



2022 Acts Affecting Seniors

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Notice to Readers

This report provides summaries of new laws (public acts and special acts) significantly affecting older adults enacted during the 2022 legislative session. OLR's other Acts Affecting reports are, or will soon be, available on OLR's website: <https://www.cga.ct.gov/olr/actsaffecting.asp>.

Each summary indicates the public act (PA) or special act (SA) number. Not all provisions of the acts are included. The report does not include vetoed acts unless the veto was overridden.

Complete summaries of public acts are, or will soon be, available on OLR's website: <https://www.cga.ct.gov/olr/olrsums.asp>.

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

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Elder Abuse and Neglect

Training for Mandated Elder Abuse Reporters

A new law generally requires mandated elder abuse reporters to complete the Department of Social Services' (DSS) elder abuse training program, or another DSS-approved program, by June 30, 2023, or within 90 days after becoming a mandated elder abuse reporter ([PA 22-57](#), §§ 12 & 13, as amended by [PA 22-58](#), §§ 71 & 72, effective upon passage).

Home- and Community-Based Care

Ban on Non-Compete Home Care Contracts

This session, the legislature enacted a law that prohibits contracts between a homemaker-companion agency or home health agency and a client from including a “no-hire” clause. Specifically, it prohibits clauses that, should the client directly hire an agency employee, (1) imposes a financial penalty; (2) assesses any charges or fees, including legal fees; or (3) contains any language that can create grounds for a breach of contract assertion or a claim for damages or injunctive relief. The act expressly deems these clauses against public policy and void ([PA 22-118](#), §§ 244 & 245, effective upon passage).

Community Ombudsman Program

This year, the legislature created a Community Ombudsman program within the Office of the Long-term Care Ombudsman to, among other things, respond to complaints about long-term care services and supports provided to adults in DSS-administered home- and community-based programs. By October 1, 2022, the act requires the long-term care ombudsman to (1) appoint a community ombudsman program supervisor and up to 12 regional community ombudsmen and (2) hire up to two administrative staff ([PA 22-118](#), § 243, effective July 1, 2022).

Homemaker-Companion Agencies

A new law prohibits homemaker-companion agencies' owners, agents, corporate officers, and employees (other than a client's immediate family member) from serving as a client's agent under a power of attorney. The client may petition the consumer protection commissioner for an exemption, which may be granted for good cause shown ([PA 22-104](#), §§ 44-45 & 47, effective upon passage).

Medical Assistance Provider Rates

New legislation prohibits states agencies that contract with health and human services providers from trying to recover or otherwise offset federal American Rescue Plan Act of 2021 (ARPA) funds for home- and community-based services ([PA 22-146](#), § 15, effective upon passage).

Medication Administration by Unlicensed Personnel

A new law allows a registered nurse to delegate the administration of non-injected medications to home health aides and hospice aides who are currently certified by DSS or the departments of Children and Families (DCF) or Developmental Services (DDS), in addition to those certified by the Department of Public Health (DPH) as under existing law. The act also requires these unlicensed personnel to renew their certifications every two years instead of every three years, as under prior law.

As under existing law, residential care homes that admit residents requiring medication administration assistance must employ enough unlicensed personnel certified by DPH, DCF, or DDS to perform this function ([PA 22-58](#), §§ 12 & 13, effective October 1, 2022).

Nutrition Assessments & Funding

A new law requires the state's five area agencies on aging to distribute and collect nutritional risk assessment surveys to and from older adults and report individual and average scores for their service areas to the Department of Aging and Disability Services (ADS). The act requires the department to evaluate both federal and state funding allocations for elderly nutrition services based on factors including elderly population data from the most recent U.S. census and the assessment scores. ADS must also solicit and consider information and recommendations from Elderly Nutrition Program providers ([PA 22-32](#), effective July 1, 2022).

Reduced Copays in the Connecticut Homecare Program for Elders

Beginning in FY 23, new legislation generally reduces, from 4.5% to 3%, the required cost sharing for participants in the state-funded portion of the Connecticut Homecare Program for Elders. This program provides a range of home- and community-based services for eligible people age 65 or older who are at risk of inappropriate institutionalization (e.g., nursing home placement) ([PA 22-118](#), § 234, effective July 1, 2022).

