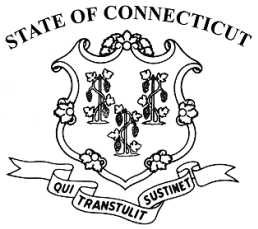

House Bill No. 5781

Public Act No. 23-48

AN ACT CONCERNING NOTICE OF A PROPOSED INVOLUNTARY TRANSFER OR DISCHARGE OF A NURSING FACILITY RESIDENT, FAMILY COUNCILS IN MANAGED RESIDENTIAL COMMUNITIES, COORDINATION OF DEMENTIA SERVICES, NURSING HOME TRANSPARENCY AND HOMEMAKER-COMPANION AGENCIES.

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

Section 1. Subsection (c) of section 19a-535 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) (1) Before effecting any transfer or discharge of a resident from the facility, the facility shall notify, in writing, the resident and the resident's guardian or conservator, if any, or legally liable relative or other responsible party if known, of the proposed transfer or discharge, the reasons therefor, the effective date of the proposed transfer or discharge, the location to which the resident is to be transferred or discharged, the right to appeal the proposed transfer or discharge and the procedures for initiating such an appeal as determined by the Department of Social Services, the date by which an appeal must be initiated in order to preserve the resident's right to an appeal hearing and the date by which an appeal must be initiated in order to stay the proposed transfer or discharge and the possibility of an exception to the date by which an appeal must be initiated in order to stay the proposed transfer or

discharge for good cause, that the resident may represent himself or herself or be represented by legal counsel, a relative, a friend or other spokesperson, an affirmation by the facility that notice of the proposed transfer or discharge has been provided to the State Long-Term Care Ombudsman, in accordance with the provisions of subdivision (3) of this subsection, and information as to bed hold and nursing home readmission policy when required in accordance with section 19a-537. The notice shall also include the name, mailing address and telephone number of the State Long-Term Care Ombudsman. If the resident is, or the facility alleges a resident is, mentally ill or developmentally disabled, the notice shall include the name, mailing address and telephone number of the nonprofit entity designated by the Governor in accordance with section 46a-10b to serve as the Connecticut protection and advocacy system. The notice shall be given at least thirty days and no more than sixty days prior to the resident's proposed transfer or discharge, except where the health or safety of individuals in the facility are endangered, or where the resident's health improves sufficiently to allow a more immediate transfer or discharge, or where immediate transfer or discharge is necessitated by urgent medical needs or where a resident has not resided in the facility for thirty days, in which cases notice shall be given as many days before the transfer or discharge as practicable.

(2) The resident may initiate an appeal pursuant to this section by submitting a written request to the Commissioner of Social Services not later than sixty calendar days after the facility issues the notice of the proposed transfer or discharge, except as provided in subsection (h) of this section. In order to stay a proposed transfer or discharge, the resident must initiate an appeal not later than twenty days after the date the resident receives the notice of the proposed transfer or discharge from the facility unless the resident demonstrates good cause for failing to initiate such appeal within the twenty-day period.

(3) On the date that the facility provides notice of a proposed involuntary transfer or discharge of a resident pursuant to the provisions of subdivision (1) of this subsection, the facility shall notify the State Ombudsman, appointed pursuant to section 17a-870, in a manner prescribed by the State Ombudsman, of such proposed involuntary transfer or discharge. Failure to provide notice to the State Ombudsman pursuant to the provisions of this subdivision shall invalidate any notice of the proposed involuntary transfer or discharge of a resident submitted pursuant to the provisions of subdivision (1) of this subsection.

Sec. 2. Subsection (a) of section 17a-878 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The State Ombudsman and representatives of the office shall have:

(1) Access to long-term care facilities and residents;

(2) Appropriate access to review the medical and social records of a resident, including, but not limited to, the discharge plan developed pursuant to subsection (e) of section 19a-535, if (A) the representative of the office has the permission of the resident, or the legal representative of the resident, (B) the resident is unable to consent to the review and has no legal representative, or (C) access to the records is necessary to investigate a complaint and a resident representative refuses to give permission, a representative of the office has reasonable cause to believe that the resident representative is not acting in the best interests of the resident, and the representative of the office obtains the approval of the ombudsman;

(3) Access to the administrative records, policies and documents, to which the residents have, or the general public has access, of long-term care facilities; and

(4) Access to and, on request, copies of all licensing and certification records maintained by the state with respect to long-term care facilities.

