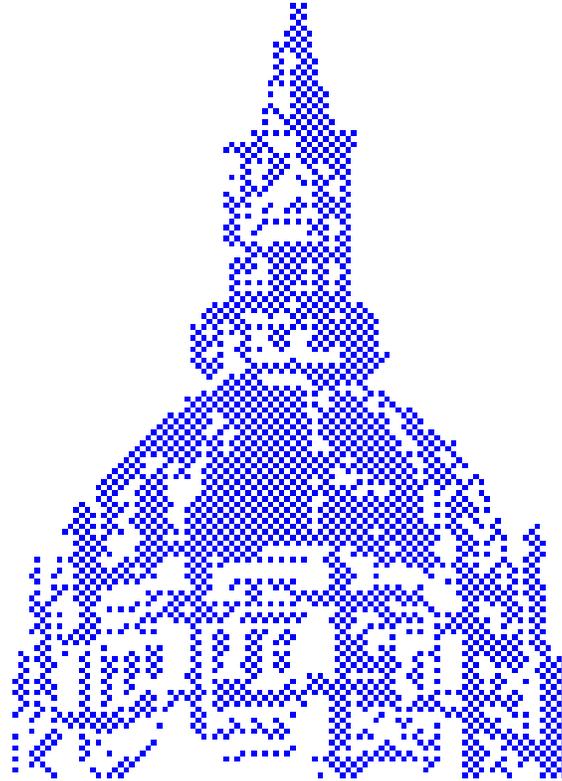




ACTS AFFECTING SENIORS



2014-R-0169

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TO THE READER

This report provides highlights of new laws (Public Acts and Special Acts) affecting seniors enacted during the 2014 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 2014 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

Connecticut Home Care Program For Disabled Adults

[PA 14-47](#) increases, from 50 to 100, the number of slots in the Connecticut Home Care Program for Disabled Adults. This state-funded program provides home- and community-based services to eligible adults ages 18 to 64 with degenerative neurological conditions who are ineligible for other programs.

EFFECTIVE DATE: July 1, 2014

Connecticut Home Care Program For Elders (CHCPE) Cost Cap

CHCPE is a state- and Medicaid-funded program that provides home- and community-based services to frail seniors as an alternative to nursing home care. [PA 14-142](#) eliminates the program's statutory cost cap on community-based, Medicaid-funded services. Previously, the cost cap for such services was 60% of the weighted average cost of care in skilled nursing and intermediate care facilities.

The act also specifies that the state's cost for long-term facility care and all CHCPE services, not just the program's community-based services, cannot exceed the cost the state would have incurred without the program.

EFFECTIVE DATE: July 1, 2014

CHCPE Provider Rate Increase

[PA 14-47](#) increases reimbursement rates by 1% for home health providers participating in CHCPE. The act also includes \$4.15 million to increase reimbursement rates to mental health providers under the program.

EFFECTIVE DATE: January 1, 2015

Livable Communities

In 2013, the Commission on Aging established a "Livable Communities Initiative" to serve as a (1) forum for best practices and (2) resource clearinghouse to help state and municipal leaders design livable communities that allow residents to age in place and remain in the home setting they choose.

[PA 14-73](#) requires the commission, by January 1, 2015, to recognize municipalities as "livable communities" if they implement initiatives that include (1) affordable and accessible housing, (2) community and social services, (3) planning and zoning regulations, (4) walkability, and (5) transportation-related infrastructure.

EFFECTIVE DATE: July 1, 2014

Long-Term Care Applications

[PA 14-47](#) funds 35 new positions at the Department of Social Services (DSS) to help process applications for long-term care services.

EFFECTIVE DATE: July 1, 2014

PCA Collective Bargaining Agreement

The law allows certain personal care attendants (PCAs) to collectively bargain with the state over their reimbursement rates and other benefits. Any provision in a resulting contract that would supersede a law or regulation requires affirmative approval by the legislature before the contract becomes effective.

[PA 14-217](#) approves such provisions in the contracts between the Personal Care Attendant Workforce Council and the New England Health Care Employees Union (District 1199, SEIU). The contract includes, among other things, a reimbursement rate increase that cannot result in a reduction of service hours.

