



Substitute Senate Bill No. 286

Public Act No. 22-145

AN ACT CONCERNING ELDER ABUSE REPORTING DEADLINES, TEMPORARY FAMILY ASSISTANCE, CERTIFICATES OF NEED FOR LONG-TERM CARE FACILITIES AND CIVIL PENALTIES FOR NURSING HOMES THAT FAIL TO USE RATE INCREASES FOR EMPLOYEE WAGE ENHANCEMENTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsection (a) of section 17b-451 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) A mandatory reporter who has reasonable cause to suspect or believe that any elderly person has been abused, neglected, exploited or abandoned, or is in a condition that is the result of such abuse, neglect, exploitation or abandonment, or is in need of protective services, shall, not later than [~~seventy-two~~] twenty-four hours after such suspicion or belief arose, report such information or cause a report to be made in any reasonable manner to the Commissioner of Social Services or to the person or persons designated by the commissioner to receive such reports. Any mandatory reporter who fails for the first time to make such report within the prescribed time shall [be fined not more than five hundred dollars, except that, if] retake the mandatory training on detecting potential abuse, neglect, exploitation and abandonment of

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elderly persons and provide the commissioner with proof of successful completion of such training. Any mandatory reporter who subsequently fails to make such report within the prescribed time period shall be fined not more than five hundred dollars and shall retake the mandatory training on detecting potential abuse, neglect, exploitation and abandonment of elderly persons and provide the commissioner with proof of successful completion of such training. If such person intentionally fails to make such report within the prescribed time period, such person shall be guilty of a class C misdemeanor for the first offense and a class A misdemeanor for any subsequent offense. Any institution, organization, agency or facility employing individuals to care for persons sixty years of age or older shall provide mandatory training on detecting potential abuse, neglect, exploitation and abandonment of such persons and inform such employees of their obligations under this section. For purposes of this subsection, "mandatory reporter" means any (1) physician or surgeon licensed under the provisions of chapter 370, (2) resident physician or intern in any hospital in this state, whether or not so licensed, (3) registered nurse, (4) nursing home administrator, nurse's aide or orderly in a nursing home facility or residential care home, (5) person paid for caring for a resident in a nursing home facility or residential care home, (6) staff person employed by a nursing home facility or residential care home, (7) residents' advocate, other than a representative of the Office of the Long-Term Care Ombudsman, as established under section 17a-405, including the State Ombudsman, (8) licensed practical nurse, medical examiner, dentist, optometrist, chiropractor, podiatrist, social worker, clergyman, police officer, pharmacist, psychologist or physical therapist, (9) person paid for caring for an elderly person by any institution, organization, agency or facility, including but not limited to, any employee of a community-based services provider, senior center, home care agency, homemaker and companion agency, adult day care center, village-model community and congregate housing facility, (10) person licensed or certified as an emergency medical services provider

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pursuant to chapter 368d or 384d, including any such emergency medical services provider who is a member of a municipal fire department, and (11) driver of a paratransit vehicle, as defined in section 13b-38k.

Sec. 2. Subsection (b) of section 17b-688c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(b) In no event shall temporary family assistance be granted to an applicant for such assistance, who is not exempt from participation in the employment services program, prior to the applicant's attendance at an initial scheduled employment services assessment interview and participation in the development of an employment services plan. The Department of Social Services shall [not delay temporary family assistance to an applicant in cases where the department schedules] promptly conduct an application interview with an applicant for temporary family assistance to determine whether such applicant is exempt from participation in the employment services program. If the department determines that such applicant is not exempt, the department shall schedule the initial employment services assessment interview not later than ten business days after the date of the application interview. In cases where the department does not schedule the initial employment services assessment interview [more than] within ten business days [after] of the date on which the application [for assistance is made, or in cases where] interview was completed, or where the Labor Department does not complete an employment services plan for the benefit of the applicant within ten business days of the date on which the applicant attends an employment services assessment interview, the Department of Social Services shall not delay granting temporary family assistance to an applicant who is otherwise eligible for such assistance. The Commissioner of Social Services shall refer any applicant denied temporary family assistance, who may be in

