

**AN ACT SUPPORTING CONNECTICUT SENIORS AND THE  
IMPROVEMENT OF NURSING AND HOME-BASED CARE.**

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

1       Section 1. (NEW) (*Effective October 1, 2024*) (a) As used in this section,  
2       (1) "home care" means long-term services and supports provided to  
3       adults in a home or community-based program administered by the  
4       Department of Social Services; (2) "home care provider" means a person  
5       who (A) provides home care or long-term services and supports and is  
6       not licensed by the Department of Public Health pursuant to title 20 of  
7       the general statutes, including, but not limited to, personal care  
8       assistants, or (B) is employed by an entity that provides such services,  
9       including, but not limited to, (i) a home health agency or hospice agency,  
10      as such terms are defined in section 19a-490 of the general statutes, or  
11      (ii) a homemaker-companion agency, as defined in section 20-670 of the  
12      general statutes; and (3) "long-term services and supports" means (A)  
13      health, health-related, personal care and social services provided to  
14      persons with physical, cognitive or mental health conditions or  
15      disabilities to facilitate optimal functioning and quality of life, or (B)  
16      hospice care provided to persons who may be nearing the end of their  
17      lives.

18      (b) On and after January 1, 2025, the Commissioner of Social Services,  
19      in consultation with the Commissioners of Public Health and Consumer  
20      Protection, shall develop and maintain a home care provider registry  
21      and data processing system that shall promote awareness of and access  
22      to qualified home care providers for persons who receive Medicaid-

23 covered home and community-based services, and may support  
24 recruitment and retention of qualified home care providers and support  
25 oversight of home care providers. The commissioner shall post a link to  
26 such registry on the Department of Social Services' Internet web site.

27 (c) The home care services provider registry shall include the  
28 following information regarding each home care provider in the state:  
29 (1) First and last name; (2) job title; (3) date of hire; (4) the home care  
30 provider's employer's legal name; (5) list of training programs offered  
31 by the home care provider's employer; and (6) the date the home care  
32 provider completed any such training. The Commissioner of Social  
33 Services, in consultation with the Commissioners of Public Health and  
34 Consumer Protection, shall develop procedures for collecting and  
35 maintaining the information described in this subsection, including, but  
36 not limited to, procedures relating to the frequency of collection and  
37 methods for updating or removing inaccurate or outdated information.

38 (d) The home care services provider registry may include, but need  
39 not be limited to, functionalities that:

40 (1) Connect persons seeking home and community-based services  
41 with qualified home care providers and support self-direction by (A)  
42 helping such persons identify and match with qualified home care  
43 providers by sorting such providers based on characteristics, including,  
44 but not limited to, language proficiency, certifications and previous  
45 experience or special skills, (B) assisting such persons and their families  
46 in navigating the home and community-based services system in the  
47 state, and (C) integrating financial management service functions,  
48 including, but not limited to, processing payments to providers and  
49 making tax withholdings and other deductions for standard  
50 employment benefits on behalf of the person seeking services;

51 (2) Support recruitment and retention of qualified home care  
52 providers by (A) helping such providers become and stay enrolled as  
53 home and community-based services Medicaid providers, (B) actively  
54 recruiting home care providers through job advertisements and job

55 fairs, (C) connecting providers to training benefits and opportunities for  
56 professional development, (D) facilitating such providers' access to  
57 health insurance coverage and other benefits, and (E) facilitating  
58 communication with such providers in the event of a public health or  
59 other emergency; and

60 (3) Support state oversight of home care providers by (A) facilitating  
61 background checks, (B) verifying provider qualifications and  
62 identifying special skills, and (C) facilitating communication with  
63 providers in the event of a public health or other emergency.

64 (e) The commissioner may submit an advanced planning document  
65 to the Centers for Medicare and Medicaid Services for enhanced federal  
66 financial participation relating to (1) developing and maintaining the  
67 registry, pursuant to the provisions of 45 CFR 95, Subpart F, as amended  
68 from time to time, or (2) ongoing operations relating to the registry,  
69 pursuant to the provisions of 42 CFR 433, Subpart C, as amended from  
70 time to time.

71 (f) The commissioner may adopt regulations, in accordance with the  
72 provisions of chapter 54 of the general statutes, to implement the  
73 provisions of this section.

74 Sec. 2. (NEW) (*Effective October 1, 2024*) Each home health care agency,  
75 home health aide agency and hospice agency shall submit the  
76 information required under the provisions of subsection (c) of section 1  
77 of this act to the Commissioner of Public Health, in a form and manner  
78 prescribed by the commissioner. The commissioner shall provide such  
79 information to the Commissioner of Social Services for inclusion in the  
80 home care services provider registry, established pursuant to said  
81 section.

82 Sec. 3. (NEW) (*Effective October 1, 2024*) Each homemaker-companion  
83 agency shall submit the information required under the provisions of  
84 subsection (c) of section 1 of this act to the Commissioner of Consumer  
85 Protection, in a form and manner prescribed by the commissioner. The

86 commissioner shall provide such information to the Commissioner of  
87 Social Services for inclusion in the home care services provider registry,  
88 established pursuant to said section.

89 Sec. 4. Subsection (c) of section 17b-706a of the general statutes is  
90 repealed and the following is substituted in lieu thereof (*Effective October*  
91 *1, 2024*):

92 (c) The Personal Care Attendant Workforce Council shall have the  
93 following duties and responsibilities relating to personal care  
94 attendants: (1) Study issues relating to the recruitment, retention and  
95 adequacy of personal care attendants; and (2) develop a plan to improve  
96 the quality, stability and availability of personal care attendants by (A)  
97 developing a means to identify and recruit personal care attendants, (B)  
98 developing training and educational opportunities for personal care  
99 attendants and consumers, including, on and after January 1, 2025,  
100 training for personal care attendants on techniques for recognizing and  
101 responding to harassment, abuse and discrimination by consumers, (C)  
102 developing one or more registries to (i) provide routine, emergency and  
103 respite referrals of qualified personal care attendants to consumers and  
104 surrogates who are authorized to receive long-term, in-home personal  
105 care services by a personal care attendant, (ii) enable consumers and  
106 surrogates to access information about prospective personal care  
107 attendants such as their training, educational background and work  
108 experience, and (iii) provide appropriate employment opportunities for  
109 personal care attendants, and (D) establishing standards for wages,  
110 benefits and conditions of employment for personal care attendants.

111 Sec. 5. (NEW) (*Effective October 1, 2024*) On and after January 1, 2025,  
112 each homemaker-companion agency, prior to extending an offer of  
113 employment or entering into a contract with a prospective employee  
114 who may provide companion services or homemaker services, shall  
115 require such prospective employee to complete training, in a form and  
116 manner prescribed by the Commissioner of Consumer Protection, that  
117 teaches techniques to recognize and respond to harassment, abuse and

118 discrimination by homemaker-companion agency clients.

119       Sec. 6. Subsection (h) of section 19a-491 of the 2024 supplement to the  
120 general statutes is repealed and the following is substituted in lieu  
121 thereof (*Effective October 1, 2024*):

122       (h) (1) The commissioner may require as a condition of the licensure  
123 of a home health care agency, hospice agency and home health aide  
124 agency that each agency meet minimum service quality standards. In  
125 the event the commissioner requires such agencies to meet minimum  
126 service quality standards as a condition of their licensure, the  
127 commissioner shall adopt regulations, in accordance with the  
128 provisions of chapter 54, to define such minimum service quality  
129 standards, which shall [(1)] (A) allow for training of home health aides  
130 by adult continuing education, [(2)] (B) require a registered nurse to visit  
131 and assess each patient receiving home health aide services as often as  
132 necessary based on the patient's condition, but not less than once every  
133 sixty days, and [(3)] (C) require the assessment prescribed by  
134 [subdivision (2) of this subsection] subparagraph (B) of this subdivision  
135 to be completed while the home health aide is providing services in the  
136 patient's home.

