



General Assembly

Substitute Bill No. 989

January Session, 2023



AN ACT CONCERNING NURSING HOME AIR CONDITIONING, COST REPORTING TRANSPARENCY, WAITING LIST REQUIREMENTS, INVOLUNTARY PATIENT TRANSFER NOTICES AND TRANSPORTATION FOR RESIDENT SOCIAL VISITS.

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

1 Section 1. Section 19a-522a of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective from passage*):

3 (a) On and after July 1, 2024, the Department of Public Health shall
4 conduct a review of each nursing home facility, as defined in section
5 19a-490, to determine which such facilities have air conditioning in all
6 resident rooms. For those facilities that do not have air conditioning in
7 all resident rooms, each such facility shall report to the Department of
8 Public Health in a time and manner prescribed by the Commissioner
9 of Public Health:

10 (1) Whether and how such facility is able to adequately control the
11 climate in resident rooms during hot weather;

12 (2) What air conditioning system options are feasible for installation
13 at such facility;

14 (3) The cost and physical plant needs involved in providing air
15 conditioning in each resident room; and

16 (4) Other impediments to providing air conditioning in each
17 resident room.

18 (b) Not later than January 1, 2025, the Department of Public Health
19 shall submit a report, in accordance with the provisions of section 11-
20 4a, to the joint standing committees of the General Assembly having
21 cognizance of matters relating to aging, human services and public
22 health on (1) the number of such facilities without air conditioning in
23 all resident rooms, (2) how many such facilities are able to adequately
24 control the temperature and humidity levels in resident rooms, (3) the
25 overall costs for nursing home facilities without air conditioning in
26 every resident room to provide air conditioning in such rooms, and (4)
27 any impediments to providing air conditioning in all resident rooms at
28 specific nursing homes.

29 (c) On or before January 1, 2026, each nursing home facility shall
30 provide air conditioning in every resident room.

31 (d) A chronic and convalescent nursing home or a rest home with
32 nursing supervision may maintain temperatures in resident rooms and
33 other areas used by residents at such facilities at levels that are lower
34 than minimum temperature standards prescribed in the Public Health
35 Code provided temperature levels at such facilities comply with the
36 comfortable and safe temperature standards prescribed under federal
37 law pursuant to 42 CFR 483.15(h)(6). In accordance with section 19a-36,
38 the Commissioner of Public Health shall amend the Public Health
39 Code in conformity with the provisions of this section.

40 (e) The provisions of this section shall not apply to residential care
41 homes, as defined in section 19a-490.

42 Sec. 2. (NEW) (*Effective from passage*) (a) There is established, within
43 the Connecticut Health and Educational Facilities Authority, a
44 revolving loan account for the purpose of providing financial
45 assistance to an owner of a nursing home facility, as defined in section
46 19a-490 of the general statutes, for costs incurred to install an air

47 conditioning system in each resident room.

48 (b) The revolving loan account shall contain any moneys provided
49 or required by law to be deposited in the account. The authority may
50 accept contributions from any source, public or private, for deposit in
51 the account for purposes of the loan program.

52 (c) Loans made pursuant to this section shall have such terms and
53 conditions and shall be subject to such eligibility, loan approval, credit
54 and other underwriting requirements and criteria as are determined by
55 the authority to be reasonable in light of the purpose of the loan
56 program.

57 (d) On or before January 1, 2026, the authority shall submit to the
58 joint standing committees of the General Assembly having cognizance
59 of matters relating to aging, human services and public health a report,
60 in accordance with section 11-4a of the general statutes, setting forth
61 the following information: (1) A list of the loans made under the
62 program, a general description of the terms and conditions of such
63 loans and the repayment history; (2) an assessment of the impact of
64 such loans on compliance with any requirements for nursing home
65 facilities to provide an air conditioning system in each resident room;
66 (3) the need for additional funding for the loan program authorized by
67 this section; and (4) such other information as the authority deems
68 relevant to evaluating the success of the loan program in meeting its
69 objectives.