EFFECTIVE DATE: Upon passage

PCA Union Dues

[PA 14-217](#) allows PCA's union dues and fees to be deducted from any program covered by their collective bargaining agreement. Under prior law, these dues and fees could only be deducted from payments from Medicaid-waiver programs. Thus, PCAs in non-Medicaid waiver programs, such as CHCPE, could not have union dues and fees deducted from their payments previously.

EFFECTIVE DATE: Upon passage

Sleep Time Exemption for Certain Home Care Agency Employees

[PA 14-159](#) allows a "sleep-time" exclusion from overtime pay requirements for certain home care agency employees who provide companionship services. The employee and agency can agree to exclude up to eight hours of "sleep time" when determining the employee's overtime pay if the employee (1) was present at the work-site for at least 24 consecutive hours, (2) was provided adequate sleeping facilities, and (3) received at least five hours of uninterrupted sleep time. The act aligns state law with changes in federal regulations that take effect on January 1, 2015.

EFFECTIVE DATE: January 1, 2015

ALZHEIMER'S DISEASE

Mandatory Alzheimer's and Dementia Training

[PA 14-194](#) establishes mandatory Alzheimer's and dementia-specific training for a wide range of personnel, including:

1. emergency medical technicians;
2. probate judges and paid conservators;
3. elderly protective services employees;
4. nursing home administrators;

5. direct care staff in home health agencies, residential care homes, assisted living facilities, and licensed hospice care organizations;
6. representatives of nursing home and residential care facility residents; and
7. certain staff in Department of Developmental Services residential facilities serving people age 50 and older with Down syndrome.

EFFECTIVE DATE: October 1, 2014, except that the training requirement for nursing home administrator license applicants takes effect November 1, 2014.

Training For Alzheimer’s Special Care Unit Staff

By law, all staff hired to provide services and care to residents in Alzheimer’s special care units or programs must complete an initial training on Alzheimer’s disease and dementia. [PA 14-194](#) requires staff hired on or after October 1, 2014 to complete this initial training within the first 120 days of employment instead of within the first six months, as required under prior law.

EFFECTIVE DATE: October 1, 2014

INSURANCE

Life Insurance

[PA 14-108](#) requires insurers delivering or issuing individual life insurance policies in Connecticut to

notify each applicant of his or her right to designate a third party to receive policy cancellation notices due to premium nonpayment. Insurers must notify applicants of this right (1) in writing and (2) when the applicant applies for the policy. A third-party designee must receive a copy of an original cancellation notice issued to the policyholder. The copy is subject to the same policy provisions as the notice. The act specifies that the third-party designation does not, in and of itself, make the third party or insurer liable for services given to the policyholder.

EFFECTIVE DATE: January 1, 2015

Long-Term Care Insurance Disclosures

The law requires long-term care insurers to give applicants full and fair disclosure of the policy benefits and limitations, with some exceptions. [PA 14-8](#) (1) specifies the information included in the disclosure, (2) requires the disclosure in writing, and (3) requires applicants to sign an acknowledgement that the insurer provided the required disclosure.

EFFECTIVE DATE: January 1, 2015

Long-Term Care Insurance Premiums

[PA 14-10](#) requires long-term care insurance policy issuers (carriers) to spread premium rate increases of 20% or more over at least three years. It also requires these carriers to notify individual policyholders and group certificate holders of a premium rate

increase and provide them the option of reducing benefits to reduce the premium rate.

EFFECTIVE DATE: October 1, 2014

Medicare Supplement Policies for Qualified Medicare Beneficiaries

[PA 14-105](#) allows certain insurers and private entities to deliver or issue Medicare supplement policies to Qualified Medicare Beneficiaries (QMBs), to the extent federal law allows. (Federal law appears to prohibit this.)

The act applies to insurers, fraternal benefit societies, hospitals or medical service corporations, and HMOs that issue policies or certificates for Medicare supplement plans A, B, C, or any combination of them.

Under the QMB program, the state's Medicaid program pays the Medicare beneficiaries' Part A and B premiums and certain other cost sharing as a way to reduce the likelihood that these individuals will require full Medicaid coverage. The state pays the cost sharing and the federal government reimburses it for half of these expenditures. The state pays only when the beneficiary's medical provider accepts both Medicare and Medicaid.