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need of emergency benefits, to other services offered by the Department of Social Services or community services that may be available to such applicant. The Department of Social Services shall reduce the benefits awarded to a family under the temporary family assistance program when a member of the family who is required to participate in the employment services program fails to comply with an employment services requirement without good cause. [The first instance of noncompliance with an employment services requirement shall result in a twenty-five per cent reduction of such benefits for three consecutive months. The second instance of noncompliance with such requirement shall result in a thirty-five per cent reduction of such benefits for three consecutive months. A third or subsequent instance of noncompliance with such requirement shall result in the termination of such benefits for three consecutive months.] The Department of Social Services shall impose this reduction by excluding the noncompliant family member from the household when calculating the family's monthly benefit. Such exclusion shall continue until the noncompliant family member (1) begins to comply with employment services requirements, (2) becomes exempt from such requirements, or (3) demonstrates good cause for his or her failure to comply with such requirements. If only one member of a family is eligible for temporary family assistance and such member fails without good cause to comply with an employment services requirement, the department shall [terminate all benefits of such family for three consecutive months Notwithstanding the provisions of this subsection, the department shall terminate the benefits awarded to a family under the temporary family assistance program if a member of the family who is not exempt from the twenty-one-month time limit specified in subsection (a) of section 17b-112 fails, without good cause, to: (1) Attend any scheduled assessment appointment or interview relating to the establishment of an employment services plan, except that such individual's benefits shall be reinstated if the individual attends a subsequently scheduled appointment or interview within thirty days of the date on which the department has issued notification

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to the individual that benefits have been terminated, or (2) comply with an employment services requirement during a six-month extension of benefits. Any individual who fails to comply with the provisions of subdivision (1) of this subsection may submit a new application for such benefits at any time after termination of benefits] reduce such family's benefit by twenty-five per cent for each month such member fails to comply.

Sec. 3. Section 1-24 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The following officers may administer oaths: (1) The clerks of the Senate, the clerks of the House of Representatives and the chairpersons of committees of the General Assembly or of either branch thereof, during its session; (2) state officers, as defined in subsection (t) of section 9-1, judges and clerks of any court, family support magistrates, judge trial referees, justices of the peace, commissioners of the Superior Court, notaries public, town clerks and assistant town clerks, in all cases where an oath may be administered, except in a case where the law otherwise requires; (3) commissioners on insolvent estates, auditors, arbitrators and committees, to parties and witnesses, in all cases tried before them; (4) assessors and boards of assessment appeals, in cases coming before them; (5) commissioners appointed by governors of other states to take the acknowledgment of deeds, in the discharge of their official duty; (6) the moderator of a school district meeting, in such meeting, to the clerk of such district, as required by law; (7) the chief elected official of a municipality, in any matter before the chief elected official of a municipality; (8) the Chief Medical Examiner, Deputy Medical Examiner and assistant medical examiners of the Office of the Medical Examiner, in any matter before them; (9) registrars of vital statistics, in any matter before them; (10) any chief inspector or inspector appointed pursuant to section 51-286; (11) registrars of voters, deputy registrars, assistant registrars, and moderators, in any matter before them; (12)