70 (e) In connection with the making and administration of loans
71 pursuant to this section, the authority shall have and may exercise
72 such powers as are necessary or appropriate to carry out the purposes
73 of this section, including the same powers expressly granted to the
74 authority in section 10a-180 of the general statutes with respect to
75 other loans.

76 (f) No new loan may be made pursuant to this section after January
77 1, 2026, and any moneys then remaining in, or thereafter received to

78 the credit of, the account established in subsection (b) of this section
79 may be withdrawn by the authority from such account and used for
80 other purposes of the authority, subject to specific restrictions
81 governing any contribution to such account pursuant to subsection (b)
82 of this section.

83 (g) The authority shall adopt written procedures, in accordance with
84 section 1-121 of the general statutes, to carry out the provisions of this
85 section.

86 Sec. 3. Subsection (c) of section 19a-535 of the general statutes is
87 repealed and the following is substituted in lieu thereof (*Effective from*
88 *passage*):

89 (c) (1) Before effecting any transfer or discharge of a resident from
90 the facility, the facility shall notify, in writing, the resident and the
91 resident's guardian or conservator, if any, or legally liable relative or
92 other responsible party if known, of the proposed transfer or
93 discharge, the reasons therefor, the effective date of the proposed
94 transfer or discharge, the location to which the resident is to be
95 transferred or discharged, the right to appeal the proposed transfer or
96 discharge and the procedures for initiating such an appeal as
97 determined by the Department of Social Services, the date by which an
98 appeal must be initiated in order to preserve the resident's right to an
99 appeal hearing and the date by which an appeal must be initiated in
100 order to stay the proposed transfer or discharge and the possibility of
101 an exception to the date by which an appeal must be initiated in order
102 to stay the proposed transfer or discharge for good cause, that the
103 resident may represent himself or herself or be represented by legal
104 counsel, a relative, a friend or other spokesperson, and information as
105 to bed hold and nursing home readmission policy when required in
106 accordance with section 19a-537. The notice shall also include the
107 name, mailing address and telephone number of the State [Long-Term
108 Care] Ombudsman. If the resident is, or the facility alleges a resident
109 is, mentally ill or developmentally disabled, the notice shall include
110 the name, mailing address and telephone number of the nonprofit

111 entity designated by the Governor in accordance with section 46a-10b
112 to serve as the Connecticut protection and advocacy system. The notice
113 shall be given at least thirty days and no more than sixty days prior to
114 the resident's proposed transfer or discharge, except where the health
115 or safety of individuals in the facility are endangered, or where the
116 resident's health improves sufficiently to allow a more immediate
117 transfer or discharge, or where immediate transfer or discharge is
118 necessitated by urgent medical needs or where a resident has not
119 resided in the facility for thirty days, in which cases notice shall be
120 given as many days before the transfer or discharge as practicable.

121 (2) The resident may initiate an appeal pursuant to this section by
122 submitting a written request to the Commissioner of Social Services
123 not later than sixty calendar days after the facility issues the notice of
124 the proposed transfer or discharge, except as provided in subsection
125 (h) of this section. In order to stay a proposed transfer or discharge, the
126 resident must initiate an appeal not later than twenty days after the
127 date the resident receives the notice of the proposed transfer or
128 discharge from the facility unless the resident demonstrates good
129 cause for failing to initiate such appeal within the twenty-day period.

130 (3) On the date that the facility provides notice of a proposed
131 involuntary transfer or discharge of a resident pursuant to the
132 provisions of subdivision (1) of this subsection, the facility shall notify
133 the State Ombudsman, appointed pursuant to section 17a-870, in a
134 manner prescribed by the State Ombudsman, of such proposed
135 involuntary transfer or discharge. Failure to provide notice to the State
136 Ombudsman pursuant to the provisions of this subdivision shall
137 invalidate any notice of the proposed involuntary transfer or discharge
138 of a resident submitted pursuant to the provisions of subdivision (1) of
139 this subsection.