EFFECTIVE DATE: July 1, 2014

MEDICAID

Durable Medical Equipment Reimbursement

[PA 14-217](#) requires the DSS commissioner, no later than July 1, 2014, to accept electronic transmission

of prescriptions for Medicaid reimbursement for durable medical equipment, including wheelchairs, walkers, and canes. The prescriptions must be electronically signed by a licensed health care provider with prescriptive authority.

EFFECTIVE DATE: Upon passage

Estate Recovery

By law, the state has a claim against the estates of former Medicaid recipients to recover the cost of assistance provided. [PA 14-217](#) exempts, to the extent federal law allows, Medicaid recipients in the Medicaid Coverage for the Lowest Income Populations (MCLIP) program from this provision. The exemption applies to services provided on or after January 1, 2014.

For this population, federal law requires states to recover costs from the estates of Medicaid recipients who, at age 55 or older, received (1) nursing facility services, (2) home- and community-based services, or (3) related hospital and prescription drug services. Federal law allows states to recover any other services under the state Medicaid plan, except for services related to Medicare cost-sharing.

MCLIP was established pursuant to the federal Affordable Care Act's expansion of the Medicaid program to cover childless adults with income up to 138% of the federal poverty limit (FPL) (133% of FPL with a 5% income disregard).

In Connecticut, MCLIP participants are covered under HUSKY D.

EFFECTIVE DATE: Upon passage

New Community Choice First Benefit

[PA 14-47](#) funds the implementation of the “Community Choice First” benefit authorized under the federal Affordable Care Act. It provides community-based, personal care attendant services to people who want to remain at home or in a community setting but need an institutional level of care. Services are available to Medicaid-eligible individuals who (1) have income at or below 150% FPL or (2) have income above 150% FPL and meet Connecticut’s nursing home clinical eligibility requirements.

States that choose to adopt this benefit in their state Medicaid plan receive a 6% increase in their federal reimbursement rate. Thus, Connecticut will receive 56% rather than 50%.

EFFECTIVE DATE: July 1, 2014

Over-the-Counter Drug Coverage Expansion

[PA 14-217](#) expands the list of over-the-counter drugs that DSS may pay for through its medical assistance programs to include those that must be covered as an essential health benefit under the federal Affordable Care Act, including drugs rated “A” or “B” in the current U.S. Preventive Services Task Force recommendations for people with specific diagnoses.

The law generally bans DSS from paying for over-the-counter drugs, except for (1) smoking cessation drugs, (2) insulin or insulin syringes, (3) certain nutrition supplements, and (4) those provided through the Connecticut AIDS Drug Assistance Program.

EFFECTIVE DATE: Upon passage

MISCELLANEOUS

Circuit Breaker Program

The state’s Circuit Breaker program entitles eligible senior and disabled homeowners to a property tax credit of up to \$1,250 for married couples and \$1,000 for single persons. [PA 14-96](#) allows municipalities to adopt an ordinance limiting the credit based on the value of the property for which the homeowner is seeking the credit. Under the act, the property’s value is determined according to its full market value on the municipality’s most recent grand list.

To qualify for the program, an applicant must (1) be age 65 or older or disabled, have a spouse who is age 65 or older, or be at least age 50 and a surviving spouse of someone who at the time of his or her death was eligible for the program; (2) occupy the property as his or her home; and (3) have resided in Connecticut at least one year before applying for benefits. Qualifying 2014 income is \$41,600 for married couples and \$34,100 for single persons.

EFFECTIVE DATE: October 1, 2014, and applicable to assessment years starting on and after that date.

Conservator's and Agent's Duties

[PA 14-204](#) makes various changes concerning the disposition of a body after a person's death. Among other things, it allows an agent with power of attorney to execute a written document before the person's death (1) directing the body's disposition upon death or (2) designating someone to have custody and control of the body's disposition upon death. It gives the same authority to a conservator in regard to the conserved person's body after death, but only if the probate court expressly authorizes it.

