



General Assembly

Amendment

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LCO No. 4953



Offered by:

REP. GARIBAY, 60th Dist.

SEN. MILLER P., 27th Dist.

To: Subst. House Bill No. 5313

File No. 132

Cal. No. 141

"AN ACT CONCERNING REGISTRATION OF TEMPORARY NURSING SERVICES AGENCIES AND MAXIMUM RATES FOR TEMPORARY NURSING SERVICES AT NURSING HOME FACILITIES."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective July 1, 2022*) (a) As used in this section
4 and sections 2 and 3 of this act, (1) "health care facility" means a hospital,
5 nursing home facility or residential care home as those terms are defined
6 in section 19a-490 of the general statutes; (2) "nursing personnel" means
7 an advanced practice registered nurse, a licensed practical nurse or a
8 registered nurse licensed or issued a temporary permit to practice
9 pursuant to chapter 378 of the general statutes, or a nurse's aide
10 registered pursuant to chapter 378a of the general statutes; (3)
11 "temporary nursing services" means services provided to a health care
12 facility on a per diem or other temporary basis; and (4) "temporary
13 nursing services agency" means any person, firm, corporation, limited

14 liability company, partnership or association that is engaged for hire in
15 the business of providing temporary nursing services to a health care
16 facility but does not include an individual who offers only his or her
17 own temporary nursing services.

18 (b) Not later than October 1, 2022, the Commissioner of Public Health
19 shall develop a system for a temporary nursing services agency that
20 provides services in the state to register annually with the Department
21 of Public Health. The commissioner may assess an annual registration
22 fee of not more than seven hundred fifty dollars.

23 (c) Not later than January 1, 2023, no temporary nursing services
24 agency shall provide temporary nursing services in the state unless it is
25 registered pursuant to subsection (b) of this section.

26 (d) The Commissioner of Public Health shall establish requirements
27 for a temporary nursing services agency, including, but not limited to,
28 minimum qualifications for nursing personnel provided by such
29 agency.

30 (e) Beginning not later than July 1, 2023, each temporary nursing
31 services agency shall submit, in a form and manner prescribed by the
32 Commissioner of Public Health, in consultation with the Commissioner
33 of Social Services, an annual cost report for the previous calendar year.
34 Such report shall be filed with the Commissioner of Public Health and
35 may include, but shall not be limited to, (1) itemized revenues and costs
36 for each such agency; (2) average number of nursing personnel
37 employed by such agency; (3) average fees charged by such agency by
38 type of nursing personnel and type of health care facility; (4) the states
39 of the permanent residences of nursing personnel supplied by the
40 agency to health care facilities in the state, aggregated by type of nursing
41 personnel; and (5) any other information prescribed by the
42 Commissioner of Public Health. Each such agency shall make available
43 records, books, reports and other data relating to its operation at the
44 request of the Commissioner of Public Health, or the commissioner's
45 designee. Records provided by a temporary nursing services agency

46 pursuant to this subsection shall not be considered public records
47 subject to disclosure pursuant to section 1-210 of the general statutes.

48 (f) The Commissioner of Public Health may adopt regulations in
49 accordance with chapter 54 of the general statutes to implement the
50 provisions of this section. The commissioner may adopt policies and
51 procedures to implement the provisions of this section in advance of
52 adopting regulations, provided notice of intent to adopt such
53 regulations is posted on the eRegulations System not later than twenty
54 days after adoption of such policies and procedures.

55 Sec. 2. (NEW) (*Effective July 1, 2022*) (a) A temporary nursing services
56 agency shall enter into a written agreement with each health care facility
57 to which the agency assigns its nursing personnel. Any such agreement
58 entered into, amended or renewed on and after July 1, 2022, shall
59 contain an assurance that assigned nursing personnel have appropriate
60 credentials. Such agreement shall be on file at such temporary nursing
61 services agency and such health care facility not later than fourteen days
62 from the date of assignment of nursing personnel by such agency to the
63 health care facility.