137       (2) On and after January 1, 2025, the commissioner shall require as a  
138 condition of the licensure of a home health care agency, hospice agency  
139 and home health aide agency that each agency require its employees to  
140 complete training, in a form and manner prescribed by the  
141 commissioner, that teaches techniques to recognize and respond to  
142 harassment, abuse and discrimination by agency clients.

143       Sec. 7. (NEW) (*Effective from passage*) (a) As used in this section, (1)  
144 "Community First Choice" means an optional service under the  
145 Medicaid state plan that allows an eligible Medicaid beneficiary to hire  
146 personal care assistants and receive other services and supports to live  
147 independently longer at home; (2) "family caregiver" means a caregiver  
148 related by blood or marriage or a legal guardian of a participant in a  
149 Medicaid waiver program; and (3) "Medicaid waiver program" means

150 any of the three programs established under Section 1915(c) of the Social  
151 Security Act to provide home and community-based services to clients  
152 of the Department of Social Services.

153 (b) Not later than October 1, 2024, the Commissioner of Social  
154 Services shall develop and implement a training program for family  
155 caregivers providing personal care assistance services under the  
156 Community First Choice program and the Connecticut home-care  
157 program for the elderly, established pursuant to section 17b-342 of the  
158 general statutes, as amended by this act. Such training program shall  
159 teach such family caregivers the technical skills necessary to provide  
160 needed care. On and after January 1, 2025, the commissioner shall  
161 require that such family caregivers complete the training program  
162 developed pursuant to the provisions of this section to be eligible for  
163 compensation under said programs. The commissioner shall seek  
164 federal approval, if necessary, to amend the Medicaid state plan or any  
165 Medicaid waiver program to implement the provisions of this section.

166 Sec. 8. (NEW) (*Effective October 1, 2024*) The Commissioner of Social  
167 Services shall post in a prominent location on the Department of Social  
168 Services' Internet web site a link to the Medicare online reporting tool  
169 that allows the public to compare nursing homes by quality of care.

170 Sec. 9. (NEW) (*Effective October 1, 2024*) The Commissioner of Public  
171 Health shall post in a prominent location on the Department of Public  
172 Health's Internet web site a link to the Medicare online reporting tool  
173 that allows the public to compare nursing homes by quality of care.

174 Sec. 10. (*Effective from passage*) The Commissioner of Emergency  
175 Services and Public Protection, in consultation with the Commissioner  
176 of Public Health, shall develop and implement a plan to expand  
177 fingerprinting locations in the state to facilitate greater access to such  
178 locations for persons requiring state and national criminal history  
179 records checks for employment or licensing purposes. Not later than  
180 January 1, 2025, the commissioner shall report, in accordance with the  
181 provisions of section 11-4a of the general statutes, to the joint standing

182 committees of the General Assembly having cognizance of matters  
183 relating to public safety, aging and public health regarding such plan.

184       Sec. 11. (NEW) (*Effective October 1, 2024*) Each home health care  
185 agency, home health aide agency and hospice agency shall require each  
186 agency employee to wear an identification badge that includes the  
187 employee's name and photograph during each appointment with a  
188 client. In any case in which the Commissioner of Public Health  
189 determines that a home health care agency, home health aide agency or  
190 hospice agency has failed to comply with the requirements established  
191 under this section, the commissioner may initiate disciplinary action  
192 against the agency pursuant to section 19a-494 of the general statutes.

193       Sec. 12. (NEW) (*Effective October 1, 2024*) On and after July 1, 2025,  
194 each homemaker-companion agency shall require each agency  
195 employee to wear an identification badge that includes the employee's  
196 name and photograph during each appointment with a client. In any  
197 case in which the Commissioner of Consumer Protection determines  
198 that a homemaker-companion agency has failed to comply with the  
199 requirements established under this section, the commissioner may  
200 initiate disciplinary action against the agency pursuant to section 20-675  
201 of the general statutes, as amended by this act.

202       Sec. 13. Section 20-675 of the 2024 supplement to the general statutes  
203 is repealed and the following is substituted in lieu thereof (*Effective*  
204 *October 1, 2024*):

205       (a) The Commissioner of Consumer Protection may revoke, suspend  
206 or refuse to issue or renew any certificate of registration as a  
207 homemaker-companion agency or place an agency on probation or issue  
208 a letter of reprimand for: (1) Conduct by the agency, or by an employee  
209 of the agency while in the course of employment, of a character likely to  
210 mislead, deceive or defraud the public or the commissioner; (2)  
211 engaging in any untruthful or misleading advertising; (3) failure of such  
212 agency that acts as a registry to comply with the notice requirements of  
213 section 20-679a; (4) failing to perform a comprehensive background

214 check of a prospective employee or maintain a copy of materials  
215 obtained during a comprehensive background check, as required by  
216 section 20-678; [or] (5) failing to provide a written notice, obtain a signed  
217 notice or maintain a copy of a signed notice, as required by section 20-  
218 679c; or (6) on and after July 1, 2025, failing to require an employee  
219 scheduled to provide services to a client to wear a badge, as required by  
220 section 12 of this act.

221 (b) The commissioner shall revoke a certificate of registration if a  
222 homemaker-companion agency is found to have violated, after an  
223 administrative hearing conducted in accordance with chapter 54, the  
224 provisions of subdivisions (1) to [(5)] (6), inclusive, of subsection (a) of  
225 this section three times in one calendar year.

226 (c) The commissioner shall not revoke or suspend any certificate of  
227 registration except upon notice and hearing in accordance with chapter  
228 54.

229 Sec. 14. Section 17b-342 of the general statutes is repealed and the  
230 following is substituted in lieu thereof (*Effective July 1, 2024*):

231 (a) The Commissioner of Social Services shall administer the  
232 Connecticut home-care program for the elderly state-wide in order to  
233 prevent the institutionalization of elderly persons who (1) [who] are  
234 recipients of medical assistance, (2) [who] are eligible for such  
235 assistance, (3) [who] would be eligible for medical assistance if residing  
236 in a nursing facility, or (4) [who] meet the criteria for the state-funded  
237 portion of the program under subsection [(i)] (j) of this section. For  
238 purposes of this section, [a long-term care facility is] "long-term care  
239 facility" means a facility that has been federally certified as a skilled  
240 nursing facility or intermediate care facility. The commissioner shall  
241 make any revisions in the state Medicaid plan required by Title XIX of  
242 the Social Security Act prior to implementing the program. The program  
243 shall be structured so that the net cost to the state for long-term facility  
244 care in combination with the services under the program shall not  
245 exceed the net cost the state would have incurred without the program.



246 The commissioner shall investigate the possibility of receiving federal  
247 funds for the program and shall apply for any necessary federal  
248 waivers. A recipient of services under the program, and the estate and  
249 legally liable relatives of the recipient, shall be responsible for  
250 reimbursement to the state for such services to the same extent required  
251 of a recipient of assistance under the state supplement program, medical  
252 assistance program, temporary family assistance program or  
253 supplemental nutrition assistance program. Only a United States citizen  
254 or a noncitizen who meets the citizenship requirements for eligibility  
255 under the Medicaid program shall be eligible for home-care services  
256 under this section, except a qualified alien, as defined in Section 431 of  
257 Public Law 104-193, admitted into the United States on or after August  
258 22, 1996, or other lawfully residing immigrant alien determined eligible  
259 for services under this section prior to July 1, 1997, shall remain eligible  
260 for such services. Qualified aliens or other lawfully residing immigrant  
261 aliens not determined eligible prior to July 1, 1997, shall be eligible for  
262 services under this section subsequent to six months from establishing  
263 residency. Notwithstanding the provisions of this subsection, any  
264 qualified alien or other lawfully residing immigrant alien or alien who  
265 formerly held the status of permanently residing under color of law who  
266 is a victim of domestic violence or who has intellectual disability shall  
267 be eligible for assistance pursuant to this section. Qualified aliens, as  
268 defined in Section 431 of Public Law 104-193, or other lawfully residing  
269 immigrant aliens or aliens who formerly held the status of permanently  
270 residing under color of law shall be eligible for services under this  
271 section provided other conditions of eligibility are met.