140 Sec. 4. Subsection (k) of section 19a-535 of the general statutes is
141 repealed and the following is substituted in lieu thereof (*Effective from*
142 *passage*):

143 (k) [A] Except as otherwise provided in subdivision (3) of subsection
144 (c) of this section, a facility shall electronically report each involuntary
145 transfer or discharge to the State Ombudsman, appointed pursuant to
146 section [17a-405] 17a-870, (1) in a manner prescribed by the State
147 Ombudsman, and (2) on an Internet web site portal maintained by the
148 State Ombudsman in accordance with patient privacy provisions of the
149 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
150 191, as amended from time to time.

151 Sec. 5. (NEW) (*Effective July 1, 2023*) (a) Any nursing home facility,
152 as defined in section 19a-490 of the general statutes, with available
153 vehicles equipped to transport nonambulatory residents, may provide
154 nonemergency transportation of such residents to the homes of such
155 residents' family members, provided: (1) Such family members live
156 within fifteen miles of the nursing home facility, and (2) such
157 transportation is approved not less than five business days in advance
158 by a physician or physician's assistant, licensed pursuant to chapter
159 370 of the general statutes, or an advanced practice registered nurse
160 licensed pursuant to chapter 378 of the general statutes.

161 (b) The Commissioner of Social Services, within available
162 appropriations, may establish a grant program to fund such
163 nonemergency transportation. The commissioner shall prescribe forms
164 and procedures for a nursing home facility to apply for a grant
165 through any such grant program. The commissioner shall evaluate
166 whether the need for such transportation would qualify as a health-
167 related social need and file a report not later than October 1, 2023, with
168 the Council on Medical Assistance Program Oversight on such
169 evaluation and potential federal funding that may be available for such
170 transportation. For purposes of this subsection, "health-related social
171 need" means a health need deriving from an adverse social condition
172 that contributes to poor health and health disparities, including, but
173 not limited to, the need for reliable transportation.

174 Sec. 6. (*Effective from passage*) (a) The State Ombudsman, appointed
175 pursuant to section 17a-870 of the general statutes, shall convene a

176 working group concerning any revisions necessary to nursing home
177 waiting list requirements as described in section 19a-533 of the general
178 statutes. The working group shall include, but need not be limited to,
179 the State Ombudsman, or the State Ombudsman's designee; not less
180 than two representatives of the nursing home industry, appointed by
181 the State Ombudsman; the Commissioners of Public Health and Social
182 Services, or their designees; and any other member the State
183 Ombudsman may appoint.

184 (b) The State Ombudsman, or the State Ombudsman's designee,
185 shall serve as chairperson of the working group, which shall meet not
186 less than once monthly. Not later than January 1, 2024, the State
187 Ombudsman shall file a report, in accordance with section 11-4a of the
188 general statutes, with the joint standing committees of the General
189 Assembly having cognizance of matters relating to human services and
190 public health with recommendations concerning any changes to the
191 waiting list requirements, including, but not limited to, authorizing
192 nursing homes to maintain waiting lists in electronic form.

193 Sec. 7. (NEW) (*Effective July 1, 2023*) (a) As used in this section,
194 "allowable costs" has the same meaning as provided in section 17b-
195 340d of the general statutes. Beginning with the cost report year
196 ending on September 30, 2024, and annually thereafter, each nursing
197 home facility, as defined in section 19a-490 of the general statutes, shall
198 submit to the Commissioner of Social Services narrative summaries of
199 expenditures in addition to the cost reports required pursuant to
200 section 17b-340 of the general statutes, as amended by this act. The
201 summaries shall be in plain language and include the percentage of
202 Medicaid funding allocated to (1) the five cost components of
203 allowable costs, broken down to include individual expenditure
204 categories of each cost component described in subdivision (4) of
205 subsection (a) of section 17b-340d of the general statutes, and (2) any
206 related party, as defined in section 17b-340 of the general statutes, as
207 amended by this act.