64 (b) Any health care facility that fails to have the written agreement
65 described in subsection (a) of this section on file may be subject to
66 disciplinary action in accordance with the provisions of chapter 368v of
67 the general statutes and any applicable licensing regulations.

68 (c) Notwithstanding the provisions of subsections (a) and (b) of this
69 section, no health care facility or subsidiary thereof that supplies
70 temporary nursing services only to its own facility and does not charge
71 a fee to such facility shall be subject to the provisions of this section.

72 Sec. 3. (NEW) (*Effective July 1, 2022*) (a) Any person aggrieved by any
73 action of a temporary nursing services agency may petition the superior
74 court for the judicial district in which the agency's temporary nursing
75 services were rendered for relief, including temporary and permanent
76 injunctions, or may bring a civil action for damages.

77 (b) Any temporary nursing services agency that violates any
78 provision of section 1 or 2 of this act may be assessed a civil penalty by
79 the court not to exceed three hundred dollars for each offense. Each
80 violation shall be a separate and distinct offense and, in the case of a
81 continuing violation, each day of continuance thereof shall be deemed
82 to be a separate and distinct offense. The Commissioner of Public Health
83 may request the Attorney General to bring a civil action in the superior
84 court for the judicial district of Hartford for injunctive relief to restrain
85 any further violation of section 1 or 2 of this act. The Superior Court may
86 grant such relief upon notice and hearing.

87 Sec. 4. (*Effective July 1, 2022*) (a) As used in this section, (1) "nursing
88 home facility" has the same meaning as provided in section 19a-490 of
89 the general statutes, and (2) "nursing personnel", "temporary nursing
90 services" and "temporary nursing services agency" have the same
91 meanings as provided in section 1 of this act. The Commissioner of
92 Social Services, in consultation with the Commissioner of Public Health,
93 shall evaluate the rates charged by a temporary nursing services agency
94 to a nursing home facility for temporary nursing services to determine
95 whether and what changes may be needed in the regulation of such
96 rates to ensure that a nursing home facility has adequate nursing
97 personnel.

98 (b) Not later than October 1, 2023, the Commissioner of Social
99 Services shall submit a report, in accordance with the provisions of
100 section 11-4a of the general statutes, to the joint standing committees of
101 the General Assembly having cognizance of matters relating to aging,
102 human services and public health with recommendations based on the
103 cost reports submitted by temporary nursing services agencies pursuant
104 to section 1 of this act. The commissioner's report may include, but need
105 not be limited to (1) what, if any, changes are needed in the regulation
106 of rates charged by such agencies, and (2) how best to ensure, within
107 available appropriations, that a nursing home facility is able to maintain
108 adequate nursing personnel during a public health emergency declared
109 pursuant to section 19a-131a of the general statutes.

110 Sec. 5. Subsection (a) of section 17b-340 of the 2022 supplement to the
111 general statutes is repealed and the following is substituted in lieu
112 thereof (*Effective July 1, 2022*):

