



General Assembly

Amendment

February Session, 2024

LCO No. 4682



Offered by:

REP. GARIBAY, 60th Dist.

SEN. HOCHADEL, 13th Dist.

REP. BOLINSKY, 106th Dist.

To: Subst. House Bill No. 5001

File No. 607

Cal. No. 107

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

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

3 "Section 1. (NEW) (*Effective October 1, 2024*) (a) As used in this section,
4 (1) "home care" means long-term services and supports provided to
5 adults in a home or community-based program administered by the
6 Department of Social Services; (2) "family caregiver" means a person
7 who provides adult family living services under the Connecticut home-
8 care program for the elderly established pursuant to section 17b-342 of
9 the general statutes, as amended by this act, the personal care assistance
10 program established pursuant to section 17b-605a of the general statutes
11 or any of the three programs established under Section 1915(c) of the
12 Social Security Act to provide home and community-based services to
13 clients of the Department of Developmental Services; (3) "home care
14 provider" means a person who (A) provides home care or long-term

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

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

38 (c) The home care services provider registry shall include the
39 following information regarding each home care provider in the state:
40 (1) First and last name; (2) job title; (3) date of hire; (4) the home care
41 provider's employer's legal name; (5) list of training programs offered
42 by the home care provider's employer; and (6) the date the home care
43 provider completed any such training. The Commissioner of Social
44 Services, in consultation with the Commissioners of Public Health and
45 Consumer Protection, shall develop procedures for collecting and
46 maintaining the information described in this subsection, including, but
47 not limited to, procedures relating to the frequency of collection and
48 methods for updating or removing inaccurate or outdated information.

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

51 (1) Connect persons seeking home and community-based services
52 with qualified home care providers by (A) helping such persons identify
53 and match with qualified home care providers by sorting such providers
54 based on characteristics, including, but not limited to, language
55 proficiency, certifications and previous experience or special skills, and
56 (B) assisting such persons and their families in navigating the home and
57 community-based services system in the state;

58 (2) Support recruitment and retention of qualified home care
59 providers by (A) helping such providers become and stay enrolled as
60 home and community-based services Medicaid providers, (B) actively
61 recruiting home care providers through job advertisements and job
62 fairs, (C) connecting providers to training benefits and opportunities for
63 professional development, (D) facilitating such providers' access to
64 health insurance coverage and other benefits, and (E) facilitating
65 communication with such providers in the event of a public health or
66 other emergency; and

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

71 (e) The Commissioner of Social Services may submit an advanced
72 planning document to the Centers for Medicare and Medicaid Services
73 for enhanced federal financial participation relating to (1) developing
74 and maintaining the registry, pursuant to the provisions of 45 CFR 95,
75 Subpart F, as amended from time to time, or (2) ongoing operations
76 relating to the registry, pursuant to the provisions of 42 CFR 433,
77 Subpart C, as amended from time to time.

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

81 Sec. 2. (NEW) (*Effective October 1, 2024*) Each home health care agency,
82 home health aide agency and hospice agency, as such terms are defined
83 in section 19a-490 of the general statutes, shall submit the information
84 required under the provisions of subsection (c) of section 1 of this act to
85 the Commissioner of Public Health, in a form and manner prescribed by
86 the commissioner. The commissioner shall provide such information to
87 the Commissioner of Social Services for inclusion in the home care
88 services provider registry, established pursuant to said section.

89 Sec. 3. (NEW) (*Effective October 1, 2024*) Each homemaker-companion
90 agency, as defined in section 20-670 of the general statutes, shall submit
91 the information required under the provisions of subsection (c) of
92 section 1 of this act to the Commissioner of Consumer Protection, in a
93 form and manner prescribed by the commissioner. The commissioner
94 shall provide such information to the Commissioner of Social Services
95 for inclusion in the home care services provider registry, established
96 pursuant to said section.

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

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

105 Sec. 6. (*Effective from passage*) The Commissioner of Emergency
106 Services and Public Protection, in consultation with the Commissioner
107 of Public Health, shall develop and implement a plan to expand
108 fingerprinting locations in the state to facilitate greater access to such
109 locations for persons requiring state and national criminal history
110 records checks for employment or licensing purposes. Not later than
111 January 1, 2025, the commissioner shall report, in accordance with the
112 provisions of section 11-4a of the general statutes, to the joint standing

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

115 Sec. 7. (NEW) (*Effective October 1, 2024*) Each home health care agency,
116 home health aide agency and hospice agency, as defined in section 19a-
117 490 of the general statutes, shall require each agency employee to wear
118 an identification badge that includes the employee's name and
119 photograph during each appointment with a client. In any case in which
120 the Commissioner of Public Health determines that a home health care
121 agency, home health aide agency or hospice agency has failed to comply
122 with the requirements established under this section, the commissioner
123 may initiate disciplinary action against the agency pursuant to section
124 19a-494 of the general statutes.