272 (b) The commissioner shall solicit bids through a competitive process  
273 and shall contract with an access agency, approved by the Office of  
274 Policy and Management and the Department of Social Services as  
275 meeting the requirements for such agency as defined by regulations  
276 adopted pursuant to subsection [(e)] (n) of this section, that submits  
277 proposals [which] that meet or exceed the minimum bid requirements.  
278 In addition to such contracts, the commissioner may use department  
279 staff to provide screening, coordination, assessment and monitoring

280 functions for the program.

281 (c) The community-based services covered under the program shall  
282 include, but not be limited to, [the following services to the extent that  
283 they are not] services not otherwise available under the state Medicaid  
284 plan; [, occupational] (1) Occupational therapy, (2) homemaker services,  
285 (3) companion services, (4) meals on wheels, (5) adult day care, (6)  
286 transportation, (7) mental health counseling, (8) care management, (9)  
287 elderly foster care, (10) minor home modifications, and (11) assisted  
288 living services provided in state-funded congregate housing and in  
289 other assisted living pilot or demonstration projects established under  
290 state law. Personal care assistance services shall be covered under the  
291 program to the extent that [(1)] (A) such services are not available under  
292 the Medicaid state plan and are more cost effective on an individual  
293 client basis than existing services covered under such plan, and [(2)] (B)  
294 the provision of such services is approved by the federal government.  
295 Recipients of state-funded services, pursuant to subsection (j) of this  
296 section, and persons who are determined to be functionally eligible for  
297 community-based services who have an application for medical  
298 assistance pending, or are determined to be presumptively eligible for  
299 Medicaid pursuant to subsection (e) of this section, shall have the cost  
300 of home health and community-based services covered by the program,  
301 provided they comply with all medical assistance application  
302 requirements. Access agencies shall not use department funds to  
303 purchase community-based services or home health services from  
304 themselves or any related parties.

305 (d) Physicians, hospitals, long-term care facilities and other licensed  
306 health care facilities may disclose, and, as a condition of eligibility for  
307 the program, elderly persons, their guardians, and relatives shall  
308 disclose, upon request from the Department of Social Services, such  
309 financial, social and medical information as may be necessary to enable  
310 the department or any agency administering the program on behalf of  
311 the department to provide services under the program. Long-term care  
312 facilities shall supply the Department of Social Services with the names

313 and addresses of all applicants for admission. Any information  
314 provided pursuant to this subsection shall be confidential and shall not  
315 be disclosed by the department or administering agency.

316 [(e) The commissioner shall adopt regulations, in accordance with the  
317 provisions of chapter 54, to define "access agency", to implement and  
318 administer the program, to establish uniform state-wide standards for  
319 the program and a uniform assessment tool for use in the screening  
320 process and to specify conditions of eligibility.]

321 (e) Not later than October 1, 2024, the Commissioner of Social  
322 Services shall establish a presumptive Medicaid eligibility system under  
323 which the state shall fund services under the Connecticut home-care  
324 program for the elderly for a period of not longer than ninety days for  
325 applicants who require a skilled level of nursing care and who are  
326 determined to be presumptively eligible for Medicaid coverage. The  
327 system shall include, but need not be limited to: (1) The development of  
328 a preliminary screening tool by the Department of Social Services to be  
329 used by representatives of the access agency selected pursuant to  
330 subsection (b) of this section to determine whether an applicant is  
331 functionally able to live at home or in a community setting and is likely  
332 to be financially eligible for Medicaid; (2) a requirement that the  
333 applicant complete a Medicaid application on the date such applicant is  
334 preliminarily screened for functional eligibility or not later than ten days  
335 after such screening; (3) a determination of presumptive eligibility for  
336 eligible applicants by the department and initiation of home care  
337 services not later than ten days after an applicant is successfully  
338 screened for eligibility; and (4) a written agreement to be signed by the  
339 applicant attesting to the accuracy of financial and other information  
340 such applicant provides and acknowledging that the state shall solely  
341 fund services not longer than ninety days after the date on which home  
342 care services begin. The department shall make a final determination as  
343 to Medicaid eligibility for applicants determined to be presumptively  
344 eligible for Medicaid coverage not later than forty-five days after the  
345 date of receipt of a completed Medicaid application from such applicant,

346 provided the department may make such determination not later than  
347 ninety days after receipt of the application if the applicant has  
348 disabilities.

349 (f) The Commissioner of Social Services shall retroactively provide  
350 Medicaid reimbursement for eligible expenses for a period not to exceed  
351 ninety days prior to a Medicaid application in accordance with 42 CFR  
352 435.915.

353 ~~[(f)]~~ (g) The commissioner may require long-term care facilities to  
354 inform applicants for admission of the Connecticut home-care program  
355 for the elderly established under this section and to distribute such  
356 forms as the commissioner prescribes for the program. Such forms shall  
357 be supplied by and be returnable to the department.

358 ~~[(g)]~~ (h) The commissioner shall report annually, by June first, in  
359 accordance with the provisions of section 11-4a, to the joint standing  
360 committee of the General Assembly having cognizance of matters  
361 relating to human services on the Connecticut home-care program for  
362 the elderly in such detail, depth and scope as said committee requires to  
363 evaluate the effect of the program on the state and program participants.  
364 Such report shall include information on (1) the number of persons  
365 diverted from placement in a long-term care facility as a result of the  
366 program, (2) the number of persons screened for the program, (3) the  
367 number of persons determined presumptively eligible for Medicaid, (4)  
368 savings for the state based on institutional care costs that were averted  
369 for persons determined to be presumptively eligible for Medicaid who  
370 later were determined to be eligible for Medicaid, (5) the number of  
371 persons determined presumptively eligible for Medicaid who later were  
372 determined not to be eligible for Medicaid and costs to the state to  
373 provide such persons with home care services before the final Medicaid  
374 eligibility determination, (6) the average cost per person in the program,  
375 ~~[(4)]~~ (7) the administration costs, ~~[(5)]~~ (8) the estimated savings to  
376 provide home care versus institutional care for all persons in the  
377 program, and ~~[(6)]~~ (9) a comparison between costs under the different

378 contracts for program services.

379 [(h)] (i) An individual who is otherwise eligible for services pursuant  
380 to this section shall, as a condition of participation in the program, apply  
381 for medical assistance benefits [pursuant to section 17b-260] when  
382 requested to do so by the department and shall accept such benefits if  
383 determined eligible.

384 [(i)] (j) (1) The Commissioner of Social Services shall, within available  
385 appropriations, administer a state-funded portion of the Connecticut  
386 home-care program for the elderly for persons (A) who are sixty-five  
387 years of age and older and are not eligible for Medicaid; (B) who are  
388 inappropriately institutionalized or at risk of inappropriate  
389 institutionalization; (C) whose income is less than or equal to the  
390 amount allowed [under subdivision (3) of subsection (a) of this section]  
391 for a person who would be eligible for medical assistance if residing in  
392 a nursing facility; and (D) whose assets, if single, do not exceed one  
393 hundred fifty per cent of the federal minimum community spouse  
394 protected amount pursuant to 42 USC 1396r-5(f)(2) or, if married, the  
395 couple's assets do not exceed two hundred per cent of said community  
396 spouse protected amount. For program applications received by the  
397 Department of Social Services for the fiscal years ending June 30, 2016,  
398 and June 30, 2017, only persons who require the level of care provided  
399 in a nursing home shall be eligible for the state-funded portion of the  
400 program, except for persons residing in affordable housing under the  
401 assisted living demonstration project established pursuant to section  
402 17b-347e who are otherwise eligible in accordance with this section.

