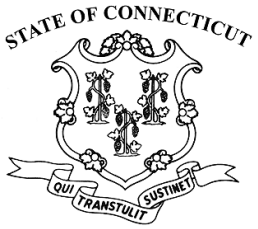

Substitute House Bill No. 5001

Public Act No. 24-39

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

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2024*) (a) As used in this section, (1) "home care" means long-term services and supports provided to adults in a home or community-based program administered by the Department of Social Services; (2) "family caregiver" means a person who provides adult family living services under (A) the Connecticut home-care program for the elderly established pursuant to section 17b-342 of the general statutes, as amended by this act, (B) the personal care assistance program established pursuant to section 17b-605a of the general statutes, or (C) any of the three programs established under Section 1915(c) of the Social Security Act to provide home and community-based services to clients of the Department of Developmental Services; (3) "home care provider" means a person who (A) provides home care or long-term services and supports and is not licensed by the Department of Public Health pursuant to title 20 of the general statutes, or (B) is employed by an entity that provides such services, including, but not limited to, (i) a home health agency or hospice agency, as such terms are defined in section 19a-490 of the general statutes, or (ii) a homemaker-companion agency, as defined in section 20-670 of the general statutes, and (C) is not a (i) personal care

attendant, as defined in section 17b-706 of the general statutes, or (ii) family caregiver; and (4) "long-term services and supports" means (A) health, health-related, personal care and social services provided to persons with physical, cognitive or mental health conditions or disabilities to facilitate optimal functioning and quality of life, or (B) hospice care provided to persons who may be nearing the end of their lives.

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

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

(2) A home care provider may assert an exemption from the provisions of this section if such home care provider (A) is a (i) victim of domestic violence, as defined in subsection (b) of section 46b-1 of the

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

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

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

(2) Support recruitment and retention of qualified home care providers by (A) helping such providers become and stay enrolled as home and community-based services Medicaid providers, (B) actively recruiting home care providers through job advertisements and job fairs, (C) connecting providers to training benefits and opportunities for professional development, (D) facilitating such providers' access to health insurance coverage and other benefits, and (E) facilitating

communication with such providers in the event of a public health or other emergency; and

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

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

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

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

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

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

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

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

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

Sec. 7. (NEW) (*Effective October 1, 2024*) Each home health care agency, home health aide agency and hospice agency, as defined in section 19a-

490 of the general statutes, shall require each agency employee to wear an identification badge that includes the employee's name and photograph during each appointment with a client. In any case in which the Commissioner of Public Health determines that a home health care agency, home health aide agency or hospice agency has failed to comply with the requirements established under this section, the commissioner may initiate disciplinary action against the agency pursuant to section 19a-494 of the general statutes.

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

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

(a) The Commissioner of Consumer Protection may revoke, suspend or refuse to issue or renew any certificate of registration as a homemaker-companion agency or place an agency on probation or issue a letter of reprimand for: (1) Conduct by the agency, or by an employee of the agency while in the course of employment, of a character likely to mislead, deceive or defraud the public or the commissioner; (2) engaging in any untruthful or misleading advertising; (3) failure of such agency that acts as a registry to comply with the notice requirements of section 20-679a; (4) failing to perform a comprehensive background check of a prospective employee or maintain a copy of materials obtained during a comprehensive background check, as required by

section 20-678; **[**or**]** (5) failing to provide a written notice, obtain a signed notice or maintain a copy of a signed notice, as required by section 20-679c; or (6) on and after July 1, 2025, failing to require an employee scheduled to provide services to a client to wear a badge, as required by section 8 of this act.

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

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

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

(a) The Commissioner of Social Services shall administer the Connecticut home-care program for the elderly state-wide in order to prevent the institutionalization of elderly persons who (1) **[**who**]** are recipients of medical assistance, (2) **[**who**]** are eligible for such assistance, (3) **[**who**]** would be eligible for medical assistance if residing in a nursing facility, or (4) **[**who**]** meet the criteria for the state-funded portion of the program under subsection **[**(i)**]** (j) of this section. For purposes of this section, **[**a long-term care facility is**]** "long-term care facility" means a facility that has been federally certified as a skilled nursing facility or intermediate care facility. The commissioner shall make any revisions in the state Medicaid plan required by Title XIX of the Social Security Act prior to implementing the program. The program shall be structured so that the net cost to the state for long-term facility care in combination with the services under the program shall not exceed the net cost the state would have incurred without the program.

