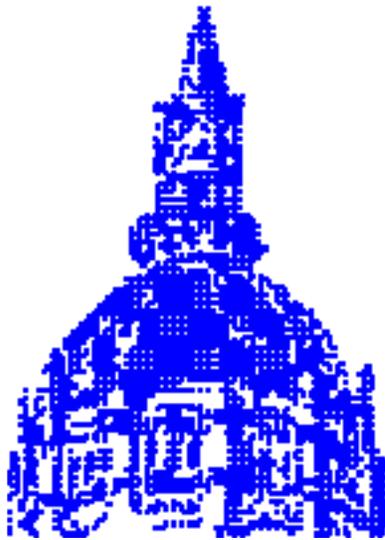


Office of Legislative Research
Connecticut General Assembly



Seniors



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NOTICE TO READERS

This report provides brief highlights of new laws affecting seniors (people age 60 or older) enacted during the 2007 regular and special sessions. At the end of each summary we indicate the public act (PA) and bill numbers. A number of the new laws were enacted as part of the biennial budget act (PA 07-1, June Special Session (JSS)) and two large acts that implement the budget, commonly known as the “DSS/DPH Implementer” (PA 07-2, JSS) and the “General Government or OPM Implementer” (PA 07-4, JSS).

Not all provisions of the acts are included here. Complete summaries of all 2007 public acts will be available in the fall when OLR’s Public Act Summary book is published; some are already on OLR’s webpage: <http://www.cga.ct.gov/olr/OLRPASums.asp>

Readers are encouraged to obtain the full text of acts that interest them from the Connecticut State Library, the House Clerk’s Office, or the General Assembly’s website: <http://www.cga.ct.gov/>

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HOME CARE

New Homecare Option Program for the Elderly

A new act establishes a Connecticut Home Care Option Program for the Elderly and a related trust fund to help people plan and save for the costs of services that (1) will allow them to live in their homes or a noninstitutional setting as they age and (2) are not covered by a long-term health insurance policy or supplement services that such a policy or Medicare covers.

The act allows (1) participants to establish individual savings accounts and (2) a designated beneficiary to withdraw account funds to pay for qualified home care expenses. It exempts interest the accounts earn from state income tax and makes any funds left in one when a beneficiary dies part of his or her estate.

The comptroller administers both the program and the fund. The act specifies her duties and authority, establishes standards for investing the fund's assets and for offering the fund to investors, and creates a 19-member advisory committee.

PA 07-130 (§§ 1-8) (sSB 1451), effective October 1, 2007 with the income tax exemption applicable to tax years starting on or after January 1, 2007.

Uncapping State-Funded Elderly PCA Pilot Program Participation

This act eliminates the 250-person limit on the number of participants in the state-funded pilot program that allows seniors to hire their own personal care assistance (PCA) attendants directly instead of going through a home health care agency.

PA 07-130 (§ 9) (sSB 1451), effective July 1, 2007

PA 07-1, JSS (HB 8001), appropriates \$1.2 million to increase the number of PCA slots.

Increased Money Follows the Person Slots

PA 06-188 allowed the Department of Social Services (DSS) to apply for the new federal Money Follows the Person Rebalancing Demonstration Grant Program and allowed it, if approved, to serve up to 100 people. In January 2007, the federal government approved Connecticut's application. This act requires DSS to establish a demonstration project and increases the maximum number of participants to 700.

PA 07-2, JSS (§ 5) (HB 8002), effective July 1, 2007

Expansion of Statewide Respite Care Program

The budget act appropriates an additional \$1 million for this program in FYs 08 and 09.

PA 07-1, JSS, (HB 8001)

Flu and Pneumonia Vaccinations by Home Health Care Nurses

Beginning October 1, 2007, this act allows a nurse employed by a licensed home health care or homemaker-home health aide agency to administer flu and pneumonia vaccines to patients in their homes. The nurse may administer a vaccine without a physician's order, but must do so according to a physician-approved agency policy and only after first assessing the patient for contraindications. The act applies to registered, licensed practical, and advanced practice registered nurses.