403 (2) Except for persons residing in affordable housing under the  
404 assisted living demonstration project established pursuant to section  
405 17b-347e, as provided in subdivision (3) of this subsection, any person  
406 whose income is at or below two hundred per cent of the federal poverty  
407 level and who is ineligible for Medicaid shall contribute three per cent  
408 of the cost of his or her care. Any person whose income exceeds two  
409 hundred per cent of the federal poverty level shall contribute three per

410 cent of the cost of his or her care in addition to the amount of applied  
411 income determined in accordance with the methodology established by  
412 the Department of Social Services for recipients of medical assistance.  
413 Any person who does not contribute to the cost of care in accordance  
414 with this subdivision shall be ineligible to receive services under this  
415 subsection. Notwithstanding any provision of sections 17b-60 and 17b-  
416 61, the department shall not be required to provide an administrative  
417 hearing to a person found ineligible for services under this subsection  
418 because of a failure to contribute to the cost of care.

419 (3) Any person who resides in affordable housing under the assisted  
420 living demonstration project established pursuant to section 17b-347e  
421 and whose income is at or below two hundred per cent of the federal  
422 poverty level, shall not be required to contribute to the cost of care. Any  
423 person who resides in affordable housing under the assisted living  
424 demonstration project established pursuant to section 17b-347e and  
425 whose income exceeds two hundred per cent of the federal poverty  
426 level, shall contribute to the applied income amount determined in  
427 accordance with the methodology established by the Department of  
428 Social Services for recipients of medical assistance. Any person whose  
429 income exceeds two hundred per cent of the federal poverty level and  
430 who does not contribute to the cost of care in accordance with this  
431 subdivision shall be ineligible to receive services under this subsection.  
432 Notwithstanding any provision of sections 17b-60 and 17b-61, the  
433 department shall not be required to provide an administrative hearing  
434 to a person found ineligible for services under this subsection because  
435 of a failure to contribute to the cost of care.

436 (4) The annualized cost of services provided to an individual under  
437 the state-funded portion of the program shall not exceed fifty per cent  
438 of the weighted average cost of care in nursing homes in the state, except  
439 an individual who received services costing in excess of such amount  
440 under the Department of Social Services in the fiscal year ending June  
441 30, 1992, may continue to receive such services, provided the annualized  
442 cost of such services does not exceed eighty per cent of the weighted

443 average cost of such nursing home care. The commissioner may allow  
444 the cost of services provided to an individual to exceed the maximum  
445 cost established pursuant to this subdivision in a case of extreme  
446 hardship, as determined by the commissioner, provided in no case shall  
447 such cost exceed that of the weighted cost of such nursing home care.

448       [(j)] (k) The Commissioner of Social Services shall collect data on  
449 services provided under the program, including, but not limited to, the:  
450 (1) Number of participants before and after [copayments are reduced  
451 pursuant to subsection (i) of this section] any adjustment in copayments,  
452 (2) average hours of care provided under the program per participant,  
453 and (3) estimated cost savings to the state by providing home care to  
454 participants who may otherwise receive care in a nursing home facility.  
455 The commissioner shall, in accordance with the provisions of section 11-  
456 4a, report on the results of the data collection to the joint standing  
457 committees of the General Assembly having cognizance of matters  
458 relating to aging, appropriations and the budgets of state agencies and  
459 human services not later than July 1, 2022. The commissioner may  
460 implement revised criteria for the operation of the program while in the  
461 process of adopting such criteria in regulation form, provided the  
462 commissioner publishes notice of intention to adopt the regulations in  
463 accordance with section 17b-10. Such criteria shall be valid until the time  
464 final regulations are effective.

465       [(k)] (l) The commissioner shall notify any access agency or area  
466 agency on aging that administers the program when the department  
467 sends a redetermination of eligibility form to an individual who is a  
468 client of such agency.

469       [(l)] (m) In determining eligibility for the program described in this  
470 section, the commissioner shall not consider as income (1) Aid and  
471 Attendance pension benefits granted to a veteran, as defined in section  
472 27-103, or the surviving spouse of such veteran, and (2) any tax refund  
473 or advance payment with respect to a refundable credit to the same  
474 extent such refund or advance payment would be disregarded under 26

475 USC 6409 in any federal program or state or local program financed in  
476 whole or in part with federal funds.

477 (n) The commissioner shall adopt regulations, in accordance with the  
478 provisions of chapter 54, to (1) define "access agency", (2) implement and  
479 administer the Connecticut home-care program for the elderly, (3)  
480 implement and administer the presumptive Medicaid eligibility system  
481 described in subsection (e) of this section, (4) establish uniform state-  
482 wide standards for the program and uniform assessment tools for use  
483 in the screening process for the program and the prescreening for  
484 presumptive Medicaid eligibility, and (5) specify conditions of  
485 eligibility.

486 Sec. 15. Subsection (a) of section 17b-253 of the general statutes is  
487 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
488 *2024*):

489 (a) The Department of Social Services shall seek appropriate  
490 amendments to its Medicaid regulations and state plan to allow  
491 protection of resources and income pursuant to section 17b-252. Such  
492 protection shall be provided, to the extent approved by the federal  
493 Centers for Medicare and Medicaid Services, for any purchaser of a  
494 precertified long-term care policy and shall last for the life of the  
495 purchaser. Such protection shall be provided under the Medicaid  
496 program or its successor program. Any purchaser of a precertified long-  
497 term care policy shall be guaranteed coverage under the Medicaid  
498 program or its successor program, to the extent the individual meets all  
499 applicable eligibility requirements for the Medicaid program or its  
500 successor program. Until such time as eligibility requirements are  
501 prescribed for Medicaid's successor program, for the purposes of this  
502 subsection, the applicable eligibility requirements shall be the Medicaid  
503 program's requirements as of the date its successor program was  
504 enacted. The Department of Social Services shall count insurance benefit  
505 payments toward resource exclusion to the extent such payments (1) are  
506 for services paid for by a precertified long-term care policy; (2) are for



507 the lower of the actual charge and the amount paid by the insurance  
508 company; (3) are for nursing home care, or formal services delivered to  
509 insureds in the community as part of a care plan approved by an access  
510 agency approved by the Office of Policy and Management and the  
511 Department of Social Services as meeting the requirements for such  
512 agency as defined in regulations adopted pursuant to subsection [(e)]  
513 (n) of section 17b-342, as amended by this act; and (4) are for services  
514 provided after the individual meets the coverage requirements for long-  
515 term care benefits established by the Department of Social Services for  
516 this program. The Commissioner of Social Services shall adopt  
517 regulations, in accordance with chapter 54, to implement the provisions  
518 of this subsection and sections 17b-252, 17b-254 and 38a-475, as  
519 amended by this act, relating to determining eligibility of applicants for  
520 Medicaid, or its successor program, and the coverage requirements for  
521 long-term care benefits.

522 Sec. 16. Subdivision (1) of subsection (e) of section 17b-354 of the  
523 general statutes is repealed and the following is substituted in lieu  
524 thereof (*Effective July 1, 2024*):

525 (e) (1) A continuing care facility, as described in section 17b-520, (A)  
526 shall arrange for a medical assessment to be conducted by an  
527 independent physician or an access agency approved by the Office of  
528 Policy and Management and the Department of Social Services as  
529 meeting the requirements for such agency as defined by regulations  
530 adopted pursuant to subsection [(e)] (n) of section 17b-342, as amended  
531 by this act, prior to the admission of any resident to the nursing facility  
532 and shall document such assessment in the resident's medical file and  
533 (B) may transfer or discharge a resident who has intentionally  
534 transferred assets in a sum which will render the resident unable to pay  
535 the cost of nursing facility care in accordance with the contract between  
536 the resident and the facility.

537 Sec. 17. Subsection (a) of section 17b-617 of the general statutes is  
538 repealed and the following is substituted in lieu thereof (*Effective July 1,*

539 2024):

540 (a) The Commissioner of Social Services shall, within available  
541 appropriations, establish and operate a state-funded pilot program to  
542 allow not more than one hundred persons with disabilities (1) who are  
543 age eighteen to sixty-four, inclusive, (2) who are inappropriately  
544 institutionalized or at risk of inappropriate institutionalization, (3)  
545 whose assets do not exceed the asset limits of the state-funded home  
546 care program for the elderly, established pursuant to subsection [(i)] (j)  
547 of section 17b-342, as amended by this act, and (4) who are not eligible  
548 for medical assistance under section 17b-261 or a Medicaid waiver  
549 pursuant to 42 USC 1396n, to be eligible to receive the same services that  
550 are provided under the state-funded home care program for the elderly.  
551 At the discretion of the Commissioner of Social Services, such persons  
552 may also be eligible to receive services that are necessary to meet needs  
553 attributable to disabilities in order to allow such persons to avoid  
554 institutionalization.

