



House of Representatives

File No. 628

General Assembly

February Session, 2024

(Reprint of File Nos. 121 and 607)

Substitute House Bill No. 5001
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 1, 2024

**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) "family caregiver" means a person
5 who provides adult family living services under (A) the Connecticut
6 home-care program for the elderly established pursuant to section 17b-
7 342 of the general statutes, as amended by this act, (B) the personal care
8 assistance program established pursuant to section 17b-605a of the
9 general statutes, or (C) any of the three programs established under
10 Section 1915(c) of the Social Security Act to provide home and
11 community-based services to clients of the Department of
12 Developmental Services; (3) "home care provider" means a person who
13 (A) provides home care or long-term services and supports and is not
14 licensed by the Department of Public Health pursuant to title 20 of the

15 general statutes, or (B) is employed by an entity that provides such
16 services, including, but not limited to, (i) a home health agency or
17 hospice agency, as such terms are defined in section 19a-490 of the
18 general statutes, or (ii) a homemaker-companion agency, as defined in
19 section 20-670 of the general statutes, and (C) is not a (i) personal care
20 attendant, as defined in section 17b-706 of the general statutes, or (ii)
21 family caregiver; and (4) "long-term services and supports" means (A)
22 health, health-related, personal care and social services provided to
23 persons with physical, cognitive or mental health conditions or
24 disabilities to facilitate optimal functioning and quality of life, or (B)
25 hospice care provided to persons who may be nearing the end of their
26 lives.

27 (b) On and after January 1, 2025, the Commissioner of Social Services,
28 in consultation with the Commissioners of Public Health and Consumer
29 Protection, shall develop and maintain a home care provider registry
30 and data processing system that shall promote awareness of and access
31 to qualified home care providers for persons who receive Medicaid-
32 covered home and community-based services, and may support
33 recruitment and retention of qualified home care providers and support
34 oversight of home care providers. The commissioner shall post a link to
35 such registry on the Department of Social Services' Internet web site.

36 (c) (1) Except as provided in subdivision (2) of this subsection, the
37 home care provider registry shall include the following information
38 regarding each home care provider in the state: (A) First and last name;
39 (B) job title; (C) date of hire; (D) the home care provider's employer's
40 legal name; (E) list of training programs offered by the home care
41 provider's employer; and (F) the date the home care provider completed
42 any such training. The Commissioner of Social Services, in consultation
43 with the Commissioners of Public Health and Consumer Protection,
44 shall develop procedures for collecting and maintaining the information
45 described in this subsection, including, but not limited to, procedures
46 relating to the frequency of collection and methods for updating or
47 removing inaccurate or outdated information.

48 (2) A home care provider may assert an exemption from the
49 provisions of this section if such home care provider (A) is a (i) victim
50 of domestic violence, as defined in subsection (b) of section 46b-1 of the
51 general statutes, or (ii) victim of sexual assault, as defined in section 19a-
52 112e of the general statutes, (B) is protected by (i) a protective order,
53 restraining order or standing criminal protective order issued by the
54 courts of this state, including, but not limited to, orders issued pursuant
55 to sections 46b-15, 46b-16a, 46b-38c, 53a-40e, 54-1k, 54-82q and 54-82r of
56 the general statutes, or (ii) a foreign order of protection, as defined in
57 section 46b-15a of the general statutes, or (C) asserts that extraordinary
58 personal circumstances require an exemption be granted to protect the
59 health, safety or welfare of such home care provider. A home care
60 provider shall assert such an exemption directly to such home care
61 provider's employer in a form and manner prescribed by the
62 Commissioner of Social Services. A home care provider who asserts an
63 exemption pursuant to the provisions of this subdivision shall not be
64 required to submit proof that such home care provider qualifies for an
65 exemption.

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

68 (1) Connect persons seeking home and community-based services
69 with qualified home care providers by (A) helping such persons identify
70 and match with qualified home care providers by sorting such providers
71 based on characteristics, including, but not limited to, language
72 proficiency, certifications and previous experience or special skills, and
73 (B) assisting such persons and their families in navigating the home and
74 community-based services system in the state;

75 (2) Support recruitment and retention of qualified home care
76 providers by (A) helping such providers become and stay enrolled as
77 home and community-based services Medicaid providers, (B) actively
78 recruiting home care providers through job advertisements and job
79 fairs, (C) connecting providers to training benefits and opportunities for
80 professional development, (D) facilitating such providers' access to

81 health insurance coverage and other benefits, and (E) facilitating
82 communication with such providers in the event of a public health or
83 other emergency; and

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

88 (e) The Commissioner of Social Services may submit an advanced
89 planning document to the Centers for Medicare and Medicaid Services
90 for enhanced federal financial participation relating to (1) developing
91 and maintaining the registry, pursuant to the provisions of 45 CFR 95,
92 Subpart F, as amended from time to time, or (2) ongoing operations
93 relating to the registry, pursuant to the provisions of 42 CFR 433,
94 Subpart C, as amended from time to time.

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

98 Sec. 2. (NEW) (*Effective October 1, 2024*) Each home health care agency,
99 home health aide agency and hospice agency, as such terms are defined
100 in section 19a-490 of the general statutes, shall submit the information
101 required under the provisions of subsection (c) of section 1 of this act to
102 the Commissioner of Public Health, in a form and manner prescribed by
103 the commissioner, except no home health care agency, home health aide
104 agency or hospice agency shall submit any information concerning an
105 employee who asserts an exemption from the provisions of section 1 of
106 this act pursuant to the provisions of said section. The commissioner
107 shall provide such information to the Commissioner of Social Services
108 for inclusion in the home care provider registry, established pursuant to
109 said section.

110 Sec. 3. (NEW) (*Effective October 1, 2024*) Each homemaker-companion
111 agency, as defined in section 20-670 of the general statutes, shall submit
112 the information required under the provisions of subsection (c) of

113 section 1 of this act to the Commissioner of Consumer Protection, in a
114 form and manner prescribed by the commissioner, except no
115 homemaker-companion agency shall submit any information
116 concerning an employee who asserts an exemption from the provisions
117 of section 1 of this act pursuant to the provisions of said section. The
118 commissioner shall provide such information to the Commissioner of
119 Social Services for inclusion in the home care provider registry,
120 established pursuant to said section.

121 Sec. 4. (NEW) (*Effective October 1, 2024*) The Commissioner of Social
122 Services shall post in a prominent location on the Department of Social
123 Services' Internet web site a link to the Medicare online reporting tool
124 that allows the public to compare nursing homes by quality of care.

125 Sec. 5. (NEW) (*Effective October 1, 2024*) The Commissioner of Public
126 Health shall post in a prominent location on the Department of Public
127 Health's Internet web site a link to the Medicare online reporting tool
128 that allows the public to compare nursing homes by quality of care.

129 Sec. 6. (*Effective from passage*) The Commissioner of Emergency
130 Services and Public Protection, in consultation with the Commissioner
131 of Public Health, shall develop and implement a plan to expand
132 fingerprinting locations in the state to facilitate greater access to such
133 locations for persons requiring state and national criminal history
134 records checks for employment or licensing purposes. Not later than
135 January 1, 2025, the commissioner shall report, in accordance with the
136 provisions of section 11-4a of the general statutes, to the joint standing
137 committees of the General Assembly having cognizance of matters
138 relating to public safety, aging and public health regarding such plan.

139 Sec. 7. (NEW) (*Effective October 1, 2024*) Each home health care agency,
140 home health aide agency and hospice agency, as defined in section 19a-
141 490 of the general statutes, shall require each agency employee to wear
142 an identification badge that includes the employee's name and
143 photograph during each appointment with a client. In any case in which
144 the Commissioner of Public Health determines that a home health care

145 agency, home health aide agency or hospice agency has failed to comply
146 with the requirements established under this section, the commissioner
147 may initiate disciplinary action against the agency pursuant to section
148 19a-494 of the general statutes.

149 Sec. 8. (NEW) (*Effective October 1, 2024*) On and after July 1, 2025, each
150 homemaker-companion agency shall require each agency employee to
151 wear an identification badge that includes the employee's name and
152 photograph during each appointment with a client. In any case in which
153 the Commissioner of Consumer Protection determines that a
154 homemaker-companion agency has failed to comply with the
155 requirements established under this section, the commissioner may
156 initiate disciplinary action against the agency pursuant to section 20-675
157 of the general statutes, as amended by this act.

158 Sec. 9. Section 20-675 of the 2024 supplement to the general statutes
159 is repealed and the following is substituted in lieu thereof (*Effective*
160 *October 1, 2024*):

161 (a) The Commissioner of Consumer Protection may revoke, suspend
162 or refuse to issue or renew any certificate of registration as a
163 homemaker-companion agency or place an agency on probation or issue
164 a letter of reprimand for: (1) Conduct by the agency, or by an employee
165 of the agency while in the course of employment, of a character likely to
166 mislead, deceive or defraud the public or the commissioner; (2)
167 engaging in any untruthful or misleading advertising; (3) failure of such
168 agency that acts as a registry to comply with the notice requirements of
169 section 20-679a; (4) failing to perform a comprehensive background
170 check of a prospective employee or maintain a copy of materials
171 obtained during a comprehensive background check, as required by
172 section 20-678; [or] (5) failing to provide a written notice, obtain a signed
173 notice or maintain a copy of a signed notice, as required by section 20-
174 679c; or (6) on and after July 1, 2025, failing to require an employee
175 scheduled to provide services to a client to wear a badge, as required by
176 section 8 of this act.

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

182 (c) The commissioner shall not revoke or suspend any certificate of
183 registration except upon notice and hearing in accordance with chapter
184 54.