By law, a conservator cannot revoke the conserved person's advance health care directive unless the appointing court expressly authorizes it. The act also prohibits conservators, without such authorization, from revoking a document executed by the conserved person or his or her agent with power of attorney concerning the body's disposition and designation of custody and control upon death.

EFFECTIVE DATE: October 1, 2014

Elderly Rental Rebate Program

[PA 14-217](#) restores the state's rental rebate program for the elderly and people with total and permanent disabilities. PA 13-234 closed the program to new applicants after April 1, 2013 and limited eligibility to individuals that received a rental rebate in calendar year 2011.

The act transfers administration of the program from the Department of Housing to the Office of Policy and

Management (OPM). It continues to allow OPM 120 days to approve payments to municipalities and forward them to the comptroller.

Under the act, if the OPM secretary determines a renter was overpaid, he may reduce the amount of subsequent rebates to recoup the amount of the overpayment. Aggrieved claimants have the right to appeal the secretary's decision.

EFFECTIVE DATE: Upon passage and applicable to rebate applications made on or after April 1, 2014.

Kinship Fund and Grandparents and Relatives Respite Fund

[PA 14-103](#) transfers responsibility for administering the Kinship Fund and Grandparents and Relatives Respite Fund to the probate court administrator. Under prior law, DSS administered the funds through the probate court.

The law allows a relative who is appointed guardian of a child, and who does not receive foster care payments or subsidized guardianship benefits from the Department of Children and Families to apply for grants from these funds. The act specifies that the funds are available to people appointed guardians by the probate court, not just by the Superior Court as under prior law.

EFFECTIVE DATE: July 1, 2014

Medical Orders for Life-Sustaining Treatment (MOLST)

[SA 14-5](#), as amended by [PA 14-231](#), allows the Department of Public

Health (DPH) commissioner, within available appropriations, to establish a voluntary pilot program to implement the use of MOLST by health care providers. It allows the commissioner to create an advisory group of health care providers and consumer advocates to make recommendations on the pilot program.

Participating health care providers must be trained in how to fully inform patients about the benefits and risks of MOLST, methods for presenting end-of-life care options, and factors that may affect the use of MOLST, among other things. Any procedures or forms related to the pilot program must be signed by the patient or the patient's legal representative and a witness.

The pilot program must terminate by October 1, 2016, after which the commissioner must report to the governor and Public Health Committee on the program.

EFFECTIVE DATE: Upon passage

NURSING HOMES

Medical Examinations for Residents

[PA 14-231](#) requires nursing homes to complete a comprehensive medical history and examination of each resident upon admission, and annually thereafter (federal and state regulations already require this). The act requires the DPH commissioner to establish the medical exam requirements, but prohibits her from requiring a urinalysis, including protein and glucose qualitative

determinations and microscopic exams, as part of a nursing home's post-admission testing.

EFFECTIVE DATE: October 1, 2014

Nursing Home Cost Reports

[PA 14-55](#) requires for-profit chronic and convalescent nursing homes that receive state funding to include with its cost report to DSS the most recent finalized annual profit and loss statement from any related party that receives \$50,000 or more for providing goods, fees, and services to the nursing home.

The act prohibits anyone from bringing legal action against the state, DSS, or other state employees or agents for not taking action as a result of information obtained by DSS in cost reports. It also requires the state's Nursing Home Financial Advisory Committee to convene, changes its membership, and expands its duties.

EFFECTIVE DATE: July 1, 2014, except for the advisory committee provisions, which take effect upon passage.

Oral Health Training for Staff

[PA 14-231](#) requires nursing homes to provide a one-hour training in oral health and hygiene techniques to (1) licensed and registered direct care staff and (2) nurse's aides who provide direct patient care. Staff must complete the training within the first year of employment and annually thereafter.

This training requirement does not apply to residential care homes and Alzheimer's special care units and programs.

EFFECTIVE DATE: October 1, 2014

Resident Medical Records

[PA 14-231](#) allows nursing homes to use electronic signatures for resident medical records, provided the home implements written policies to maintain the privacy and security of these signatures.

By law, nursing homes must maintain resident medical records in either paper or electronic form for at least seven years after the resident's (1) discharge from the facility or (2) date of death, if the resident died at the facility.