Sec. 3. Subsection (k) of section 19a-535 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(k) **[**A**]** Except as otherwise provided pursuant to subdivision (3) of subsection (c) of this section, a facility shall electronically report each involuntary transfer or discharge to the State Ombudsman, appointed pursuant to section **[**17a-405**]** 17a-870, (1) in a manner prescribed by the State Ombudsman, and (2) on an Internet web site portal maintained by the State Ombudsman in accordance with patient privacy provisions of the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time.

Sec. 4. Section 19a-693 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

As used in this section and sections 19a-694 to 19a-701, inclusive, as amended by this act:

(1) "Activities of daily living" means activities or tasks that are essential for a person's healthful and safe existence, including, but not limited to, bathing, dressing, grooming, eating, meal preparation, shopping, housekeeping, transfers, bowel and bladder care, laundry, communication, self-administration of medication and ambulation.

(2) "Assisted living services" means nursing services and assistance with activities of daily living provided to residents living within (A) a managed residential community having supportive services that encourage persons primarily fifty-five years of age or older to maintain a maximum level of independence, or (B) an elderly housing complex receiving assistance and funding through the United States Department of Housing and Urban Development's Assisted Living Conversion

Program.

(3) "Assisted living services agency" means an entity, licensed by the Department of Public Health pursuant to chapter 368v that provides, among other things, nursing services and assistance with activities of daily living to a population that is chronic and stable.

(4) "Managed residential community" means a for-profit or not-for-profit facility consisting of private residential units that provides a managed group living environment consisting of housing and services for persons who are primarily fifty-five years of age or older. "Managed residential community" does not include any state-funded congregate housing facilities.

(5) "Department" means the Department of Public Health.

(6) "Family council" means an independent, self-determining group of family members and friends who (A) advocate for the needs and interests of the residents of a managed residential community that offers assisted living services, and (B) facilitate open communication between the managed residential community administration, the residents and family and friends of the residents.

[(6)**]** (7) "Private residential unit" means a private living environment designed for use and occupancy by a resident within a managed residential community that includes a full bathroom and access to facilities and equipment for the preparation and storage of food.

[(7)**]** (8) "Resident" means a person residing in a private residential unit of a managed residential community pursuant to the terms of a written agreement for occupancy of such unit.

Sec. 5. Section 19a-694 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) All managed residential communities operating in the state shall:

(1) Provide a written residency agreement to each resident in accordance with section 19a-700;

(2) Afford residents the ability to access services provided by an assisted living services agency. Such services shall be provided in accordance with a service plan developed in accordance with section 19a-699;

(3) Upon the request of a resident, arrange, in conjunction with the assisted living services agency, for the provision of ancillary medical services on behalf of a resident, including physician and dental services, pharmacy services, restorative physical therapies, podiatry services, hospice care and home health agency services, provided the ancillary medical services are not administered by employees of the managed residential community, unless the resident chooses to receive such services;

(4) Provide a formally established security program for the protection and safety of residents that is designed to protect residents from intruders;

(5) Afford residents the rights and privileges guaranteed under title 47a;

(6) Comply with the provisions of subsection (c) of section 19-13-D105 of the regulations of Connecticut state agencies; **[**and**]**

(7) Assist a resident who has a long-term care insurance policy with preparing and submitting claims for benefits to the insurer, provided such resident has executed a written authorization requesting and directing the insurer to (A) disclose information to the managed residential community relevant to such resident's eligibility for an insurance benefit or payment, and (B) provide a copy of the acceptance

or declination of a claim for benefits to the managed residential community at the same time such acceptance or declination is made to such resident; and

(8) On or before January 1, 2024, encourage and assist in the establishment of a family council in managed residential communities offering assisted living services. Such family council shall not allow a family member or friend of a resident who is not a resident of a dementia special care unit to participate in the family council without the consent of such resident.