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

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

137 (a) The Commissioner of Consumer Protection may revoke, suspend
138 or refuse to issue or renew any certificate of registration as a
139 homemaker-companion agency or place an agency on probation or issue
140 a letter of reprimand for: (1) Conduct by the agency, or by an employee
141 of the agency while in the course of employment, of a character likely to
142 mislead, deceive or defraud the public or the commissioner; (2)
143 engaging in any untruthful or misleading advertising; (3) failure of such
144 agency that acts as a registry to comply with the notice requirements of

145 section 20-679a; (4) failing to perform a comprehensive background
146 check of a prospective employee or maintain a copy of materials
147 obtained during a comprehensive background check, as required by
148 section 20-678; [or] (5) failing to provide a written notice, obtain a signed
149 notice or maintain a copy of a signed notice, as required by section 20-
150 679c; or (6) on and after July 1, 2025, failing to require an employee
151 scheduled to provide services to a client to wear a badge, as required by
152 section 8 of this act.

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

158 (c) The commissioner shall not revoke or suspend any certificate of
159 registration except upon notice and hearing in accordance with chapter
160 54.

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

163 (a) The Commissioner of Social Services shall administer the
164 Connecticut home-care program for the elderly state-wide in order to
165 prevent the institutionalization of elderly persons who (1) [who] are
166 recipients of medical assistance, (2) [who] are eligible for such
167 assistance, (3) [who] would be eligible for medical assistance if residing
168 in a nursing facility, or (4) [who] meet the criteria for the state-funded
169 portion of the program under subsection ~~[(i)]~~ (j) of this section. For
170 purposes of this section, [a long-term care facility is] "long-term care
171 facility" means a facility that has been federally certified as a skilled
172 nursing facility or intermediate care facility. The commissioner shall
173 make any revisions in the state Medicaid plan required by Title XIX of
174 the Social Security Act prior to implementing the program. The program
175 shall be structured so that the net cost to the state for long-term facility
176 care in combination with the services under the program shall not

177 exceed the net cost the state would have incurred without the program.
178 The commissioner shall investigate the possibility of receiving federal
179 funds for the program and shall apply for any necessary federal
180 waivers. A recipient of services under the program, and the estate and
181 legally liable relatives of the recipient, shall be responsible for
182 reimbursement to the state for such services to the same extent required
183 of a recipient of assistance under the state supplement program, medical
184 assistance program, temporary family assistance program or
185 supplemental nutrition assistance program. Only a United States citizen
186 or a noncitizen who meets the citizenship requirements for eligibility
187 under the Medicaid program shall be eligible for home-care services
188 under this section, except a qualified alien, as defined in Section 431 of
189 Public Law 104-193, admitted into the United States on or after August
190 22, 1996, or other lawfully residing immigrant alien determined eligible
191 for services under this section prior to July 1, 1997, shall remain eligible
192 for such services. Qualified aliens or other lawfully residing immigrant
193 aliens not determined eligible prior to July 1, 1997, shall be eligible for
194 services under this section subsequent to six months from establishing
195 residency. Notwithstanding the provisions of this subsection, any
196 qualified alien or other lawfully residing immigrant alien or alien who
197 formerly held the status of permanently residing under color of law who
198 is a victim of domestic violence or who has intellectual disability shall
199 be eligible for assistance pursuant to this section. Qualified aliens, as
200 defined in Section 431 of Public Law 104-193, or other lawfully residing
201 immigrant aliens or aliens who formerly held the status of permanently
202 residing under color of law shall be eligible for services under this
203 section provided other conditions of eligibility are met.

204 (b) The commissioner shall solicit bids through a competitive process
205 and shall contract with an access agency, approved by the Office of
206 Policy and Management and the Department of Social Services as
207 meeting the requirements for such agency as defined by regulations
208 adopted pursuant to subsection [(e)] (m) of this section, that submits
209 proposals [which] that meet or exceed the minimum bid requirements.
210 In addition to such contracts, the commissioner may use department

211 staff to provide screening, coordination, assessment and monitoring
212 functions for the program.

213 (c) The community-based services covered under the program shall
214 include, but not be limited to, [the following services to the extent that
215 they are not] services not otherwise available under the state Medicaid
216 plan: [, occupational] (1) Occupational therapy, (2) homemaker services,
217 (3) companion services, (4) meals on wheels, (5) adult day care, (6)
218 transportation, (7) mental health counseling, (8) care management, (9)
219 elderly foster care, (10) minor home modifications, and (11) assisted
220 living services provided in state-funded congregate housing and in
221 other assisted living pilot or demonstration projects established under
222 state law. Personal care assistance services shall be covered under the
223 program to the extent that [(1)] (A) such services are not available under
224 the Medicaid state plan and are more cost effective on an individual
225 client basis than existing services covered under such plan, and [(2)] (B)
226 the provision of such services is approved by the federal government.
227 Recipients of state-funded services, pursuant to subsection (i) of this
228 section, and persons who are determined to be functionally eligible for
229 community-based services who have an application for medical
230 assistance pending, or are determined to be presumptively eligible for
231 Medicaid pursuant to subsection (e) of this section, shall have the cost
232 of home health and community-based services covered by the program,
233 provided they comply with all medical assistance application
234 requirements. Access agencies shall not use department funds to
235 purchase community-based services or home health services from
236 themselves or any related parties.