555 Sec. 18. Section 38a-475 of the general statutes is repealed and the  
556 following is substituted in lieu thereof (*Effective July 1, 2024*):

557 The Insurance Department shall only precertify long-term care  
558 insurance policies that (1) alert the purchaser to the availability of  
559 consumer information and public education provided by the  
560 Department of Aging and Disability Services pursuant to section 17a-  
561 861; (2) offer the option of home and community-based services in  
562 addition to nursing home care; (3) in all home care plans, include case  
563 management services delivered by an access agency approved by the  
564 Office of Policy and Management and the Department of Social Services  
565 as meeting the requirements for such agency as defined in regulations  
566 adopted pursuant to subsection [(e)] (n) of section 17b-342, as amended  
567 by this act, which services shall include, but need not be limited to, the  
568 development of a comprehensive individualized assessment and care  
569 plan and, as needed, the coordination of appropriate services and the  
570 monitoring of the delivery of such services; (4) provide inflation

571 protection; (5) provide for the keeping of records and an explanation of  
572 benefit reports on insurance payments which count toward Medicaid  
573 resource exclusion; and (6) provide the management information and  
574 reports necessary to document the extent of Medicaid resource  
575 protection offered and to evaluate the Connecticut Partnership for  
576 Long-Term Care. No policy shall be precertified if it requires prior  
577 hospitalization or a prior stay in a nursing home as a condition of  
578 providing benefits. The commissioner may adopt regulations, in  
579 accordance with chapter 54, to carry out the precertification provisions  
580 of this section.

581       Sec. 19. (*Effective from passage*) The Commissioner of Aging and  
582 Disability Services shall study (1) reimbursement rate options for  
583 families that receive benefits under the temporary family assistance  
584 program, and in which the head of the household is a nonparent  
585 caretaker relative and the legal guardian of a child, (2) methods to means  
586 test such families to target reimbursement to families with the greatest  
587 need for reimbursement, and (3) the number of nonparent caretaker  
588 relatives who may be eligible for reimbursement pursuant to  
589 subdivision (1) of this section after applying a means-testing method  
590 examined pursuant to subdivision (2) of this section. Not later than  
591 January 1, 2025, the commissioner shall report, in accordance with the  
592 provisions of section 11-4a of the general statutes, to the joint standing  
593 committees of the General Assembly having cognizance of matters  
594 relating to aging and human services regarding such study.

595       Sec. 20. Subsection (a) of section 10-4o of the general statutes is  
596 repealed and the following is substituted in lieu thereof (*Effective October*  
597 *1, 2024*):

598       (a) The Department of Education, in conjunction with the  
599 Department of Social Services, shall coordinate a family resource center  
600 program to provide comprehensive child care services, remedial  
601 educational and literacy services, families-in-training programs and  
602 supportive services to parents who are recipients of temporary family

603 assistance and other parents, nonparent caretaker relatives and legal  
604 guardians in need of such services. The family resource centers shall be  
605 located in or associated with public schools, and any family resource  
606 center established on or after July 1, 2000, shall be located in a public  
607 elementary school unless the Commissioner of Education waives such  
608 requirement. The commissioner shall determine the manner in which  
609 the grant recipients of such program, such as municipalities, boards of  
610 education and child care providers, shall be selected. The family  
611 resource center shall provide: (1) Quality full-day child care and school  
612 readiness programs for children age three and older who are not  
613 enrolled in school and child care for children enrolled in school up to  
614 the age of twelve for before and after regular school hours and on a full-  
615 day basis during school holidays and school vacation, in compliance  
616 with all state statutes and regulations governing child care services, as  
617 described in section 19a-77, and, in the case of the school readiness  
618 programs, in compliance with the standards set for such programs  
619 pursuant to section 10-16p; (2) support services to parents, nonparent  
620 caretaker relatives and legal guardians of newborn infants to ascertain  
621 their needs and provide them with referrals to other services and  
622 organizations and, if necessary, education in parenting skills; (3)  
623 support and educational services to parents, nonparent caretaker  
624 relatives and legal guardians whose children are participants of the  
625 child care services of the program and who are interested in obtaining a  
626 high school diploma or its equivalent. Parents and nonparent caretaker  
627 relatives, legal guardians and preschool age children in their care and  
628 their preschool age children may attend classes in parenting and child  
629 learning skills together so as to promote the mutual pursuit of education  
630 and enhance parent-child interaction; (4) training, technical assistance  
631 and other support by the staff of the center to operators and staff of  
632 family child care homes, as described in section 19a-77, in the  
633 community and serve as an information and referral system for other  
634 child care needs in the community or coordinate with such systems as  
635 may already exist in the community; (5) a families-in-training program  
636 to provide, within available appropriations, community support

637 services to expectant parents and parents, nonparent caretaker relatives  
638 and legal guardians of children under the age of three. Such services  
639 shall include, but not be limited to, providing information and advice to  
640 parents, nonparent caretaker relatives and legal guardians on their  
641 children's language, cognitive, social and motor development, visiting a  
642 participant's home on a regular basis, organizing group meetings at the  
643 center for neighborhood parents, nonparent caretaker relatives and  
644 legal guardians of young children and providing a reference center for  
645 parents, nonparent caretaker relatives and legal guardians who need  
646 special assistance or services. The program shall provide for the  
647 recruitment of parents, nonparent caretaker relatives and legal  
648 guardians to participate in such program; [and] (6) a sliding scale of  
649 payment, as developed in consultation with the Department of Social  
650 Services, for child care services at the center; and (7) referrals of parents,  
651 nonparent caretaker relatives and legal guardians to community  
652 programs concerning childhood development and positive parenting  
653 practices. The center shall also provide a teen pregnancy prevention  
654 program for adolescents emphasizing responsible decision-making and  
655 communication skills.

656 Sec. 21. Section 17a-54 of the general statutes is repealed and the  
657 following is substituted in lieu thereof (*Effective October 1, 2024*):

658 The Department of Children and Families shall establish, within  
659 available appropriations, community-based, multiservice parent  
660 education and support centers. The goal of each center shall be to  
661 improve parenting and enhance family functioning in order to provide  
662 children and youths increased opportunities for positive development.  
663 Each center shall provide: (1) Parent, nonparent caretaker relative and  
664 legal guardian education and training services; (2) parent, nonparent  
665 caretaker relative and legal guardian support services; (3) information  
666 about and coordination of other community services; (4) consultation  
667 services; [and] (5) coordination of child care and transportation services  
668 to facilitate participation in the center's programs; and (6) referrals of  
669 parents, nonparent caretaker relatives and legal guardians to

670 community programs concerning childhood development and positive  
671 parenting practices. Each center shall conduct outreach programs and  
672 shall be accessible with respect to schedule and location.

673 Sec. 22. Section 7-127b of the general statutes is repealed and the  
674 following is substituted in lieu thereof (*Effective October 1, 2024*):

675 (a) The chief elected official or the chief executive officer if by  
676 ordinance of each municipality shall appoint a municipal agent for  
677 elderly persons. Such agent shall be a staff member of a senior center, a  
678 member of an agency that serves elderly persons in the municipality or  
679 a responsible resident of the municipality who has demonstrated an  
680 interest in [the] assisting elderly persons or has been involved in  
681 programs in the field of aging.