113 (a) For purposes of this subsection, (1) a "related party" includes, but
114 is not limited to, any company related to a chronic and convalescent
115 nursing home through family association, common ownership, control
116 or business association with any of the owners, operators or officials of
117 such nursing home; (2) "company" means any person, partnership,
118 association, holding company, limited liability company or corporation;
119 (3) "family association" means a relationship by birth, marriage or
120 domestic partnership; and (4) "profit and loss statement" means the
121 most recent annual statement on profits and losses finalized by a related
122 party before the annual report mandated under this subsection. The
123 rates to be paid by or for persons aided or cared for by the state or any
124 town in this state to licensed chronic and convalescent nursing homes,
125 to chronic disease hospitals associated with chronic and convalescent
126 nursing homes, to rest homes with nursing supervision, to licensed
127 residential care homes, as defined by section 19a-490, and to residential
128 facilities for persons with intellectual disability that are licensed
129 pursuant to section 17a-227 and certified to participate in the Title XIX
130 Medicaid program as intermediate care facilities for individuals with
131 intellectual disabilities, for room, board and services specified in
132 licensing regulations issued by the licensing agency shall be determined
133 annually, except as otherwise provided in this subsection by the
134 Commissioner of Social Services, to be effective July first of each year
135 except as otherwise provided in this subsection. Such rates shall be
136 determined on a basis of a reasonable payment for such necessary
137 services, which basis shall take into account as a factor the costs of such
138 services. Cost of such services shall include reasonable costs mandated
139 by collective bargaining agreements with certified collective bargaining
140 agents or other agreements between the employer and employees,
141 provided "employees" shall not include persons employed as managers
142 or chief administrators or required to be licensed as nursing home
143 administrators, and compensation for services rendered by proprietors

144 at prevailing wage rates, as determined by application of principles of
145 accounting as prescribed by said commissioner. Cost of such services
146 shall not include amounts paid by the facilities to employees as salary,
147 or to attorneys or consultants as fees, where the responsibility of the
148 employees, attorneys, or consultants is to persuade or seek to persuade
149 the other employees of the facility to support or oppose unionization.
150 Nothing in this subsection shall prohibit inclusion of amounts paid for
151 legal counsel related to the negotiation of collective bargaining
152 agreements, the settlement of grievances or normal administration of
153 labor relations. The commissioner may, in the commissioner's
154 discretion, allow the inclusion of extraordinary and unanticipated costs
155 of providing services that were incurred to avoid an immediate negative
156 impact on the health and safety of patients. The commissioner may, in
157 the commissioner's discretion, based upon review of a facility's costs,
158 direct care staff to patient ratio and any other related information, revise
159 a facility's rate for any increases or decreases to total licensed capacity
160 of more than ten beds or changes to its number of licensed rest home
161 with nursing supervision beds and chronic and convalescent nursing
162 home beds. The commissioner may, in the commissioner's discretion,
163 revise the rate of a facility that is closing. An interim rate issued for the
164 period during which a facility is closing shall be based on a review of
165 facility costs, the expected duration of the close-down period, the
166 anticipated impact on Medicaid costs, available appropriations and the
167 relationship of the rate requested by the facility to the average Medicaid
168 rate for a close-down period. The commissioner may so revise a facility's
169 rate established for the fiscal year ending June 30, 1993, and thereafter
170 for any bed increases, decreases or changes in licensure effective after
171 October 1, 1989. Effective July 1, 1991, in facilities that have both a
172 chronic and convalescent nursing home and a rest home with nursing
173 supervision, the rate for the rest home with nursing supervision shall
174 not exceed such facility's rate for its chronic and convalescent nursing
175 home. All such facilities for which rates are determined under this
176 subsection shall report on a fiscal year basis ending on September
177 thirtieth. Such report shall be submitted to the commissioner by
178 February fifteenth. Each for-profit chronic and convalescent nursing