185 Sec. 10. Section 17b-342 of the general statutes is repealed and the
186 following is substituted in lieu thereof (*Effective July 1, 2024*):

187 (a) The Commissioner of Social Services shall administer the
188 Connecticut home-care program for the elderly state-wide in order to
189 prevent the institutionalization of elderly persons who (1) [who] are
190 recipients of medical assistance, (2) [who] are eligible for such
191 assistance, (3) [who] would be eligible for medical assistance if residing
192 in a nursing facility, or (4) [who] meet the criteria for the state-funded
193 portion of the program under subsection [(i)] (j) of this section. For
194 purposes of this section, [a long-term care facility is] "long-term care
195 facility" means a facility that has been federally certified as a skilled
196 nursing facility or intermediate care facility. The commissioner shall
197 make any revisions in the state Medicaid plan required by Title XIX of
198 the Social Security Act prior to implementing the program. The program
199 shall be structured so that the net cost to the state for long-term facility
200 care in combination with the services under the program shall not
201 exceed the net cost the state would have incurred without the program.
202 The commissioner shall investigate the possibility of receiving federal
203 funds for the program and shall apply for any necessary federal
204 waivers. A recipient of services under the program, and the estate and
205 legally liable relatives of the recipient, shall be responsible for
206 reimbursement to the state for such services to the same extent required
207 of a recipient of assistance under the state supplement program, medical
208 assistance program, temporary family assistance program or
209 supplemental nutrition assistance program. Only a United States citizen

210 or a noncitizen who meets the citizenship requirements for eligibility
211 under the Medicaid program shall be eligible for home-care services
212 under this section, except a qualified alien, as defined in Section 431 of
213 Public Law 104-193, admitted into the United States on or after August
214 22, 1996, or other lawfully residing immigrant alien determined eligible
215 for services under this section prior to July 1, 1997, shall remain eligible
216 for such services. Qualified aliens or other lawfully residing immigrant
217 aliens not determined eligible prior to July 1, 1997, shall be eligible for
218 services under this section subsequent to six months from establishing
219 residency. Notwithstanding the provisions of this subsection, any
220 qualified alien or other lawfully residing immigrant alien or alien who
221 formerly held the status of permanently residing under color of law who
222 is a victim of domestic violence or who has intellectual disability shall
223 be eligible for assistance pursuant to this section. Qualified aliens, as
224 defined in Section 431 of Public Law 104-193, or other lawfully residing
225 immigrant aliens or aliens who formerly held the status of permanently
226 residing under color of law shall be eligible for services under this
227 section provided other conditions of eligibility are met.

228 (b) The commissioner shall solicit bids through a competitive process
229 and shall contract with an access agency, approved by the Office of
230 Policy and Management and the Department of Social Services as
231 meeting the requirements for such agency as defined by regulations
232 adopted pursuant to subsection [(e)] (m) of this section, that submits
233 proposals [which] that meet or exceed the minimum bid requirements.
234 In addition to such contracts, the commissioner may use department
235 staff to provide screening, coordination, assessment and monitoring
236 functions for the program.

237 (c) The community-based services covered under the program shall
238 include, but not be limited to, [the following services to the extent that
239 they are not] services not otherwise available under the state Medicaid
240 plan: [, occupational] (1) Occupational therapy, (2) homemaker services,
241 (3) companion services, (4) meals on wheels, (5) adult day care, (6)
242 transportation, (7) mental health counseling, (8) care management, (9)
243 elderly foster care, (10) minor home modifications, and (11) assisted

244 living services provided in state-funded congregate housing and in
245 other assisted living pilot or demonstration projects established under
246 state law. Personal care assistance services shall be covered under the
247 program to the extent that [(1)] (A) such services are not available under
248 the Medicaid state plan and are more cost effective on an individual
249 client basis than existing services covered under such plan, and [(2)] (B)
250 the provision of such services is approved by the federal government.
251 Recipients of state-funded services, pursuant to subsection (i) of this
252 section, and persons who are determined to be functionally eligible for
253 community-based services who have an application for medical
254 assistance pending, or are determined to be presumptively eligible for
255 Medicaid pursuant to subsection (e) of this section, shall have the cost
256 of home health and community-based services covered by the program,
257 provided they comply with all medical assistance application
258 requirements. Access agencies shall not use department funds to
259 purchase community-based services or home health services from
260 themselves or any related parties.

261 (d) Physicians, hospitals, long-term care facilities and other licensed
262 health care facilities may disclose, and, as a condition of eligibility for
263 the program, elderly persons, their guardians, and relatives shall
264 disclose, upon request from the Department of Social Services, such
265 financial, social and medical information as may be necessary to enable
266 the department or any agency administering the program on behalf of
267 the department to provide services under the program. Long-term care
268 facilities shall supply the Department of Social Services with the names
269 and addresses of all applicants for admission. Any information
270 provided pursuant to this subsection shall be confidential and shall not
271 be disclosed by the department or administering agency.

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

277 (e) (1) The Commissioner of Social Services shall, subject to the
278 provisions of subdivisions (2) and (3) of this subsection, establish a
279 presumptive Medicaid eligibility system under which the state shall
280 fund services under the Connecticut home-care program for the elderly
281 for a period of not longer than ninety days for applicants who require a
282 skilled level of nursing care and who are determined to be
283 presumptively eligible for Medicaid coverage. The system shall include,
284 but need not be limited to: (A) The development of a preliminary
285 screening tool by the Department of Social Services to be used by
286 representatives of the access agency selected pursuant to subsection (b)
287 of this section to determine whether an applicant is functionally able to
288 live at home or in a community setting and is likely to be financially
289 eligible for Medicaid; (B) a requirement that the applicant complete a
290 Medicaid application on the date such applicant is preliminarily
291 screened for functional eligibility or not later than ten days after such
292 screening; (C) a determination of presumptive eligibility for eligible
293 applicants by the department and initiation of home care services not
294 later than ten days after an applicant is successfully screened for
295 eligibility; and (D) a written agreement to be signed by the applicant
296 attesting to the accuracy of financial and other information such
297 applicant provides and acknowledging that the state shall solely fund
298 services not longer than ninety days after the date on which home care
299 services begin. The department shall make a final determination as to
300 Medicaid eligibility for applicants determined to be presumptively
301 eligible for Medicaid coverage not later than forty-five days after the
302 date of receipt of a completed Medicaid application from such applicant,
303 provided the department may make such determination not later than
304 ninety days after receipt of the application if the applicant has
305 disabilities.

306 (2) To the extent permitted by federal law, the commissioner shall
307 seek any federal waiver or amend the Medicaid state plan as necessary
308 to attempt to secure federal reimbursement for the costs of providing
309 coverage to persons determined to be presumptively eligible for
310 Medicaid coverage. The provisions of this subsection and any other

311 provision of this section relating to the establishment of a presumptive
312 Medicaid eligibility system, including, but not limited to, such
313 provisions located in subsections (c), (g) and (m), shall not be effective
314 until the commissioner secures such federal reimbursement through a
315 federal waiver or Medicaid state plan amendment.

316 (3) Not less than two years after the date of the establishment of a
317 presumptive Medicaid eligibility system pursuant to the provisions of
318 this subsection, the commissioner may, in the commissioner's
319 discretion, discontinue the system if the commissioner determines that
320 the system is not cost effective.

321 (f) The commissioner may require long-term care facilities to inform
322 applicants for admission of the Connecticut home-care program for the
323 elderly established under this section and to distribute such forms as the
324 commissioner prescribes for the program. Such forms shall be supplied
325 by and be returnable to the department.

326 (g) The commissioner shall report annually, by June first, in
327 accordance with the provisions of section 11-4a, to the joint standing
328 committee of the General Assembly having cognizance of matters
329 relating to human services on the Connecticut home-care program for
330 the elderly in such detail, depth and scope as said committee requires to
331 evaluate the effect of the program on the state and program participants.
332 Such report shall include information on (1) the number of persons
333 diverted from placement in a long-term care facility as a result of the
334 program, (2) the number of persons screened for the program, (3) the
335 number of persons determined presumptively eligible for Medicaid, (4)
336 savings for the state based on institutional care costs that were averted
337 for persons determined to be presumptively eligible for Medicaid who
338 later were determined to be eligible for Medicaid, (5) the number of
339 persons determined presumptively eligible for Medicaid who later were
340 determined not to be eligible for Medicaid and costs to the state to
341 provide such persons with home care services before the final Medicaid
342 eligibility determination, (6) the average cost per person in the program,
343 [(4)] (7) the administration costs, [(5)] (8) the estimated savings to

344 provide home care versus institutional care for all persons in the
345 program, and [(6)] (9) a comparison between costs under the different
346 contracts for program services.

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

352 (i) (1) The Commissioner of Social Services shall, within available
353 appropriations, administer a state-funded portion of the Connecticut
354 home-care program for the elderly for persons (A) who are sixty-five
355 years of age and older and are not eligible for Medicaid; (B) who are
356 inappropriately institutionalized or at risk of inappropriate
357 institutionalization; (C) whose income is less than or equal to the
358 amount allowed [under subdivision (3) of subsection (a) of this section]
359 for a person who would be eligible for medical assistance if residing in
360 a nursing facility; and (D) whose assets, if single, do not exceed one
361 hundred fifty per cent of the federal minimum community spouse
362 protected amount pursuant to 42 USC 1396r-5(f)(2) or, if married, the
363 couple's assets do not exceed two hundred per cent of said community
364 spouse protected amount. For program applications received by the
365 Department of Social Services for the fiscal years ending June 30, 2016,
366 and June 30, 2017, only persons who require the level of care provided
367 in a nursing home shall be eligible for the state-funded portion of the
368 program, except for persons residing in affordable housing under the
369 assisted living demonstration project established pursuant to section
370 17b-347e who are otherwise eligible in accordance with this section.