208 (b) Not later than January 1, 2025, and annually thereafter, the

209 Commissioner of Social Services shall post in a conspicuous area on
210 the department's Internet web site a link to (1) the annual cost reports
211 and the plain language summaries provided by each nursing home
212 facility, (2) comparisons between individual nursing homes by
213 expenditures, and (3) a summary of the average reported expenditures
214 of all reporting nursing homes for each category. Any cost report
215 forms utilized by the department shall include a glossary and
216 explanation of the terms used and a description of the categories being
217 reported on, including, but not limited to, plain language explanations
218 of formulas and formula terms used to determine maximum costs for
219 direct costs, indirect costs, fair rent, capital-related costs and
220 administrative and general costs, as described in subdivision (4) of
221 subsection (a) of section 17b-340d of the general statutes.

222 (c) Any nursing home facility that violates or fails to comply with
223 the provisions of this section shall be fined not more than ten thousand
224 dollars for each incident of noncompliance. The Commissioner of
225 Social Services may offset payments due a facility to collect the
226 penalty. Prior to imposing any penalty pursuant to this subsection, the
227 commissioner shall notify the nursing home facility of the alleged
228 violation and the accompanying penalty and shall permit such facility
229 to request that the department review its findings. A facility shall
230 request such review not later than fifteen days after receipt of the
231 notice of violation from the department. The department shall stay the
232 imposition of any penalty pending the outcome of the review. The
233 commissioner may impose a penalty upon a facility pursuant to this
234 subsection regardless of whether a change in ownership of the facility
235 has taken place since the time of the violation, provided the
236 department issued notice of the alleged violation and the
237 accompanying penalty prior to the effective date of the change in
238 ownership and record of such notice is readily available in a central
239 registry maintained by the department. Payments of fines received
240 pursuant to this subsection shall be deposited in the General Fund and
241 credited to the Medicaid account.

242 Sec. 8. Section 19a-491a of the general statutes is repealed and the
243 following is substituted in lieu thereof (*Effective July 1, 2023*):

244 (a) A person seeking a license to establish, conduct, operate or
245 maintain a nursing home shall provide the Department of Public
246 Health with the following information:

247 (1) (A) The name and business address of the owner and a statement
248 of whether the owner is an individual, partnership, corporation or
249 other legal entity; (B) the names of the officers, directors, trustees, or
250 managing and general partners of the owner, the names of persons
251 having a ten per cent or greater ownership interest in the owner, and a
252 description of each such person's occupation with the owner; [and] (C)
253 if the owner is a corporation which is incorporated in another state, a
254 certificate of good standing from the secretary of state of the state of
255 incorporation; and (D) if a private equity firm owns any portion of the
256 business, the name of the private equity fund's investment advisor and
257 a copy of the most recent quarterly statement provided to the private
258 equity fund's investors, including information regarding fees, expenses
259 and performance of the fund;

260 (2) A description of the relevant business experience of the owner
261 and of the administrator of the nursing home and evidence that the
262 administrator has a license issued pursuant to section 19a-514;

263 (3) Affidavits signed by the owner, any of the persons described in
264 subdivision (1) of this subsection, the administrator, assistant
265 administrator, the medical director, the director of nursing and
266 assistant director of nursing disclosing any matter in which such
267 person has been convicted of a felony, as defined in section 53a-25, or
268 has pleaded nolo contendere to a felony charge, or has been held liable
269 or enjoined in a civil action by final judgment, if the felony or civil
270 action involved fraud, embezzlement, fraudulent conversion or
271 misappropriation of property; or is subject to an injunction or
272 restrictive or remedial order of a court of record at the time of
273 application, within the past five years has had any state or federal