PA 07-9 (sSB 1195), effective upon passage

Provider Rate Increase

The budget provides a 3% rate increase for providers in the Connecticut Home Care Program for the elderly.

PA 07-1, JSS (HB 8001)

LONG-TERM CARE

Hearing Required Before Closing Long-Term Care Facility

This act requires the DSS commissioner to hold a public hearing at the nursing home, rest home, residential care home, or intermediate care facility for the mentally retarded (ICF/MR) within 30 days after it submits a letter of intent or applies for a certificate of need, whichever happens first, to close the facility or substantially decrease its bed capacity. It specifically prohibits a facility from taking either of these actions until a hearing is held and the commissioner approves the facility's request, unless the bed reduction is associated with a census reduction. Prior law allowed the commissioner to hold a hearing on an application, at his discretion, in Hartford or the area served and had no deadline for holding the hearing.

The act allows the commissioner to impose a civil penalty up to \$5,000 on any facility that fails to comply with these provisions.

The act modifies some of the duties of a court-appointed receiver for a nursing home or residential care home and extends the timeframes for accomplishing these duties. It also removes certain restrictions on the commissioner's authority to set a higher interim rate for

Medicaid payments to nursing homes sold after being in receivership.

Finally, the act extends the current moratorium on new nursing homes and nursing home beds from June 30, 2007 to June 30, 2012.

PA 07-209 (sHB 5639), effective July 1, 2007, except for the nursing home moratorium extension, which is effective upon passage.

Hospice Services

This act (1) requires newly licensed hospices to provide hospice services in all settings and (2) sets conditions on the use of hospice-related titles and terms. Beginning January 1, 2008, it requires an organization seeking an initial hospice license from the Department of Public Health (DPH) to agree to provide hospice services for terminally ill people on a 24-hour basis in all settings, including private homes, nursing and residential care homes, and specialized residences providing supportive services. It must also give DPH satisfactory evidence that it has the qualified personnel needed to provide the services.

The act prohibits an organization from using the title “hospice” or “hospice care program” or any titles, words, letters, or abbreviations indicating or implying hospice licensure unless it is licensed by DPH and certified as a hospice by Medicare.

PA-07-23 (sHB 7156), effective October 1, 2007

Staff Training Requirements for Alzheimer's Units and Programs

Under a new law, Alzheimer’s special care units or programs must annually provide at least one hour of Alzheimer’s and dementia-specific training to all unlicensed and unregistered staff providing care and services to residents in these programs or units. Training for staff hired on or after October 1, 2007 must be completed within six months of their hiring date. The law already requires these units to provide all their licensed and registered direct care staff with at least eight hours a year in dementia-specific training and least two hours in pain recognition and administration of pain management techniques.

PA 07-34 (sHB 7157), effective October 1, 2007

Use of Unlicensed Assistive Personnel in Residential Care Homes

This act allows unlicensed residential care home employees to perform limited health-related activities for residents. Under the act, such “assistive personnel” can obtain and record a resident’s blood pressure and temperature with digital medical instruments that (1) have internal decision-making capacity to that interpret

physiologic signals and (2) do not require the user's discretion or judgment. Such unlicensed personnel can also obtain and document a resident's weight and help residents use glucose monitors to obtain and document blood glucose levels.

PA 07-76 (sHB 7222), effective October 1, 2007

Nursing Home Provider Tax

Beginning January 1, 2008, the maximum nursing home provider tax will drop from 6% to 5.5% of the home's net revenue, consistent with a recent change in federal law (PL 109-432). This new law also requires the DSS commissioner, when setting the tax amount every two years, to use a rate the Office of Policy and Management (OPM) secretary determines. (Currently the tax is just under 5.5 %.)

