



General Assembly

**Amendment**

February Session, 2024

LCO No. 4772



Offered by:

REP. GARIBAY, 60<sup>th</sup> Dist.

SEN. HOCHADEL, 13<sup>th</sup> Dist.

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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 (A) the Connecticut  
8 home-care program for the elderly established pursuant to section 17b-  
9 342 of the general statutes, as amended by this act, (B) the personal care  
10 assistance program established pursuant to section 17b-605a of the  
11 general statutes, or (C) any of the three programs established under  
12 Section 1915(c) of the Social Security Act to provide home and  
13 community-based services to clients of the Department of  
14 Developmental Services; (3) "home care provider" means a person who

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

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

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

49 removing inaccurate or outdated information.

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

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

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

77 (2) Support recruitment and retention of qualified home care  
78 providers by (A) helping such providers become and stay enrolled as  
79 home and community-based services Medicaid providers, (B) actively  
80 recruiting home care providers through job advertisements and job

81 fairs, (C) connecting providers to training benefits and opportunities for  
82 professional development, (D) facilitating such providers' access to  
83 health insurance coverage and other benefits, and (E) facilitating  
84 communication with such providers in the event of a public health or  
85 other emergency; and

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

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

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

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

112 Sec. 3. (NEW) (*Effective October 1, 2024*) Each homemaker-companion

113 agency, as defined in section 20-670 of the general statutes, shall submit  
114 the information required under the provisions of subsection (c) of  
115 section 1 of this act to the Commissioner of Consumer Protection, in a  
116 form and manner prescribed by the commissioner, except no  
117 homemaker-companion agency shall submit any information  
118 concerning an employee who asserts an exemption from the provisions  
119 of section 1 of this act pursuant to the provisions of said section. The  
120 commissioner shall provide such information to the Commissioner of  
121 Social Services for inclusion in the home care provider registry,  
122 established pursuant to said section.

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

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

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

141       Sec. 7. (NEW) (*Effective October 1, 2024*) Each home health care agency,  
142 home health aide agency and hospice agency, as defined in section 19a-  
143 490 of the general statutes, shall require each agency employee to wear  
144 an identification badge that includes the employee's name and

145 photograph during each appointment with a client. In any case in which  
146 the Commissioner of Public Health determines that a home health care  
147 agency, home health aide agency or hospice agency has failed to comply  
148 with the requirements established under this section, the commissioner  
149 may initiate disciplinary action against the agency pursuant to section  
150 19a-494 of the general statutes.

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

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

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

178 section 8 of this act.

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

184 (c) The commissioner shall not revoke or suspend any certificate of  
185 registration except upon notice and hearing in accordance with chapter  
186 54.

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

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

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

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

239 (c) The community-based services covered under the program shall  
240 include, but not be limited to, [the following services to the extent that  
241 they are not] services not otherwise available under the state Medicaid  
242 plan: [, occupational] (1) Occupational therapy, (2) homemaker services,  
243 (3) companion services, (4) meals on wheels, (5) adult day care, (6)



244 transportation, (7) mental health counseling, (8) care management, (9)  
245 elderly foster care, (10) minor home modifications, and (11) assisted  
246 living services provided in state-funded congregate housing and in  
247 other assisted living pilot or demonstration projects established under  
248 state law. Personal care assistance services shall be covered under the  
249 program to the extent that [(1)] (A) such services are not available under  
250 the Medicaid state plan and are more cost effective on an individual  
251 client basis than existing services covered under such plan, and [(2)] (B)  
252 the provision of such services is approved by the federal government.  
253 Recipients of state-funded services, pursuant to subsection (i) of this  
254 section, and persons who are determined to be functionally eligible for  
255 community-based services who have an application for medical  
256 assistance pending, or are determined to be presumptively eligible for  
257 Medicaid pursuant to subsection (e) of this section, shall have the cost  
258 of home health and community-based services covered by the program,  
259 provided they comply with all medical assistance application  
260 requirements. Access agencies shall not use department funds to  
261 purchase community-based services or home health services from  
262 themselves or any related parties.

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

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

278 process and to specify conditions of eligibility.]

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

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

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

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

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

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

345 [(4)] (7) the administration costs, [(5)] (8) the estimated savings to  
346 provide home care versus institutional care for all persons in the  
347 program, and [(6)] (9) a comparison between costs under the different  
348 contracts for program services.

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

354 (i) (1) The Commissioner of Social Services shall, within available  
355 appropriations, administer a state-funded portion of the Connecticut  
356 home-care program for the elderly for persons (A) who are sixty-five  
357 years of age and older and are not eligible for Medicaid; (B) who are  
358 inappropriately institutionalized or at risk of inappropriate  
359 institutionalization; (C) whose income is less than or equal to the  
360 amount allowed [under subdivision (3) of subsection (a) of this section]  
361 for a person who would be eligible for medical assistance if residing in  
362 a nursing facility; and (D) whose assets, if single, do not exceed one  
363 hundred fifty per cent of the federal minimum community spouse  
364 protected amount pursuant to 42 USC 1396r-5(f)(2) or, if married, the  
365 couple's assets do not exceed two hundred per cent of said community  
366 spouse protected amount. For program applications received by the  
367 Department of Social Services for the fiscal years ending June 30, 2016,  
368 and June 30, 2017, only persons who require the level of care provided  
369 in a nursing home shall be eligible for the state-funded portion of the  
370 program, except for persons residing in affordable housing under the  
371 assisted living demonstration project established pursuant to section  
372 17b-347e who are otherwise eligible in accordance with this section.