274 license or permit suspended or revoked as a result of an action brought
275 by a governmental agency or department, arising out of or relating to
276 health care business activity, including, but not limited to, actions
277 affecting the operation of a nursing home, retirement home, residential
278 care home or any facility subject to sections 17b-520 to 17b-535,
279 inclusive, or a similar statute in another state or country;

280 (4) (A) A statement as to whether or not the owner is, or is affiliated
281 with, a religious, charitable or other nonprofit organization; (B) the
282 extent of the affiliation, if any; (C) the extent to which the affiliate
283 organization will be responsible for the financial obligations of the
284 owner; and (D) the provision of the Internal Revenue Code of 1986, or
285 any subsequent corresponding internal revenue code of the United
286 States, as from time to time amended, if any, under which the owner or
287 affiliate is exempt from the payment of income tax;

288 (5) The location and a description of other health care facilities of the
289 owner, existing or proposed, and, if proposed, the estimated
290 completion date or dates and whether or not construction has begun;
291 [and]

292 (6) Audited and certified financial statements of the owner,
293 including (A) a balance sheet as of the end of the most recent fiscal
294 year, and (B) income statements for the most recent fiscal year of the
295 owner or such shorter period of time as the owner shall have been in
296 existence; and

297 ~~[(6)]~~ (7) If the operation of the nursing home has not yet
298 commenced, a statement of the anticipated source and application of
299 the funds used or to be used in the purchase or construction of the
300 home, including:

301 (A) An estimate of such costs as financing expense, legal expense,
302 land costs, marketing costs and other similar costs which the owner
303 expects to incur or become obligated for prior to the commencement of
304 operations; and

305 (B) A description of any mortgage loan or any other financing
306 intended to be used for the financing of the nursing home, including
307 the anticipated terms and costs of such financing.

308 [(b) In addition to the information provided pursuant to subsection
309 (a) of this section, the commissioner may reasonably require an
310 applicant for a nursing home license or renewal of a nursing home
311 license to submit additional information. Such information may
312 include audited and certified financial statements of the owner,
313 including, (1) a balance sheet as of the end of the most recent fiscal
314 year, and (2) income statements for the most recent fiscal year of the
315 owner or such shorter period of time as the owner shall have been in
316 existence.]

317 [(c)] (b) No person acting individually or jointly with any other
318 person shall establish, conduct, operate or maintain a nursing home
319 without maintaining professional liability insurance or other
320 indemnity against liability for professional malpractice. The amount of
321 insurance which such person shall maintain as insurance or indemnity
322 against claims for injury or death for professional malpractice shall be
323 not less than one million dollars for one person, per occurrence, with
324 an aggregate of not less than three million dollars. The requirements of
325 this subsection shall not apply to any person who establishes,
326 conducts, operates or maintains a residential care home.

327 [(d)] (c) A person seeking to renew a nursing home license shall
328 furnish the department with any information required under this
329 section that was not previously submitted and with satisfactory
330 written proof that the owner of the nursing home consents to such
331 renewal, if the owner is different from the person seeking renewal, and
332 shall provide data on any change in the information submitted. The
333 commissioner shall refuse to issue or renew a nursing home license if
334 the person seeking renewal fails to provide the information required
335 under this section. Upon such refusal, the commissioner shall grant
336 such license to the holder of the certificate of need, provided such
337 holder meets all requirements for such licensure. If such holder does

338 not meet such requirements, the commissioner shall proceed in
339 accordance with sections 19a-541 to 19a-549, inclusive. If the
340 commissioner is considering a license renewal application pursuant to
341 an order of the commissioner, the procedures in this subsection shall
342 apply to such consideration.