179 home that receives state funding pursuant to this section shall include
180 in such annual report a profit and loss statement from each related party
181 that receives from such chronic and convalescent nursing home fifty
182 thousand dollars or more per year for goods, fees and services. No cause
183 of action or liability shall arise against the state, the Department of Social
184 Services, any state official or agent for failure to take action based on the
185 information required to be reported under this subsection. The
186 commissioner may reduce the rate in effect for a facility that fails to
187 submit a complete and accurate report on or before February fifteenth
188 by an amount not to exceed ten per cent of such rate. If a licensed
189 residential care home fails to submit a complete and accurate report, the
190 department shall notify such home of the failure and the home shall
191 have thirty days from the date the notice was issued to submit a
192 complete and accurate report. If a licensed residential care home fails to
193 submit a complete and accurate report not later than thirty days after
194 the date of notice, such home may not receive a retroactive rate increase,
195 in the commissioner's discretion. The commissioner shall, annually, on
196 or before April first, report the data contained in the reports of such
197 facilities on the department's Internet web site. For the cost reporting
198 year commencing October 1, 1985, and for subsequent cost reporting
199 years, facilities shall report the cost of using the services of any [nursing
200 pool employee] nursing personnel supplied by a temporary nursing
201 services agency by separating said cost into two categories, the portion
202 of the cost equal to the salary of the employee for whom the [nursing
203 pool employee] nursing personnel supplied by a temporary nursing
204 services agency is substituting shall be considered a nursing cost and
205 any cost in excess of such salary shall be further divided so that seventy-
206 five per cent of the excess cost shall be considered an administrative or
207 general cost and twenty-five per cent of the excess cost shall be
208 considered a nursing cost, provided if the total [nursing pool] costs of a
209 facility for nursing personnel supplied by a temporary nursing services
210 agency in any cost year are equal to or exceed fifteen per cent of the total
211 nursing expenditures of the facility for such cost year, no portion of
212 [nursing pool] such costs in excess of fifteen per cent shall be classified
213 as administrative or general costs. The commissioner, in determining

214 such rates, shall also take into account the classification of patients or
215 boarders according to special care requirements or classification of the
216 facility according to such factors as facilities and services and such other
217 factors as the commissioner deems reasonable, including anticipated
218 fluctuations in the cost of providing such services. The commissioner
219 may establish a separate rate for a facility or a portion of a facility for
220 traumatic brain injury patients who require extensive care but not acute
221 general hospital care. Such separate rate shall reflect the special care
222 requirements of such patients. If changes in federal or state laws,
223 regulations or standards adopted subsequent to June 30, 1985, result in
224 increased costs or expenditures in an amount exceeding one-half of one
225 per cent of allowable costs for the most recent cost reporting year, the
226 commissioner shall adjust rates and provide payment for any such
227 increased reasonable costs or expenditures within a reasonable period
228 of time retroactive to the date of enforcement. Nothing in this section
229 shall be construed to require the Department of Social Services to adjust
230 rates and provide payment for any increases in costs resulting from an
231 inspection of a facility by the Department of Public Health. Such
232 assistance as the commissioner requires from other state agencies or
233 departments in determining rates shall be made available to the
234 commissioner at the commissioner's request. Payment of the rates
235 established pursuant to this section shall be conditioned on the
236 establishment by such facilities of admissions procedures that conform
237 with this section, section 19a-533 and all other applicable provisions of
238 the law and the provision of equality of treatment to all persons in such
239 facilities. The established rates shall be the maximum amount
240 chargeable by such facilities for care of such beneficiaries, and the
241 acceptance by or on behalf of any such facility of any additional
242 compensation for care of any such beneficiary from any other person or
243 source shall constitute the offense of aiding a beneficiary to obtain aid
244 to which the beneficiary is not entitled and shall be punishable in the
245 same manner as is provided in subsection (b) of section 17b-97.
246 Notwithstanding any provision of this section, the Commissioner of
247 Social Services may, within available appropriations, provide an interim
248 rate increase for a licensed chronic and convalescent nursing home or a