Housing

Elderly Housing Complexes and Assisted Living

New legislation allows certain elderly housing complexes that intend to arrange for assisted living services to do so with a currently licensed assisted living services agency, exempting them from having to register as a managed residential community. This applies if the complex is funded and assisted through the federal Department of Housing and Urban Development's Assisted Living Conversion Program ([PA 22-58](#), §§ 53 & 54, effective July 1, 2022).

Renters' Rebate Program

This session, the legislature changed a deadline for requesting more time to apply for a rebate under the Renters' Rebate Program, which provides partial reimbursement of rent and utility bills paid by certain elderly and totally disabled renters. The new law requires renters with extenuating health circumstances or other good cause to apply by November 15, rather than December 15, for an application deadline extension ([PA 22-74](#), §§ 3 & 4, effective July 1, 2022).

Long-Term Care

Infection Prevention and Control Specialists

This session, the legislature made various changes to requirements for infection prevention and control specialists at nursing homes and dementia special care units, such as (1) limiting the prior requirement that they employ a full-time specialist to only those facilities with more than 60 residents and (2) allowing these specialists to provide services at both a nursing home and dementia special care unit or at two nursing homes in some circumstances, with DPH approval ([PA 22-58](#), § 52, effective July 1, 2022).

Involuntary Transfers of Residential Care Home (RCH) Residents

A new law modifies requirements for the involuntary discharge of RCH residents to allow RCHs to qualify as Medicaid home- and community-based settings. Among other things, it requires the written discharge notice to include contact information for (1) the long-term care ombudsman for RCH residents and their legally liable relatives and (2) Disability Rights Connecticut, Inc. for residents with mental illness or intellectual disability. The act also requires DPH to make a determination on an RCH's request for an immediate, emergency transfer within 20 days after the required hearing (prior law did not specify a deadline) ([PA 22-58](#), § 46, effective October 1, 2022).

Nursing Home Administrator Continuing Education

This session, the legislature added infection prevention and control to the mandatory topics for nursing home administrators' continuing education. By law, nursing home administrators must complete at least 40 hours of continuing education every two years, starting with their second license renewal. Existing law requires that the education include training in Alzheimer's disease and dementia symptoms and care ([PA 22-58](#), § 11, effective upon passage).

Reporting Involuntary Transfers and Discharges of Nursing Home and Residential Care Home Residents

A new law requires nursing homes and RCHs to electronically report each involuntary discharge or transfer from their facilities to the long-term care ombudsman and on a website she maintains ([PA 22-57](#), §§ 9 & 10, effective upon passage for RCHs and July 1, 2022, for nursing homes).

Strike Contingency Plans

New legislation requires health care institutions, when notified that their employees intend to strike, to include a staffing plan as part of the strike contingency plan they must file with DPH under existing law. The staffing plan must include the names and titles of the people who will provide services for at least the first three days of the strike. (Existing regulations already require similar information for certain types of institutions.)

The act also requires licensed, Medicaid-certified intermediate care facilities for individuals with intellectual disabilities, when submitting strike contingency plans, to submit the same information as required of nursing homes ([PA 22-58](#), § 10, effective July 1, 2022).

Temporary Financial Relief for Nursing Homes

This session, the legislature eliminated requirements on how DSS must allocate \$10 million in federal ARPA funds for temporary relief for nursing homes. Prior law required DSS to issue one-time grants to nursing homes (1) based on the percentage difference between the issued and calculated nursing home reimbursement rates and (2) subject to proportional adjustments based on available funding ([PA 22-118](#), § 242, effective upon passage).

Temporary Nursing Services Agencies

A new law requires DPH, by October 1, 2022, to establish an annual registration system for "temporary nursing services agencies" and allows the department to charge an annual registration fee of up to \$750. These agencies provide temporary nursing services to nursing homes, RCHs, and hospitals on a per diem or temporary basis.

Among other things, the act also requires these agencies to (1) enter into a written agreement with a health care facility that ensures the assigned nursing personnel have appropriate credentials and (2) submit annual cost reports to DPH that include, among other things, the average fees the agencies charge by type of nursing personnel and health care facility. It additionally requires the social services commissioner to evaluate rates these agencies charge nursing homes and report her recommendations to the Aging, Human Services, and Public Health committees by October 1, 2023 ([PA 22-57](#), §§ 1-8, effective July 1, 2022).