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

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

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

406 (4) The annualized cost of services provided to an individual under  
407 the state-funded portion of the program shall not exceed fifty per cent  
408 of the weighted average cost of care in nursing homes in the state, except  
409 an individual who received services costing in excess of such amount  
410 under the Department of Social Services in the fiscal year ending June  
411 30, 1992, may continue to receive such services, provided the annualized

412 cost of such services does not exceed eighty per cent of the weighted  
413 average cost of such nursing home care. The commissioner may allow  
414 the cost of services provided to an individual to exceed the maximum  
415 cost established pursuant to this subdivision in a case of extreme  
416 hardship, as determined by the commissioner, provided in no case shall  
417 such cost exceed that of the weighted cost of such nursing home care.

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

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

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

445 in any federal program or state or local program financed in whole or in  
446 part with federal funds.

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

455 Sec. 11. Subsection (a) of section 17b-253 of the general statutes is  
456 repealed and the following is substituted in lieu thereof (*Effective July 1,*  
457 *2024*):

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

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

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

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

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

508 The Insurance Department shall only precertify long-term care  
509 insurance policies that (1) alert the purchaser to the availability of



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

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

544 committees of the General Assembly having cognizance of matters  
545 relating to aging and human services regarding such study.

546 Sec. 15. Subsection (a) of section 10-4o of the general statutes is  
547 repealed and the following is substituted in lieu thereof (*Effective October*  
548 *1, 2024*):

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

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

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

609 The Department of Children and Families shall establish, within  
610 available appropriations, community-based, multiservice parent  
611 education and support centers. The goal of each center shall be to

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

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

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

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

645 including, but not limited to, information regarding access to waitlists  
646 for housing designated for elderly persons, applications and consumer  
647 reports.

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

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

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

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

677 Sec. 19. (NEW) (*Effective October 1, 2024*) Each managed residential  
678 community shall provide not less than thirty days' notice to its residents  
679 and residents' legal representatives before (1) the operator of the  
680 managed residential community changes from one business entity to  
681 another, or (2) the assisted living services agency providing services at  
682 the managed residential community changes from one agency to  
683 another.

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

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

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

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

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

707 (3) Identify, investigate and resolve complaints made by or on behalf

708 of residents that relate to action, inaction or decisions that may  
709 adversely affect the health, safety, welfare or rights of the residents or  
710 by, or on behalf of, applicants in relation to issues concerning  
711 applications to long-term care facilities;

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

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

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

723 (7) Carry out other activities that the State Ombudsman determines  
724 to be appropriate, including, but not limited to, activities relating to the  
725 Community Ombudsman program established pursuant to section 17a-  
726 886, as amended by this act.

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

729 The state agency shall:

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

734 (2) Prohibit the disclosure of the identity of any complainant or  
735 resident with respect to whom the office maintains such files or records  
736 unless (A) the complainant or resident, or the legal representative of the  
737 complainant or resident, consents to the disclosure and the consent is

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

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

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

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



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

778 (c) The Community Ombudsman program may:

779 (1) Identify, investigate, refer and resolve complaints about home  
780 care services;

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

782 (3) Promote access to home care services;

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

784 (5) Coach individuals in self advocacy; and

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

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

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

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

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

798 (4) Providing information to public and private agencies, elected and  
799 appointed officials, the media and other persons regarding the problems  
800 and concerns of older adults and people with disabilities receiving home  
801 care;

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

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

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

816 (f) The State Ombudsman and the Community Ombudsman shall  
817 ensure that any health data obtained pursuant to subsection (b) of this  
818 section relating to a home care client is protected in accordance with the  
819 Health Insurance Portability and Accountability Act of 1996, P.L. 104-  
820 191, as amended from time to time.

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

825 Sec. 24. *(Effective from passage)* The Commissioner of Social Services  
826 shall conduct a study on the feasibility of pursuing a family caregiver  
827 support benefit through a Medicaid demonstration waiver under  
828 Section 1115 of the Social Security Act that would provide respite

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

841       Sec. 25. (NEW) (*Effective July 1, 2024*) (a) As used in this section: (1)  
842 "Center of Excellence" means a nursing home licensed under section  
843 19a-491 of the general statutes that provides services that are consistent  
844 with evidence-based best practices for the delivery of person-centered  
845 care; (2) "Centers of Excellence Program" means a program that sets the  
846 standards for a nursing home to be designated as a Center of Excellence;  
847 and (3) "nursing home" has the same meaning as provided in section  
848 19a-490 of the general statutes.

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

853       (c) When designing the program, the Commissioner of Public Health  
854 shall:

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

858       (2) Consult with (A) nursing home owners and operators; (B)  
859 hospitals; (C) nursing home residents and their advocates; (D) the Office  
860 of the Long-Term Care Ombudsman; (E) the Commissioner of Social

861 Services, or the commissioner's designee; (F) the Secretary of the Office  
862 of Policy and Management, or the secretary's designee; and (G) other  
863 relevant stakeholders as deemed necessary by the Commissioner of  
864 Public Health.

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

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

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

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

889 (h) The Commissioner of Social Services may seek approval of an  
890 amendment to the state Medicaid plan or a waiver from federal law to  
891 provide incentives for the Centers of Excellence Program designees. The  
892 commissioner shall develop the incentives in a time frame and manner

893 to ensure that such incentives do not duplicate other applicable federal  
 894 or state funding.

895 Sec. 26. (NEW) (*Effective July 1, 2024*) The Department of Public  
 896 Health, in consultation with the Office of the Long-Term Care  
 897 Ombudsman and the Long-Term Care Advisory Council, shall establish  
 898 an online nursing home consumer dashboard, within available  
 899 appropriations, that provides: (1) Comprehensive information  
 900 concerning quality of care for people in need of nursing home care and  
 901 their families; and (2) showcases industry leading practices. The  
 902 department shall include a link to the dashboard in a prominent place  
 903 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

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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