249 rest home with nursing supervision for rate periods no earlier than April
250 1, 2004, only if the commissioner determines that the increase is
251 necessary to avoid the filing of a petition for relief under Title 11 of the
252 United States Code; imposition of receivership pursuant to sections 19a-
253 542 and 19a-543; or substantial deterioration of the facility's financial
254 condition that may be expected to adversely affect resident care and the
255 continued operation of the facility, and the commissioner determines
256 that the continued operation of the facility is in the best interest of the
257 state. The commissioner shall consider any requests for interim rate
258 increases on file with the department from March 30, 2004, and those
259 submitted subsequently for rate periods no earlier than April 1, 2004.
260 When reviewing an interim rate increase request the commissioner
261 shall, at a minimum, consider: (A) Existing chronic and convalescent
262 nursing home or rest home with nursing supervision utilization in the
263 area and projected bed need; (B) physical plant long-term viability and
264 the ability of the owner or purchaser to implement any necessary
265 property improvements; (C) licensure and certification compliance
266 history; (D) reasonableness of actual and projected expenses; and (E) the
267 ability of the facility to meet wage and benefit costs. No interim rate
268 shall be increased pursuant to this subsection in excess of one hundred
269 fifteen per cent of the median rate for the facility's peer grouping,
270 established pursuant to subdivision (2) of subsection (f) of this section,
271 unless recommended by the commissioner and approved by the
272 Secretary of the Office of Policy and Management after consultation
273 with the commissioner. Such median rates shall be published by the
274 Department of Social Services not later than April first of each year. In
275 the event that a facility granted an interim rate increase pursuant to this
276 section is sold or otherwise conveyed for value to an unrelated entity
277 less than five years after the effective date of such rate increase, the rate
278 increase shall be deemed rescinded and the department shall recover an
279 amount equal to the difference between payments made for all affected
280 rate periods and payments that would have been made if the interim
281 rate increase was not granted. The commissioner may seek recovery of
282 such payments from any facility with common ownership. With the
283 approval of the Secretary of the Office of Policy and Management, the

284 commissioner may waive recovery and rescission of the interim rate for
285 good cause shown that is not inconsistent with this section, including,
286 but not limited to, transfers to family members that were made for no
287 value. The commissioner shall provide written quarterly reports to the
288 joint standing committees of the General Assembly having cognizance
289 of matters relating to aging, human services and appropriations and the
290 budgets of state agencies, that identify each facility requesting an
291 interim rate increase, the amount of the requested rate increase for each
292 facility, the action taken by the commissioner and the secretary pursuant
293 to this subsection, and estimates of the additional cost to the state for
294 each approved interim rate increase. Nothing in this subsection shall
295 prohibit the commissioner from increasing the rate of a licensed chronic
296 and convalescent nursing home or a rest home with nursing supervision
297 for allowable costs associated with facility capital improvements or
298 increasing the rate in case of a sale of a licensed chronic and convalescent
299 nursing home or a rest home with nursing supervision if receivership
300 has been imposed on such home. For purposes of this section,
301 "temporary nursing services agency" and "nursing personnel" have the
302 same meaning as provided in section 1 of this act.

303 Sec. 6. Subdivision (1) of subsection (f) of section 17b-340 of the 2022
304 supplement to the general statutes is repealed and the following is
305 substituted in lieu thereof (*Effective July 1, 2022*):

306 (1) Allowable costs shall be divided into the following five cost
307 components: (A) Direct costs, which shall include salaries for nursing
308 personnel, related fringe benefits and [nursing pool] costs for nursing
309 personnel supplied by a temporary nursing services agency; (B) indirect
310 costs, which shall include professional fees, dietary expenses,
311 housekeeping expenses, laundry expenses, supplies related to patient
312 care, salaries for indirect care personnel and related fringe benefits; (C)
313 fair rent, which shall be defined in accordance with subsection (f) of
314 section 17-311-52 of the regulations of Connecticut state agencies; (D)
315 capital-related costs, which shall include property taxes, insurance
316 expenses, equipment leases and equipment depreciation; and (E)
317 administrative and general costs, which shall include (i) maintenance

318 and operation of plant expenses, (ii) salaries for administrative and
319 maintenance personnel, and (iii) related fringe benefits. The
320 commissioner may provide a rate adjustment for nonemergency
321 transportation services required by nursing facility residents. Such
322 adjustment shall be a fixed amount determined annually by the
323 commissioner based upon a review of costs and other associated
324 information. Allowable costs shall not include costs for ancillary
325 services payable under Part B of the Medicare program.