The commissioner shall investigate the possibility of receiving federal funds for the program and shall apply for any necessary federal waivers. A recipient of services under the program, and the estate and legally liable relatives of the recipient, shall be responsible for reimbursement to the state for such services to the same extent required of a recipient of assistance under the state supplement program, medical assistance program, temporary family assistance program or supplemental nutrition assistance program. Only a United States citizen or a noncitizen who meets the citizenship requirements for eligibility under the Medicaid program shall be eligible for home-care services under this section, except a qualified alien, as defined in Section 431 of Public Law 104-193, admitted into the United States on or after August 22, 1996, or other lawfully residing immigrant alien determined eligible for services under this section prior to July 1, 1997, shall remain eligible for such services. Qualified aliens or other lawfully residing immigrant aliens not determined eligible prior to July 1, 1997, shall be eligible for services under this section subsequent to six months from establishing residency. Notwithstanding the provisions of this subsection, any qualified alien or other lawfully residing immigrant alien or alien who formerly held the status of permanently residing under color of law who is a victim of domestic violence or who has intellectual disability shall be eligible for assistance pursuant to this section. Qualified aliens, as defined in Section 431 of Public Law 104-193, or other lawfully residing immigrant aliens or aliens who formerly held the status of permanently residing under color of law shall be eligible for services under this section provided other conditions of eligibility are met.

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

In addition to such contracts, the commissioner may use department staff to provide screening, coordination, assessment and monitoring functions for the program.

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

(d) Physicians, hospitals, long-term care facilities and other licensed health care facilities may disclose, and, as a condition of eligibility for the program, elderly persons, their guardians, and relatives shall disclose, upon request from the Department of Social Services, such

financial, social and medical information as may be necessary to enable the department or any agency administering the program on behalf of the department to provide services under the program. Long-term care facilities shall supply the Department of Social Services with the names and addresses of all applicants for admission. Any information provided pursuant to this subsection shall be confidential and shall not be disclosed by the department or administering agency.

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

(e) (1) The Commissioner of Social Services shall, subject to the provisions of subdivisions (2) and (3) of this subsection, establish a presumptive Medicaid eligibility system under which the state shall fund services under the Connecticut home-care program for the elderly for a period of not longer than ninety days for applicants who require a skilled level of nursing care and who are determined to be presumptively eligible for Medicaid coverage. The system shall include, but need not be limited to: (A) The development of a preliminary screening tool by the Department of Social Services to be used by representatives of the access agency selected pursuant to subsection (b) of this section to determine whether an applicant is functionally able to live at home or in a community setting and is likely to be financially eligible for Medicaid; (B) a requirement that the applicant complete a Medicaid application on the date such applicant is preliminarily screened for functional eligibility or not later than ten days after such screening; (C) a determination of presumptive eligibility for eligible applicants by the department and initiation of home care services not later than ten days after an applicant is successfully screened for eligibility; and (D) a written agreement to be signed by the applicant

attesting to the accuracy of financial and other information such applicant provides and acknowledging that the state shall solely fund services not longer than ninety days after the date on which home care services begin. The department shall make a final determination as to Medicaid eligibility for applicants determined to be presumptively eligible for Medicaid coverage not later than forty-five days after the date of receipt of a completed Medicaid application from such applicant, provided the department may make such determination not later than ninety days after receipt of the application if the applicant has disabilities.