237 (d) Physicians, hospitals, long-term care facilities and other licensed
238 health care facilities may disclose, and, as a condition of eligibility for
239 the program, elderly persons, their guardians, and relatives shall
240 disclose, upon request from the Department of Social Services, such
241 financial, social and medical information as may be necessary to enable
242 the department or any agency administering the program on behalf of
243 the department to provide services under the program. Long-term care
244 facilities shall supply the Department of Social Services with the names

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

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

253 (e) (1) The Commissioner of Social Services shall, subject to the
254 provisions of subdivisions (2) and (3) of this subsection, establish a
255 presumptive Medicaid eligibility system under which the state shall
256 fund services under the Connecticut home-care program for the elderly
257 for a period of not longer than ninety days for applicants who require a
258 skilled level of nursing care and who are determined to be
259 presumptively eligible for Medicaid coverage. The system shall include,
260 but need not be limited to: (A) The development of a preliminary
261 screening tool by the Department of Social Services to be used by
262 representatives of the access agency selected pursuant to subsection (b)
263 of this section to determine whether an applicant is functionally able to
264 live at home or in a community setting and is likely to be financially
265 eligible for Medicaid; (B) a requirement that the applicant complete a
266 Medicaid application on the date such applicant is preliminarily
267 screened for functional eligibility or not later than ten days after such
268 screening; (C) a determination of presumptive eligibility for eligible
269 applicants by the department and initiation of home care services not
270 later than ten days after an applicant is successfully screened for
271 eligibility; and (D) a written agreement to be signed by the applicant
272 attesting to the accuracy of financial and other information such
273 applicant provides and acknowledging that the state shall solely fund
274 services not longer than ninety days after the date on which home care
275 services begin. The department shall make a final determination as to
276 Medicaid eligibility for applicants determined to be presumptively
277 eligible for Medicaid coverage not later than forty-five days after the
278 date of receipt of a completed Medicaid application from such applicant,

279 provided the department may make such determination not later than
280 ninety days after receipt of the application if the applicant has
281 disabilities.

282 (2) To the extent permitted by federal law, the commissioner shall
283 seek any federal waiver or amend the Medicaid state plan as necessary
284 to attempt to secure federal reimbursement for the costs of providing
285 coverage to persons determined to be presumptively eligible for
286 Medicaid coverage. The provisions of this subsection and any other
287 provision of this section relating to the establishment of a presumptive
288 Medicaid eligibility system, including, but not limited to, such
289 provisions located in subsections (c), (g) and (m), shall not be effective
290 until the commissioner secures such federal reimbursement through a
291 federal waiver or Medicaid state plan amendment.

292 (3) Not less than two years after the date of the establishment of a
293 presumptive Medicaid eligibility system pursuant to the provisions of
294 this subsection, the commissioner may, in the commissioner's
295 discretion, discontinue the system if the commissioner determines that
296 the system is not cost effective.

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

302 (g) The commissioner shall report annually, by June first, in
303 accordance with the provisions of section 11-4a, to the joint standing
304 committee of the General Assembly having cognizance of matters
305 relating to human services on the Connecticut home-care program for
306 the elderly in such detail, depth and scope as said committee requires to
307 evaluate the effect of the program on the state and program participants.
308 Such report shall include information on (1) the number of persons
309 diverted from placement in a long-term care facility as a result of the
310 program, (2) the number of persons screened for the program, (3) the

311 number of persons determined presumptively eligible for Medicaid, (4)
312 savings for the state based on institutional care costs that were averted
313 for persons determined to be presumptively eligible for Medicaid who
314 later were determined to be eligible for Medicaid, (5) the number of
315 persons determined presumptively eligible for Medicaid who later were
316 determined not to be eligible for Medicaid and costs to the state to
317 provide such persons with home care services before the final Medicaid
318 eligibility determination, (6) the average cost per person in the program,
319 [(4)] (7) the administration costs, [(5)] (8) the estimated savings to
320 provide home care versus institutional care for all persons in the
321 program, and [(6)] (9) a comparison between costs under the different
322 contracts for program services.

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

328 (i) (1) The Commissioner of Social Services shall, within available
329 appropriations, administer a state-funded portion of the Connecticut
330 home-care program for the elderly for persons (A) who are sixty-five
331 years of age and older and are not eligible for Medicaid; (B) who are
332 inappropriately institutionalized or at risk of inappropriate
333 institutionalization; (C) whose income is less than or equal to the
334 amount allowed [under subdivision (3) of subsection (a) of this section]
335 for a person who would be eligible for medical assistance if residing in
336 a nursing facility; and (D) whose assets, if single, do not exceed one
337 hundred fifty per cent of the federal minimum community spouse
338 protected amount pursuant to 42 USC 1396r-5(f)(2) or, if married, the
339 couple's assets do not exceed two hundred per cent of said community
340 spouse protected amount. For program applications received by the
341 Department of Social Services for the fiscal years ending June 30, 2016,
342 and June 30, 2017, only persons who require the level of care provided
343 in a nursing home shall be eligible for the state-funded portion of the
344 program, except for persons residing in affordable housing under the

345 assisted living demonstration project established pursuant to section
346 17b-347e who are otherwise eligible in accordance with this section.