326 Sec. 7. Subdivision (4) of subsection (a) of section 17b-340d of the 2022
327 supplement to the general statutes is repealed and the following is
328 substituted in lieu thereof (*Effective July 1, 2022*):

329 (4) Allowable costs shall be divided into the following five cost
330 components: (A) Direct costs, which shall include salaries for nursing
331 personnel, related fringe benefits and [nursing pool] costs for nursing
332 personnel supplied by a temporary nursing services agency; (B) indirect
333 costs, which shall include professional fees, dietary expenses,
334 housekeeping expenses, laundry expenses, supplies related to patient
335 care, salaries for indirect care personnel and related fringe benefits; (C)
336 fair rent, which shall be defined in regulations adopted in accordance
337 with subsection (b) of this section; (D) capital-related costs, which shall
338 include property taxes, insurance expenses, equipment leases and
339 equipment depreciation; and (E) administrative and general costs,
340 which shall include maintenance and operation of plant expenses,
341 salaries for administrative and maintenance personnel and related
342 fringe benefits. For (i) direct costs, the maximum cost shall be equal to
343 one hundred thirty-five per cent of the median allowable cost of that
344 peer grouping; (ii) indirect costs, the maximum cost shall be equal to one
345 hundred fifteen per cent of the state-wide median allowable cost; (iii)
346 fair rent, the amount shall be calculated utilizing the amount approved
347 pursuant to section 17b-353; (iv) capital-related costs, there shall be no
348 maximum; and (v) administrative and general costs, the maximum shall
349 be equal to the state-wide median allowable cost. For purposes of this
350 subdivision, "temporary nursing services agency" and "nursing
351 personnel" have the same meaning as provided in section 1 of this act.

352 Sec. 8. Subsection (a) of section 51-344a of the 2022 supplement to the
353 general statutes is repealed and the following is substituted in lieu
354 thereof (*Effective July 1, 2022*):

355 (a) Whenever the term "judicial district of Hartford-New Britain" or
356 "judicial district of Hartford-New Britain at Hartford" is used or referred
357 to in the following sections of the general statutes, it shall be deemed to
358 mean or refer to the judicial district of Hartford on and after September
359 1, 1998: Sections 1-205, 1-206, 2-48, 3-21a, 3-62d, 3-70a, 3-71a, 4-61, 4-160,
360 4-164, 4-177b, 4-180, 4-183, 4-197, 5-202, 5-276a, 8-30g, 9-7a, 9-7b, 9-369b,
361 10-153e, 12-208, 12-237, 12-268l, 12-312, 12-330m, 12-405k, 12-422, 12-448,
362 12-454, 12-456, 12-463, 12-489, 12-522, 12-554, 12-565, 12-572, 12-586f, 12-
363 597, 12-730, 13b-34, 13b-235, 13b-315, 13b-375, 14-57, 14-66, 14-67u, 14-
364 110, 14-195, 14-311, 14-311c, 14-324, 14-331, 15-125, 15-126, 16-41, 16a-5,
365 17b-60, 17b-100, 17b-238, 17b-531, 19a-85, 19a-86, [19a-123d,] 19a-425,
366 19a-498, 19a-517, 19a-526, 19a-633, 20-12f, 20-13e, 20-29, 20-40, 20-45, 20-
367 59, 20-73a, 20-86f, 20-99, 20-114, 20-133, 20-154, 20-156, 20-162p, 20-192,
368 20-195p, 20-202, 20-206c, 20-227, 20-238, 20-247, 20-263, 20-271, 20-307,
369 20-341f, 20-363, 20-373, 20-404, 20-414, 21a-55, 21a-190i, 22-7, 22-228, 22-
370 248, 22-254, 22-320d, 22-326a, 22-344b, 22-386, 22a-6b, 22a-7, 22a-16, 22a-
371 30, 22a-34, 22a-53, 22a-60, 22a-62, 22a-63, 22a-66h, 22a-106a, 22a-119,
372 22a-180, 22a-182a, 22a-184, 22a-220a, 22a-220d, 22a-225, 22a-226, 22a-
373 226c, 22a-227, 22a-250, 22a-255l, 22a-276, 22a-310, 22a-342a, 22a-344, 22a-
374 361a, 22a-374, 22a-376, 22a-408, 22a-430, 22a-432, 22a-438, 22a-449f, 22a-
375 449g, 22a-459, 23-5e, 23-65m, 25-32e, 25-36, 28-5, 29-143j, 29-158, 29-161z,
376 29-323, 30-8, 31-109, 31-249b, 31-266, 31-266a, 31-270, 31-273, 31-284, 31-
377 285, 31-339, 31-355a, 31-379, 35-3c, 35-42, 36a-186, 36a-187, 36a-471a, 36a-
378 494, 36a-587, 36a-647, 36a-684, 36a-718, 36a-807, 36b-26, 36b-27, 36b-30,
379 36b-50, 36b-71, 36b-72, 36b-74, 36b-76, 38a-41, 38a-52, 38a-134, 38a-139,
380 38a-140, 38a-147, 38a-150, 38a-185, 38a-209, 38a-225, 38a-226b, 38a-241,
381 38a-337, 38a-470, 38a-620, 38a-657, 38a-687, 38a-774, 38a-776, 38a-817,
382 38a-843, 38a-868, 38a-906, 38a-994, 42-103c, 42-110d, 42-110k, 42-110p,
383 42-182, 46a-56, 46a-100, 47a-21, 49-73, 51-44a, 51-81b, 51-194, 52-146j, 53-
384 392d and 54-211a.