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special assistant registrars, in matters provided for in subsections (b) and (c) of section 9-19b and section 9-19c; (13) the Commissioner of Emergency Services and Public Protection and any sworn member of any local police department or the Division of State Police within the Department of Emergency Services and Public Protection, in all affidavits, statements, depositions, complaints or reports made to or by any member of any local police department or said Division of State Police or any constable who is under the supervision of said commissioner or any of such officers of said Division of State Police and who is certified under the provisions of sections 7-294a to 7-294e, inclusive, and performs criminal law enforcement duties; (14) judge advocates of the United States Army, Navy, Air Force and Marine Corps, law specialists of the United States Coast Guard, adjutants, assistant adjutants, acting adjutants and personnel adjutants, commanding officers, executive officers and officers whose rank is lieutenant commander or major, or above, of the armed forces, as defined in section 27-103, to persons serving with or in the armed forces, as defined in said section, or their spouses; (15) investigators, deputy investigators, investigative aides, secretaries, clerical assistants, social workers, social worker trainees, paralegals and certified legal interns employed by or assigned to the Public Defender Services Commission in the performance of their assigned duties; (16) bail commissioners, intake, assessment and referral specialists, family relations counselors, support enforcement officers, chief probation officers and supervisory judicial marshals employed by the Judicial Department in the performance of their assigned duties; (17) juvenile matter investigators employed by the Division of Criminal Justice in the performance of their assigned duties; (18) the chairperson of the Connecticut Siting Council or the chairperson's designee; (19) the presiding officer at an agency hearing under section 4-177b; (20) investigators employed by the Department of Social Services Office of Child Support Services, in the performance of their assigned duties; (21) the chairperson, vice-chairperson, members and employees of the Board of Pardons and

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Paroles, in the performance of their assigned duties; (22) the Commissioner of Correction or the commissioner's designee; (23) sworn law enforcement officers, appointed under section 26-5, within the Department of Energy and Environmental Protection, in all affidavits, statements, depositions, complaints or reports made to or by any such sworn law enforcement officer; [and] (24) sworn motor vehicle inspectors acting under the authority of section 14-8; and (25) eligibility workers, specialists and supervisors employed by the Department of Social Services for the sole purpose of witnessing the execution of an affirmation or acknowledgment of parentage when their assigned duties include witnessing such execution.

Sec. 4. Subsection (b) of section 46b-171 of the 2022 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(b) (1) Except as provided in subdivision (2) of this subsection, a judgment of parentage entered by the Superior Court or family support magistrate pursuant to this chapter may not be opened or set aside unless (A) a motion to open or set aside is filed not later than four months after the date on which the judgment was entered, and (B) upon a showing (i) of reasonable cause, or (ii) that a valid defense to the petition for a judgment of parentage existed, in whole or in part, at the time judgment was rendered, and the person seeking to open or set aside the judgment was prevented by mistake, accident or other reasonable cause from making a valid defense.

(2) The Superior Court or a family support magistrate may consider a motion to open or set aside a judgment of parentage filed more than four months after such judgment was entered if such court or magistrate determines that the judgment was entered due to fraud, duress or material mistake of fact. The burden of proof shall be on the person seeking to open or set aside such judgment. If the court or family support magistrate determines such person has met the burden of proof

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under this subdivision, the judgment shall be set aside only if the court or family support magistrate determines that doing so is in the best interest of the child, based on the relevant factors set forth in section 46b-475.

[(b)] (3) Whenever the Superior Court or family support magistrate [reopens] opens a judgment of parentage entered pursuant to this section in which a person was found to be the parent of a child who is or has been supported by the state and the court or family support magistrate finds that the person adjudicated the parent is not the parent of the child, the Department of Social Services shall refund to such person any money paid to the state by such person during the period such child was supported by the state.

Sec. 5. (NEW) (*Effective from passage*) (a) In addition to any applicable recoupment or rate decrease pursuant to any other provision of the general statutes, a nursing home facility that receives a rate increase for wage enhancements for facility employees may also be assessed a civil penalty if the facility fails to use the rate increase for that purpose. The Department of Social Services may assess a civil penalty upon completion of a department audit conducted in accordance with the nursing home facility's Medicaid provider enrollment agreements. The civil penalty assessed pursuant to this section shall not exceed an amount greater than fifty per cent of the total dollar amount of the rate increase received by the nursing home facility but not used for wage enhancements for facility employees.

(b) The department, in its sole discretion, may enter into a recoupment schedule with a nursing home facility so as not to negatively impact patient care. Any nursing home facility subject to a civil penalty assessed in accordance with this section may request a rehearing pursuant to subsection (b) of section 17b-238 of the general statutes. The provisions of this section shall apply to all rate increases for wage enhancements received by nursing home facilities pursuant to

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the provisions of section 323 of public act 21-2 of the June special session prior to the effective date of this section.