PA 07-2, JSS (§ 1) (HB 8002), effective July 1, 1007

Long-Term Care Institution Rate Increase

This act increases FY 08 Medicaid reimbursement rates for nursing homes and ICF/MRs by 2.9%. It freezes rates at this level in FY 09. It raises FY 08 rates paid to other private Department of Mental Retardation residential facilities by up to 2% over FY 07 and up to another 2% for FY 09. But facilities that would have received a lower rate increase under a

previously granted interim rate will receive that lower rate.

PA 07-2, JSS (§ 11-13) (HB 8002), effective July 1, 1007

Annual Nursing Home Resident Reviews

This act permits the Department of Mental Health and Addiction Services' (DMHAS), within available appropriations, annually to review nursing home residents with mental illness to assess whether they need (1) a nursing home level of care or (2) specialized mental health services. DMHAS does the reviews in consultation with DSS, and the act requires homes to give them access to residents and their medical records for these reviews.

Under the act, if an annual review determines a resident who has continuously lived in a home for at least 30 months needs specialized, but not nursing home, care, he or she can opt to stay in the home or receive Medicaid-covered services in another setting. The move to the alternative setting must be (1) done according to an alternative disposition plan DSS submits to the federal government and (2) consistent with DMHAS' requirements for specialized services. If the resident has lived in the home fewer than 30 months, the home, in consultation with DMHAS, must arrange for his or her safe discharge. If DMHAS determines the person needs an alternative

residential placement, the discharge and transfer must be done according to the DSS disposition plan. But if an alternative placement is not available, the person cannot be transferred.

By law, a nursing home must notify DMHAS when a resident who has mental illness undergoes a significant change in condition that may require specialized services. Upon notice, DMHAS and DSS must evaluate whether the resident requires a nursing home level of care or specialized mental health services.

PA 07-2, JSS (§ 63) (HB 8002), effective July 1, 1007

Medicaid Assignment of Spousal Support Rights

This act changes the conditions under which an institutionalized person or someone in need of institutional care who applies for Medicaid can assign his or her right of support from the community spouse's assets to the DSS commissioner. Previously, state law required such assignment if the applicant's spouse was unwilling or unable to provide the information needed to determine the applicant's eligibility for Medicaid. Under federal law, assignment permits the applicant to qualify for Medicaid without being punished for the spouse's actions.

The act allows, rather than requires, such assignment under

certain somewhat different conditions. Specifically, an applicant may assign the right to spousal support to the commissioner only if (1) the applicant's assets do not exceed Medicaid's asset limit and (2) the applicant cannot locate the community spouse or the spouse is unable to provide information about his or her assets. If the applicant makes the assignment or cannot do so due to a physical or mental impairment, the act allows the commissioner to seek recovery of any medical assistance DSS pays on the person's behalf up to the amount the community spouse's assets exceed the community spouse protected amount (CSPA) as of the first month of Medicaid eligibility. The CSPA is one-half the couple's total assets (some assets are exempt), up to the federal limit (\$101,640 in 2007).

PA 07-2, JSS (§ 6) (HB 8002), effective July 1, 2007

ASSISTED LIVING

Increased Assisted Living Oversight

By law, DPH licenses assisted living services agencies (ALSAs), which provide nursing services and assistance with activities of daily living to elderly people at assisted living facilities. The facilities themselves are not licensed, but they must meet certain DPH regulatory qualifications to be defined as a "managed residential community

(MRC),” which is the only type of location where an ALSA can provide its services.

This act places additional requirements on MRCs (excluding low- and moderate income state-assisted elderly congregate housing facilities). It delineates their duties, requires them to provide each resident with a residency agreement and statement of their rights, specifies what these documents must contain, and requires MRCs to comply with applicable state and federal laws and regulations. And it requires ALSAs to create a service plan for each resident they serve.

The act requires DPH to review each MRC every two years and at other times if it believes one has violated its requirements. It specifies what these reviews must include and requires DPH to establish administrative procedures for them. The act (1) requires DPH to notify an MRC of alleged violations; (2) permits the MRC to request an administrative hearing; (3) allows DPH, pending the hearing’s outcome, to issue a remedial order, including a civil penalty of up to \$5,000 per violation; and (4) authorizes the attorney general to enforce the orders.