(b) No managed residential community shall control or manage the financial affairs or personal property of any resident, except as provided for in subdivision (7) of subsection (a) of this section.

Sec. 6. (NEW) (*Effective October 1, 2023*) There shall be within the Department of Aging and Disability Services a dementia services coordinator. The dementia services coordinator shall (1) coordinate dementia services across state agencies, (2) assess and analyze dementia-related data collected by the state, (3) evaluate state-funded dementia services, (4) identify and support the development of dementia-specific training programs, and (5) perform any other relevant duties to support individuals with dementia in the state, as determined by the Commissioner of Aging and Disability Services.

Sec. 7. (NEW) (*Effective July 1, 2023*) (a) Beginning with the cost report year ending on September 30, 2023, and annually thereafter, each nursing home facility, as defined in section 19a-490 of the general statutes, shall submit to the Commissioner of Social Services narrative summaries of expenditures in addition to the cost reports required pursuant to section 17b-340 of the general statutes, as amended by this act. The summaries shall include profit and loss statements for the preceding three cost report years, total revenue, total expenditures, total assets, total liabilities, short-term debt, long-term debt and cash flows

from investing, operating and financing activities. The Commissioner of Social Services shall develop a uniform narrative summary form to be used by nursing home facilities for the purposes of complying with the provisions of this subsection and post such form on the department's Internet web site.

(b) Not later than January 1, 2024, and annually thereafter, the Commissioner of Social Services shall post in a conspicuous area on the Internet web site of the Department of Social Services a link to the annual cost reports and the summaries provided by each nursing home facility.

(c) Any nursing home facility that violates or fails to comply with the provisions of this section shall be fined not more than ten thousand dollars for each incident of noncompliance. Prior to imposing any penalty pursuant to this subsection, the commissioner shall notify the nursing home facility of the alleged violation and the accompanying penalty and shall permit such facility to request that the department review its findings. A facility shall request such review not later than fifteen days after receipt of the notice of violation from the department. The department shall stay the imposition of any penalty pending the outcome of the review. The commissioner may impose a penalty upon a facility pursuant to this subsection regardless of whether a change in ownership of the facility has taken place since the time of the violation, provided the department issued notice of the alleged violation and the accompanying penalty prior to the effective date of the change in ownership and record of such notice is readily available in a central registry maintained by the department. Payments of fines received pursuant to this subsection shall be deposited in the General Fund and credited to the Medicaid account.

Sec. 8. Section 19a-491a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

(a) A person seeking a license to establish, conduct, operate or maintain a nursing home shall provide the Department of Public Health with the following information:

(1) (A) The name and business address of the owner and a statement of whether the owner is an individual, partnership, corporation or other legal entity; (B) the names of the officers, directors, trustees, or managing and general partners of the owner, the names of persons having a ten per cent or greater ownership interest in the owner, and a description of each such person's occupation with the owner; **[**and**]** (C) if the owner is a corporation which is incorporated in another state, a certificate of good standing from the secretary of state of the state of incorporation; and (D) if a private equity company or real estate investment trust owns any portion of the business, any information regarding such company or trust required to be disclosed (i) on federal Form CMS-855a, and (ii) in accordance with 42 CFR 424.516 or 42 CFR 455.104, as amended from time to time;

(2) A description of the relevant business experience of the owner and of the administrator of the nursing home and evidence that the administrator has a license issued pursuant to section 19a-514;

(3) Affidavits signed by the owner, any of the persons described in subdivision (1) of this subsection, the administrator, assistant administrator, the medical director, the director of nursing and assistant director of nursing disclosing any matter in which such person has been convicted of a felony, as defined in section 53a-25, or has pleaded nolo contendere to a felony charge, or has been held liable or enjoined in a civil action by final judgment, if the felony or civil action involved fraud, embezzlement, fraudulent conversion or misappropriation of property; or is subject to an injunction or restrictive or remedial order of a court of record at the time of application, within the past five years has had any state or federal license or permit suspended or revoked as a result of an action brought by a governmental agency or department, arising out of

or relating to health care business activity, including, but not limited to, actions affecting the operation of a nursing home, retirement home, residential care home or any facility subject to sections 17b-520 to 17b-535, inclusive, or a similar statute in another state or country;