682 (b) The duties of the municipal agent [may] shall include, but [shall]  
683 need not be limited to: (1) Disseminating information to elderly persons,  
684 assisting such persons in learning about the community resources  
685 available to them and publicizing such resources and benefits; (2)  
686 assisting elderly persons [to apply] in applying for federal and [other  
687 benefits] state benefits, and accessing community resources, available to  
688 such persons; and (3) reporting to the chief elected official or chief  
689 executive officer of the municipality and the Department of Aging and  
690 Disability Services any needs and problems of the elderly and any  
691 recommendations for action to improve services to the elderly. For the  
692 purposes of this subsection, "community resources" means resources  
693 that assist the elderly in gaining access to housing opportunities,  
694 including, but not limited to, information regarding access to elderly  
695 housing waitlists, applications and consumer reports.

696 (c) Each municipal agent shall serve for a term of two or four years,  
697 at the discretion of the appointing authority of each municipality, and  
698 may be reappointed. If more than one agent is necessary to carry out the  
699 purposes of this section, the appointing authority, in its discretion, may  
700 appoint one or more assistant agents. The town clerk in each  
701 municipality shall notify the Department of Aging and Disability

702 Services immediately of the appointment of a new municipal agent.  
703 Each municipality may provide to its municipal agent resources  
704 sufficient for such agent to perform the duties of the office.

705 (d) The Department of Aging and Disability Services shall adopt and  
706 disseminate to municipalities guidelines as to the role and duties of  
707 municipal agents and such informational and technical materials as may  
708 assist such agents in performance of their duties. The department, in  
709 cooperation with the area agencies on aging, may provide training for  
710 municipal agents within the available resources of the department and  
711 of the area agencies on aging.

712 (e) On or before January 1, 2025, the Commissioner of Aging and  
713 Disability Services shall create a directory of municipal agents  
714 appointed pursuant to the provisions of this section, which shall include  
715 the name, title, telephone number, electronic mail address and mailing  
716 address of each municipal agent. The commissioner shall post a link to  
717 the directory on the Department of Aging and Disability Services'  
718 Internet web site.

719 Sec. 23. Section 19a-700 of the general statutes is repealed and the  
720 following is substituted in lieu thereof (*Effective from passage*):

721 A managed residential community shall enter into a written  
722 residency agreement with each resident that clearly sets forth the rights  
723 and responsibilities of the resident and the managed residential  
724 community, including the duties set forth in section 19a-562. The  
725 residency agreement shall be set forth in plain language and printed in  
726 not less than fourteen-point type. The residency agreement shall be  
727 signed by the managed residential community's authorized agent and  
728 by the resident, or the resident's legal representative, prior to the  
729 resident taking possession of a private residential unit and shall include,  
730 at a minimum:

731 (1) An itemization of assisted living services, transportation services,  
732 recreation services and any other services and goods, lodging and meals

733 to be provided on behalf of the resident by the managed residential  
734 community;

735 (2) A full and fair disclosure of all charges, fees, expenses and costs  
736 to be borne by the resident including, for written residency agreements  
737 entered into on and after October 1, 2024, nonrefundable charges, fees,  
738 expenses and costs;

739 (3) A schedule of payments and disclosure of all late fees or potential  
740 penalties;

741 (4) For written residency agreements entered into on and after  
742 October 1, 2024, the manner in which the managed residential  
743 community may adjust monthly fees or other recurring fees, including,  
744 but not limited to, (A) how often fee increases may occur, (B) the  
745 schedule or specific dates of such increases, and (C) the history of fee  
746 increases over the past three calendar years;

747 [(4)] (5) The grievance procedure with respect to enforcement of the  
748 terms of the residency agreement;

749 [(5)] (6) The managed residential community's covenant to comply  
750 with all municipal, state and federal laws and regulations regarding  
751 consumer protection and protection from financial exploitation;

752 [(6)] (7) The managed residential community's covenant to afford  
753 residents all rights and privileges afforded under title 47a;

754 [(7)] (8) The conditions under which the agreement can be terminated  
755 by either party;

756 [(8)] (9) Full disclosure of the rights and responsibilities of the  
757 resident and the managed residential community in situations  
758 involving serious deterioration in the health of the resident,  
759 hospitalization of the resident or death of the resident, including a  
760 provision that specifies that in the event that a resident of the  
761 community dies, the estate or family of such resident shall only be



762 responsible for further payment to the community for a period of time  
763 not to exceed fifteen days following the date of death of such resident as  
764 long as the private residential unit formerly occupied by the resident  
765 has been vacated; and

766 ~~[(9)]~~ (10) Any adopted rules of the managed residential community  
767 reasonably designed to promote the health, safety and welfare of  
768 residents.

769 Sec. 24. Section 19a-694 of the 2024 supplement to the general statutes  
770 is repealed and the following is substituted in lieu thereof (*Effective*  
771 *October 1, 2024*):

772 (a) All managed residential communities operating in the state shall:

773 (1) Provide a written residency agreement to each resident in  
774 accordance with section 19a-700, as amended by this act;

775 (2) Provide residents or residents' representatives advance notice of  
776 ninety days of any increase to monthly or reoccurring fees and disclose  
777 in writing any nonrefundable charges;

778 (3) Provide residents prorated or full reimbursements of certain  
779 charges if the managed residential community determines it can no  
780 longer meet the resident's needs during the first forty-five days after  
781 occupancy by the resident of the managed residential community unit,  
782 including, but not limited to, prorated first month's rent, prorated  
783 community fee, full last month's rent and full security deposit;

784 ~~[(2)]~~ (4) Afford residents the ability to access services provided by an  
785 assisted living services agency. Such services shall be provided in  
786 accordance with a service plan developed in accordance with section  
787 19a-699;

788 ~~[(3)]~~ (5) Upon the request of a resident, arrange, in conjunction with  
789 the assisted living services agency, for the provision of ancillary medical  
790 services on behalf of a resident, including physician and dental services,

791 pharmacy services, restorative physical therapies, podiatry services,  
792 hospice care and home health agency services, provided the ancillary  
793 medical services are not administered by employees of the managed  
794 residential community, unless the resident chooses to receive such  
795 services;

796     [(4)] (6) Provide a formally established security program for the  
797 protection and safety of residents that is designed to protect residents  
798 from intruders;

799     [(5)] (7) Afford residents the rights and privileges guaranteed under  
800 title 47a;

801     [(6)] (8) Comply with the provisions of subsection (c) of section 19-13-  
802 D105 of the regulations of Connecticut state agencies;

803     [(7)] (9) Assist a resident who has a long-term care insurance policy  
804 with preparing and submitting claims for benefits to the insurer,  
805 provided such resident has executed a written authorization requesting  
806 and directing the insurer to (A) disclose information to the managed  
807 residential community relevant to such resident's eligibility for an  
808 insurance benefit or payment, and (B) provide a copy of the acceptance  
809 or declination of a claim for benefits to the managed residential  
810 community at the same time such acceptance or declination is made to  
811 such resident; and

812     [(8) On or before January 1, 2024, encourage] (10) Encourage and  
813 assist in the establishment of a family council in managed residential  
814 communities offering assisted living services. Such family council shall  
815 not allow a family member or friend of a resident who is not a resident  
816 of a dementia special care unit to participate in the family council  
817 without the consent of such resident.

818     (b) No managed residential community shall control or manage the  
819 financial affairs or personal property of any resident, except as provided  
820 for in subdivision (7) of subsection (a) of this section.

821 Sec. 25. Subsection (e) of section 19a-564 of the 2024 supplement to  
822 the general statutes is repealed and the following is substituted in lieu  
823 thereof (*Effective October 1, 2024*):

824 (e) An assisted living services agency shall: [ensure that] (1) Ensure  
825 that all services being provided on an individual basis to clients are fully  
826 understood and agreed upon between either the client or the client's  
827 representative; [, and] (2) ensure that the client or the client's  
828 representative are made aware of the cost of any such services; (3)  
829 disclose fee increases to a client or a client's representative not later than  
830 ninety days prior to such fees taking effect; and (4) provide, upon  
831 request, to a client and a client's representative the history of fee  
832 increases over the past three calendar years. Nothing in this subsection  
833 shall be construed to limit an assisted living services agency from  
834 immediately adjusting fees to the extent such adjustments are directly  
835 related to a change in the level of care or services necessary to meet  
836 individual client safety needs at the time of a scheduled resident care  
837 meeting or if a client's change of condition requires a change in services.