371 (2) Except for persons residing in affordable housing under the
372 assisted living demonstration project established pursuant to section
373 17b-347e, as provided in subdivision (3) of this subsection, any person
374 whose income is at or below two hundred per cent of the federal poverty
375 level and who is ineligible for Medicaid shall contribute three per cent
376 of the cost of his or her care. Any person whose income exceeds two

377 hundred per cent of the federal poverty level shall contribute three per
378 cent of the cost of his or her care in addition to the amount of applied
379 income determined in accordance with the methodology established by
380 the Department of Social Services for recipients of medical assistance.
381 Any person who does not contribute to the cost of care in accordance
382 with this subdivision shall be ineligible to receive services under this
383 subsection. Notwithstanding any provision of sections 17b-60 and 17b-
384 61, the department shall not be required to provide an administrative
385 hearing to a person found ineligible for services under this subsection
386 because of a failure to contribute to the cost of care.

387 (3) Any person who resides in affordable housing under the assisted
388 living demonstration project established pursuant to section 17b-347e
389 and whose income is at or below two hundred per cent of the federal
390 poverty level, shall not be required to contribute to the cost of care. Any
391 person who resides in affordable housing under the assisted living
392 demonstration project established pursuant to section 17b-347e and
393 whose income exceeds two hundred per cent of the federal poverty
394 level, shall contribute to the applied income amount determined in
395 accordance with the methodology established by the Department of
396 Social Services for recipients of medical assistance. Any person whose
397 income exceeds two hundred per cent of the federal poverty level and
398 who does not contribute to the cost of care in accordance with this
399 subdivision shall be ineligible to receive services under this subsection.
400 Notwithstanding any provision of sections 17b-60 and 17b-61, the
401 department shall not be required to provide an administrative hearing
402 to a person found ineligible for services under this subsection because
403 of a failure to contribute to the cost of care.

404 (4) The annualized cost of services provided to an individual under
405 the state-funded portion of the program shall not exceed fifty per cent
406 of the weighted average cost of care in nursing homes in the state, except
407 an individual who received services costing in excess of such amount
408 under the Department of Social Services in the fiscal year ending June
409 30, 1992, may continue to receive such services, provided the annualized
410 cost of such services does not exceed eighty per cent of the weighted

411 average cost of such nursing home care. The commissioner may allow
412 the cost of services provided to an individual to exceed the maximum
413 cost established pursuant to this subdivision in a case of extreme
414 hardship, as determined by the commissioner, provided in no case shall
415 such cost exceed that of the weighted cost of such nursing home care.

416 (j) The Commissioner of Social Services shall collect data on services
417 provided under the program, including, but not limited to, the: (1)
418 Number of participants before and after [copayments are reduced
419 pursuant to subsection (i) of this section] any adjustment in copayments,
420 (2) average hours of care provided under the program per participant,
421 and (3) estimated cost savings to the state by providing home care to
422 participants who may otherwise receive care in a nursing home facility.
423 The commissioner shall, in accordance with the provisions of section 11-
424 4a, report on the results of the data collection to the joint standing
425 committees of the General Assembly having cognizance of matters
426 relating to aging, appropriations and the budgets of state agencies and
427 human services not later than July 1, 2022. The commissioner may
428 implement revised criteria for the operation of the program while in the
429 process of adopting such criteria in regulation form, provided the
430 commissioner publishes notice of intention to adopt the regulations in
431 accordance with section 17b-10. Such criteria shall be valid until the time
432 final regulations are effective.

433 (k) The commissioner shall notify any access agency or area agency
434 on aging that administers the program when the department sends a
435 redetermination of eligibility form to an individual who is a client of
436 such agency.

437 (l) In determining eligibility for the program described in this section,
438 the commissioner shall not consider as income (1) Aid and Attendance
439 pension benefits granted to a veteran, as defined in section 27-103, or the
440 surviving spouse of such veteran, and (2) any tax refund or advance
441 payment with respect to a refundable credit to the same extent such
442 refund or advance payment would be disregarded under 26 USC 6409
443 in any federal program or state or local program financed in whole or in

444 part with federal funds.

445 (m) The commissioner shall adopt regulations, in accordance with the
446 provisions of chapter 54, to (1) define "access agency", (2) implement and
447 administer the program, (3) implement and administer the presumptive
448 Medicaid eligibility system described in subsection (e) of this section, (4)
449 establish uniform state-wide standards for the program and uniform
450 assessment tools for use in the screening process for the program and
451 the prescreening for presumptive Medicaid eligibility, and (5) specify
452 conditions of eligibility.

453 Sec. 11. Subsection (a) of section 17b-253 of the general statutes is
454 repealed and the following is substituted in lieu thereof (*Effective July 1,*
455 *2024*):

456 (a) The Department of Social Services shall seek appropriate
457 amendments to its Medicaid regulations and state plan to allow
458 protection of resources and income pursuant to section 17b-252. Such
459 protection shall be provided, to the extent approved by the federal
460 Centers for Medicare and Medicaid Services, for any purchaser of a
461 precertified long-term care policy and shall last for the life of the
462 purchaser. Such protection shall be provided under the Medicaid
463 program or its successor program. Any purchaser of a precertified long-
464 term care policy shall be guaranteed coverage under the Medicaid
465 program or its successor program, to the extent the individual meets all
466 applicable eligibility requirements for the Medicaid program or its
467 successor program. Until such time as eligibility requirements are
468 prescribed for Medicaid's successor program, for the purposes of this
469 subsection, the applicable eligibility requirements shall be the Medicaid
470 program's requirements as of the date its successor program was
471 enacted. The Department of Social Services shall count insurance benefit
472 payments toward resource exclusion to the extent such payments (1) are
473 for services paid for by a precertified long-term care policy; (2) are for
474 the lower of the actual charge and the amount paid by the insurance
475 company; (3) are for nursing home care, or formal services delivered to
476 insureds in the community as part of a care plan approved by an access

477 agency approved by the Office of Policy and Management and the
478 Department of Social Services as meeting the requirements for such
479 agency as defined in regulations adopted pursuant to subsection [(e)]
480 (m) of section 17b-342, as amended by this act; and (4) are for services
481 provided after the individual meets the coverage requirements for long-
482 term care benefits established by the Department of Social Services for
483 this program. The Commissioner of Social Services shall adopt
484 regulations, in accordance with chapter 54, to implement the provisions
485 of this subsection and sections 17b-252, 17b-254 and 38a-475, as
486 amended by this act, relating to determining eligibility of applicants for
487 Medicaid, or its successor program, and the coverage requirements for
488 long-term care benefits.

489 Sec. 12. Subdivision (1) of subsection (e) of section 17b-354 of the
490 general statutes is repealed and the following is substituted in lieu
491 thereof (*Effective July 1, 2024*):

492 (e) (1) A continuing care facility, as described in section 17b-520, (A)
493 shall arrange for a medical assessment to be conducted by an
494 independent physician or an access agency approved by the Office of
495 Policy and Management and the Department of Social Services as
496 meeting the requirements for such agency as defined by regulations
497 adopted pursuant to subsection [(e)] (m) of section 17b-342, as amended
498 by this act, prior to the admission of any resident to the nursing facility
499 and shall document such assessment in the resident's medical file and
500 (B) may transfer or discharge a resident who has intentionally
501 transferred assets in a sum which will render the resident unable to pay
502 the cost of nursing facility care in accordance with the contract between
503 the resident and the facility.

504 Sec. 13. Section 38a-475 of the general statutes is repealed and the
505 following is substituted in lieu thereof (*Effective July 1, 2024*):

506 The Insurance Department shall only precertify long-term care
507 insurance policies that (1) alert the purchaser to the availability of
508 consumer information and public education provided by the

509 Department of Aging and Disability Services pursuant to section 17a-
510 861; (2) offer the option of home and community-based services in
511 addition to nursing home care; (3) in all home care plans, include case
512 management services delivered by an access agency approved by the
513 Office of Policy and Management and the Department of Social Services
514 as meeting the requirements for such agency as defined in regulations
515 adopted pursuant to subsection [(e)] (m) of section 17b-342, as amended
516 by this act, which services shall include, but need not be limited to, the
517 development of a comprehensive individualized assessment and care
518 plan and, as needed, the coordination of appropriate services and the
519 monitoring of the delivery of such services; (4) provide inflation
520 protection; (5) provide for the keeping of records and an explanation of
521 benefit reports on insurance payments which count toward Medicaid
522 resource exclusion; and (6) provide the management information and
523 reports necessary to document the extent of Medicaid resource
524 protection offered and to evaluate the Connecticut Partnership for
525 Long-Term Care. No policy shall be precertified if it requires prior
526 hospitalization or a prior stay in a nursing home as a condition of
527 providing benefits. The commissioner may adopt regulations, in
528 accordance with chapter 54, to carry out the precertification provisions
529 of this section.

530 Sec. 14. (*Effective from passage*) The Commissioner of Aging and
531 Disability Services shall study (1) reimbursement rate options for
532 families that receive benefits under the temporary family assistance
533 program, and in which the head of the household is a nonparent
534 caretaker relative and the legal guardian of a child, (2) methods to means
535 test such families to target reimbursement to families with the greatest
536 need for reimbursement, and (3) the number of nonparent caretaker
537 relatives who may be eligible for reimbursement pursuant to
538 subdivision (1) of this section after applying a means-testing method
539 examined pursuant to subdivision (2) of this section. Not later than
540 January 1, 2025, the commissioner shall report, in accordance with the
541 provisions of section 11-4a of the general statutes, to the joint standing
542 committees of the General Assembly having cognizance of matters

543 relating to aging and human services regarding such study.