347 (2) Except for persons residing in affordable housing under the
348 assisted living demonstration project established pursuant to section
349 17b-347e, as provided in subdivision (3) of this subsection, any person
350 whose income is at or below two hundred per cent of the federal poverty
351 level and who is ineligible for Medicaid shall contribute three per cent
352 of the cost of his or her care. Any person whose income exceeds two
353 hundred per cent of the federal poverty level shall contribute three per
354 cent of the cost of his or her care in addition to the amount of applied
355 income determined in accordance with the methodology established by
356 the Department of Social Services for recipients of medical assistance.
357 Any person who does not contribute to the cost of care in accordance
358 with this subdivision shall be ineligible to receive services under this
359 subsection. Notwithstanding any provision of sections 17b-60 and 17b-
360 61, the department shall not be required to provide an administrative
361 hearing to a person found ineligible for services under this subsection
362 because of a failure to contribute to the cost of care.

363 (3) Any person who resides in affordable housing under the assisted
364 living demonstration project established pursuant to section 17b-347e
365 and whose income is at or below two hundred per cent of the federal
366 poverty level, shall not be required to contribute to the cost of care. Any
367 person who resides in affordable housing under the assisted living
368 demonstration project established pursuant to section 17b-347e and
369 whose income exceeds two hundred per cent of the federal poverty
370 level, shall contribute to the applied income amount determined in
371 accordance with the methodology established by the Department of
372 Social Services for recipients of medical assistance. Any person whose
373 income exceeds two hundred per cent of the federal poverty level and
374 who does not contribute to the cost of care in accordance with this
375 subdivision shall be ineligible to receive services under this subsection.
376 Notwithstanding any provision of sections 17b-60 and 17b-61, the
377 department shall not be required to provide an administrative hearing
378 to a person found ineligible for services under this subsection because

379 of a failure to contribute to the cost of care.

380 (4) The annualized cost of services provided to an individual under
381 the state-funded portion of the program shall not exceed fifty per cent
382 of the weighted average cost of care in nursing homes in the state, except
383 an individual who received services costing in excess of such amount
384 under the Department of Social Services in the fiscal year ending June
385 30, 1992, may continue to receive such services, provided the annualized
386 cost of such services does not exceed eighty per cent of the weighted
387 average cost of such nursing home care. The commissioner may allow
388 the cost of services provided to an individual to exceed the maximum
389 cost established pursuant to this subdivision in a case of extreme
390 hardship, as determined by the commissioner, provided in no case shall
391 such cost exceed that of the weighted cost of such nursing home care.

392 (j) The Commissioner of Social Services shall collect data on services
393 provided under the program, including, but not limited to, the: (1)
394 Number of participants before and after [copayments are reduced
395 pursuant to subsection (i) of this section] any adjustment in copayments,
396 (2) average hours of care provided under the program per participant,
397 and (3) estimated cost savings to the state by providing home care to
398 participants who may otherwise receive care in a nursing home facility.
399 The commissioner shall, in accordance with the provisions of section 11-
400 4a, report on the results of the data collection to the joint standing
401 committees of the General Assembly having cognizance of matters
402 relating to aging, appropriations and the budgets of state agencies and
403 human services not later than July 1, 2022. The commissioner may
404 implement revised criteria for the operation of the program while in the
405 process of adopting such criteria in regulation form, provided the
406 commissioner publishes notice of intention to adopt the regulations in
407 accordance with section 17b-10. Such criteria shall be valid until the time
408 final regulations are effective.

409 (k) The commissioner shall notify any access agency or area agency
410 on aging that administers the program when the department sends a
411 redetermination of eligibility form to an individual who is a client of

412 such agency.

413 (l) In determining eligibility for the program described in this section,
414 the commissioner shall not consider as income (1) Aid and Attendance
415 pension benefits granted to a veteran, as defined in section 27-103, or the
416 surviving spouse of such veteran, and (2) any tax refund or advance
417 payment with respect to a refundable credit to the same extent such
418 refund or advance payment would be disregarded under 26 USC 6409
419 in any federal program or state or local program financed in whole or in
420 part with federal funds.

421 (m) The commissioner shall adopt regulations, in accordance with the
422 provisions of chapter 54, to (1) define "access agency", (2) implement and
423 administer the program, (3) implement and administer the presumptive
424 Medicaid eligibility system described in subsection (e) of this section, (4)
425 establish uniform state-wide standards for the program and uniform
426 assessment tools for use in the screening process for the program and
427 the prescreening for presumptive Medicaid eligibility, and (5) specify
428 conditions of eligibility.