838 Sec. 26. (NEW) (*Effective October 1, 2024*) Not later than thirty days  
839 after granting licensure to an assisted living services agency that  
840 operates a managed residential community or an assisted living services  
841 agency that provides services at a managed residential community, the  
842 Commissioner of Public Health shall notify the State Ombudsman of  
843 such licensure.

844 Sec. 27. (NEW) (*Effective October 1, 2024*) Each managed residential  
845 community shall provide not less than thirty days' notice to its residents  
846 and residents' legal representatives before (1) the operator of the  
847 managed residential community changes from one business entity to  
848 another, or (2) the assisted living services agency providing services at  
849 the managed residential community changes from one agency to  
850 another.

851 Sec. 28. (NEW) (*Effective from passage*) The State Ombudsman, in  
852 consultation with the Commissioner of Public Health, shall develop a

853 managed residential community consumer guide. Such guide shall  
854 contain information regarding (1) resident protections, (2) housing  
855 protections, including, but not limited to, protections relating to  
856 evictions, (3) managed residential community fees, and (4) any other  
857 information deemed relevant by the State Ombudsman. The State  
858 Ombudsman and Commissioner of Public Health shall post the  
859 consumer guide on the Internet web sites of the Office of the Long-Term  
860 Care Ombudsman and the Department of Public Health not later than  
861 January 1, 2025. The Commissioner of Social Services shall post the  
862 consumer guide on the MyPlaceCT Internet web site not later than  
863 January 1, 2025.

864 Sec. 29. Section 17a-875 of the general statutes is repealed and the  
865 following is substituted in lieu thereof (*Effective October 1, 2024*):

866 The regional ombudsmen shall, in accordance with the policies and  
867 procedures established by the Office of the Long-Term Care  
868 Ombudsman:

869 (1) Provide services to protect the health, safety, welfare and rights of  
870 residents;

871 (2) Ensure that residents in service areas have regular timely access  
872 to representatives of the office and timely responses to complaints and  
873 requests for assistance;

874 (3) Identify, investigate and resolve complaints made by or on behalf  
875 of residents that relate to action, inaction or decisions that may  
876 adversely affect the health, safety, welfare or rights of the residents or  
877 by, or on behalf of, applicants in relation to issues concerning  
878 applications to long-term care facilities;

879 (4) Represent the interests of residents and applicants, in relation to  
880 their applications to long-term care facilities, before government  
881 agencies and seek administrative, legal and other remedies to protect  
882 the health, safety, welfare and rights of the residents;

883 (5) (A) Review and, if necessary, comment on any existing and  
884 proposed laws, regulations and other government policies and actions  
885 that pertain to the rights and well-being of residents and applicants in  
886 relation to their applications to long-term care facilities, and (B) facilitate  
887 the ability of the public to comment on the laws, regulations, policies  
888 and actions;

889 (6) Support the development of resident and family councils; and

890 (7) Carry out other activities that the State Ombudsman determines  
891 to be appropriate, including, but not limited to, the duties and  
892 responsibilities of a regional community ombudsman.

893 Sec. 30. Section 17a-882 of the general statutes is repealed and the  
894 following is substituted in lieu thereof (*Effective October 1, 2024*):

895 The state agency shall:

896 (1) Provide that the files and records maintained by the program may  
897 be disclosed only at the discretion of the State Ombudsman or the  
898 person designated by the ombudsman to disclose the files and records;  
899 and

900 (2) Prohibit the disclosure of the identity of any complainant or  
901 resident with respect to whom the office maintains such files or records  
902 unless (A) the complainant or resident, or the legal representative of the  
903 complainant or resident, consents to the disclosure and the consent is  
904 given in writing; (B) (i) the complainant or resident gives consent orally,  
905 visually or through the use of auxiliary aids and services; and (ii) the  
906 consent is documented contemporaneously in a writing made by a  
907 representative of the office in accordance with such requirements as the  
908 state agency shall establish; or (iii) the disclosure is required by court  
909 order.

910 Sec. 31. Section 17a-886 of the general statutes is repealed and the  
911 following is substituted in lieu thereof (*Effective October 1, 2024*):

912 (a) As used in this section, (1) "authorized representative" means a  
913 person designated by a home care client, in writing, to act on such  
914 client's behalf, including, but not limited to, a health care representative  
915 appointed pursuant to section 19a-575a or 19a-577; (2) "home care"  
916 means long-term services and supports provided to adults in a home or  
917 community-based program administered by the Department of Social  
918 Services; (3) "home care provider" means a person or organization,  
919 including, but not limited to, (A) a home health agency or hospice  
920 agency, as defined in section 19a-490, or (B) a homemaker-companion  
921 agency, as defined in section 20-670; and (4) "long-term services and  
922 supports" means (A) health, health-related, personal care and social  
923 services provided to persons with physical, cognitive or mental health  
924 conditions or disabilities to facilitate optimal functioning and quality of  
925 life, or (B) hospice care provided to persons who may be nearing the end  
926 of their lives.

927 (b) There is established a Community Ombudsman program within  
928 the independent Office of the Long-Term Care Ombudsman,  
929 established pursuant to section 17a-405. Not later than October 1, 2022,  
930 the State Ombudsman appointed pursuant to said section shall, within  
931 available appropriations, appoint a Community Ombudsman who shall  
932 have access to data pertaining to long-term services and supports  
933 provided by a home care provider to a client, including, but not limited  
934 to, medical, social and other data relating to such client, provided (1)  
935 such client or such client's authorized representative provides written  
936 consent to such access, [or] (2) if such client is incapable of providing  
937 such consent due to a physical, cognitive or mental health condition or  
938 disability, the client communicates informed consent orally, visually or  
939 through the use of auxiliary aids and services, or (3) if such client is  
940 incapable for providing such consent as described in subdivision (2) of  
941 this subsection, and has no authorized representative, the Community  
942 Ombudsman determines the data is necessary to investigate a complaint  
943 concerning such client's care.

944 (c) The Community Ombudsman program may:

945 (1) Identify, investigate, refer and resolve complaints about home  
946 care services;

947 (2) Raise public awareness about home care and the program;

948 (3) Promote access to home care services;

949 (4) Advocate for long-term care options;

950 (5) Coach individuals in self advocacy; and

951 (6) Provide referrals to home care clients for legal, housing and social  
952 services.

953 (d) The Office of the Long-Term Care Ombudsman shall oversee the  
954 Community Ombudsman program and provide administrative and  
955 organizational support by:

956 (1) Developing and implementing a public awareness strategy about  
957 the Community Ombudsman program;

958 (2) Applying for, or working in collaboration with other state  
959 agencies to apply for, available federal funding for Community  
960 Ombudsman services;

961 (3) Collaborating with persons administering other state programs  
962 and services to design and implement an agenda to promote the rights  
963 of elderly persons and persons with disabilities;

964 (4) Providing information to public and private agencies, elected and  
965 appointed officials, the media and other persons regarding the problems  
966 and concerns of older adults and people with disabilities receiving home  
967 care;

968 (5) Advocating for improvements in the home and community-based  
969 long-term services and supports system; and

970 (6) Recommending changes in federal, state and local laws,

971 regulations, policies and actions pertaining to the health, safety, welfare  
972 and rights of people receiving home care.

973 (e) Not later than December 1, 2023, and annually thereafter, the State  
974 Ombudsman shall submit a report, in accordance with the provisions of  
975 section 11-4a, to the joint standing committees of the General Assembly  
976 having cognizance of matters relating to aging, human services and  
977 public health on (1) implementation of the public awareness strategy  
978 relating to the Community Ombudsman program, (2) the number of  
979 persons served in the program, (3) the number of complaints regarding  
980 home care filed with the program, (4) the disposition of such complaints,  
981 and (5) any gaps in services and resources needed to address such gaps.