544 Sec. 15. Subsection (a) of section 10-4o of the general statutes is
545 repealed and the following is substituted in lieu thereof (*Effective October*
546 *1, 2024*):

547 (a) The Department of Education, in conjunction with the
548 Department of Social Services, shall coordinate a family resource center
549 program to provide comprehensive child care services, remedial
550 educational and literacy services, families-in-training programs and
551 supportive services to parents who are recipients of temporary family
552 assistance and other parents, nonparent caretaker relatives and legal
553 guardians in need of such services. The family resource centers shall be
554 located in or associated with public schools, and any family resource
555 center established on or after July 1, 2000, shall be located in a public
556 elementary school unless the Commissioner of Education waives such
557 requirement. The commissioner shall determine the manner in which
558 the grant recipients of such program, such as municipalities, boards of
559 education and child care providers, shall be selected. The family
560 resource center shall provide: (1) Quality full-day child care and school
561 readiness programs for children age three and older who are not
562 enrolled in school and child care for children enrolled in school up to
563 the age of twelve for before and after regular school hours and on a full-
564 day basis during school holidays and school vacation, in compliance
565 with all state statutes and regulations governing child care services, as
566 described in section 19a-77, and, in the case of the school readiness
567 programs, in compliance with the standards set for such programs
568 pursuant to section 10-16p; (2) support services to parents, nonparent
569 caretaker relatives and legal guardians of newborn infants to ascertain
570 their needs and provide them with referrals to other services and
571 organizations and, if necessary, education in parenting skills; (3)
572 support and educational services to parents, nonparent caretaker
573 relatives and legal guardians whose children are participants of the
574 child care services of the program and who are interested in obtaining a
575 high school diploma or its equivalent. Parents and their preschool age
576 children and nonparent caretaker relatives, legal guardians and

577 preschool age children in their care may attend classes in parenting and
578 child learning skills together so as to promote the mutual pursuit of
579 education and enhance parent-child interaction; (4) training, technical
580 assistance and other support by the staff of the center to operators and
581 staff of family child care homes, as described in section 19a-77, in the
582 community and serve as an information and referral system for other
583 child care needs in the community or coordinate with such systems as
584 may already exist in the community; (5) a families-in-training program
585 to provide, within available appropriations, community support
586 services to expectant parents and parents, nonparent caretaker relatives
587 and legal guardians of children under the age of three. Such services
588 shall include, but not be limited to, providing information and advice to
589 parents, nonparent caretaker relatives and legal guardians on their
590 children's language, cognitive, social and motor development, visiting a
591 participant's home on a regular basis, organizing group meetings at the
592 center for neighborhood parents, nonparent caretaker relatives and
593 legal guardians of young children and providing a reference center for
594 parents, nonparent caretaker relatives and legal guardians who need
595 special assistance or services. The program shall provide for the
596 recruitment of parents, nonparent caretaker relatives and legal
597 guardians to participate in such program; [and] (6) a sliding scale of
598 payment, as developed in consultation with the Department of Social
599 Services, for child care services at the center; and (7) referrals of parents,
600 nonparent caretaker relatives and legal guardians to community
601 programs concerning childhood development and positive parenting
602 practices. The center shall also provide a teen pregnancy prevention
603 program for adolescents emphasizing responsible decision-making and
604 communication skills.

605 Sec. 16. Section 17a-54 of the general statutes is repealed and the
606 following is substituted in lieu thereof (*Effective October 1, 2024*):

607 The Department of Children and Families shall establish, within
608 available appropriations, community-based, multiservice parent
609 education and support centers. The goal of each center shall be to
610 improve parenting and enhance family functioning in order to provide

611 children and youths increased opportunities for positive development.
612 Each center shall provide: (1) Parent, nonparent caretaker relative and
613 legal guardian education and training services; (2) parent, nonparent
614 caretaker relative and legal guardian support services; (3) information
615 about and coordination of other community services; (4) consultation
616 services; [and] (5) coordination of child care and transportation services
617 to facilitate participation in the center's programs; and (6) referrals of
618 parents, nonparent caretaker relatives and legal guardians to
619 community programs concerning childhood development and positive
620 parenting practices. Each center shall conduct outreach programs and
621 shall be accessible with respect to schedule and location.

622 Sec. 17. Section 7-127b of the general statutes is repealed and the
623 following is substituted in lieu thereof (*Effective October 1, 2024*):

624 (a) The chief elected official or the chief executive officer if by
625 ordinance of each municipality shall appoint a municipal agent for
626 elderly persons. Such agent shall be a staff member of a senior center, a
627 member of an agency that serves elderly persons in the municipality or
628 a responsible resident of the municipality who has demonstrated an
629 interest in [the] assisting elderly persons or has been involved in
630 programs in the field of aging.

631 (b) The duties of the municipal agent [may] shall include, but [shall]
632 need not be limited to: (1) Disseminating information to elderly persons,
633 assisting such persons in learning about the community resources
634 available to them and publicizing such resources and benefits; (2)
635 assisting elderly persons [to apply] in applying for federal and [other
636 benefits] state benefits, and accessing community resources, available to
637 such persons; and (3) reporting to the chief elected official or chief
638 executive officer of the municipality and the Department of Aging and
639 Disability Services any needs and problems of the elderly and any
640 recommendations for action to improve services to the elderly. For the
641 purposes of this subsection, "community resources" means resources
642 that assist elderly persons in gaining access to housing opportunities,
643 including, but not limited to, information regarding access to waitlists

644 for housing designated for elderly persons, applications and consumer
645 reports.

646 (c) Each municipal agent shall serve for a term of two or four years,
647 at the discretion of the appointing authority of each municipality, and
648 may be reappointed. If more than one agent is necessary to carry out the
649 purposes of this section, the appointing authority, in its discretion, may
650 appoint one or more assistant agents. The town clerk in each
651 municipality shall notify the Department of Aging and Disability
652 Services immediately of the appointment of a new municipal agent.
653 Each municipality may provide to its municipal agent resources
654 sufficient for such agent to perform the duties of the office.

655 (d) The Department of Aging and Disability Services shall adopt and
656 disseminate to municipalities guidelines as to the role and duties of
657 municipal agents and such informational and technical materials as may
658 assist such agents in performance of their duties. The department, in
659 cooperation with the area agencies on aging, may provide training for
660 municipal agents within the available resources of the department and
661 of the area agencies on aging.

662 (e) On or before January 1, 2025, the Commissioner of Aging and
663 Disability Services shall create a directory of municipal agents
664 appointed pursuant to the provisions of this section, which shall
665 include, but need not be limited to, the name, title, telephone number,
666 electronic mail address and mailing address of each municipal agent.
667 The commissioner shall post a link to the directory on the Department
668 of Aging and Disability Services' Internet web site.

669 Sec. 18. (NEW) (*Effective October 1, 2024*) Not later than thirty days
670 after granting licensure to an assisted living services agency that
671 operates a managed residential community or an assisted living services
672 agency that provides services at a managed residential community, the
673 Commissioner of Public Health shall notify the State Ombudsman of
674 such licensure.

675 Sec. 19. (NEW) (*Effective October 1, 2024*) Each managed residential

676 community shall provide not less than thirty days' notice to its residents
677 and residents' legal representatives before (1) the operator of the
678 managed residential community changes from one business entity to
679 another, or (2) the assisted living services agency providing services at
680 the managed residential community changes from one agency to
681 another.

682 Sec. 20. (NEW) (*Effective from passage*) The State Ombudsman, in
683 consultation with the Commissioner of Public Health, shall develop a
684 managed residential community consumer guide. Such guide shall
685 contain information regarding (1) resident protections, (2) housing
686 protections, including, but not limited to, protections relating to
687 evictions, (3) managed residential community fees, and (4) any other
688 information deemed relevant by the State Ombudsman. The State
689 Ombudsman and Commissioner of Public Health shall post the
690 consumer guide on the Internet web sites of the Office of the Long-Term
691 Care Ombudsman and the Department of Public Health not later than
692 January 1, 2025. The Commissioner of Social Services shall post the
693 consumer guide on the MyPlaceCT Internet web site not later than
694 January 1, 2025.

695 Sec. 21. Section 17a-875 of the general statutes is repealed and the
696 following is substituted in lieu thereof (*Effective October 1, 2024*):

697 The regional ombudsmen shall, in accordance with the policies and
698 procedures established by the Office of the Long-Term Care
699 Ombudsman:

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

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

705 (3) Identify, investigate and resolve complaints made by or on behalf
706 of residents that relate to action, inaction or decisions that may

707 adversely affect the health, safety, welfare or rights of the residents or
708 by, or on behalf of, applicants in relation to issues concerning
709 applications to long-term care facilities;

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

714 (5) (A) Review and, if necessary, comment on any existing and
715 proposed laws, regulations and other government policies and actions
716 that pertain to the rights and well-being of residents and applicants in
717 relation to their applications to long-term care facilities, and (B) facilitate
718 the ability of the public to comment on the laws, regulations, policies
719 and actions;

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

721 (7) Carry out other activities that the State Ombudsman determines
722 to be appropriate, including, but not limited to, activities relating to the
723 Community Ombudsman program established pursuant to section 17a-
724 886, as amended by this act.

725 Sec. 22. Section 17a-882 of the general statutes is repealed and the
726 following is substituted in lieu thereof (*Effective October 1, 2024*):

727 The state agency shall:

728 (1) Provide that the files and records maintained by the program may
729 be disclosed only at the discretion of the State Ombudsman or the
730 person designated by the ombudsman to disclose the files and records;
731 and

732 (2) Prohibit the disclosure of the identity of any complainant or
733 resident with respect to whom the office maintains such files or records
734 unless (A) the complainant or resident, or the legal representative of the
735 complainant or resident, consents to the disclosure and the consent is
736 given in writing; (B) (i) the complainant or resident gives consent orally,

737 visually or through the use of auxiliary aids and services; and (ii) the
738 consent is documented contemporaneously in a writing made by a
739 representative of the office in accordance with such requirements as the
740 state agency shall establish; or (iii) the disclosure is required by court
741 order.