429 Sec. 11. Subsection (a) of section 17b-253 of the general statutes is
430 repealed and the following is substituted in lieu thereof (*Effective July 1,*
431 *2024*):

432 (a) The Department of Social Services shall seek appropriate
433 amendments to its Medicaid regulations and state plan to allow
434 protection of resources and income pursuant to section 17b-252. Such
435 protection shall be provided, to the extent approved by the federal
436 Centers for Medicare and Medicaid Services, for any purchaser of a
437 precertified long-term care policy and shall last for the life of the
438 purchaser. Such protection shall be provided under the Medicaid
439 program or its successor program. Any purchaser of a precertified long-
440 term care policy shall be guaranteed coverage under the Medicaid
441 program or its successor program, to the extent the individual meets all
442 applicable eligibility requirements for the Medicaid program or its
443 successor program. Until such time as eligibility requirements are

444 prescribed for Medicaid's successor program, for the purposes of this
445 subsection, the applicable eligibility requirements shall be the Medicaid
446 program's requirements as of the date its successor program was
447 enacted. The Department of Social Services shall count insurance benefit
448 payments toward resource exclusion to the extent such payments (1) are
449 for services paid for by a precertified long-term care policy; (2) are for
450 the lower of the actual charge and the amount paid by the insurance
451 company; (3) are for nursing home care, or formal services delivered to
452 insureds in the community as part of a care plan approved by an access
453 agency approved by the Office of Policy and Management and the
454 Department of Social Services as meeting the requirements for such
455 agency as defined in regulations adopted pursuant to subsection [(e)]
456 (m) of section 17b-342, as amended by this act; and (4) are for services
457 provided after the individual meets the coverage requirements for long-
458 term care benefits established by the Department of Social Services for
459 this program. The Commissioner of Social Services shall adopt
460 regulations, in accordance with chapter 54, to implement the provisions
461 of this subsection and sections 17b-252, 17b-254 and 38a-475, as
462 amended by this act, relating to determining eligibility of applicants for
463 Medicaid, or its successor program, and the coverage requirements for
464 long-term care benefits.

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

468 (e) (1) A continuing care facility, as described in section 17b-520, (A)
469 shall arrange for a medical assessment to be conducted by an
470 independent physician or an access agency approved by the Office of
471 Policy and Management and the Department of Social Services as
472 meeting the requirements for such agency as defined by regulations
473 adopted pursuant to subsection [(e)] (m) of section 17b-342, as amended
474 by this act, prior to the admission of any resident to the nursing facility
475 and shall document such assessment in the resident's medical file and
476 (B) may transfer or discharge a resident who has intentionally
477 transferred assets in a sum which will render the resident unable to pay

478 the cost of nursing facility care in accordance with the contract between
479 the resident and the facility.

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

482 The Insurance Department shall only precertify long-term care
483 insurance policies that (1) alert the purchaser to the availability of
484 consumer information and public education provided by the
485 Department of Aging and Disability Services pursuant to section 17a-
486 861; (2) offer the option of home and community-based services in
487 addition to nursing home care; (3) in all home care plans, include case
488 management services delivered by an access agency approved by the
489 Office of Policy and Management and the Department of Social Services
490 as meeting the requirements for such agency as defined in regulations
491 adopted pursuant to subsection [(e)] (m) of section 17b-342, as amended
492 by this act, which services shall include, but need not be limited to, the
493 development of a comprehensive individualized assessment and care
494 plan and, as needed, the coordination of appropriate services and the
495 monitoring of the delivery of such services; (4) provide inflation
496 protection; (5) provide for the keeping of records and an explanation of
497 benefit reports on insurance payments which count toward Medicaid
498 resource exclusion; and (6) provide the management information and
499 reports necessary to document the extent of Medicaid resource
500 protection offered and to evaluate the Connecticut Partnership for
501 Long-Term Care. No policy shall be precertified if it requires prior
502 hospitalization or a prior stay in a nursing home as a condition of
503 providing benefits. The commissioner may adopt regulations, in
504 accordance with chapter 54, to carry out the precertification provisions
505 of this section.

506 Sec. 14. (*Effective from passage*) The Commissioner of Aging and
507 Disability Services shall study (1) reimbursement rate options for
508 families that receive benefits under the temporary family assistance
509 program, and in which the head of the household is a nonparent
510 caretaker relative and the legal guardian of a child, (2) methods to means

511 test such families to target reimbursement to families with the greatest
512 need for reimbursement, and (3) the number of nonparent caretaker
513 relatives who may be eligible for reimbursement pursuant to
514 subdivision (1) of this section after applying a means-testing method
515 examined pursuant to subdivision (2) of this section. Not later than
516 January 1, 2025, the commissioner shall report, in accordance with the
517 provisions of section 11-4a of the general statutes, to the joint standing
518 committees of the General Assembly having cognizance of matters
519 relating to aging and human services regarding such study.

