



Acts Affecting Seniors

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September 25, 2019 | 2019-R-0123

Notice to Readers

This report provides summaries of new laws (public acts and special acts) significantly affecting seniors enacted during the 2019 regular session. OLR's other Acts Affecting reports are, or will soon be, available on OLR's website: <https://www.cga.ct.gov/olr/actsaffecting.asp>.

Each summary indicates the public act (PA) or special act (SA) number. Not all provisions of the acts are included. The report does not include vetoed acts unless the veto was overridden.

Complete summaries of public acts are, or will soon be, available on OLR's website:

<https://www.cga.ct.gov/olr/olrsums.asp>.

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

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Elder Care Workers

Databases on Providers' Backgrounds

New legislation requires the executive director of the Commission on Women, Children, Seniors, Equity and Opportunity to (1) provide a portal on the commission's website with links to publicly available background databases and (2) convene a working group to develop strategies to raise public awareness of these databases among people hiring providers to care for adults age 60 and older, children, or individuals with disabilities.

The executive director must keep records on how often the portal is used and report to the legislature by January 1, 2021 ([PA 19-116](#), effective October 1, 2019).

Long-Term Care Background Check Program

By law, the Department of Public Health (DPH) administers a background check program for direct care employees and volunteers of long-term care facilities. This year the legislature expanded the list of disqualifying offenses that prohibit someone from being hired as such an employee or volunteer to include convictions for specified assault and abuse crimes against the elderly and individuals with disabilities ([PA 19-116](#), effective October 1, 2019).

Non-Compete Agreements

A new law prohibits contracts for homemaker, companion, or home health services from including a covenant not to compete. It defines a covenant not to compete as a contract provision restricting an individual's right to provide services in any geographic area of the state or to a specific person ([PA 19-117](#), § 305, effective upon passage).

Nursing Home Staffing Levels

A new law makes changes affecting nursing home staffing requirements. Generally, it requires nursing homes to calculate and publicly post, on a daily basis, information related to the number of advanced practice registered nurses, registered nurses, licensed practical nurses, and nurse's aides responsible for providing direct care to residents. It also authorizes the DPH commissioner to take disciplinary action or issue a citation against a nursing home that substantially fails to comply with the existing minimum direct care staffing requirements (currently, 1.9 hours of direct nursing staff per resident per day) ([PA 19-89](#), effective October 1, 2019).

Estate Matters

Funeral Service Contracts

A new law increases, from \$8,000 to \$10,000, the maximum allowable amount of an irrevocable funeral service contract. It also requires that these contracts provide that after the required services are performed, any remaining funds first be used to pay the state for the amount of public assistance it provided on behalf of the decedent or his or her dependent child. A funeral service contract is a contract requiring compensation in exchange for funeral, burial, or related services or providing certain items, where the use or delivery of the services or items is not immediately needed ([PA 19-57](#), § 1, effective January 1, 2020).

Probate Court Matters

The legislature made various changes to the state's probate court operations laws. Among these changes, it repealed a procedure by which a petitioner could freeze the assets of someone who was the subject of a conservatorship proceeding by filing a certified copy of the petition with a financial institution or recording the copy on the land records ([PA 19-47](#), § 17, effective July 1, 2019).

Trusts

This session, the legislature adopted the Connecticut Uniform Trust Code, establishing numerous rules on creating, modifying, terminating, and enforcing trusts. With some exceptions, the code establishes default rules that the terms of a trust can override.

Additionally, the code outlines the powers and obligations of parties administering directed trusts (i.e., trusts in which a person other than a trustee has power over some aspect of the trust's administration). It also sets up a framework for creating self-settled asset protection trusts (i.e., irrevocable trusts the assets of which (1) the grantor may still benefit personally from and (2) creditors generally cannot reach) ([PA 19-137](#), effective January 1, 2020).

Facility Closures, Ownership Changes, and Receivers

Changes in Facility Ownership

Under existing law, certain changes in ownership of residential care homes are subject to prior DPH approval after a scheduled inspection by the department. This year the legislature (1) expanded the types of facilities subject to such prior approval to include all DPH-licensed facilities and (2) advanced the deadline for providing notice to the department from 90 days to 120 days before the effective date of the proposed ownership change ([PA 19-118](#), § 5, effective July 1, 2019).

Facility Closures

By law, nursing homes, rest homes, residential care homes, and certain other facilities generally must apply to the Department of Social Services (DSS) to terminate a service or substantially decrease their bed capacity through the department's certificate of need process. A new law allows those facilities to submit a petition for closure to DSS and allows the department to authorize the closure if certain requirements are met ([PA 19-117](#), § 304, effective July 1, 2019).

Receiverships for Nursing Homes and Residential Care Homes

The biennial budget act requires receivers operating a nursing home or residential care home to immediately begin closing the facility if (1) its overall occupancy is less than 70% and (2) the closure is consistent with the state's strategic rebalancing plan. It also adjusts related deadlines and increases, from \$3,000 to \$10,000, the amount receivers can spend, without needing court approval, to correct or eliminate certain deficiencies in a facility's structure or furnishing ([PA 19-117](#), § 303, effective July 1, 2019).

Resident Participation in Receiver Proceedings

A new law requires a court to allow a resident of a nursing home or residential care home that is the subject of a receivership application to be heard at the hearing on the application without having to file as a party. It applies the same requirement to such a resident's legally liable relative, conservator, or guardian ([PA 19-42](#), effective July 1, 2019).

Health Care and Insurance

Continuing Education Requirements for Physicians and APRNs

A new law modifies continuing education requirements for physicians and advanced practice registered nurses (APRNs) concerning mental health conditions. Generally, it allows their continuing education to include a specified number of hours in diagnosing and treating cognitive conditions, including Alzheimer's disease, dementia, delirium, related cognitive impairments, and geriatric depression ([PA 19-115](#), effective upon passage).