982 (f) The State Ombudsman and the Community Ombudsman shall  
983 ensure that any health data obtained pursuant to subsection (b) of this  
984 section relating to a home care client is protected in accordance with the  
985 Health Insurance Portability and Accountability Act of 1996, P.L. 104-  
986 191, as amended from time to time.

987 (g) The State Ombudsman may assign a regional community  
988 ombudsman the duties and responsibilities of a regional ombudsman  
989 for the Office of the Long-Term Care Ombudsman, as deemed necessary  
990 by the State Ombudsman.

991 Sec. 32. (*Effective from passage*) The Commissioner of Public Health  
992 shall conduct a study regarding current practices used by skilled  
993 nursing facilities to diagnose a resident with a cognitive disorder. Such  
994 study shall include, but need not be limited to, (1) identification of the  
995 type of health care provider commonly making such diagnoses, (2) an  
996 examination of the procedures and assessments used to make such  
997 diagnoses and whether such procedures and assessments are consistent  
998 with recognized standards for the diagnosis of cognitive disorders, (3)  
999 an assessment of whether health care providers are commonly obtaining  
1000 the resident's informed consent before conducting any cognitive  
1001 disorder assessment, and (4) recommendations to correct any  
1002 deficiencies in the current practices used skilled nursing facilities to



1003 diagnose a resident with a cognitive disorder that were identified  
1004 pursuant to the study. Not later than January 1, 2025, the commissioner  
1005 shall report, in accordance with the provisions of section 11-4a of the  
1006 general statutes, to the joint standing committees of the General  
1007 Assembly having cognizance of matters relating to aging and public  
1008 health regarding the results of such study.

1009       Sec. 33. (*Effective July 1, 2024*) (a) For the purposes described in  
1010 subsection (b) of this section, the State Bond Commission shall have the  
1011 power from time to time to authorize the issuance of bonds of the state  
1012 in one or more series and in principal amounts not exceeding in the  
1013 aggregate one million dollars.

1014       (b) The proceeds of the sale of such bonds, to the extent of the amount  
1015 stated in subsection (a) of this section, shall be used by the Department  
1016 of Aging and Disability Services for the purpose of expanding the Aging  
1017 in Place Safely program.

1018       (c) All provisions of section 3-20 of the general statutes, or the exercise  
1019 of any right or power granted thereby, that are not inconsistent with the  
1020 provisions of this section are hereby adopted and shall apply to all  
1021 bonds authorized by the State Bond Commission pursuant to this  
1022 section. Temporary notes in anticipation of the money to be derived  
1023 from the sale of any such bonds so authorized may be issued in  
1024 accordance with section 3-20 of the general statutes and from time to  
1025 time renewed. Such bonds shall mature at such time or times not  
1026 exceeding twenty years from their respective dates as may be provided  
1027 in or pursuant to the resolution or resolutions of the State Bond  
1028 Commission authorizing such bonds. None of such bonds shall be  
1029 authorized except upon a finding by the State Bond Commission that  
1030 there has been filed with it a request for such authorization that is signed  
1031 by or on behalf of the Secretary of the Office of Policy and Management  
1032 and states such terms and conditions as said commission, in its  
1033 discretion, may require. Such bonds issued pursuant to this section shall  
1034 be general obligations of the state and the full faith and credit of the state

1035 of Connecticut are pledged for the payment of the principal of and  
1036 interest on such bonds as the same become due, and accordingly and as  
1037 part of the contract of the state with the holders of such bonds,  
1038 appropriation of all amounts necessary for punctual payment of such  
1039 principal and interest is hereby made, and the State Treasurer shall pay  
1040 such principal and interest as the same become due.

1041       Sec. 34. (*Effective July 1, 2024*) The sum of four hundred thousand  
1042 dollars is appropriated to the Department of Aging and Disability  
1043 Services from the General Fund, for the fiscal year ending June 30, 2025,  
1044 for the purpose of hiring two regional ombudsmen for the Office of the  
1045 Long-Term Care Ombudsman and two regional community  
1046 ombudsmen for the Community Ombudsman program.

1047       Sec. 35. (*Effective July 1, 2024*) The sum of twenty thousand dollars is  
1048 appropriated to the Department of Aging and Disability Services from  
1049 the General Fund, for the fiscal year ending June 30, 2025, for the  
1050 purchase of a new data system to support the Community Ombudsman  
1051 program.

1052       Sec. 36. (*Effective July 1, 2024*) The sum of twenty thousand dollars is  
1053 appropriated to the Department of Public Health from the General  
1054 Fund, for the fiscal year ending June 30, 2025, for contracting with an  
1055 entity specializing in data analysis to analyze a two-year data set to  
1056 compare skilled nursing facility acuity data from the Centers for  
1057 Medicare and Medicaid Services' minimum data set with facility payroll  
1058 data to determine if skilled nursing facilities are staffing to the acuity  
1059 needs of skilled nursing.

1060       Sec. 37. (*Effective July 1, 2024*) The sum of one hundred thousand  
1061 dollars is appropriated to the Department of Aging and Disability  
1062 Services from the General Fund, for the fiscal year ending June 30, 2025,  
1063 for funding marketing and outreach for the five area agencies on aging.

1064       Sec. 38. (*Effective July 1, 2024*) The sum of one hundred fifty thousand  
1065 dollars is appropriated to the Department of Public Health from the

1066 General Fund, for the fiscal year ending June 30, 2025, for the purpose  
 1067 of providing a grant-in-aid to the Connecticut chapter of the Alzheimer's  
 1068 Association to develop and implement a state awareness campaign  
 1069 relating to Alzheimer's disease targeting underserved communities in  
 1070 the state.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2024</i>	New section
Sec. 2	<i>October 1, 2024</i>	New section
Sec. 3	<i>October 1, 2024</i>	New section
Sec. 4	<i>October 1, 2024</i>	17b-706a(c)
Sec. 5	<i>October 1, 2024</i>	New section
Sec. 6	<i>October 1, 2024</i>	19a-491(h)
Sec. 7	<i>from passage</i>	New section
Sec. 8	<i>October 1, 2024</i>	New section
Sec. 9	<i>October 1, 2024</i>	New section
Sec. 10	<i>from passage</i>	New section
Sec. 11	<i>October 1, 2024</i>	New section
Sec. 12	<i>October 1, 2024</i>	New section
Sec. 13	<i>October 1, 2024</i>	20-675
Sec. 14	<i>July 1, 2024</i>	17b-342
Sec. 15	<i>July 1, 2024</i>	17b-253(a)
Sec. 16	<i>July 1, 2024</i>	17b-354(e)(1)
Sec. 17	<i>July 1, 2024</i>	17b-617(a)
Sec. 18	<i>July 1, 2024</i>	38a-475
Sec. 19	<i>from passage</i>	New section
Sec. 20	<i>October 1, 2024</i>	10-4o(a)
Sec. 21	<i>October 1, 2024</i>	17a-54
Sec. 22	<i>October 1, 2024</i>	7-127b
Sec. 23	<i>from passage</i>	19a-700
Sec. 24	<i>October 1, 2024</i>	19a-694
Sec. 25	<i>October 1, 2024</i>	19a-564(e)
Sec. 26	<i>October 1, 2024</i>	New section
Sec. 27	<i>October 1, 2024</i>	New section
Sec. 28	<i>from passage</i>	New section
Sec. 29	<i>October 1, 2024</i>	17a-875
Sec. 30	<i>October 1, 2024</i>	17a-882

**Proposed Substitute Bill No. 5001**

---

Sec. 31	<i>October 1, 2024</i>	17a-886
Sec. 32	<i>from passage</i>	New section
Sec. 33	<i>July 1, 2024</i>	New section
Sec. 34	<i>July 1, 2024</i>	New section
Sec. 35	<i>July 1, 2024</i>	New section
Sec. 36	<i>July 1, 2024</i>	New section
Sec. 37	<i>July 1, 2024</i>	New section
Sec. 38	<i>July 1, 2024</i>	New section