520 Sec. 15. Subsection (a) of section 10-4o of the general statutes is
521 repealed and the following is substituted in lieu thereof (*Effective October*
522 *1, 2024*):

523 (a) The Department of Education, in conjunction with the
524 Department of Social Services, shall coordinate a family resource center
525 program to provide comprehensive child care services, remedial
526 educational and literacy services, families-in-training programs and
527 supportive services to parents who are recipients of temporary family
528 assistance and other parents, nonparent caretaker relatives and legal
529 guardians in need of such services. The family resource centers shall be
530 located in or associated with public schools, and any family resource
531 center established on or after July 1, 2000, shall be located in a public
532 elementary school unless the Commissioner of Education waives such
533 requirement. The commissioner shall determine the manner in which
534 the grant recipients of such program, such as municipalities, boards of
535 education and child care providers, shall be selected. The family
536 resource center shall provide: (1) Quality full-day child care and school
537 readiness programs for children age three and older who are not
538 enrolled in school and child care for children enrolled in school up to
539 the age of twelve for before and after regular school hours and on a full-
540 day basis during school holidays and school vacation, in compliance
541 with all state statutes and regulations governing child care services, as
542 described in section 19a-77, and, in the case of the school readiness
543 programs, in compliance with the standards set for such programs
544 pursuant to section 10-16p; (2) support services to parents, nonparent

545 caretaker relatives and legal guardians of newborn infants to ascertain
546 their needs and provide them with referrals to other services and
547 organizations and, if necessary, education in parenting skills; (3)
548 support and educational services to parents, nonparent caretaker
549 relatives and legal guardians whose children are participants of the
550 child care services of the program and who are interested in obtaining a
551 high school diploma or its equivalent. Parents and their preschool age
552 children and nonparent caretaker relatives, legal guardians and
553 preschool age children in their care may attend classes in parenting and
554 child learning skills together so as to promote the mutual pursuit of
555 education and enhance parent-child interaction; (4) training, technical
556 assistance and other support by the staff of the center to operators and
557 staff of family child care homes, as described in section 19a-77, in the
558 community and serve as an information and referral system for other
559 child care needs in the community or coordinate with such systems as
560 may already exist in the community; (5) a families-in-training program
561 to provide, within available appropriations, community support
562 services to expectant parents and parents, nonparent caretaker relatives
563 and legal guardians of children under the age of three. Such services
564 shall include, but not be limited to, providing information and advice to
565 parents, nonparent caretaker relatives and legal guardians on their
566 children's language, cognitive, social and motor development, visiting a
567 participant's home on a regular basis, organizing group meetings at the
568 center for neighborhood parents, nonparent caretaker relatives and
569 legal guardians of young children and providing a reference center for
570 parents, nonparent caretaker relatives and legal guardians who need
571 special assistance or services. The program shall provide for the
572 recruitment of parents, nonparent caretaker relatives and legal
573 guardians to participate in such program; [and] (6) a sliding scale of
574 payment, as developed in consultation with the Department of Social
575 Services, for child care services at the center; and (7) referrals of parents,
576 nonparent caretaker relatives and legal guardians to community
577 programs concerning childhood development and positive parenting
578 practices. The center shall also provide a teen pregnancy prevention
579 program for adolescents emphasizing responsible decision-making and

580 communication skills.

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

583 The Department of Children and Families shall establish, within
584 available appropriations, community-based, multiservice parent
585 education and support centers. The goal of each center shall be to
586 improve parenting and enhance family functioning in order to provide
587 children and youths increased opportunities for positive development.
588 Each center shall provide: (1) Parent, nonparent caretaker relative and
589 legal guardian education and training services; (2) parent, nonparent
590 caretaker relative and legal guardian support services; (3) information
591 about and coordination of other community services; (4) consultation
592 services; [and] (5) coordination of child care and transportation services
593 to facilitate participation in the center's programs; and (6) referrals of
594 parents, nonparent caretaker relatives and legal guardians to
595 community programs concerning childhood development and positive
596 parenting practices. Each center shall conduct outreach programs and
597 shall be accessible with respect to schedule and location.

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

600 (a) The chief elected official or the chief executive officer if by
601 ordinance of each municipality shall appoint a municipal agent for
602 elderly persons. Such agent shall be a staff member of a senior center, a
603 member of an agency that serves elderly persons in the municipality or
604 a responsible resident of the municipality who has demonstrated an
605 interest in [the] assisting elderly persons or has been involved in
606 programs in the field of aging.

607 (b) The duties of the municipal agent [may] shall include, but [shall]
608 need not be limited to: (1) Disseminating information to elderly persons,
609 assisting such persons in learning about the community resources
610 available to them and publicizing such resources and benefits; (2)
611 assisting elderly persons [to apply] in applying for federal and [other

612 benefits] state benefits, and accessing community resources, available to
613 such persons; and (3) reporting to the chief elected official or chief
614 executive officer of the municipality and the Department of Aging and
615 Disability Services any needs and problems of the elderly and any
616 recommendations for action to improve services to the elderly. For the
617 purposes of this subsection, "community resources" means resources
618 that assist elderly persons in gaining access to housing opportunities,
619 including, but not limited to, information regarding access to waitlists
620 for housing designated for elderly persons, applications and consumer
621 reports.

622 (c) Each municipal agent shall serve for a term of two or four years,
623 at the discretion of the appointing authority of each municipality, and
624 may be reappointed. If more than one agent is necessary to carry out the
625 purposes of this section, the appointing authority, in its discretion, may
626 appoint one or more assistant agents. The town clerk in each
627 municipality shall notify the Department of Aging and Disability
628 Services immediately of the appointment of a new municipal agent.
629 Each municipality may provide to its municipal agent resources
630 sufficient for such agent to perform the duties of the office.