742 Sec. 23. Section 17a-886 of the general statutes is repealed and the
743 following is substituted in lieu thereof (*Effective October 1, 2024*):

744 (a) As used in this section, (1) "authorized representative" means a
745 person designated by a home care client, in writing, to act on such
746 client's behalf, including, but not limited to, a health care representative
747 appointed pursuant to section 19a-575a or 19a-577; (2) "home care"
748 means long-term services and supports provided to adults in a home or
749 community-based program administered by the Department of Social
750 Services; (3) "home care provider" means a person or organization,
751 including, but not limited to, (A) a home health agency or hospice
752 agency, as defined in section 19a-490, or (B) a homemaker-companion
753 agency, as defined in section 20-670; and (4) "long-term services and
754 supports" means (A) health, health-related, personal care and social
755 services provided to persons with physical, cognitive or mental health
756 conditions or disabilities to facilitate optimal functioning and quality of
757 life, or (B) hospice care provided to persons who may be nearing the end
758 of their lives.

759 (b) There is established a Community Ombudsman program within
760 the independent Office of the Long-Term Care Ombudsman,
761 established pursuant to section 17a-405. Not later than October 1, 2022,
762 the State Ombudsman appointed pursuant to said section shall, within
763 available appropriations, appoint a Community Ombudsman who shall
764 have access to data pertaining to long-term services and supports
765 provided by a home care provider to a client, including, but not limited
766 to, medical, social and other data relating to such client, provided (1)
767 such client or such client's authorized representative provides written
768 consent to such access, [or] (2) if such client is incapable of providing
769 such consent due to a physical, cognitive or mental health condition or

770 disability, the client communicates consent orally, visually or through
771 the use of auxiliary aids and services, or (3) if such client is incapable of
772 providing such consent as described in subdivision (2) of this
773 subsection, and has no authorized representative, the Community
774 Ombudsman determines the data is necessary to investigate a complaint
775 concerning such client's care.

776 (c) The Community Ombudsman program may:

777 (1) Identify, investigate, refer and resolve complaints about home
778 care services;

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

780 (3) Promote access to home care services;

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

782 (5) Coach individuals in self advocacy; and

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

785 (d) The Office of the Long-Term Care Ombudsman shall oversee the
786 Community Ombudsman program and provide administrative and
787 organizational support by:

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

790 (2) Applying for, or working in collaboration with other state
791 agencies to apply for, available federal funding for Community
792 Ombudsman services;

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

796 (4) Providing information to public and private agencies, elected and

797 appointed officials, the media and other persons regarding the problems
798 and concerns of older adults and people with disabilities receiving home
799 care;

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

802 (6) Recommending changes in federal, state and local laws,
803 regulations, policies and actions pertaining to the health, safety, welfare
804 and rights of people receiving home care.

805 (e) Not later than December 1, 2023, and annually thereafter, the State
806 Ombudsman shall submit a report, in accordance with the provisions of
807 section 11-4a, to the joint standing committees of the General Assembly
808 having cognizance of matters relating to aging, human services and
809 public health on (1) implementation of the public awareness strategy
810 relating to the Community Ombudsman program, (2) the number of
811 persons served in the program, (3) the number of complaints regarding
812 home care filed with the program, (4) the disposition of such complaints,
813 and (5) any gaps in services and resources needed to address such gaps.

814 (f) The State Ombudsman and the Community Ombudsman shall
815 ensure that any health data obtained pursuant to subsection (b) of this
816 section relating to a home care client is protected in accordance with the
817 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
818 191, as amended from time to time.

819 (g) The State Ombudsman may assign a regional community
820 ombudsman the duties and responsibilities of a regional ombudsman
821 for the Office of the Long-Term Care Ombudsman, as deemed necessary
822 by the State Ombudsman.

823 Sec. 24. *(Effective from passage)* The Commissioner of Social Services
824 shall conduct a study on the feasibility of pursuing a family caregiver
825 support benefit through a Medicaid demonstration waiver under
826 Section 1115 of the Social Security Act that would provide respite
827 services and support to residents of the state who are not otherwise

828 eligible for such services under Medicaid. Such study shall include an
829 examination of (1) Oregon's project independence and family caregiver
830 assistance program operated pursuant to such a demonstration waiver,
831 (2) other options to expand eligibility for respite services for persons not
832 eligible for Medicaid, and (3) potential state-funded long-term care
833 services that could be used to offset the costs of a family caregiver
834 support benefit. Not later than January 1, 2025, the commissioner shall
835 report, in accordance with the provisions of section 11-4a of the general
836 statutes, to the joint standing committees of the General Assembly
837 having cognizance of matters relating to aging and human services
838 regarding the results of such study.

839 Sec. 25. (NEW) (*Effective July 1, 2024*) (a) As used in this section: (1)
840 "Center of Excellence" means a nursing home licensed under section
841 19a-491 of the general statutes that provides services that are consistent
842 with evidence-based best practices for the delivery of person-centered
843 care; (2) "Centers of Excellence Program" means a program that sets the
844 standards for a nursing home to be designated as a Center of Excellence;
845 and (3) "nursing home" has the same meaning as provided in section
846 19a-490 of the general statutes.

847 (b) The Commissioner of Public Health shall design a state-wide
848 Centers of Excellence Program to provide incentives to licensed nursing
849 homes that provide services consistent with evidence-based best
850 practices for the delivery of person-centered care.

851 (c) When designing the program, the Commissioner of Public Health
852 shall:

853 (1) Study the extent to which a Centers of Excellence Program may
854 improve the quality of care provided at nursing homes and what the
855 best practices are in other similar programs nation-wide; and

856 (2) Consult with (A) nursing home owners and operators; (B)
857 hospitals; (C) nursing home residents and their advocates; (D) the Office
858 of the Long-Term Care Ombudsman; (E) the Commissioner of Social
859 Services, or the commissioner's designee; (F) the Secretary of the Office

860 of Policy and Management, or the secretary's designee; and (G) other
861 relevant stakeholders as deemed necessary by the Commissioner of
862 Public Health.

863 (d) The design of the program shall, at a minimum, (1) identify
864 evidence-based qualitative and quantitative standards for delivery of
865 person-centered care a nursing home must meet to be designated as a
866 Center of Excellence; (2) identify for each standard the measure or
867 measures nursing homes must meet to qualify as a Center of Excellence;
868 (3) identify a pathway through application, inspection or other means
869 by which a nursing home may be designated as a Center of Excellence;
870 (4) create a mechanism to designate nursing homes that meet or exceed
871 the standards and qualify as a Center of Excellence; (5) determine
872 potential incentives to nursing homes that meet the standards set for the
873 Centers of Excellence Program; and (6) identify ways to maximize the
874 use of available federal funding to support the Centers of Excellence
875 Program.

876 (e) The Centers of Excellence Program shall be designed as a
877 voluntary program. No nursing home shall be required to participate in
878 said program, and nursing homes that choose not to participate shall
879 not be penalized by the state.

880 (f) When developing the program, the Commissioner of Public
881 Health may, within available appropriations, engage a consultant to
882 identify best practices and design the Centers of Excellence Program.

883 (g) Upon completion of designing the Centers of Excellence Program,
884 or not later than January 1, 2026, the Commissioner of Public Health
885 shall report to the Secretary of the Office of Policy and Management on
886 the plan developed.

887 (h) The Commissioner of Social Services may seek approval of an
888 amendment to the state Medicaid plan or a waiver from federal law to
889 provide incentives for the Centers of Excellence Program designees. The
890 commissioner shall develop the incentives in a time frame and manner
891 to ensure that such incentives do not duplicate other applicable federal

892 or state funding.

893 Sec. 26. (NEW) (*Effective July 1, 2024*) The Department of Public
 894 Health, in consultation with the Office of the Long-Term Care
 895 Ombudsman and the Long-Term Care Advisory Council, shall establish
 896 an online nursing home consumer dashboard, within available
 897 appropriations, that provides: (1) Comprehensive information
 898 concerning quality of care for people in need of nursing home care and
 899 their families; and (2) showcases industry leading practices. The
 900 department shall include a link to the dashboard in a prominent place
 901 on the department's Internet web site.

| | | |
|---|------------------------|---------------|
| 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> | New section |
| Sec. 5 | <i>October 1, 2024</i> | New section |
| Sec. 6 | <i>from passage</i> | New section |
| Sec. 7 | <i>October 1, 2024</i> | New section |
| Sec. 8 | <i>October 1, 2024</i> | New section |
| Sec. 9 | <i>October 1, 2024</i> | 20-675 |
| Sec. 10 | <i>July 1, 2024</i> | 17b-342 |
| Sec. 11 | <i>July 1, 2024</i> | 17b-253(a) |
| Sec. 12 | <i>July 1, 2024</i> | 17b-354(e)(1) |
| Sec. 13 | <i>July 1, 2024</i> | 38a-475 |
| Sec. 14 | <i>from passage</i> | New section |
| Sec. 15 | <i>October 1, 2024</i> | 10-4o(a) |
| Sec. 16 | <i>October 1, 2024</i> | 17a-54 |
| Sec. 17 | <i>October 1, 2024</i> | 7-127b |
| Sec. 18 | <i>October 1, 2024</i> | New section |
| Sec. 19 | <i>October 1, 2024</i> | New section |
| Sec. 20 | <i>from passage</i> | New section |
| Sec. 21 | <i>October 1, 2024</i> | 17a-875 |
| Sec. 22 | <i>October 1, 2024</i> | 17a-882 |
| Sec. 23 | <i>October 1, 2024</i> | 17a-886 |
| Sec. 24 | <i>from passage</i> | New section |

| | | |
|---------|---------------------|-------------|
| Sec. 25 | <i>July 1, 2024</i> | New section |
| Sec. 26 | <i>July 1, 2024</i> | New section |

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact: See Below

Municipal Impact: See Below

OFA Fiscal Note

The bill results in a fiscal impact to various state agencies associated with changes to long term services and supports for elderly adults including home care, and related monitoring and investigations. Various municipalities may experience a revenue gain related to the expansion of fingerprinting locations.