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

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

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

(g) The commissioner shall report annually, by June first, in accordance with the provisions of section 11-4a, to the joint standing committee of the General Assembly having cognizance of matters relating to human services on the Connecticut home-care program for the elderly in such detail, depth and scope as said committee requires to evaluate the effect of the program on the state and program participants. Such report shall include information on (1) the number of persons diverted from placement in a long-term care facility as a result of the program, (2) the number of persons screened for the program, (3) the number of persons determined presumptively eligible for Medicaid, (4) savings for the state based on institutional care costs that were averted for persons determined to be presumptively eligible for Medicaid who later were determined to be eligible for Medicaid, (5) the number of persons determined presumptively eligible for Medicaid who later were determined not to be eligible for Medicaid and costs to the state to provide such persons with home care services before the final Medicaid eligibility determination, (6) the average cost per person in the program, **[**(4)**]** (7) the administration costs, **[**(5)**]** (8) the estimated savings to provide home care versus institutional care for all persons in the program, and **[**(6)**]** (9) a comparison between costs under the different contracts for program services.

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

(i) (1) The Commissioner of Social Services shall, within available appropriations, administer a state-funded portion of the Connecticut home-care program for the elderly for persons (A) who are sixty-five years of age and older and are not eligible for Medicaid; (B) who are inappropriately institutionalized or at risk of inappropriate

institutionalization; (C) whose income is less than or equal to the amount allowed **[**under subdivision (3) of subsection (a) of this section**]** for a person who would be eligible for medical assistance if residing in a nursing facility; and (D) whose assets, if single, do not exceed one hundred fifty per cent of the federal minimum community spouse protected amount pursuant to 42 USC 1396r-5(f)(2) or, if married, the couple's assets do not exceed two hundred per cent of said community spouse protected amount. For program applications received by the Department of Social Services for the fiscal years ending June 30, 2016, and June 30, 2017, only persons who require the level of care provided in a nursing home shall be eligible for the state-funded portion of the program, except for persons residing in affordable housing under the assisted living demonstration project established pursuant to section 17b-347e who are otherwise eligible in accordance with this section.

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

(3) Any person who resides in affordable housing under the assisted

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

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

(j) The Commissioner of Social Services shall collect data on services provided under the program, including, but not limited to, the: (1) Number of participants before and after **[**copayments are reduced

pursuant to subsection (i) of this section**]** any adjustment in copayments, (2) average hours of care provided under the program per participant, and (3) estimated cost savings to the state by providing home care to participants who may otherwise receive care in a nursing home facility. The commissioner shall, in accordance with the provisions of section 11-4a, report on the results of the data collection to the joint standing committees of the General Assembly having cognizance of matters relating to aging, appropriations and the budgets of state agencies and human services not later than July 1, 2022. The commissioner may implement revised criteria for the operation of the program while in the process of adopting such criteria in regulation form, provided the commissioner publishes notice of intention to adopt the regulations in accordance with section 17b-10. Such criteria shall be valid until the time final regulations are effective.

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

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

(m) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54, to (1) define "access agency", (2) implement and administer the program, (3) implement and administer the presumptive Medicaid eligibility system described in subsection (e) of this section, (4) establish uniform state-wide standards for the program and uniform

assessment tools for use in the screening process for the program and the prescreening for presumptive Medicaid eligibility, and (5) specify conditions of eligibility.

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

(a) The Department of Social Services shall seek appropriate amendments to its Medicaid regulations and state plan to allow protection of resources and income pursuant to section 17b-252. Such protection shall be provided, to the extent approved by the federal Centers for Medicare and Medicaid Services, for any purchaser of a precertified long-term care policy and shall last for the life of the purchaser. Such protection shall be provided under the Medicaid program or its successor program. Any purchaser of a precertified long-term care policy shall be guaranteed coverage under the Medicaid program or its successor program, to the extent the individual meets all applicable eligibility requirements for the Medicaid program or its successor program. Until such time as eligibility requirements are prescribed for Medicaid's successor program, for the purposes of this subsection, the applicable eligibility requirements shall be the Medicaid program's requirements as of the date its successor program was enacted. The Department of Social Services shall count insurance benefit payments toward resource exclusion to the extent such payments (1) are for services paid for by a precertified long-term care policy; (2) are for the lower of the actual charge and the amount paid by the insurance company; (3) are for nursing home care, or formal services delivered to insureds in the community as part of a care plan approved by an access agency approved by the Office of Policy and Management and the Department of Social Services as meeting the requirements for such agency as defined in regulations adopted pursuant to subsection **[**(e)**]** (m) of section 17b-342, as amended by this act; and (4) are for services

provided after the individual meets the coverage requirements for long-term care benefits established by the Department of Social Services for this program. The Commissioner of Social Services shall adopt regulations, in accordance with chapter 54, to implement the provisions of this subsection and sections 17b-252, 17b-254 and 38a-475, as amended by this act, relating to determining eligibility of applicants for Medicaid, or its successor program, and the coverage requirements for long-term care benefits.