343 Sec. 9. Subsection (a) of section 17b-340 of the general statutes is
344 repealed and the following is substituted in lieu thereof (*Effective July*
345 *1, 2023*):

346 (a) For purposes of this subsection, (1) a "related party" includes, but
347 is not limited to, any company related to a chronic and convalescent
348 nursing home through family association, common ownership, control
349 or business association with any of the owners, operators or officials of
350 such nursing home; (2) "company" means any person, partnership,
351 association, holding company, limited liability company or
352 corporation; (3) "family association" means a relationship by birth,
353 marriage or domestic partnership; and (4) "profit and loss statement"
354 means the most recent annual statement on profits and losses finalized
355 by a related party before the annual report mandated under this
356 subsection. The rates to be paid by or for persons aided or cared for by
357 the state or any town in this state to licensed chronic and convalescent
358 nursing homes, to chronic disease hospitals associated with chronic
359 and convalescent nursing homes, to rest homes with nursing
360 supervision, to licensed residential care homes, as defined by section
361 19a-490, and to residential facilities for persons with intellectual
362 disability that are licensed pursuant to section 17a-227 and certified to
363 participate in the Title XIX Medicaid program as intermediate care
364 facilities for individuals with intellectual disabilities, for room, board
365 and services specified in licensing regulations issued by the licensing
366 agency shall be determined annually, except as otherwise provided in
367 this subsection by the Commissioner of Social Services, to be effective
368 July first of each year except as otherwise provided in this subsection.
369 Such rates shall be determined on a basis of a reasonable payment for
370 such necessary services, which basis shall take into account as a factor

371 the costs of such services. Cost of such services shall include
372 reasonable costs mandated by collective bargaining agreements with
373 certified collective bargaining agents or other agreements between the
374 employer and employees, provided "employees" shall not include
375 persons employed as managers or chief administrators or required to
376 be licensed as nursing home administrators, and compensation for
377 services rendered by proprietors at prevailing wage rates, as
378 determined by application of principles of accounting as prescribed by
379 said commissioner. Cost of such services shall not include amounts
380 paid by the facilities to employees as salary, or to attorneys or
381 consultants as fees, where the responsibility of the employees,
382 attorneys, or consultants is to persuade or seek to persuade the other
383 employees of the facility to support or oppose unionization. Nothing
384 in this subsection shall prohibit inclusion of amounts paid for legal
385 counsel related to the negotiation of collective bargaining agreements,
386 the settlement of grievances or normal administration of labor
387 relations. The commissioner may, in the commissioner's discretion,
388 allow the inclusion of extraordinary and unanticipated costs of
389 providing services that were incurred to avoid an immediate negative
390 impact on the health and safety of patients. The commissioner may, in
391 the commissioner's discretion, based upon review of a facility's costs,
392 direct care staff to patient ratio and any other related information,
393 revise a facility's rate for any increases or decreases to total licensed
394 capacity of more than ten beds or changes to its number of licensed
395 rest home with nursing supervision beds and chronic and convalescent
396 nursing home beds. The commissioner may, in the commissioner's
397 discretion, revise the rate of a facility that is closing. An interim rate
398 issued for the period during which a facility is closing shall be based
399 on a review of facility costs, the expected duration of the close-down
400 period, the anticipated impact on Medicaid costs, available
401 appropriations and the relationship of the rate requested by the facility
402 to the average Medicaid rate for a close-down period. The
403 commissioner may so revise a facility's rate established for the fiscal
404 year ending June 30, 1993, and thereafter for any bed increases,
405 decreases or changes in licensure effective after October 1, 1989.