Section 1 results in a cost associated with requiring the Department of Social Services (DSS) to develop and maintain a home care provider registry and data processing system to promote awareness and access to qualified home care providers. The development and management of the registry/system is anticipated to cost at least \$200,000 in FY 25 and \$100,000 in FY 26. The state may experience a related federal grants revenue gain to the extent system expenditures are funded through Other Expenses and approved for federal reimbursement.

Section 1 also results in a potential cost to the Department of Consumer Protection (DCP) to the extent additional complaints are received and investigations are required.¹ If there is a significant increase in the number of complaints DCP will have to hire a special

¹DCP regulates and investigates complaints regarding homemaker companion agencies which are included in the new registry.

investigator for a salary and other expenses cost of \$57,000 in FY 25² and \$73,000 in FY 26, along with corresponding fringe benefits costs of \$22,000 in FY 25 and \$29,000 in FY 26.

Section 2, which requires each home health care, home health aide, and hospice provider to submit specified information to the Department of Public Health (DPH) so that DPH can forward that information on to DSS for inclusion in a new registry, is anticipated to result in an annual cost to DPH of approximately \$30,000 for a half-time Processing Technician. The cost to the State Comptroller for fringe benefits for this position are estimated at approximately \$12,375 annually.

Section 6 requires the Department of Emergency Services and Public Protection (DESPP) to develop and implement a plan to expand fingerprinting locations throughout the state for persons requiring criminal history records checks for employment or licensing purposes, resulting in a potential revenue loss to the Applicant Fingerprint Card Submission Account³ and a potential revenue gain to various municipal police departments to the extent that applicants shift from using state police fingerprinting locations to other fingerprinting locations.

Section 10 results in a cost to DSS associated with presumptive eligibility for the Medicaid portion of the Connecticut Home Care Program for the Elderly (CHCPE).

The bill requires DSS to establish a presumptive eligibility system and adopt regulations to establish uniform state-wide standards and uniform assessment tools for use in the screening process for the program and the prescreening for presumptive Medicaid eligibility. This results in administrative costs to the agency of approximately \$500,000 in FY 25 to support eligibility specialists and related costs to meet the requirements of the new presumptive eligibility process.

² FY 25 costs reflect 9 months of salary due to the bill's October 1, 2024 effective date.

³DESPP conducts fingerprinting for a fee of \$15 fee per person paid to the Applicant Fingerprint Card Submission Account, a non-lapsing account used for IT support and maintenance for the fingerprinting systems.

Additionally, presumptive eligibility for CHCPE could enable certain individuals to achieve Medicaid eligibility sooner than they otherwise would have, resulting in a shift in associated costs. The state may also incur costs to the extent that individuals are enrolled and then determined ineligible. The actual cost to the state will depend on the presumptive eligibility process developed, the number of applicable individuals who enroll earlier, and the number of individuals who are found ineligible and their associated costs. For context, the average monthly gross cost per enrollee is approximately \$3,400. Under the bill, DSS can fund services up to ninety days after the date on which home care services begin.

The fiscal impact to DSS under this section is based on the approval for such process and payments by the Centers for Medicare and Medicaid Services (CMS).

Section 13 requires the Department of Aging and Disability Services (ADS) to study and report to the Aging and Human Services Committees, by January 1, 2025 on: (1) reimbursement rate options for families receiving TFA benefits in which the head of household is a nonparent caretaker relative and legal guardian of a child, (2) methods to means test these families to target those with the greatest need, and (3) the number of nonparent caretaker relatives who may be eligible under the bill's provisions. These topics are outside of the agency's expertise, as the TFA program is not administered by ADS and relevant data necessary to complete the analysis is not housed within the agency. It is estimated this will result in a cost of \$100,000 in FY 25 to hire a consultant to assist with meeting the study and reporting requirements within this timeframe.

Sections 21-23 is anticipated to result in a cost to ADS of up to \$400,00 to support up to four new regional ombudsmen. These ombudsmen will staff the Office of the Long-Term Care Ombudsman and the Community Ombudsman program within that office and will assist in better managing their respective offices' responsibilities.

Section 25 requires DPH to design a statewide Centers of Excellence Program to provide incentives to licensed nursing homes that deliver services consistent with evidence-based best practices, which is anticipated to cost \$250,000 in FY 25.

Section 26, which requires DPH to establish an online nursing home consumer report card dashboard, is anticipated to cost \$500,000 in FY 25.

The bill makes various technical, conforming, and other changes that have no fiscal impact.

House "A" strikes the language in the underlying bill and the associated impact and results in the fiscal impact described above.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis

sHB 5001 (as amended by House "A")*

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

TABLE OF CONTENTS:

SUMMARY

Requires the DSS commissioner, starting January 1, 2025, to develop and maintain a home care provider registry and data processing system for people receiving Medicaid home- and community-based services; allows the commissioner to apply to the federal Centers for Medicare and Medicaid Services for enhanced federal financial participation related to the registry's development, maintenance, and ongoing operation

Requires the DPH and DSS commissioners to prominently post on their department websites a link to the Medicare Nursing Home Care Compare website

Requires the DESPP commissioner to develop and implement a plan to expand fingerprinting locations in the state and report on the plan to the Aging, Public Health, and Public Safety committees by January 1, 2025

§§ 7-9 — HOME CARE EMPLOYEE BADGES AND PHOTOGRAPHS

Requires home health care, home health aide, homemaker-companion, and hospice agencies to require their employees to wear an identification badge with their name and photograph during client appointments; subjects agencies to disciplinary action for violating the requirements

Requires the DSS commissioner to establish a presumptive Medicaid eligibility system for people applying to the Medicaid-funded portion of CHCPE; requires the state to pay for up to 90 days of home care applicants determined to be presumptively Medicaid eligible; expands DSS annual CHCPE reporting requirements to include data on the presumptive Medicaid eligibility system

Requires the ADS commissioner to study reimbursement rate options for nonparent caretaker relatives (e.g., grandparents) receiving DSS Temporary Family Assistance benefits and report on the study to the Aging and Human Services committees by January 1, 2025

§§ 15 & 16 — FAMILY RESOURCE CENTERS AND PARENT EDUCATION AND SUPPORT CENTERS

Expands the scope of SDE family resource centers and DCF parent education and support centers to include resources, programs, and services for nonparent caretaker relatives and legal guardians; requires the centers to make referrals to certain community programs

Makes the duties of municipal agents for the elderly mandatory and expands them to include helping seniors access housing assistance resources; requires the ADS commissioner to create a directory with these agents' contact information and post it on the department's website

§ 18 — LONG-TERM CARE OMBUDSMAN NOTIFICATION OF ALSA LICENSURE

Requires the DPH commissioner to notify the Long-Term Care Ombudsman within 30 days after granting a license to an ALSA that operates an MRC or provides services at an MRC
Requires MRCs to give residents and their legal representatives at least 30 days' notice before changing the facility's operator or ALSA that provides facility services

Requires the Long-Term Care Ombudsman, in consultation with the public health commissioner, to develop an MRC consumer guide and post it on specified agency websites by January 1, 2025

Expands the duties of regional long-term care ombudsmen to include activities related to the Community Ombudsman program, which supports adults receiving DSS-administered home- and community-based services

Allows nursing home residents or complainants to give consent visually or by using auxiliary aids for the Office of the Long-Term Care Ombudsman to disclose their files or records; requires an office representative to document the consent in writing

Allows recipients of home- and community-based services with specified medical conditions or disabilities to give consent visually or by using auxiliary aids for the Community Ombudsman to disclose their files or records; specifies that this data includes medical, social, or other client-related data; allows the Long-Term Care Ombudsman to assign a community regional ombudsman the duties of a long-term care regional ombudsman

Requires the DSS commissioner to (1) study the feasibility of providing a family caregiver support benefit through a Medicaid Section 1115 waiver and (2) report the study results to the Aging and Human Services committees by January 1, 2025

Requires the public health commissioner to design a Center of Excellence Program for licensed nursing homes to provide incentives for those that meet certain criteria

Requires DPH to establish an online nursing home consumer dashboard, within available appropriations

SUMMARY

This bill evaluates and expands supports and services for older adults as described in the section-by-section analysis below.

*House Amendment "A" replaces the underlying bill (File 607) and adds provisions on (1) the Department of Social Services (DSS) home care provider registry and data processing system, (2) presumptive eligibility system for Medicaid home- and community-based services, (3) DSS study on family caregiver support benefits, (4) Department of Aging and Disability Services (ADS) study on reimbursement for nonparent caretaker relatives, (5) expansion of regional long-term care ombudsmen's duties, (6) disclosure of records and files under the Community Ombudsman Program, (7) nursing home Center of Excellence Program, and (8) Department of Public Health (DPH) online nursing home dashboard. It also eliminates provisions on (1) training

for personal care attendants (PCAs) and homecare worker training on consumer harassment, abuse, and discrimination; (2) training for family caregivers providing PCA services; (3) managed residential community (MRC) residency agreements and fees; (4) assisted living services agency (ALSA) fees; (5) bonds to expand the Aging in Place Safely Program; and (6) various ADS and DPH General Fund appropriations.

EFFECTIVE DATE: October 1, 2024, unless otherwise noted below.