EFFECTIVE DATE: October 1, 2014

Small House Nursing Home Pilot Program

[PA 14-95](#) allows the DSS commissioner to expand, within available appropriations, the state's "Small House Nursing Home" pilot program, which was previously capped at one such home. The act also eliminates the program's 280 bed limit.

By law, a small house nursing home is an alternative nursing home facility consisting of one or more units designed and modeled as a private home with no more than 14 individuals in each unit. The pilot's goals are to improve the quality of life for nursing

home residents and provide nursing home care in a "home-like," rather than institutional, setting.

EFFECTIVE DATE: July 1, 2014

NUTRITION

Elderly Nutrition

[PA 14-73](#) requires the Aging and Social Services departments to hold quarterly meetings with nutrition service stakeholders to (1) develop recommendations to address complexities in the administrative processes of nutrition services; (2) establish quality control benchmarks; and (3) help move toward greater quality, efficiency, and transparency in Connecticut's elderly nutrition program.

EFFECTIVE DATE: July 1, 2014

Senior Farmers' Market Nutrition Program

[SA 14-3](#) requires the agriculture commissioner to implement a two-year pilot program allowing up to three individual, nonprofit farmers to participate as vendors in the state's Senior Farmers' Market Nutrition Program. This program provides eligible low-income seniors age 60 and older with \$15 vouchers to purchase fresh fruits, vegetables, and herbs at authorized farmers' markets.

EFFECTIVE DATE: Upon passage

STUDIES AND TASK FORCES

CHCPE and CHCPDA Study

[PA 14-217](#) requires DSS, by November 1, 2014, to analyze the cost of providing services under the Connecticut Home Care Program for Elders and the Connecticut Home Care Program for Disabled Adults. The DSS commissioner must (1) include a determination of necessary provider reimbursement rates and (2) report, by January 1, 2015, a summary of the analysis to the Appropriations and Human Services committees.

EFFECTIVE DATE: Upon passage

Reverse Mortgage Task Force

[PA 14-89](#) establishes a six-member task force to study the reverse mortgage industry, including (1) statewide best practices, including consumer protection practices; (2) existing and proposed federal regulations governing consumer protection; and (3) any relevant federal or state court decisions. The task force must submit its findings and recommendations to the Banks and Aging committees by January 1, 2015. It terminates when it submits the report, or on January 1, 2015, whichever is later.

EFFECTIVE DATE: Upon passage

Senior Safety Zones Task Force

[SA 14-20](#) creates a 10-member task force to study the establishment of senior safety zones to protect seniors from interaction with registered sex

offenders. The task force must examine (1) national best practices for protecting seniors from such interaction in their homes and at senior centers and long-term nursing facilities, (2) legal considerations related to identifying convicted sex offenders and preventing them from entering public facilities where seniors live or congregate, (3) data on the percentage of sex offenders whose victims are seniors, and (4) the most effective ways of identifying and limiting the movement of sex offenders without affecting their constitutional rights.

The act requires the task force to report its findings and recommendations by January 1, 2015, to the Aging and Judiciary committees. The task force terminates when it submits its report or on January 1, 2015, whichever is later.

EFFECTIVE DATE: Upon passage

Stroke Task Force

[PA 14-214](#) establishes a 12-member task force to study issues related to stroke, including the (1) feasibility of adopting a nationally recognized stroke assessment tool; (2) establishment of emergency medical services care protocols for assessing, treating, and transporting stroke patients; (3) establishment of a plan to achieve continuous quality improvement in providing stroke patient care and the stroke response system; and (4) feasibility and costs of establishing and maintaining a state-wide, hospital stroke designation program administered by DPH. The task force

must submit its findings and recommendations to the Public Health Committee by January 15, 2015, upon which it terminates.

EFFECTIVE DATE: Upon passage

Study of State Home- and Community-Based Care Programs

[SA 14-6](#) requires the Commission on Aging to study (1) private funding sources available to seniors and people with Alzheimer's disease who need home- and community-based care and (2) the availability and cost-effectiveness of state home- and community-based care programs for these populations. The commission must report to the Aging Committee by January 1, 2015 on its study and include recommendations for expanding existing state programs.

EFFECTIVE DATE: Upon passage

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