

OFFICE OF LEGISLATIVE RESEARCH  
PUBLIC ACT SUMMARY



**PA 24-39—sHB 5001**

*Aging Committee*

*Appropriations Committee*

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

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*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 regional long-term care ombudsman*

[§ 24 — STUDY ON MEDICAID FAMILY CAREGIVER SUPPORT BENEFITS](#)

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

§ 25 — NURSING HOME CENTERS OF EXCELLENCE PROGRAM

*Requires the DPH commissioner to design a Centers of Excellence Program for licensed nursing homes to provide incentives for those that meet certain criteria*

§ 26 — ONLINE NURSING HOME CONSUMER DASHBOARD

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

**SUMMARY:** This act evaluates and expands supports and services for older adults as described in the section-by-section analysis below.

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

§§ 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 act 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 recruiting, retaining, and overseeing 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. The act allows the DSS commissioner to adopt regulations to implement the registry.

*Registry Contents*

Under the act, 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, hospice, or homemaker-companion agency, and
2. are not personal care assistants or family caregivers (i.e., those who provide adult family living services under DSS or Department of Developmental Services Medicaid waiver programs).

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

1. their first and last name, job title, and hiring date;
2. their employer's legal name; and

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3. a list of training programs their employer offers and the dates providers completed trainings.

### *Registry Exemptions*

Under the act, providers may exempt themselves from being included in 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, U.S. territory, or Indian tribe); 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, but they do not have to submit proof that they qualify for the exemption.

### *Registry Submissions*

The act 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 it and how they will update or remove inaccurate or outdated information.

It correspondingly requires (1) home health aide, home health care, and hospice agencies to submit the required provider information listed above to the DPH commissioner, and (2) homemaker-companion agencies to submit that information to the DCP commissioner. The commissioners must then give the information to the DSS commissioner to include in the registry. The act prohibits agencies from submitting information on any employee who asserts a registry exemption.

### *Registry Functionalities*

Under the act, 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.* 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 HCBS system.

*Provider Recruitment and Retention.* It 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,

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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 act 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 act authorizes the DSS commissioner to submit an advanced planning document to the federal Centers for Medicare and Medicaid Services 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 DSS and DPH commissioners to prominently post on their department websites a link to the Medicare Nursing Home Care Compare website*

The act 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 for 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 and Security committees by January 1, 2025*

The act 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 on the plan to the Aging, Public Health, and Public Safety and Security committees by January 1, 2025.

EFFECTIVE DATE: Upon passage

### §§ 7-9 — HOME CARE EMPLOYEE BADGES

*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 possible disciplinary action for violations*

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The act requires each home health care, home health aide, homemaker-companion, and hospice agency to require employees to wear an identification badge with 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 act, violators may be subject to various disciplinary actions (e.g., license suspension or revocation or probation) by (1) DCP, for homemaker-companion agencies and (2) DPH, for all other agencies.

### §§ 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 for applicants determined to be presumptively Medicaid eligible; expands DSS annual CHCPE reporting requirements to include data on the presumptive eligibility system*

The act 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 correspondingly requires the commissioner to adopt regulations to implement and administer the system.

A presumptive eligibility determination deems an applicant immediately eligible for CHCPE services before a full Medicaid-eligibility determination. Under the act, 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 act 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 act, the presumptive eligibility system does not take effect until the commissioner gets the federal reimbursement.

The act 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 act 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 act 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 act, applicants must complete a Medicaid application on the day they are screened for functional eligibility or within the next 10 days. If the applicant meets the two criteria, DSS must make a presumptive eligibility determination and

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initiate home care services within 10 days. (PA 24-81, § 105, requires DSS to approve a care plan authorizing home care services instead of initiating them within this 10-day period.) The act requires DSS to make a final eligibility determination within 45 days after receiving an applicant's completed Medicaid application, or within 90 days for an applicant with disabilities. (PA 24-81, § 105, instead requires DSS to make a final eligibility determination by the end of the 90-day presumptive eligibility period, and allows it to do so before then if it receives information that the applicant is ineligible for Medicaid.)

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 act 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. (PA 24-81, § 105, additionally requires the agreement to waive applicants' right for continued coverage while waiting for a hearing they request in response to the department's determination, during or at the end of the presumptive eligibility period, that they are either ineligible or did not provide the information DSS needed to make the determination.)