385 Sec. 9. Section 19a-535 of the 2022 supplement to the general statutes

386 is amended by adding subsection (k) as follows (*Effective July 1, 2022*):

387 (NEW) (k) A facility shall electronically report each involuntary
388 transfer or discharge to the State Ombudsman, appointed pursuant to
389 section 17a-405, (1) in a manner prescribed by the State Ombudsman,
390 and (2) on an Internet web site portal maintained by the State
391 Ombudsman in accordance with patient privacy provisions of the
392 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
393 191, as amended from time to time.

394 Sec. 10. Section 19a-535a of the general statutes is amended by adding
395 subsection (e) as follows (*Effective from passage*):

396 (NEW) (e) Not later than six months after the effective date of this
397 section, a facility shall electronically report each involuntary transfer or
398 discharge (1) in a manner prescribed by the State Ombudsman,
399 appointed pursuant to section 17a-405, and (2) on an Internet web site
400 portal maintained by the State Ombudsman in accordance with patient
401 privacy provisions of the Health Insurance Portability and
402 Accountability Act of 1996, P.L. 104-191, as amended from time to time.

403 Sec. 11. (*Effective from passage*) (a) The State Ombudsman, appointed
404 pursuant to section 17a-405 of the general statutes, shall appoint and
405 convene a working group of not more than eight members to study the
406 following issues involving a managed residential community, as
407 defined in section 19a-693 of the general statutes, that is not affiliated
408 with a facility providing services under a continuing-care contract, as
409 defined in section 17b-520 of the general statutes: (1) What notice should
410 be provided to residents of managed residential communities of rental
411 and other fee increases that exceed certain percentages, and (2) resident
412 health transitions and determinations of care levels.

413 (b) The working group shall include, but not be limited to, the State
414 Ombudsman, or the State Ombudsman's designee, and the following
415 members, provided such members are willing and available to serve:
416 Representatives of the (1) Connecticut Assisted Living Association, (2)
417 Connecticut Association of Health Care Facilities/Connecticut Center

418 for Assisted Living, and (3) LeadingAge Connecticut.

