear of retaliation. Specifically, the training must discuss (1) residents' rights to file complaints and voice grievances, (2) examples of what constitutes or may be perceived as employee retaliation against residents, and (3) ways to prevent and alleviate residents' fear of such retaliation.

The state long-term care ombudsman must create and periodically update a training manual that provides nursing homes guidance on implementing the new training requirement.

EFFECTIVE DATE: October 1, 2013

PRESCRIPTION DRUGS

ConnPACE Eliminated

[PA 13-234](#) eliminates the ConnPACE program on January 1, 2014 due to the

implementation of the federal Affordable Care Act, which will provide subsidies for health care costs for low- and middle-income people. ConnPACE currently provides pharmacy assistance to seniors and individuals with disabilities who do not qualify for Medicare.

EFFECTIVE DATE: January 1, 2014

Medicaid Step Therapy

[PA 13-234](#) allows DSS to establish a step therapy program for prescription drugs dispensed to Medicaid recipients. Under the program, DSS may condition Medicaid payments to pharmacies on a patient first trying a drug that is on DSS' preferred drug list (PDL) for 30 days. The step therapy program must:

1. require that the patient try and fail on only one drug on the PDL before another one can be prescribed and be eligible for DSS payment,
2. not apply to any mental health-related drugs, and
3. give the prescriber access to a clear and convenient process to expeditiously request DSS to override the step therapy drug under certain circumstances.

The act allows DSS to grant an override of the program's restrictions under certain conditions.

EFFECTIVE DATE: July 1, 2013

Synchronizing Prescription Refills

[PA 13-131](#) prohibits certain health insurance policies that cover prescription drugs from denying coverage for refilling any drug prescribed to treat a chronic illness if the refill is made in accordance with a plan to synchronize the refilling of multiple prescriptions. The plan must involve the insured, a practitioner, and a pharmacist.

EFFECTIVE DATE: January 1, 2014

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