Sec. 6. Section 17b-352 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) For the purposes of this section and section 17b-353, as amended by this act, "facility" means a residential facility for persons with intellectual disability licensed pursuant to section 17a-277 and certified to participate in the Title XIX Medicaid program as an intermediate care facility for individuals with intellectual disabilities, a nursing home, rest home or residential care home, as defined in section 19a-490. "Facility" does not include a nursing home that does not participate in the Medicaid program and is associated with a continuing care facility as described in section 17b-520.

(b) Any facility which intends to (1) transfer all or part of its ownership or control prior to being initially licensed; (2) introduce any additional function or service into its program of care or expand an existing function or service; (3) terminate a service or decrease substantially its total licensed bed capacity; or (4) relocate all or a portion of such facility's licensed beds, to a new facility or replacement facility, shall submit a complete request for permission to implement such transfer, addition, expansion, increase, termination, decrease or relocation of facility beds to the Department of Social Services with such information as the department requires, provided no permission or request for permission to close a facility is required when a facility in receivership is closed by order of the Superior Court pursuant to section 19a-545. The Commissioner of Social Services shall consider the criteria in subdivisions (3) and (4) of subsection (a) of section 17b-354, as amended by this act, when evaluating a certificate of need request to relocate licensed nursing facility beds from an existing facility to another licensed nursing facility or to a new facility or replacement facility. The Office of the Long-Term Care Ombudsman pursuant to section 17a-405

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shall be notified by the facility of any proposed actions pursuant to this subsection at the same time the request for permission is submitted to the department and when a facility in receivership is closed by order of the Superior Court pursuant to section 19a-545.

(c) A facility may submit a petition for closure to the Department of Social Services. The Department of Social Services may authorize the closure of a facility if the facility's management demonstrates to the satisfaction of the Commissioner of Social Services in the petition for closure that the facility (1) is not viable based on actual and projected operating losses; (2) has an occupancy rate of less than seventy per cent of the facility's licensed bed capacity; (3) closure is consistent with the strategic rebalancing plan developed in accordance with section 17b-369, including bed need by geographical region; (4) is in compliance with the requirements of Sections 1128I(h) and 1819(h)(4) of the Social Security Act and 42 CFR 483.75; and (5) is not providing special services that would go unmet if the facility closes. The department shall review a petition for closure to the extent it deems necessary and the facility shall submit information the department requests or deems necessary to substantiate that the facility closure is consistent with the provisions of this subsection. The facility shall submit information the department requests or deems necessary to allow the department to provide oversight during this process. The Office of the Long-Term Care Ombudsman shall be notified by the facility at the same time as a petition for closure is submitted to the department. Any facility acting pursuant to this subsection shall provide written notice, on the same date that the facility submits its petition for closure, to all patients, guardians or conservators, if any, or legally liable relatives or other responsible parties, if known, and shall post such notice in a conspicuous location at the facility. The facility's written notice shall be accompanied by an informational letter issued jointly from the Office of the Long-Term Care Ombudsman and the Department of Rehabilitation Services on patients' rights and services available as they relate to the

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petition for closure. The informational letter shall also state the date and time that the Office of the Long-Term Care Ombudsman and the Department of Public Health will hold an informational session at the facility for patients, guardians or conservators, if any, and legally liable relatives or other responsible parties, if known, about their rights and the process concerning a petition for closure. The notice shall state: (A) The date the facility submitted the petition for closure, (B) that only the Department of Social Services has the authority to either grant or deny the petition for closure, (C) that the Department of Social Services has up to thirty days to grant or deny the petition for closure, (D) a brief description of the reason or reasons for submitting the petition for closure, (E) that no patient shall be involuntarily transferred or discharged within or from a facility pursuant to state and federal law because of the filing of a petition for closure, (F) that all patients have a right to appeal any proposed transfer or discharge, and (G) the name, mailing address and telephone number of the Office of the Long-Term Care Ombudsman and local legal aid office. The commissioner shall grant or deny a petition for closure within thirty days of receiving such request.