Public Assistance Programs

Advisory for Medicaid Applicants

A new law requires DSS to develop an advisory for Medicaid long-term care and home care applicants on their right to seek legal assistance. At a minimum, it must state that while applicants are not required to use an attorney, obtaining legal advice before completing their application may help protect their finances and rights. DSS must post the advisory on its website by July 1, 2022, and include the advisory in its applications by September 1, 2023 ([PA 22-57](#), § 14, effective upon passage).

Increased Medicaid Community Spouse Protected Amount

When a married Medicaid recipient is institutionalized, the couple's assets are used to pay for the cost of care. Federal law allows the spouse living in the community to keep some of the assets to ensure the spouse does not become impoverished. States set community spouse protected amounts (CSPA) within federal minimum and maximum limits.

A new law increases the state's minimum CSPA from \$27,480 (the federal minimum in 2022) to \$50,000. Under the act, the spouse may keep the greater of \$50,000 or half the couple's combined assets, up to the federal maximum (\$137,400 in 2022) ([PA 22-118](#), § 235, effective July 1, 2022).

Public Assistance Recoveries

Existing law gives the state a claim against property of a current or former beneficiary of various public assistance programs (e.g., cash assistance programs like Temporary Family Assistance or medical assistance programs like Medicaid), allowing the state to recover assistance it has paid out.

A new law prohibits the state from recovering properly paid cash or medical assistance unless required to do so under federal law. Prior law generally limited the state's claim to amounts

required under federal law, except for parents of public assistance beneficiaries, who were liable for the full amount of aid paid on behalf of their children or other family members. The act also releases liens on property previously filed by the state to recover amounts not required under federal law or associated with child support payments ([PA 22-118](#), §§ 449-456 & 514, effective July 1, 2022).

Strokes

Stroke Registry

New legislation requires DPH to maintain and operate a statewide stroke registry and establishes a stroke registry data oversight committee within the Legislative Branch to monitor the registry's activities. Starting July 1, 2023, stroke centers must submit certain quarterly data to DPH on stroke care. This requirement applies to comprehensive stroke centers, thrombectomy-capable stroke centers, primary stroke centers, and acute stroke-ready hospitals ([PA 22-118](#), § 147, effective October 1, 2022).

Studies, Task Forces, and Working Groups

Assisted Living Services Agencies (ALSAs) Task Force

This session, the legislature established a nine-member task force to study ALSAs that provide services as a dementia special care unit or program. The study must examine (1) DPH regulation of these agencies and whether additional department oversight is required; (2) whether minimum staffing levels should be required; and (3) agencies' maintenance of records on meals served to, bathing of, medication administration to, and overall health of residents. The task force must report its findings and recommendations to the Public Health Committee by January 1, 2023 ([PA 22-58](#), § 74, effective upon passage).

Homemaker-Companion Agency Task Force

A new law establishes a task force to study issues concerning homemaker-companion agencies, including (1) whether any changes are needed to these agencies' qualifications or registration criteria, (2) the system for resolving complaints about these agencies and whether it is adequate, and (3) what services these agencies advertise and whether additional limitations are needed on these advertisements ([SA 22-12](#), effective upon passage).

Study on Medicaid Community Spouse Protected Amount

This session, the legislature enacted a new law that requires the DSS commissioner to study the cost and feasibility of allowing the spouse of Medicaid beneficiary in a medical institution or long-

term care facility who remains in the community to keep all of the couple's combined assets up to the federal maximum. Currently, the spouse may keep the greater of (1) \$50,000 or (2) half the couple's combined assets, up to the federal maximum ([PA 22-121](#), effective upon passage).

Working Group on Managed Residential Communities

A new law requires the Long-Term Care ombudsman to convene a working group to study issues involving managed residential communities (MRCs) that are not affiliated with continuing care retirement communities, including (1) what notice MRCs should provide residents about rent and other fee increases that exceed certain percentages and (2) resident health transitions and determinations of care levels ([PA 22-57](#), § 11, effective July 1, 2022).

Taxes

Pension and Annuity Tax Exemption Acceleration

This session, the legislature accelerated the phase-in of the pension and annuity income tax exemption. Under this new law, beginning with the 2022 tax year, qualifying pension and annuity income is fully tax-exempt for income-qualifying taxpayers. Under prior law, the exemption increased incrementally each year until it reached 100% in the 2025 tax year and beyond.

By law, taxpayers are eligible for this exemption only if their federal adjusted gross income is below (1) \$75,000 for single filers, married people filing separately, or heads of households and (2) \$100,000 for married people filing jointly ([PA 22-118](#), § 410, effective upon passage).

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