### *Reporting Requirements*

By law, the commissioner must annually report certain CHCPE information to the Human Services Committee. The act 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 presumptive eligibility, and
3. the number of people incorrectly determined presumptively eligible and the costs to give them home care services before the final eligibility determination.

### *Background — Related Act*

PA 24-81, § 105, (1) requires DSS, within 10 days after an applicant is screened for eligibility, to approve a care plan authorizing home care services instead of initiating the services; (2) expands the content of the written agreement applicants must sign; and (3) modifies the timeframe for DSS to make final eligibility determinations.

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

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

The act requires the Department of Aging and Disability Services (ADS) commissioner to study financial assistance for nonparent caretaker relatives (e.g., grandparents), 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 a child's legal guardian,
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 studied means-testing method.

Under the act, the 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 services available from 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 act expands the services available from State Department of Education (SDE) family resource centers and 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 & DCF Parent Education and Support Centers*

By law, SDE and DSS coordinate family resource centers together. These centers are generally 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 TFA and other parents who need services.

Additionally, 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



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transportation services to facilitate participation in the center's programs.

### § 17 — MUNICIPAL AGENTS FOR ELDERLY PERSONS

*Makes the duties of municipal agents for elderly persons 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 elderly persons to help seniors learn about community resources and file for benefits. The act makes the agents' duties mandatory, rather than permissive as under prior 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 act requires the ADS commissioner, by January 1, 2025, to create a directory of these municipal agents, with 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 act 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 services*

The act 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.

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### § 20 — MANAGED RESIDENTIAL COMMUNITY CONSUMER GUIDE

*Requires the Long-Term Care Ombudsman, in consultation with the DPH commissioner, to develop an MRC consumer guide and have it posted on specified websites by January 1, 2025*

The act requires the Long-Term Care Ombudsman, in consultation with the DPH 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 (i.e., a resource that helps certain individuals live at home or in the community).

EFFECTIVE DATE: Upon passage

### § 21 — REGIONAL LONG-TERM CARE OMBUDSMEN DUTIES

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

By law, the state's 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 existing law, regional ombudsmen must also carry out other activities the state ombudsman decides are appropriate. The act 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 act 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 this consent in writing.

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### § 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 regional long-term care ombudsman*

By law, the Community Ombudsman program within the Office of the Long-Term Care Ombudsman, among other things, responds to complaints about long-term services and supports provided to adults in home- and community-based programs DSS administers. Prior law gave 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 consented in writing.

Under the act, if the client has a physical, cognitive, or mental health condition or disability so that written consent is not possible, 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 existing law.

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

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

### § 24 — STUDY ON MEDICAID FAMILY CAREGIVER SUPPORT BENEFITS

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

The act 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 waiver; (2) other ways to expand eligibility for respite services for those not Medicaid-eligible; and (3) potential state-funded long-term care services that could offset the costs of a family caregiver support benefit.

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

EFFECTIVE DATE: Upon passage

### § 25 — NURSING HOME CENTERS OF EXCELLENCE PROGRAM

*Requires the DPH commissioner to design a Centers of Excellence Program for licensed nursing homes to provide incentives for those that meet certain criteria*

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The act requires the DPH commissioner to design a voluntary Centers of Excellence Program to provide incentives for qualifying nursing homes. A “Center of Excellence” is a licensed 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 Centers of Excellence Program could improve the quality of care at nursing homes and (2) what similar programs in other states use as nursing home best practices.

The commissioner must also consult with the following:

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

The act 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.

The act authorizes the commissioner to hire a consultant, within available appropriations, to identify best practices and design the program. After completing the program’s design or by January 1, 2026, the commissioner must report to the OPM secretary on the plan developed. The act specifies that nursing homes will not be penalized for choosing not to participate.

The act also authorizes the DSS commissioner to seek a Medicaid state plan amendment, or a waiver from federal law, to provide incentives for program participants. But 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 create an online nursing home consumer dashboard, within available appropriations*

The act requires DPH, within available appropriations and in consultation with the Office of the Long-Term Care Ombudsman and the Long-Term Care Advisory Council, to create an online nursing home consumer dashboard that has (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

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a link to the dashboard in a prominent place on its website.

EFFECTIVE DATE: July 1, 2024