(d) An applicant, prior to submitting a certificate of need application, shall request, in writing, application forms and instructions from the department. The request shall include: (1) The name of the applicant or applicants; (2) a statement indicating whether the application is for (A) a new, additional, expanded or replacement facility, service or function or relocation of facility beds, (B) a termination or reduction in a presently authorized service or bed capacity, or (C) any new, additional or terminated beds and their type; (3) the estimated capital cost; (4) the town where the project is or will be located; and (5) a brief description of the proposed project. Such request shall be deemed a letter of intent. No certificate of need application shall be considered submitted to the department unless a current letter of intent, specific to the proposal and in accordance with the provisions of this subsection, has been on file

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with the department for not less than ten business days. For purposes of this subsection, "a current letter of intent" means a letter of intent on file with the department for not more than one hundred eighty days. A certificate of need application shall be deemed withdrawn by the department, if a department completeness letter is not responded to within one hundred eighty days. The Office of the Long-Term Care Ombudsman shall be notified by the facility at the same time as the letter of intent is submitted to the department.

(e) Any facility acting pursuant to subdivision (3) of subsection (b) of this section shall provide written notice, at the same time it submits its letter of intent, to all patients, guardians or conservators, if any, or legally liable relatives or other responsible parties, if known, and shall post such notice in a conspicuous location at the facility. The facility's written notice shall be accompanied by an informational letter issued jointly from the Office of the Long-Term Care Ombudsman and the Department of Aging and Disability Services on patients' rights and services available as they relate to the letter of intent. The notice shall state the following: (1) The projected date the facility will be submitting its certificate of need application, (2) that only the Department of Social Services has the authority to either grant, modify or deny the application, (3) that the Department of Social Services has up to ninety days to grant, modify or deny the certificate of need application, (4) a brief description of the reason or reasons for submitting a request for permission, (5) that no patient shall be involuntarily transferred or discharged within or from a facility pursuant to state and federal law because of the filing of the certificate of need application, (6) that all patients have a right to appeal any proposed transfer or discharge, and (7) the name, mailing address and telephone number of the Office of the Long-Term Care Ombudsman and local legal aid office.

(f) The [department] Department of Social Services shall review a request made pursuant to subsection (b) of this section to the extent it

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deems necessary, including, but not limited to, in the case of a proposed transfer of ownership or control prior to initial licensure, the financial responsibility and business interests of the transferee and the ability of the facility to continue to provide needed services, or in the case of the addition or expansion of a function or service, ascertaining the availability of the function or service at other facilities within the area to be served, the need for the service or function within the area and any other factors the department deems relevant to a determination of whether the facility is justified in adding or expanding the function or service. During the review, the department may hold an informal conference with the facility to discuss the certificate of need application. The [commissioner] Commissioner of Social Services shall grant, modify or deny the request within ninety days of receipt thereof, except as otherwise provided in this section. The commissioner may place conditions, as the commissioner deems necessary to address specified concerns, on any decision approving or modifying a request for a certificate of need filed pursuant to this section. Conditions may include, but are not limited to, project and Medicaid reimbursement details and applicant requirements for summary and audit purposes. If the commissioner modifies the request, the commissioner shall notify the facility of such modification prior to issuing the decision and provide the applicant with an opportunity for an informal conference to discuss the modifications. Upon the request of the applicant, the review period may be extended for an additional fifteen days if the department has requested additional information subsequent to the commencement of the commissioner's review period. The director of the office of certificate of need and rate setting may extend the review period for a maximum of thirty days if the applicant has not filed in a timely manner information deemed necessary by the department. The applicant may request and shall receive a hearing in accordance with section 4-177 if aggrieved by a decision of the commissioner.

(g) The Commissioner of Social Services shall not approve any

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requests for beds in residential facilities for persons with intellectual disability which are licensed pursuant to section 17a-227 and are certified to participate in the Title XIX Medicaid Program as intermediate care facilities for individuals with intellectual disabilities, except those beds necessary to implement the residential placement goals of the Department of Developmental Services which are within available appropriations.

(h) The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this section.