406 Effective July 1, 1991, in facilities that have both a chronic and
407 convalescent nursing home and a rest home with nursing supervision,
408 the rate for the rest home with nursing supervision shall not exceed
409 such facility's rate for its chronic and convalescent nursing home. All
410 such facilities for which rates are determined under this subsection
411 shall report on a fiscal year basis ending on September thirtieth. Such
412 report shall be submitted to the commissioner by February fifteenth.
413 Each for-profit chronic and convalescent nursing home that receives
414 state funding pursuant to this section shall include in such annual
415 report a profit and loss statement from each related party that receives
416 from such chronic and convalescent nursing home [fifty thousand
417 dollars or more per year] any amount of income for goods, fees and
418 services. No cause of action or liability shall arise against the state, the
419 Department of Social Services, any state official or agent for failure to
420 take action based on the information required to be reported under this
421 subsection. The commissioner may reduce the rate in effect for a
422 facility that fails to submit a complete and accurate report on or before
423 February fifteenth by an amount not to exceed ten per cent of such
424 rate. If a licensed residential care home fails to submit a complete and
425 accurate report, the department shall notify such home of the failure
426 and the home shall have thirty days from the date the notice was
427 issued to submit a complete and accurate report. If a licensed
428 residential care home fails to submit a complete and accurate report
429 not later than thirty days after the date of notice, such home may not
430 receive a retroactive rate increase, in the commissioner's discretion.
431 The commissioner shall, annually, on or before April first, report the
432 data contained in the reports of such facilities on the department's
433 Internet web site. For the cost reporting year commencing October 1,
434 1985, and for subsequent cost reporting years, facilities shall report the
435 cost of using the services of any nursing personnel supplied by a
436 temporary nursing services agency by separating said cost into two
437 categories, the portion of the cost equal to the salary of the employee
438 for whom the nursing personnel supplied by a temporary nursing
439 services agency is substituting shall be considered a nursing cost and
440 any cost in excess of such salary shall be further divided so that

441 seventy-five per cent of the excess cost shall be considered an
442 administrative or general cost and twenty-five per cent of the excess
443 cost shall be considered a nursing cost, provided if the total costs of a
444 facility for nursing personnel supplied by a temporary nursing services
445 agency in any cost year are equal to or exceed fifteen per cent of the
446 total nursing expenditures of the facility for such cost year, no portion
447 of such costs in excess of fifteen per cent shall be classified as
448 administrative or general costs. The commissioner, in determining
449 such rates, shall also take into account the classification of patients or
450 boarders according to special care requirements or classification of the
451 facility according to such factors as facilities and services and such
452 other factors as the commissioner deems reasonable, including
453 anticipated fluctuations in the cost of providing such services. The
454 commissioner may establish a separate rate for a facility or a portion of
455 a facility for traumatic brain injury patients who require extensive care
456 but not acute general hospital care. Such separate rate shall reflect the
457 special care requirements of such patients. If changes in federal or state
458 laws, regulations or standards adopted subsequent to June 30, 1985,
459 result in increased costs or expenditures in an amount exceeding one-
460 half of one per cent of allowable costs for the most recent cost
461 reporting year, the commissioner shall adjust rates and provide
462 payment for any such increased reasonable costs or expenditures
463 within a reasonable period of time retroactive to the date of
464 enforcement. Nothing in this section shall be construed to require the
465 Department of Social Services to adjust rates and provide payment for
466 any increases in costs resulting from an inspection of a facility by the
467 Department of Public Health. Such assistance as the commissioner
468 requires from other state agencies or departments in determining rates
469 shall be made available to the commissioner at the commissioner's
470 request. Payment of the rates established pursuant to this section shall
471 be conditioned on the establishment by such facilities of admissions
472 procedures that conform with this section, section 19a-533 and all other
473 applicable provisions of the law and the provision of equality of
474 treatment to all persons in such facilities. The established rates shall be
475 the maximum amount chargeable by such facilities for care of such