PA 07-2, JSS (§§ 30-43) (HB 8002), effective October 1, 2007 and April 1, 2008 for DPH’s biennial and investigatory reviews of MRCs

HEALTH CARE

Fall Prevention

The budget act appropriates \$500,000 to DSS to support a fall prevention program. Fall-related injuries are a major cause of health care utilization and the leading cause of preventable nursing home placement among seniors.

PA 07-1, JSS (HB 8001)

Health Care Agents and Power Of Attorney

This act specifies that a short form power of attorney no longer can be used for health care decision purposes. It also specifies that an appointment of a (1) health care agent or (2) power of attorney for health care decisions, properly executed before October 1, 2006 under the law then in effect has the same legal force as if it had been executed according to the law after that date. PA 06-195 updated Connecticut law on health care decision making by, among other things, (1) combining the authority of the health care agent and attorney-in-fact for health care decisions into a unified proxy known as the “health care representative” and (2) authorizing the health care representative to make any and all health care decisions for a person incapable of expressing those wishes.

PA 07-252 (§§ 1, 2, & 21)
(sHB 7163), effective October 1,
2007

PRESCRIPTION DRUGS

Medicare Part D Supplemental Needs Fund

The federal Medicare Part D program helps Medicare beneficiaries pay for certain prescription drugs. State law coordinates benefits for ConnPACE and Medicare-Medicaid dually eligible beneficiaries with the federal benefits, and a DSS Supplemental Needs Fund helps these people pay for medically necessary drugs that are not on a Medicare Part D plan's formulary (i.e., "nonformulary" drugs). This act caps state expenditures for this fund at \$5 million annually.

The act specifies that if DSS, in consultation with the prescribing physician, finds that a nonformulary drug is medically necessary, DSS must cover the cost of the prescription and refills, minus any applicable copayment. (ConnPACE recipients pay up to \$16.25 and the dually eligible pay nothing).

The act requires, rather than allows, DSS to require a beneficiary to establish that he or she has made a good faith effort to enroll in a Medicare Part D plan that DSS recommends and to use that plan's exception process as a condition for receiving help paying for nonformulary drugs. It deletes

the requirement that DSS speedily review a beneficiary's request for assistance and notify him or her within two hours after receiving it.

The act eliminates the never-implemented requirement that the DSS commissioner contract with an entity specializing in Medicare appeals to exhaust remedies for pursuing payment from the Part D plans for the denied nonformulary drugs for which DSS has paid. (DSS staff performs this function.) Instead it requires the commissioner to implement a plan for pursuing these payments.

PA 07-2, JSS (§ 4) (HB 8002), effective July 1, 1007

Pharmacy Claims for Beneficiaries with Other Insurance

This act prohibits a pharmacy from claiming payment from DSS under any DSS-administered medical assistance program or the Medicare Part D Supplemental Needs Fund for drugs prescribed to people who have other drug insurance coverage unless the coverage has been exhausted and the person is otherwise eligible for the assistance. It requires DSS to recoup any claims a pharmacy submitted that DSS paid when other insurance coverage was available.

Under the act, DSS must investigate a pharmacy that consistently submits ineligible payment claims to determine

whether the pharmacy is violating its medical assistance provider agreement or is committing fraud or abuse. The act allows DSS to take action against a pharmacy it finds in violation, in accordance with state and federal law.

PA 07-2, JSS (§ 21) (HB 8002), effective upon passage

INSURANCE

Medicare Advantage Special Needs Plan for Dual Eligibles

The 2003 Medicare Modernization Act allowed the federal government to develop special needs Medicare Advantage Special Needs Plans (SNPs) for people who are eligible for both Medicare and Medicaid. The SNPs provide managed care services to dual eligible beneficiaries with serious, long-term illnesses who may have multiple medical conditions and multiple treatment needs. The federal law also gave states the option to implement Medicaid SNPs that integrate the full range of Medicaid and Medicare benefits (e.g., primary, acute, behavioral, and long-term services) for dual eligibles. Joining an SNP is voluntary.