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

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

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

The Insurance Department shall only precertify long-term care insurance policies that (1) alert the purchaser to the availability of consumer information and public education provided by the Department of Aging and Disability Services pursuant to section 17a-861; (2) offer the option of home and community-based services in

addition to nursing home care; (3) in all home care plans, include case management services delivered by an access agency approved by the Office of Policy and Management and the Department of Social Services as meeting the requirements for such agency as defined in regulations adopted pursuant to subsection **[**(e)**]** (m) of section 17b-342, as amended by this act, which services shall include, but need not be limited to, the development of a comprehensive individualized assessment and care plan and, as needed, the coordination of appropriate services and the monitoring of the delivery of such services; (4) provide inflation protection; (5) provide for the keeping of records and an explanation of benefit reports on insurance payments which count toward Medicaid resource exclusion; and (6) provide the management information and reports necessary to document the extent of Medicaid resource protection offered and to evaluate the Connecticut Partnership for Long-Term Care. No policy shall be precertified if it requires prior hospitalization or a prior stay in a nursing home as a condition of providing benefits. The commissioner may adopt regulations, in accordance with chapter 54, to carry out the precertification provisions of this section.

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

relating to aging and human services regarding such study.

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

(a) The Department of Education, in conjunction with the Department of Social Services, shall coordinate a family resource center program to provide comprehensive child care services, remedial educational and literacy services, families-in-training programs and supportive services to parents who are recipients of temporary family assistance and other parents, nonparent caretaker relatives and legal guardians in need of such services. The family resource centers shall be located in or associated with public schools, and any family resource center established on or after July 1, 2000, shall be located in a public elementary school unless the Commissioner of Education waives such requirement. The commissioner shall determine the manner in which the grant recipients of such program, such as municipalities, boards of education and child care providers, shall be selected. The family resource center shall provide: (1) Quality full-day child care and school readiness programs for children age three and older who are not enrolled in school and child care for children enrolled in school up to the age of twelve for before and after regular school hours and on a full-day basis during school holidays and school vacation, in compliance with all state statutes and regulations governing child care services, as described in section 19a-77, and, in the case of the school readiness programs, in compliance with the standards set for such programs pursuant to section 10-16p; (2) support services to parents, nonparent caretaker relatives and legal guardians of newborn infants to ascertain their needs and provide them with referrals to other services and organizations and, if necessary, education in parenting skills; (3) support and educational services to parents, nonparent caretaker relatives and legal guardians whose children are participants of the

child care services of the program and who are interested in obtaining a high school diploma or its equivalent. Parents and their preschool age children and nonparent caretaker relatives, legal guardians and preschool age children in their care may attend classes in parenting and child learning skills together so as to promote the mutual pursuit of education and enhance parent-child interaction; (4) training, technical assistance and other support by the staff of the center to operators and staff of family child care homes, as described in section 19a-77, in the community and serve as an information and referral system for other child care needs in the community or coordinate with such systems as may already exist in the community; (5) a families-in-training program to provide, within available appropriations, community support services to expectant parents and parents, nonparent caretaker relatives and legal guardians of children under the age of three. Such services shall include, but not be limited to, providing information and advice to parents, nonparent caretaker relatives and legal guardians on their children's language, cognitive, social and motor development, visiting a participant's home on a regular basis, organizing group meetings at the center for neighborhood parents, nonparent caretaker relatives and legal guardians of young children and providing a reference center for parents, nonparent caretaker relatives and legal guardians who need special assistance or services. The program shall provide for the recruitment of parents, nonparent caretaker relatives and legal guardians to participate in such program; **[**and**]** (6) a sliding scale of payment, as developed in consultation with the Department of Social Services, for child care services at the center; and (7) referrals of parents, nonparent caretaker relatives and legal guardians to community programs concerning childhood development and positive parenting practices. The center shall also provide a teen pregnancy prevention program for adolescents emphasizing responsible decision-making and communication skills.