Sec. 7. Subsections (c) and (d) of section 17b-353 of the general statutes are repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(c) In conducting its activities pursuant to this section, section 17b-352, as amended by this act, or both, except as provided for in subsection (d) of this section, the Commissioner of Social Services or said commissioner's designee may hold a public hearing on an application or on more than one application, if such applications are of a similar nature with respect to the request. At least two weeks' notice of the hearing shall be given to the facility by certified mail and to the public by publication in a newspaper having a substantial circulation in the area served by the facility. Such hearing shall be held at the discretion of the commissioner in Hartford or in the area so served. Prior to the hearing, the department may hold an informal conference with the facility to discuss the certificate of need application. The commissioner or the commissioner's designee shall consider such request in relation to the community or regional need for such capital program or purchase of land, the possible effect on the operating costs of the facility and such other relevant factors as the commissioner or the commissioner's designee deems necessary. In approving or modifying such request, the commissioner or the commissioner's designee may not prescribe any condition, such as, but not limited to, any condition or limitation on the

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indebtedness of the facility in connection with a bond issued, the principal amount of any bond issued or any other details or particulars related to the financing of such capital expenditure, not directly related to the scope of such capital program and within the control of the facility. If the hearing is conducted by a designee of the commissioner, the designee shall submit any findings and recommendations to the commissioner. If the designee recommends denial of the request, the designee shall issue a proposed final decision in accordance with section 4-179. The commissioner shall grant, modify or deny such request within ninety days, except as provided for in this section. The commissioner may place conditions, as the commissioner deems necessary to address specified concerns, on any decision approving or modifying a request for a certificate of need filed pursuant to this section. Conditions may include, but are not limited to, project and Medicaid reimbursement details and applicant requirements for summary and audit purposes. Upon the request of the applicant, the review period may be extended for an additional fifteen days if the commissioner or the commissioner's designee has requested additional information subsequent to the commencement of the review period. The commissioner or the commissioner's designee may extend the review period for a maximum of thirty days if the applicant has not filed in a timely manner information deemed necessary by the commissioner or the commissioner's designee.

(d) Except as provided in this subsection, no facility shall be allowed to close or decrease substantially its licensed total bed capacity until such time as a public hearing has been held in accordance with the provisions of this subsection and the Commissioner of Social Services has approved the facility's request unless such decrease is associated with a census reduction. The commissioner may impose a civil penalty of not more than five thousand dollars on any facility that fails to comply with the provisions of this subsection. Penalty payments received by the commissioner pursuant to this subsection shall be

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deposited in the special fund established by the department pursuant to subsection (c) of section 17b-357 and used for the purposes specified in said subsection (c). The commissioner or the commissioner's designee shall hold a public hearing [upon the earliest occurrence of: (1) Receipt of any letter of intent submitted by a facility to the department, or (2)] not later than thirty days after the receipt of any certificate of need application. Such hearing shall be held at the facility for which the [letter of intent or] certificate of need application was submitted. [not later than thirty days after the date on which such letter or application was received by the commissioner.] The commissioner or the commissioner's designee shall provide both the facility and the public with notice of the date of the hearing not less than [fourteen] ten days in advance of such date. Notice to the facility shall be [by certified mail] sent via electronic mail or first-class mail and notice to the public shall be by publication in a newspaper having a substantial circulation in the area served by the facility. The provisions of this subsection shall not apply to any certificate of need approval requested for the relocation of a facility, or a portion of a facility's licensed beds, to a new or replacement facility.