The budget act allows DSS to use up to \$25 million (\$10 million in FY 08, \$15 million in FY 09) from the Medicaid account to establish these integrated care plans through contracts with Medicare SNPs.

PA 07-1, JSS (HB 8001)

Out-Of-Network Hospitalization During Cancer Clinical Trials

By law, individual and group health insurance policies and HMO contracts must cover medically necessary hospitalization (and other routine patient care costs) associated with certain cancer clinical trials, subject to plan terms and limitations, including out-of-network limitations. This act specifies that the required hospitalization coverage includes treatment at an out-of-network hospital if it is not (1) available at an in-network facility and (2) paid for by the clinical trial sponsors.

It requires the out-of-network hospital and insurer or HMO to make the hospital treatment available at no greater cost to the patient than if it was provided at an in-network facility. Thus, the patient is responsible only to pay any copayment, coinsurance, or deductible required under the policy or contract for in-network services.

PA 07-67 (sSB 389), effective upon passage

Long-Term Care Insurance

Nonforfeiture Benefit Requirements. This act prohibits an insurer from issuing or delivering a long-term care (LTC) policy on or after July 1, 2008 unless it has offered the prospective insured a

nonforfeiture benefit option during the policy solicitation or application process. The option may be offered as a rider to the policy. If the insured declines the option, the insurer must give him or her a contingent benefit if the policy lapses (i.e., terminates because the insured stops paying the premium). The contingent benefit must be available for a period after any substantial premium increase.

The act requires the insurance commissioner to adopt regulations by July 1, 2008 to implement the nonforfeiture option and contingent benefit requirements. The regulations must (1) specify the nonforfeiture benefit standards and type, the period for which a contingent benefit must be available, and what constitutes a substantial premium increase and (2) comport with the National Association of Insurance Commissioners' long-term care insurance model regulation.

PA 07-28 (sSB 1103), effective July 1, 2007

Long-Term Care Insurance Elimination Period. This act changes the elimination period under an LTC policy. Under prior law, an LTC policy had to contain a "reasonable" elimination period (i.e., the period after an injury, illness, or functional loss begins during which no benefits are payable). The act instead requires a period that is (1) up to 100 days of confinement or (2) between 100 days and two years

of confinement if an irrevocable trust is in place that is estimated to be sufficient to cover the person's confinement costs during the period.

The trust must (1) pay the health care provider directly and (2) create an unconditional duty to pay only confinement costs during the elimination period. The act specifies that (1) the state, grantor, or person acting on behalf of the grantor may enforce this duty and (2) the trust remains subject to taxes and any trustee charges allowed by law.

The act also requires insurers to (1) describe in their rate filings to the Insurance Department how trust values were estimated and (2) disclose conspicuously on the application and policy face page that the trust may be insufficient to cover all costs during the elimination period.

PA 07-226 (HB 7283), effective October 1, 2007

Refunds of Prepaid Premiums for Medicare Supplement Policies

This act requires insurers, HMOs, or other entities that issue, continue, or renew Medicare supplement policies or certificates to refund any unused prepaid premium to people who cancel their policies.

PA 07-48 (HB 5259), effective October 1, 2007

Expansion of CHOICES Health Insurance Assistance Program

This act expands the statutory role of this DSS health insurance assistance program in disseminating information and providing advice to Medicare beneficiaries specifically to include the federal Medicare Part D prescription drug program and long-term care options in the state. The act requires CHOICES to collaborate with other state agencies and entities in developing consumer-oriented websites that provide information on Medicare plans, including Medicare Part D plans, and available long-term care options. It adds CHOICES personnel the DSS commissioner designates to the group charged with developing the state's long-term care website. (The group includes OPM, the Aging Committee, the Commission on Aging, and the Long-term Care Advisory Council.)

CHOICES stands for "Connecticut's program for Health insurance assistance, Outreach, Information and referral, Counseling, and Eligibility Screening."