419 (c) Chairpersons of the working group shall be the State
420 Ombudsman, or the State Ombudsman's designee, and another member
421 of the working group chosen by members of the group. The State
422 Ombudsman shall schedule the first meeting of the working group not
423 later than sixty days after the effective date of this section. The
424 administrative staff of the joint standing committee of the General
425 Assembly having cognizance of matters relating to aging shall serve as
426 administrative staff of the working group.

427 (d) Not later than December 31, 2022, the working group shall submit
428 a report on its findings and recommendations to the joint standing
429 committee of the General Assembly having cognizance of matters
430 relating to aging in accordance with the provisions of section 11-4a of
431 the general statutes. The working group shall terminate on the date that
432 it submits such report or December 31, 2022, whichever is later.

433 Sec. 12. Subsection (g) of section 17b-451 of the 2022 supplement to
434 the general statutes is repealed and the following is substituted in lieu
435 thereof (*Effective from passage*):

436 (g) The Commissioner of Social Services shall develop an educational
437 training program to promote and encourage the accurate and prompt
438 identification and reporting of abuse, neglect, exploitation and
439 abandonment of elderly persons. Such training program shall be made
440 available on the Internet web site of the Department of Social Services
441 to mandatory reporters and other interested persons. The commissioner
442 shall also make such training available in person or otherwise at various
443 times and locations throughout the state as determined by the
444 commissioner. Except for a mandatory reporter who has received
445 training from an institution, organization, agency or facility required to
446 provide such training pursuant to subsection (a) of this section, a
447 mandatory reporter shall complete the educational training program
448 developed by the commissioner, or an alternate program approved by
449 the commissioner, not later than December 31, 2022, or not later than

450 ninety days after becoming a mandatory reporter.

451 Sec. 13. Section 17a-412 of the 2022 supplement to the general statutes
452 is amended by adding subsection (i) as follows (*Effective from passage*):

453 (NEW) (i) Any person required to report suspected abuse, neglect,
454 exploitation or abandonment pursuant to subsection (a) of this section
455 shall complete the educational training program provided by the
456 Commissioner of Social Services pursuant to subsection (g) of section
457 17b-451, as amended by this act, or an alternate program approved by
458 the commissioner, not later than December 31, 2022, or not later than
459 ninety days after beginning employment as a person required to report
460 suspected abuse, neglect, exploitation or abandonment pursuant to
461 subsection (a) of this section.

462 Sec. 14. (NEW) (*Effective from passage*) (a) The Department of Social
463 Services shall develop an advisory for medical assistance applicants for
464 long-term medical care and home care concerning their right to seek
465 legal assistance. The advisory shall state, at a minimum, that while
466 applicants are not required to utilize an attorney, obtaining legal advice
467 prior to completing such application for long-term medical care and
468 home care may help protect their finances and rights.

469 (b) The department shall post the advisory developed pursuant to
470 subsection (a) of this section not later than July 1, 2022, on its Internet
471 web site and shall include the advisory in such applications for long-
472 term medical care and home care not later than September 1, 2023.

473 Sec. 15. Sections 19a-123, 19a-123b and 19a-123d of the general
474 statutes are repealed. (*Effective July 1, 2022*)"

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2022	New section
Sec. 2	July 1, 2022	New section
Sec. 3	July 1, 2022	New section
Sec. 4	July 1, 2022	New section

Sec. 5	<i>July 1, 2022</i>	17b-340(a)
Sec. 6	<i>July 1, 2022</i>	17b-340(f)(1)
Sec. 7	<i>July 1, 2022</i>	17b-340d(a)(4)
Sec. 8	<i>July 1, 2022</i>	51-344a(a)
Sec. 9	<i>July 1, 2022</i>	19a-535
Sec. 10	<i>from passage</i>	19a-535a
Sec. 11	<i>from passage</i>	New section
Sec. 12	<i>from passage</i>	17b-451(g)
Sec. 13	<i>from passage</i>	17a-412
Sec. 14	<i>from passage</i>	New section
Sec. 15	<i>July 1, 2022</i>	Repealer section