§§ 1-3 — DSS HOME CARE PROVIDER REGISTRY AND DATA PROCESSING SYSTEM

Requires the DSS commissioner, starting January 1, 2025, to develop and maintain a home care provider registry and data processing system for people receiving Medicaid home- and community-based services; allows the commissioner to apply to the federal Centers for Medicare and Medicaid Services for enhanced federal financial participation related to the registry's development, maintenance, and ongoing operation

Starting January 1, 2025, the bill requires the Department of Social Services (DSS) commissioner to develop and maintain a home care provider registry and data processing system that (1) promotes awareness of and access to qualified home care providers for recipients of Medicaid home- and community-based services (HCBS) and (2) may support the recruitment, retention, and oversight of qualified home care providers. The commissioner must do this in consultation with the Department of Consumer Protection (DCP) and Department of Public Health (DPH) commissioners and post a link to the registry on the DSS website.

It also permits the DSS commissioner to adopt regulations to implement the registry.

Registry Contents

Under the bill, the registry must include home care providers who (1) either (a) offer home care or long-term services and supports (e.g., health, personal care, and social services or hospice care) and are not licensed by DPH (e.g., personal care attendants) or (b) are employed by an entity that provides these services, such as a home health agency, hospice agency, or homemaker-companion agency, and (2) are not

PCAs or family caregivers who provide adult family living services under DSS or Department of Developmental Services Medicaid waiver programs.

The bill requires the registry to include the following information about these providers:

1. their first and last name, job title, and date of hire;
2. their employer's legal name; and
3. a list of training programs their employer offers and the dates providers completed trainings.

Registry Exemptions

Under the bill, providers may exempt themselves from the registry if they (1) are a victim of domestic violence or sexual assault; (2) have a court-issued protective order, restraining order, standing criminal protective order, or foreign protective order (i.e., order issued by another state or U.S. territory); or (3) assert that extraordinary personal circumstances require an exemption to protect their health, safety, or welfare.

Providers must assert their exemption directly to their employer as the DSS commissioner prescribes. Providers who do so are not required to submit proof that they qualify for the exemption.

Registry Submissions

The bill requires the DSS commissioner to consult with the DCP and DPH commissioners to develop procedures for collecting and maintaining registry information, including how often they will collect the information and how they will update or remove inaccurate or outdated information.

It correspondingly requires the following agencies to submit the required provider information listed above to the (1) DPH commissioner, for home health aide, home health care, and hospice

agencies, and (2) DCP commissioner, for homemaker-companion agencies. The DCP and DPH commissioners must then give the information to the DSS commissioner to include in the registry. The bill prohibits agencies from submitting provider information on any employees who assert an exemption from the registry.

Registry Functionalities

The registry may include functionalities that (1) connect people seeking HCBS with qualified home care providers, (2) support recruiting and retaining qualified home care providers, and (3) support state oversight of these providers.

Connecting Providers and Service Recipients. Under the bill, the registry may connect people seeking HCBS with qualified home care providers by doing the following:

1. helping them identify and match with qualified home care providers by sorting providers based on characteristics (e.g., language proficiency, certifications, prior experience, and special skills) and
2. helping individuals and their families navigate the state's home- and community-based services system.

Provider Recruitment and Retention. Under the bill, the registry may support recruiting and retaining qualified home care providers by doing the following:

1. helping them become and stay enrolled as Medicaid HCBS providers,
2. actively recruiting these providers through job advertisements and job fairs,
3. connecting providers to training benefits and professional development opportunities,
4. facilitating provider access to health insurance coverage and

other benefits, and

5. facilitating communication with providers during public health and other emergencies.

Provider Oversight. The bill authorizes the registry to support state oversight of these HCBS providers by facilitating background checks, verifying their qualifications and special skills, and facilitating communication with providers during a public health or other emergency.

Registry Funding

The bill authorizes the DSS commissioner to submit an advanced planning document to the federal Centers for Medicare and Medicaid Services (CMS) for enhanced federal financial participation related to developing and maintaining the registry or its ongoing operations.

§§ 4 & 5 — MEDICARE NURSING HOME CARE COMPARE WEBSITE LINK

Requires the DPH and DSS commissioners to prominently post on their department websites a link to the Medicare Nursing Home Care Compare website

The bill requires the DSS and DPH commissioners to post, in a prominent location on their respective department websites, a link to the Medicare Nursing Home Care Compare website. This online reporting tool uses a five-star rating system that allows the public to compare nursing homes by quality of care, health inspections, and staffing.

§ 6 — EXPANDING FINGERPRINTING LOCATIONS

Requires the DESPP commissioner to develop and implement a plan to expand fingerprinting locations in the state and report on the plan to the Aging, Public Health, and Public Safety committees by January 1, 2025

The bill requires the Department of Emergency Services and Public Protection (DESPP) commissioner, in consultation with the DPH commissioner, to develop and implement a plan to expand fingerprinting locations in the state to facilitate more access to these locations for people required to complete state and national criminal

history records checks for employment or licensing purposes.

The commissioner must report to the Aging, Public Health, and Public Safety committees on the plan by January 1, 2025.

EFFECTIVE DATE: Upon passage

§§ 7-9 — HOME CARE EMPLOYEE BADGES AND PHOTOGRAPHS

Requires home health care, home health aide, homemaker-companion, and hospice agencies to require their employees to wear an identification badge with their name and photograph during client appointments; subjects agencies to disciplinary action for violating the requirements

The bill requires each home health care, home health aide, homemaker-companion, and hospice agency to require employees to wear an identification badge that includes his or her name and photograph during each client appointment. The requirement takes effect July 1, 2025, for homemaker-companion agency employees and October 1, 2024, for all other agency employees.

Under the bill, violators may be subject to various disciplinary actions (e.g., license suspension or revocation or probation) by the (1) Department of Consumer Protection, for homemaker-companion agencies and (2) DPH, for all other agencies.

The bill also makes a related conforming change.

§§ 10-13 — PRESUMPTIVE MEDICAID ELIGIBILITY FOR HOMECARE

Requires the DSS commissioner to establish a presumptive Medicaid eligibility system for people applying to the Medicaid-funded portion of CHCPE; requires the state to pay for up to 90 days of home care applicants determined to be presumptively Medicaid eligible; expands DSS annual CHCPE reporting requirements to include data on the presumptive Medicaid eligibility system

The bill requires the DSS commissioner to establish a presumptive Medicaid eligibility system for people applying to the Medicaid-funded portion of the Connecticut Home Care Program for Elders (CHCPE). It requires the commissioner to adopt regulations to implement and administer the system.

A presumptive eligibility determination deems an applicant immediately eligible for CHCPE services prior to a full Medicaid-eligibility determination. Under the bill, the state will pay for up to 90 days of care for applicants who (1) require a skilled level of nursing care and (2) are determined presumptively eligible for Medicaid.

The bill requires the commissioner, to the extent federal law allows, to seek a federal Medicaid waiver or state plan amendment needed to try to get federal reimbursement for the costs of providing coverage to those determined presumptively eligible for Medicaid. Under the bill, the presumptive eligibility system does not take effect until the commissioner gets the federal reimbursement.

The bill allows the commissioner, in her discretion, to discontinue the system if (1) it has been operational for at least two years and (2) she determines it is not cost effective.

The bill also makes related minor, technical, and conforming changes.

EFFECTIVE DATE: July 1, 2024

Eligibility Determinations

By law, DSS contracts with “access” agencies to determine CHCPE participants’ service needs and develop individualized care plans. The bill requires the commissioner to develop a screening tool for these agencies to use to determine if a presumptive eligibility applicant is (1) functionally able to live in a home or community setting (“functionally eligible”) and (2) likely to be financially eligible for Medicaid.

Under the bill, applicants must complete a Medicaid application on the day they are screened for functional eligibility or within 10 days after.

If the applicant meets the two criteria, DSS must make a presumptive eligibility determination and initiate home care services within 10 days. The bill requires DSS to make a final Medicaid-eligibility determination within 45 days after receiving an applicant’s completed Medicaid

application, or within 90 days for an applicant with disabilities.

For a person determined presumptively eligible for Medicaid, the commissioner must, in keeping with federal law, determine the person retroactively eligible for Medicaid for up to 90 days before the date of his or her Medicaid application.

Written Agreement

The bill requires applicants to sign a written agreement attesting to the accuracy of the information they provide. The agreement must also acknowledge that applicants will receive state-funded services up to 90 days after the home care services begin.

Reporting Requirements

By law, the commissioner must annually report certain CHCPE information to the Human Services Committee. The bill adds the following to this required information:

1. the number of people determined presumptively eligible for Medicaid,
2. state savings based on institutional care costs that were averted by correctly determining people presumptively eligible, and
3. the number of people incorrectly determined presumptively eligible and the costs to provide them with the home care services before the final eligibility determination.

§ 14 — ADS STUDY ON FINANCIAL ASSISTANCE FOR NONPARENT CARETAKER RELATIVES

Requires the ADS commissioner to study reimbursement rate options for nonparent caretaker relatives (e.g., grandparents) receiving DSS Temporary Family Assistance benefits and report on the study to the Aging and Human Services committees by January 1, 2025

The bill requires the ADS to study financial assistance for nonrelative caretakers, including:

1. reimbursement rate options for families receiving DSS

Temporary Family Assistance (TFA) benefits where the head of household is a nonparent caretaker relative and the legal guardian of a child,

2. ways to means test these families to target reimbursement to those with the greatest need, and
3. the number of nonparent caretaker relatives who may be eligible for TFA reimbursement after applying a means-testing method the department examines.

Under the bill, the ADS commissioner must report on the study to the Aging and Human Services committees by January 1, 2025.

EFFECTIVE DATE: Upon passage

§§ 15 & 16 — FAMILY RESOURCE CENTERS AND PARENT EDUCATION AND SUPPORT CENTERS

Expands the scope of SDE family resource centers and DCF parent education and support centers to include resources, programs, and services for nonparent caretaker relatives and legal guardians; requires the centers to make referrals to certain community programs

The bill expands the scope of (1) State Department of Education (SDE) family resource centers and (2) Department of Children and Families (DCF) parent education and support centers to include resources, programs, and services for nonparent caretaker relatives and legal guardians (see *Background*). It also requires these centers to make referrals for parents, nonparent caretaker relatives, and legal guardians to community programs on childhood development and positive parenting practices.