Insurance Coverage for Hearing Aids

This year the legislature required certain commercial health insurance policies to cover hearing aids for any covered person, regardless of age, instead of only for children younger than age 13, thus codifying existing Insurance Department policy. Under the new law, policies may limit coverage to one hearing aid per ear within a 24-month period. (This law does not apply to Medicaid or Medicare benefits ([PA 19-133](#), effective January 1, 2020).)

Multicare Institutions

A new law specifies that a multicare institution's services may include methadone delivery and related substance use treatment services to individuals in a nursing home. Multicare institutions include, among others, hospitals that provide outpatient behavioral health care services at multiple facilities owned by a single licensee ([PA 19-118](#), §§ 5 & 6, effective July 1, 2019).

Legislative Commission

Legislative Commission Consolidation

The biennial budget merges the legislative Equity and Opportunity (CEO) and the Women, Children and Seniors (CWCS) commissions into a single entity, the Commission on Women, Children, Seniors, Equity and Opportunity. It organizes the new commission into a 44-member advisory board, an eight-member executive committee, and six subcommissions.

The new commission must focus its efforts on issues affecting the two prior commissions' constituencies of underrepresented and underserved populations, including seniors. The budget act generally establishes the same powers and duties for the new commission that previously existed for CEO and CWCS ([PA 19-117](#), §§ 105-143 & 398, effective July 1, 2019).

Working Group on Alzheimer's Disease and Dementia

New legislation requires the Commission on Women, Children, Seniors, Equity and Opportunity executive director to establish a nine-member working group to (1) review the recommendations of the Task Force on Alzheimer's Disease and Dementia established by [SA 13-11](#), (2) determine gaps in implementing these recommendations, and (3) make recommendations on best practices for Alzheimer's disease and dementia care. It must report its finding to the legislature by January 30, 2020 ([PA 19-115](#), effective upon passage).

Patients' Rights

Community Ombudsman Program

A new law requires the state's long-term care ombudsman and the DSS commissioner to develop a community ombudsman program to investigate complaints concerning care received by DSS-administered home- and community-based services. The long-term care ombudsman and commissioner must submit a plan for the program to the legislature by January 1, 2020 ([SA 19-18](#), effective upon passage).

Whistleblower Protections

This year the legislature expanded whistleblower protections for nursing home and residential care home employees, residents, and their legal representatives who file complaints or testify in administrative proceedings against a home, including about staffing levels. It requires a home to (1) reinstate a terminated employee or (2) restore a resident's prior housing arrangement or other living condition, as appropriate ([PA 19-89](#), effective October 1, 2019).

Payment Rates

Elderly Nutrition

A new law allows the DSS commissioner, beginning July 1, 2020, to annually increase the reimbursement rate for meals-on-wheels providers under the Connecticut Home Care Program for Elders by at least the consumer price index's cost of living adjustment. It also allows the commissioner to further increase a provider's rate if the provider submits evidence of extraordinary costs related to delivering these meals in sparsely populated rural areas of the state ([PA 19-157](#), § 98, effective July 1, 2019).

Nursing Home Rates

The biennial budget generally caps FY 20 nursing home rates at FY 19 levels and FY 21 rates at FY 20 levels, but it allows the DSS commissioner to pay a facility a higher rate in certain circumstances. However, the budget act also requires DSS to increase rates, within available appropriations, to enhance employee wages and benefits three times by January 1, 2021 ([PA 19-117](#), § 302, effective July 1, 2019).

Residential Care Homes Rates

State regulations permit residential care homes to have their rates determined on a flat rate basis rather than on the basis of submitted cost reports. Under the biennial budget act, the rates the state pays to homes that received the flat rate for residential services in FY 16 remain in effect through FY 21. For residential care homes that do not receive the flat rate, the act caps rates at FY 19 levels, with exceptions for proportional fair rent increases in certain circumstances ([PA 19-117](#), §§ 293-298 & 300, effective July 1, 2019).

State Supplement Program (SSP) Rates

Generally, low-income people who are aged, blind, or have a disability can receive federal Supplemental Security Income (SSI) benefits if they meet certain financial eligibility requirements. The state supplements SSI benefits with SSP benefits for those who are eligible.

The biennial budget prevents SSP benefits from increasing to account for inflation. It extends the current freeze on these payment standards at FY 15 rates for the next two fiscal years (FYs 20 and 21) ([PA 19-117](#), § 292, effective July 1, 2019).

Property Taxes

Circuit Breaker Program

A new law extends tax relief under the state's circuit breaker program to owners of real property held in trust for the owner, if the owner (or the owner and his or her spouse) is the trust grantor and beneficiary. Under this program, certain real property owners who are 65 and older or have a total disability are entitled to a property tax reduction, which varies based on the individual's income ([PA 19-66](#), effective October 1, 2019, and applicable to assessment years beginning on and after that date).

Property Tax Credit Limits

The biennial budget extends existing limits on the property tax credit against the personal income tax to the 2019 and 2020 tax years. Specifically, eligibility is limited to people who (1) are age 65 or older before the end of the tax year or (2) validly claim at least one dependent on their federal income tax return for that year ([PA 19-117](#), § 335, effective upon passage).

Various Acts Making Minor Changes

In addition to the acts summarized above, a number of other acts make minor changes affecting seniors. These acts include the following:

1. [PA 19-97](#) (conforms to current practice by removing references to the term "homemaker" in statutes on home health aide agencies, providers, and services) and
2. [PA 19-157](#), § 100 (requires DPH, as part of its quality of care program for licensed health care facilities (e.g., hospitals and nursing homes), to develop recommendations on collecting and analyzing data on patient malnutrition to improve quality of care).