Sec. 16. Section 17a-54 of the general statutes is repealed and the

following is substituted in lieu thereof (*Effective October 1, 2024*):

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

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

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

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

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

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

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

(e) On or before January 1, 2025, the Commissioner of Aging and Disability Services shall create a directory of municipal agents appointed pursuant to the provisions of this section, which shall include, but need not be limited to, the name, title, telephone number, electronic mail address and mailing address of each municipal agent.

The commissioner shall post a link to the directory on the Department of Aging and Disability Services' Internet web site.

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

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

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

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

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

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

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

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

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

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

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

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

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

The state agency shall:

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

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

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

(a) As used in this section, (1) "authorized representative" means a person designated by a home care client, in writing, to act on such client's behalf, including, but not limited to, a health care representative appointed pursuant to section 19a-575a or 19a-577; (2) "home care" means long-term services and supports provided to adults in a home or community-based program administered by the Department of Social Services; (3) "home care provider" means a person or organization, including, but not limited to, (A) a home health agency or hospice agency, as defined in section 19a-490, or (B) a homemaker-companion agency, as defined in section 20-670; and (4) "long-term services and

supports" means (A) health, health-related, personal care and social services provided to persons with physical, cognitive or mental health conditions or disabilities to facilitate optimal functioning and quality of life, or (B) hospice care provided to persons who may be nearing the end of their lives.

(b) There is established a Community Ombudsman program within the independent Office of the Long-Term Care Ombudsman, established pursuant to section 17a-405. Not later than October 1, 2022, the State Ombudsman appointed pursuant to said section shall, within available appropriations, appoint a Community Ombudsman who shall have access to data pertaining to long-term services and supports provided by a home care provider to a client, including, but not limited to, medical, social and other data relating to such client, provided (1) such client or such client's authorized representative provides written consent to such access, **[**or**]** (2) if such client is incapable of providing such consent due to a physical, cognitive or mental health condition or disability, the client communicates consent orally, visually or through the use of auxiliary aids and services, or (3) if such client is incapable of providing such consent as described in subdivision (2) of this subsection, and has no authorized representative, the Community Ombudsman determines the data is necessary to investigate a complaint concerning such client's care.

(c) The Community Ombudsman program may:

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

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

(3) Promote access to home care services;

(4) Advocate for long-term care options;

(5) Coach individuals in self advocacy; and

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

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

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

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

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

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

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

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

(e) Not later than December 1, 2023, and annually thereafter, the State Ombudsman shall submit a report, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services and

public health on (1) implementation of the public awareness strategy relating to the Community Ombudsman program, (2) the number of persons served in the program, (3) the number of complaints regarding home care filed with the program, (4) the disposition of such complaints, and (5) any gaps in services and resources needed to address such gaps.

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

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

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

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

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

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

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

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

(d) The design of the program shall, at a minimum, (1) identify evidence-based qualitative and quantitative standards for delivery of person-centered care a nursing home must meet to be designated as a Center of Excellence; (2) identify for each standard the measure or measures nursing homes must meet to qualify as a Center of Excellence;

(3) identify a pathway through application, inspection or other means by which a nursing home may be designated as a Center of Excellence; (4) create a mechanism to designate nursing homes that meet or exceed the standards and qualify as a Center of Excellence; (5) determine potential incentives to nursing homes that meet the standards set for the Centers of Excellence Program; and (6) identify ways to maximize the use of available federal funding to support the Centers of Excellence Program.

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

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

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

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

Sec. 26. (NEW) (*Effective July 1, 2024*) The Department of Public Health, in consultation with the Office of the Long-Term Care Ombudsman and the Long-Term Care Advisory Council, shall establish an online nursing home consumer dashboard, within available

appropriations, that provides: (1) Comprehensive information concerning quality of care for people in need of nursing home care and their families; and (2) showcases industry leading practices. The department shall include a link to the dashboard in a prominent place on the department's Internet web site.