PA 07-155 (HB 6893), effective July 1, 2007

The budget act transfers \$1 million in each of FYs 08 and 09 to DSS for the CHOICES program from the Tobacco and Health Trust Fund.

PA 07-1 JSS (§ 59) (HB 8001)

Automobile Insurance Discounts for Senior Drivers

A new law decreases, from 62 to 60, the age at which a driver can get a car insurance premium discount after successfully completing a Department of Motor Vehicles-approved accident prevention course. By law, the discount must be at least 5% and apply for at least 24 months. The driver must complete a course within one year before applying for an initial discount and, to obtain subsequent discounts, must complete a new course within one year of the current discount's expiration.

PA 07-5 (SB 109), effective October 1, 2007

GRANDPARENTS RAISING GRANDCHILDREN

Subsidized Guardianship Program Expansion

This act makes more guardians eligible for cash and medical assistance through the Department of Children and Families' (DCF) Subsidized Guardianship Program. The program was restricted to relatives caring for foster children whose parents are either dead or unlikely to be able to care for them in the foreseeable future. Under the new law, caregivers qualify for additional subsidies when they assume guardianship of a child's half- or step-siblings to whom they are not related.

The law previously required DCF to provide a guardianship subsidy after the child had been living in an approved household for at least 18 months, but it permitted subsidies, within available funds, after six months. The act makes approved caregivers eligible for subsidies after six months, but it still limits subsidies for care given between six and 18 months to DCF's available appropriations.

The act also gives foster parents, prospective adoptive parents, and relative caregivers the right to be heard at all proceedings concerning an abused or neglected child they are caring for or who was under their care in the last year. Prior law gave only some foster parents this right and only in some types of proceedings.

PA 07-174 (sHB 7037), effective October 1, 2007

Extended Family Guardianship

Within available appropriations, this act directs the probate court administrator to establish an Extended Family Guardianship and Assisted Care Pilot Program in the New Haven regional children's probate court. The pilot program's purpose is to reduce the number of abused or neglected children placed out of their communities and in foster care by reaching out to local family members for appointment as guardians. The act makes each relative appointed guardian

eligible for a grant of up to \$500 per child. The program must also recruit volunteers to help guardians provide care.

PA 07-4, JSS (§ 6) (SB 1500), effective October 1, 2007

PROBATE COURTS & CONSERVATORS

Conservators and Appeals of Conservatorships and Guardianships

The law allows a probate court to appoint a conservator of the estate for someone who cannot manage his or her affairs and a conservator of the person for someone who cannot care for himself or herself. This act changes procedures for appointing conservators and designating their powers and sets procedures for appealing probate court decisions.

Among the act's most important changes, it (1) requires the probate court to record proceedings on appointing conservators, setting their powers and duties, and terminating conservatorships; (2) requires appeals of a conservator's appointment to be on record and sets the standard for court review; (3) redefines incapacity, which the court must find before it can appoint a conservator; (4) includes specific language for the notice to the person who is the subject of the conservator appointment; and (5) adds specific provisions about

the person's right to have and choose an attorney.

The act requires the probate court to (1) consider certain factors and changes the standard it must apply before deciding to appoint a conservator, including requiring a finding that appointing a conservator is the least restrictive intervention available to help the person and (2) give a conservator only the least restrictive duties and authority needed to meet the person's needs and only after making specific findings on the need for each duty or authority. It requires a conservator to carry out the assigned duties and authority in the least restrictive way. Under the act, "least restrictive means of intervention" is intervention sufficient to provide, within the available resources of the person's estate or public or private assistance, for the person's personal needs or property management while allowing the greatest amount of independence and self-determination. It makes similar changes to provisions on appointing a temporary conservator.

The act also imposes specific requirements on the conservator of the person, including helping to remove obstacles to the conserved person's independence, ascertaining the person's views, and making decisions that conform with the person's reasonable and informed preferences. It creates a procedure for the probate court

to hold a hearing on changing a conserved person's residence that is similar to the current provisions for a conservator placing a person in a long-term care institution and allows a conserved person to petition the probate court at any time to terminate the conservatorship.