Sec. 8. Subsection (a) of section 17b-354 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

(a) The Department of Social Services shall not accept or approve any requests for additional nursing home beds, except (1) beds restricted to use by patients with acquired immune deficiency syndrome or by patients requiring neurological rehabilitation; (2) beds associated with a continuing care facility, as described in section 17b-520, provided such beds are not used in the Medicaid program. [and the ratio of proposed nursing home beds to the continuing care facility's independent living units is within applicable industry standards.] For the purpose of this subsection, beds associated with a continuing care facility are not subject

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to the certificate of need provisions pursuant to sections 17b-352, as amended by this act, and 17b-353, as amended by this act; (3) Medicaid certified beds to be relocated from one licensed nursing facility to another licensed nursing facility to meet a priority need identified in the strategic plan developed pursuant to subsection (c) of section 17b-369; [and] (4) licensed Medicaid nursing facility beds to be relocated from one or more existing nursing facilities to a new nursing facility, including a replacement facility, provided (A) no new Medicaid certified beds are added, (B) at least one currently licensed facility is closed in the transaction as a result of the relocation, (C) the relocation is done within available appropriations, (D) the facility participates in the Money Follows the Person demonstration project pursuant to section 17b-369, (E) the availability of beds in the area of need will not be adversely affected, (F) the certificate of need approval for such new facility or facility relocation and the associated capital expenditures are obtained pursuant to sections 17b-352, as amended by this act, and 17b-353, as amended by this act, and (G) the facilities included in the bed relocation and closure shall be in accordance with the strategic plan developed pursuant to subsection (c) of section 17b-369; and (5) proposals to build a nontraditional, small-house style nursing home designed to enhance the quality of life for nursing facility residents, provided that the nursing facility agrees to reduce its total number of licensed beds by a percentage determined by the Commissioner of Social Services in accordance with the department's strategic plan for long-term care.

Sec. 9. Section 17b-355 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2022*):

In determining whether a request submitted pursuant to sections 17b-352 to 17b-354, inclusive, as amended by this act, will be granted, modified or denied, the Commissioner of Social Services shall consider the following: The [relationship of the request to the state health plan,

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the] financial feasibility of the request and its impact on the applicant's rates and financial condition, the contribution of the request to the quality, accessibility and cost-effectiveness of [health care delivery] the delivery of long-term care in the region, whether there is clear public need for the request, the relationship of any proposed change to the applicant's current utilization statistics and the effect of the proposal on the utilization statistics of other facilities in the applicant's service area, the business interests of all owners, partners, associates, incorporators, directors, sponsors, stockholders and operators and the personal background of such persons, and any other factor which the [department] Department of Social Services deems relevant. [Whenever the granting, modification or denial of a request is inconsistent with the state health plan, a written explanation of the reasons for the inconsistency shall be included in the decision. In considering whether there is clear public need for any request for additional nursing home beds associated with a continuing care facility submitted pursuant to section 17b-354, the commissioner shall only consider the need for beds for current and prospective residents of the continuing care facility.] In considering whether there is clear public need for any request for the relocation of beds to a replacement facility, the commissioner shall consider whether there is a demonstrated bed need in the towns within a fifteen-mile radius of the town in which the beds are proposed to be located and whether the availability of beds in the applicant's service area will be adversely affected. Any proposal to relocate nursing home beds from an existing facility to a new facility shall not increase the number of Medicaid certified beds and shall result in the closure of at least one currently licensed facility. The commissioner may request that any applicant seeking to replace an existing facility reduce the number of beds in the new facility by a percentage that is consistent with the department's strategic plan for long-term care. If an applicant seeking to replace an existing facility with a new facility owns or operates more than one nursing facility, the commissioner may request that the applicant close two or more facilities before approving the proposal to

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build a new facility. The commissioner shall also consider whether an application to establish a new or replacement nursing facility proposes a nontraditional, small-house style nursing facility and incorporates goals for nursing facilities referenced in the department's strategic plan for long-term care, including, but not limited to, (1) promoting person-centered care, (2) providing enhanced quality of care, (3) creating community space for all nursing facility residents, and (4) developing stronger connections between the nursing facility residents and the surrounding community. Bed need shall be based on the recent occupancy percentage of area nursing facilities and the projected bed need for no more than five years into the future at ninety-seven and one-half per cent occupancy using the latest official population projections by town and age as published by the Office of Policy and Management and the latest available state-wide nursing facility utilization statistics by age cohort from the Department of Public Health. The commissioner may also consider area specific utilization and reductions in utilization rates to account for the increased use of less institutional alternatives.

Approved May 31, 2022