631 (d) The Department of Aging and Disability Services shall adopt and
632 disseminate to municipalities guidelines as to the role and duties of
633 municipal agents and such informational and technical materials as may
634 assist such agents in performance of their duties. The department, in
635 cooperation with the area agencies on aging, may provide training for
636 municipal agents within the available resources of the department and
637 of the area agencies on aging.

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

645 Sec. 18. (NEW) (*Effective October 1, 2024*) Not later than thirty days
646 after granting licensure to an assisted living services agency that
647 operates a managed residential community or an assisted living services
648 agency that provides services at a managed residential community, the
649 Commissioner of Public Health shall notify the State Ombudsman of
650 such licensure.

651 Sec. 19. (NEW) (*Effective October 1, 2024*) Each managed residential
652 community shall provide not less than thirty days' notice to its residents
653 and residents' legal representatives before (1) the operator of the
654 managed residential community changes from one business entity to
655 another, or (2) the assisted living services agency providing services at
656 the managed residential community changes from one agency to
657 another.

658 Sec. 20. (NEW) (*Effective from passage*) The State Ombudsman, in
659 consultation with the Commissioner of Public Health, shall develop a
660 managed residential community consumer guide. Such guide shall
661 contain information regarding (1) resident protections, (2) housing
662 protections, including, but not limited to, protections relating to
663 evictions, (3) managed residential community fees, and (4) any other
664 information deemed relevant by the State Ombudsman. The State
665 Ombudsman and Commissioner of Public Health shall post the
666 consumer guide on the Internet web sites of the Office of the Long-Term
667 Care Ombudsman and the Department of Public Health not later than
668 January 1, 2025. The Commissioner of Social Services shall post the
669 consumer guide on the MyPlaceCT Internet web site not later than
670 January 1, 2025.

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

673 The regional ombudsmen shall, in accordance with the policies and
674 procedures established by the Office of the Long-Term Care
675 Ombudsman:

676 (1) Provide services to protect the health, safety, welfare and rights of

677 residents;

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

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

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

690 (5) (A) Review and, if necessary, comment on any existing and
691 proposed laws, regulations and other government policies and actions
692 that pertain to the rights and well-being of residents and applicants in
693 relation to their applications to long-term care facilities, and (B) facilitate
694 the ability of the public to comment on the laws, regulations, policies
695 and actions;

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

697 (7) Carry out other activities that the State Ombudsman determines
698 to be appropriate, including, but not limited to, activities relating to the
699 Community Ombudsman program established pursuant to section 17a-
700 886, as amended by this act.

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

703 The state agency shall:

704 (1) Provide that the files and records maintained by the program may
705 be disclosed only at the discretion of the State Ombudsman or the

706 person designated by the ombudsman to disclose the files and records;
707 and

708 (2) Prohibit the disclosure of the identity of any complainant or
709 resident with respect to whom the office maintains such files or records
710 unless (A) the complainant or resident, or the legal representative of the
711 complainant or resident, consents to the disclosure and the consent is
712 given in writing; (B) (i) the complainant or resident gives consent orally,
713 visually or through the use of auxiliary aids and services; and (ii) the
714 consent is documented contemporaneously in a writing made by a
715 representative of the office in accordance with such requirements as the
716 state agency shall establish; or (iii) the disclosure is required by court
717 order.

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

720 (a) As used in this section, (1) "authorized representative" means a
721 person designated by a home care client, in writing, to act on such
722 client's behalf, including, but not limited to, a health care representative
723 appointed pursuant to section 19a-575a or 19a-577; (2) "home care"
724 means long-term services and supports provided to adults in a home or
725 community-based program administered by the Department of Social
726 Services; (3) "home care provider" means a person or organization,
727 including, but not limited to, (A) a home health agency or hospice
728 agency, as defined in section 19a-490, or (B) a homemaker-companion
729 agency, as defined in section 20-670; and (4) "long-term services and
730 supports" means (A) health, health-related, personal care and social
731 services provided to persons with physical, cognitive or mental health
732 conditions or disabilities to facilitate optimal functioning and quality of
733 life, or (B) hospice care provided to persons who may be nearing the end
734 of their lives.

735 (b) There is established a Community Ombudsman program within
736 the independent Office of the Long-Term Care Ombudsman,
737 established pursuant to section 17a-405. Not later than October 1, 2022,

738 the State Ombudsman appointed pursuant to said section shall, within
739 available appropriations, appoint a Community Ombudsman who shall
740 have access to data pertaining to long-term services and supports
741 provided by a home care provider to a client, including, but not limited
742 to, medical, social and other data relating to such client, provided (1)
743 such client or such client's authorized representative provides written
744 consent to such access, [or] (2) if such client is incapable of providing
745 such consent due to a physical, cognitive or mental health condition or
746 disability, the client communicates consent orally, visually or through
747 the use of auxiliary aids and services, or (3) if such client is incapable of
748 providing such consent as described in subdivision (2) of this
749 subsection, and has no authorized representative, the Community
750 Ombudsman determines the data is necessary to investigate a complaint
751 concerning such client's care.