Background — SDE Family Resource Centers

By law, SDE and DSS must coordinate family resource centers together. These centers are generally located in public elementary schools and provide comprehensive child care services, remedial educational and literary services, families-in-training programs, and supportive services to parents who receive Temporary Family Assistance and other parents who need services.

Background — DCF Parent Education and Support Centers

DCF operates, within available appropriations, community-based, multiservice parent education and support centers. The goal of each center is to improve parenting and family functioning to give children and youths more opportunities for positive development. Centers provide (1) education, training, and support services; (2) information on, and coordination of, other community services; (3) consultation services; and (4) coordination of child care and transportation services to facilitate participation in the center's programs.

§ 17 — MUNICIPAL AGENTS FOR THE ELDERLY

Makes the duties of municipal agents for the elderly mandatory and expands them to include helping seniors access housing assistance resources; requires the ADS commissioner to create a directory with these agents' contact information and post it on the department's website

By law, municipalities must appoint a municipal agent for the elderly to help seniors learn about community resources and file for benefits. The bill makes the agents' duties mandatory, rather than permissive as under current law. It also expands their duties to include helping seniors access resources on housing opportunities, including information on accessing elderly housing waiting lists, applications, and consumer reports.

The bill also requires the ADS commissioner, by January 1, 2025, to create a directory of these municipal agents that includes their names and titles, phone numbers, and email and mailing addresses. The commissioner must post a link to the directory on the ADS website.

§ 18 — LONG-TERM CARE OMBUDSMAN NOTIFICATION OF ALSA LICENSURE

Requires the DPH commissioner to notify the Long-Term Care Ombudsman within 30 days after granting a license to an ALSA that operates an MRC or provides services at an MRC

The bill requires the DPH commissioner to notify the Long-Term Care Ombudsman within 30 days after granting a license to an assisted living services agency (ALSA) that operates a managed residential community (MRC) or provides services at an MRC.

Background — ALSA Licensure

Under existing law, the state does not license assisted living facilities. Instead, it licenses and regulates ALSAs that provide assisted living services. ALSAs can only provide these services at an MRC. MRCs that wish to provide assisted living services must obtain a DPH license as an ALSA or arrange for the services with a licensed ALSA.

§ 19 — MANAGED RESIDENTIAL COMMUNITY RESIDENT NOTIFICATION

Requires MRCs to give residents and their legal representatives at least 30 days' notice before changing the facility's operator or ALSA that provides facility services

The bill requires MRCs to give residents and their legal representatives at least 30 days' notice before changing the facility's operator or ALSA that provides services at the facility.

§ 20 — MANAGED RESIDENTIAL COMMUNITY CONSUMER GUIDE

Requires the Long-Term Care Ombudsman, in consultation with the public health commissioner, to develop an MRC consumer guide and post it on specified agency websites by January 1, 2025

The bill requires the Long-Term Care Ombudsman, in consultation with the public health commissioner, to develop an MRC consumer guide that includes information on (1) resident protections; (2) housing protections, including those related to evictions; (3) MRC fees; and (4) any other information the ombudsman deems relevant.

By January 1, 2025, the ombudsman and commissioner must post the consumer guide on their respective agency websites, and the DSS commissioner must post it on the MyPlaceCT website.

EFFECTIVE DATE: Upon passage

§ 21 — REGIONAL LONG-TERM CARE OMBUDSMEN DUTIES

Expands the duties of regional long-term care ombudsmen to include activities related to the Community Ombudsman program, which supports adults receiving DSS-administered home- and community-based services

By law, the Long-Term Care Ombudsman must appoint regional ombudsmen to help her perform certain duties, such as investigating and resolving nursing home resident complaints, representing

residents' and applicants' interests before government agencies, and supporting the development of resident and family councils.

Under current law, regional ombudsmen must also carry out other activities the state ombudsman decides are appropriate. The bill specifies that this includes activities related to the Community Ombudsman program, which supports adults receiving DSS-administered home- and community-based services.

§ 22 — OFFICE OF THE LONG-TERM CARE OMBUDSMAN CLIENT RECORDS DISCLOSURE

Allows nursing home residents or complainants to give consent visually or by using auxiliary aids for the Office of the Long-Term Care Ombudsman to disclose their files or records; requires an office representative to document the consent in writing

Existing law authorizes the Office of the Long-Term Care Ombudsman to disclose its files and records only at the discretion of the ombudsman or her designee. The office cannot identify the associated complainant or resident without the person's consent, or the consent of the person's legal representative, unless a court orders the disclosure.

Under existing law, a resident or complainant, or their legal representative, may give consent in writing or orally. The bill also allows them to give consent visually or by using auxiliary aids and services. As under existing law, a representative of the office must document the consent in writing.

§ 23 — COMMUNITY OMBUDSMAN PROGRAM

Allows recipients of home- and community-based services with specified medical conditions or disabilities to give consent visually or by using auxiliary aids for the Community Ombudsman to disclose their files or records; specifies that this data includes medical, social, or other client-related data; allows the Long-Term Care Ombudsman to assign a community regional ombudsman the duties of a long-term care regional ombudsman

Existing law establishes a Community Ombudsman program within the Office of the Long Term Care Ombudsman to, among other things, respond to complaints about long-term services and supports provided to adults in home- and community-based programs administered by DSS. Current law grants the Community Ombudsman access to data on

long-term services and supports given by a home care provider to a client if the client, or his or her authorized representative, generally consents in writing.

Under the bill, if the client has a physical, cognitive, or mental health condition or disability, he or she may instead give informed consent orally, visually, or using auxiliary aids and services. If the client is unable to do so and does not have an authorized representative, the Community Ombudsman must determine the data is necessary to investigate a complaint about the client's care, as under current law.

The bill also specifies that the data the Community Ombudsman may access includes medical, social, or other data related to the client.

Lastly, the bill allows the Long Term Care Ombudsman to assign a regional community ombudsman the duties and responsibilities of a regional long-term care ombudsman, as deemed necessary by the Long Term Care Ombudsman.

§ 24 — STUDY ON MEDICAID FAMILY CAREGIVER SUPPORT BENEFITS

Requires the DSS commissioner to (1) study the feasibility of providing a family caregiver support benefit through a Medicaid Section 1115 waiver and (2) report the study results to the Aging and Human Services committees by January 1, 2025

The bill requires the DSS commissioner to study the feasibility of pursuing a family caregiver support benefit through a Section 1115 Medicaid waiver that would provide respite services and support to residents not otherwise eligible for these services under Medicaid. The study must examine (1) Oregon's Project Independence and Family Caregiver Assistance Program, which is operated under this type of Medicaid waiver; (2) other options to expand eligibility for respite services for those not Medicaid-eligible; and (3) potential state-funded long-term care services that could be used to offset the costs of a family caregiver support benefit.

Under the bill, the commissioner must report the study results to the Aging and Human Services committees by January 1, 2025.

EFFECTIVE DATE: Upon passage

§ 25 — NURSING HOME CENTER OF EXCELLENCE PROGRAM

Requires the public health commissioner to design a Center of Excellence Program for licensed nursing homes to provide incentives for those that meet certain criteria

The bill requires the DPH commissioner to design a Center of Excellence Program to provide incentives for qualifying nursing homes. A “Center of Excellence” is a nursing home that serves residents in a manner consistent with evidence-based best practices for person-centered care.

While designing the program, the commissioner must study (1) how much a Center of Excellence Program could improve the quality of care at nursing homes and (2) what other states with similar programs consider to be best practices for nursing homes.

Under the bill, the commissioner must also consult:

1. nursing home owners and operators,
2. hospitals,
3. nursing home residents and their advocates,
4. the Office of the Long-Term Care Ombudsman,
5. the DSS commissioner or her designee,
6. the Office of Policy and Management (OPM) secretary or his designee, and
7. other relevant stakeholders as the DPH commissioner considers necessary.

The bill requires the program’s design to do at least the following:

1. identify evidence-based qualitative and quantitative standards for care delivery that a nursing home must meet to be designated as a Center of Excellence, and the measures that must be met for

- each standard;
2. identify a pathway for nursing homes to achieve this designation (by applying, an inspection, or other means), and create a way to designate them;
 3. determine potential incentives for nursing homes that meet these standards; and
 4. identify ways to maximize the use of available federal funding to support the program.

Under the bill, the program is voluntary and nursing homes will not be penalized if they do not participate.

The commissioner can engage with a consultant, within available appropriations, to identify best practices and design the program.

After completing the program's design or no later than January 1, 2026, the commissioner must report to the OPM secretary on the plan developed.

The bill authorizes the DSS commissioner to seek a Medicaid state plan amendment, or a waiver from federal law, to provide incentives for the program participants. The commissioner must develop incentives that do not duplicate other federal or state funding.

EFFECTIVE DATE: July 1, 2024

§ 26 — ONLINE NURSING HOME CONSUMER DASHBOARD

Requires DPH to establish an online nursing home consumer dashboard, within available appropriations

The bill requires DPH, in consultation with the Office of the Long-Term Care Ombudsman and the Long-Term Care Advisory Council, to establish an online nursing home consumer dashboard, within available appropriations, that includes:

1. comprehensive information on the quality of care for people in need of nursing home care and their families and

2. industry leading practices.

DPH must include a link to the dashboard in a prominent place on the department’s website.

EFFECTIVE DATE: July 1, 2024

COMMITTEE ACTION

Aging Committee

Joint Favorable Substitute

Yea 15 Nay 0 (03/12/2024)

Appropriations Committee

Joint Favorable Substitute

Yea 52 Nay 0 (04/15/2024)