476 beneficiaries, and the acceptance by or on behalf of any such facility of
477 any additional compensation for care of any such beneficiary from any
478 other person or source shall constitute the offense of aiding a
479 beneficiary to obtain aid to which the beneficiary is not entitled and
480 shall be punishable in the same manner as is provided in subsection (b)
481 of section 17b-97. Notwithstanding any provision of this section, the
482 Commissioner of Social Services may, within available appropriations,
483 provide an interim rate increase for a licensed chronic and
484 convalescent nursing home or a rest home with nursing supervision
485 for rate periods no earlier than April 1, 2004, only if the commissioner
486 determines that the increase is necessary to avoid the filing of a
487 petition for relief under Title 11 of the United States Code; imposition
488 of receivership pursuant to sections 19a-542 and 19a-543; or substantial
489 deterioration of the facility's financial condition that may be expected
490 to adversely affect resident care and the continued operation of the
491 facility, and the commissioner determines that the continued operation
492 of the facility is in the best interest of the state. The commissioner shall
493 consider any requests for interim rate increases on file with the
494 department from March 30, 2004, and those submitted subsequently
495 for rate periods no earlier than April 1, 2004. When reviewing an
496 interim rate increase request the commissioner shall, at a minimum,
497 consider: (A) Existing chronic and convalescent nursing home or rest
498 home with nursing supervision utilization in the area and projected
499 bed need; (B) physical plant long-term viability and the ability of the
500 owner or purchaser to implement any necessary property
501 improvements; (C) licensure and certification compliance history; (D)
502 reasonableness of actual and projected expenses; and (E) the ability of
503 the facility to meet wage and benefit costs. No interim rate shall be
504 increased pursuant to this subsection in excess of one hundred fifteen
505 per cent of the median rate for the facility's peer grouping, established
506 pursuant to subdivision (2) of subsection (f) of this section, unless
507 recommended by the commissioner and approved by the Secretary of
508 the Office of Policy and Management after consultation with the
509 commissioner. Such median rates shall be published by the
510 Department of Social Services not later than April first of each year. In

511 the event that a facility granted an interim rate increase pursuant to
 512 this section is sold or otherwise conveyed for value to an unrelated
 513 entity less than five years after the effective date of such rate increase,
 514 the rate increase shall be deemed rescinded and the department shall
 515 recover an amount equal to the difference between payments made for
 516 all affected rate periods and payments that would have been made if
 517 the interim rate increase was not granted. The commissioner may seek
 518 recovery of such payments from any facility with common ownership.
 519 With the approval of the Secretary of the Office of Policy and
 520 Management, the commissioner may waive recovery and rescission of
 521 the interim rate for good cause shown that is not inconsistent with this
 522 section, including, but not limited to, transfers to family members that
 523 were made for no value. The commissioner shall provide written
 524 quarterly reports to the joint standing committees of the General
 525 Assembly having cognizance of matters relating to aging, human
 526 services and appropriations and the budgets of state agencies, that
 527 identify each facility requesting an interim rate increase, the amount of
 528 the requested rate increase for each facility, the action taken by the
 529 commissioner and the secretary pursuant to this subsection, and
 530 estimates of the additional cost to the state for each approved interim
 531 rate increase. Nothing in this subsection shall prohibit the
 532 commissioner from increasing the rate of a licensed chronic and
 533 convalescent nursing home or a rest home with nursing supervision
 534 for allowable costs associated with facility capital improvements or
 535 increasing the rate in case of a sale of a licensed chronic and
 536 convalescent nursing home or a rest home with nursing supervision if
 537 receivership has been imposed on such home. For purposes of this
 538 section, "temporary nursing services agency" and "nursing personnel"
 539 have the same meaning as provided in section 19a-118.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-522a
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	19a-535(c)

Sec. 4	<i>from passage</i>	19a-535(k)
Sec. 5	<i>July 1, 2023</i>	New section
Sec. 6	<i>from passage</i>	New section
Sec. 7	<i>July 1, 2023</i>	New section
Sec. 8	<i>July 1, 2023</i>	19a-491a
Sec. 9	<i>July 1, 2023</i>	17b-340(a)

Statement of Legislative Commissioners:

The title was changed; in Section 3(c)(1), "State Long-Term Care Ombudsman" was changed to "State [Long-Term Care] Ombudsman" for consistency and accuracy; and in Section 6(a), the last sentence was rewritten for clarity and accuracy.

HS *Joint Favorable Subst.*