PA 07-116 (sSB 1439), effective October 1, 2007

Probate Court Changes

This act gives the probate court administrator additional powers over probate courts and probate court judges by specifically authorizing him to enforce statutes and regulations dealing with probate court administration. It authorizes him, under certain circumstances, to reassign pending cases to a special assignment or other probate judge and designate a special assignment probate judge to help a judge conduct his or her business. These circumstances involve courts where (1) court facilities do not meet statutory minimum standards or (2) court business has not been conducted properly, expeditiously, or according to statutes or regulations.

The act increases the minimum standards for probate court facilities, requires the probate court administrator to notify a town if a court does not comply with those standards, and allows the town to submit a compliance plan. It also requires

probate court regulations to be submitted to the Judiciary Committee for approval.

PA 07-184 (sSB 1438), effective October 1, 2007, except for the provisions relating to probate court administration, which take effect July 1, 2007.

Affidavit in Lieu of Probate Administration of a Small Estate

This act doubles, from \$20,000 to \$40,000, the value of certain decedent's estates that permits their settlement via expedited probate procedures. When a decedent leaves certain types of property, the law allows executors, instead of applying for admission of a will to probate or letters of administration, to file an affidavit with probate court. The affidavit must state that all the decedent's debts have been paid, at least to the extent of the fair value of his or her assets. Prior law allowed this affidavit when the property's aggregate value did not exceed \$20,000. The act increases the aggregate value to \$40,000.

PA 07-32 (SB 1454), effective October 1, 2007

TAXES

Estate Tax Study

The budget act requires the revenue services commissioner, in consultation with the OPM secretary, to study and report on the estate tax. The study must

include the tax's impact on the state's economic competitiveness and its ability to keep residents. The report must be submitted to the governor and the Finance, Revenue and Bonding Committee by February 1, 2008.

PA 07-1, JSS (§ 132) (HB 8001), effective July 1, 2007

MISCELLANEOUS

Delay Start of Department on Aging

The DSS implementer act postpones the re-establishment date of a Department on Aging, from July 1, 2007 to July 1, 2008, and the budget act gives DSS \$100,000 to analyze and recommend the best structure, services, staffing, and allocation of funds for the new department. PA 05-280 re-established a Department on Aging as of January 1, 2007 and transferred the functions, powers, duties, and personnel of the DSS Division of Elderly Services to the new department

PA 07-2, JSS (§ 25) (HB 8002) and **PA 07-1, JSS (§ 117)** (HB 8001), both effective upon passage

State Supplement Benefit Freeze

This act freezes the State Supplement Program's adult payment standard for the next two fiscal years. DSS uses the standard to calculate the actual State Supplement benefit, which

takes into account both the recipient's need and available income. The law, unchanged by the act, continues to require DSS, when calculating available income, to disregard annual increases in State Supplement recipients' federal Supplemental Security Income benefits.

PA 07-2, JSS (§ 3) (HB 8002), effective July 1, 1007

Transportation

The budget provides \$250,000 for Independent Transportation Network (ITN) grants. Half of the funds are for towns or nonprofit organizations to develop and plan financially self-sustaining, community-based regional transportation systems that, through a combination of private donations and user fees and paid and volunteer drivers, provide transportation to elderly people. The other half goes to the five towns that have already established ITN systems.

PA 07-1, JSS, effective July 1, 2007.

Veterans' Burial Expenses

This act increases from \$150 to \$1,800 the amount that the state pays for indigent veterans' funeral. Payment claims must be made within one year after the veteran dies or his or her remains are returned from abroad and interred here.

PA 07-2, JSS (§ 45) (HB 8002), effective July 1, 1007

Farmers' Market Coupons

The budget act adds \$400,000 in each of FYs 08 and 09 for the Agriculture Department's Senior Farmers' Market Coupon Program. This program gives seniors vouchers for purchasing fruits and vegetables at local farmers' markets.