752 (c) The Community Ombudsman program may:

753 (1) Identify, investigate, refer and resolve complaints about home
754 care services;

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

756 (3) Promote access to home care services;

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

758 (5) Coach individuals in self advocacy; and

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

761 (d) The Office of the Long-Term Care Ombudsman shall oversee the
762 Community Ombudsman program and provide administrative and
763 organizational support by:

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

766 (2) Applying for, or working in collaboration with other state
767 agencies to apply for, available federal funding for Community
768 Ombudsman services;

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

772 (4) Providing information to public and private agencies, elected and
773 appointed officials, the media and other persons regarding the problems
774 and concerns of older adults and people with disabilities receiving home
775 care;

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

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

781 (e) Not later than December 1, 2023, and annually thereafter, the State
782 Ombudsman shall submit a report, in accordance with the provisions of
783 section 11-4a, to the joint standing committees of the General Assembly
784 having cognizance of matters relating to aging, human services and
785 public health on (1) implementation of the public awareness strategy
786 relating to the Community Ombudsman program, (2) the number of
787 persons served in the program, (3) the number of complaints regarding
788 home care filed with the program, (4) the disposition of such complaints,
789 and (5) any gaps in services and resources needed to address such gaps.

790 (f) The State Ombudsman and the Community Ombudsman shall
791 ensure that any health data obtained pursuant to subsection (b) of this
792 section relating to a home care client is protected in accordance with the
793 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
794 191, as amended from time to time.

795 (g) The State Ombudsman may assign a regional community

796 ombudsman the duties and responsibilities of a regional ombudsman
797 for the Office of the Long-Term Care Ombudsman, as deemed necessary
798 by the State Ombudsman.

799 Sec. 24. (*Effective from passage*) The Commissioner of Social Services
800 shall conduct a study on the feasibility of pursuing a family caregiver
801 support benefit through a Medicaid demonstration waiver under
802 Section 1115 of the Social Security Act that would provide respite
803 services and support to residents of the state who are not otherwise
804 eligible for such services under Medicaid. Such study shall include an
805 examination of (1) Oregon's project independence and family caregiver
806 assistance program operated pursuant to such a demonstration waiver,
807 (2) other options to expand eligibility for respite services for persons not
808 eligible for Medicaid, and (3) potential state-funded long-term care
809 services that could be used to offset the costs of a family caregiver
810 support benefit. Not later than January 1, 2025, the commissioner shall
811 report, in accordance with the provisions of section 11-4a of the general
812 statutes, to the joint standing committees of the General Assembly
813 having cognizance of matters relating to aging and human services
814 regarding the results of such study.

815 Sec. 25. (NEW) (*Effective July 1, 2024*) (a) As used in this section: (1)
816 "Center of Excellence" means a nursing home licensed under section
817 19a-491 of the general statutes that provides services that are consistent
818 with evidence-based best practices for the delivery of person-centered
819 care; (2) "Centers of Excellence Program" means a program that sets the
820 standards for a nursing home to be designated as a Center of Excellence;
821 and (3) "nursing home" has the same meaning as provided in section
822 19a-490 of the general statutes.

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

827 (c) When designing the program, the Commissioner of Public Health

828 shall:

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

832 (2) Consult with (A) nursing home owners and operators; (B)
833 hospitals; (C) nursing home residents and their advocates; (D) the Office
834 of the Long-Term Care Ombudsman; (E) the Commissioner of Social
835 Services, or the commissioner's designee; (F) the Secretary of the Office
836 of Policy and Management, or the secretary's designee; and (G) other
837 relevant stakeholders as deemed necessary by the Commissioner of
838 Public Health.

839 (d) The design of the program shall, at a minimum, (1) identify
840 evidence-based qualitative and quantitative standards for delivery of
841 person-centered care a nursing home must meet to be designated as a
842 Center of Excellence; (2) identify for each standard the measure or
843 measures nursing homes must meet to qualify as a Center of Excellence;
844 (3) identify a pathway through application, inspection or other means
845 by which a nursing home may be designated as a Center of Excellence;
846 (4) create a mechanism to designate nursing homes that meet or exceed
847 the standards and qualify as a Center of Excellence; (5) determine
848 potential incentives to nursing homes that meet the standards set for the
849 Centers of Excellence Program; and (6) identify ways to maximize the
850 use of available federal funding to support the Centers of Excellence
851 Program.

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

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

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

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

869 Sec. 26. (NEW) (*Effective July 1, 2024*) The Department of Public
 870 Health, in consultation with the Office of the Long-Term Care
 871 Ombudsman and the Long-Term Care Advisory Council, shall establish
 872 an online nursing home consumer dashboard, within available
 873 appropriations, that provides: (1) Comprehensive information
 874 concerning quality of care for people in need of nursing home care and
 875 their families; and (2) showcases industry leading practices. The
 876 department shall include a link to the dashboard in a prominent place
 877 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