(4) (A) A statement as to whether or not the owner is, or is affiliated with, a religious, charitable or other nonprofit organization; (B) the extent of the affiliation, if any; (C) the extent to which the affiliate organization will be responsible for the financial obligations of the owner; and (D) the provision of the Internal Revenue Code of 1986, or any subsequent corresponding internal revenue code of the United States, as from time to time amended, if any, under which the owner or affiliate is exempt from the payment of income tax;

(5) The location and a description of other health care facilities of the owner, existing or proposed, and, if proposed, the estimated completion date or dates and whether or not construction has begun; **[**and**]**

(6) Audited and certified financial statements of the owner, including (A) a balance sheet as of the end of the most recent fiscal year, and (B) income statements for the most recent fiscal year of the owner or such shorter period of time as the owner shall have been in existence; and

[(6)**]** (7) If the operation of the nursing home has not yet commenced, a statement of the anticipated source and application of the funds used or to be used in the purchase or construction of the home, including:

(A) An estimate of such costs as financing expense, legal expense, land costs, marketing costs and other similar costs which the owner expects to incur or become obligated for prior to the commencement of operations; and

(B) A description of any mortgage loan or any other financing intended to be used for the financing of the nursing home, including the anticipated terms and costs of such financing.

(b) In addition to the information provided pursuant to subsection (a) of this section, the commissioner may reasonably require an applicant for a nursing home license or renewal of a nursing home license to submit additional information. Such information may include audited and certified financial statements of the owner, including, (1) a balance sheet as of the end of the most recent fiscal year, and (2) income statements for the most recent fiscal year of the owner or such shorter period of time as the owner shall have been in existence.

(c) No person acting individually or jointly with any other person shall establish, conduct, operate or maintain a nursing home without maintaining professional liability insurance or other indemnity against liability for professional malpractice. The amount of insurance which such person shall maintain as insurance or indemnity against claims for injury or death for professional malpractice shall be not less than one million dollars for one person, per occurrence, with an aggregate of not less than three million dollars. The requirements of this subsection shall not apply to any person who establishes, conducts, operates or maintains a residential care home.

(d) A person seeking to renew a nursing home license shall furnish the department with any information required under this section that was not previously submitted and with satisfactory written proof that the owner of the nursing home consents to such renewal, if the owner is different from the person seeking renewal, and shall provide data on any change in the information submitted. The commissioner shall refuse to issue or renew a nursing home license if the person seeking renewal fails to provide the information required under this section. Upon such refusal, the commissioner shall grant such license to the holder of the certificate of need, provided such holder meets all requirements for such licensure. If such holder does not meet such requirements, the commissioner shall proceed in accordance with sections 19a-541 to 19a-549, inclusive. If the commissioner is considering a license renewal

application pursuant to an order of the commissioner, the procedures in this subsection shall apply to such consideration.

Sec. 9. Subsection (a) of section 17b-340 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2023*):

(a) For purposes of this subsection, (1) a "related party" includes, but is not limited to, any company related to a chronic and convalescent nursing home through family association, common ownership, control or business association with any of the owners, operators or officials of such nursing home; (2) "company" means any person, partnership, association, holding company, limited liability company or corporation; (3) "family association" means a relationship by birth, marriage or domestic partnership; and (4) "profit and loss statement" means the most recent annual statement on profits and losses finalized by a related party before the annual report mandated under this subsection. The rates to be paid by or for persons aided or cared for by the state or any town in this state to licensed chronic and convalescent nursing homes, to chronic disease hospitals associated with chronic and convalescent nursing homes, to rest homes with nursing supervision, to licensed residential care homes, as defined by section 19a-490, and to residential facilities for persons with intellectual disability that are licensed pursuant to section 17a-227 and certified to participate in the Title XIX Medicaid program as intermediate care facilities for individuals with intellectual disabilities, for room, board and services specified in licensing regulations issued by the licensing agency shall be determined annually, except as otherwise provided in this subsection by the Commissioner of Social Services, to be effective July first of each year except as otherwise provided in this subsection. Such rates shall be determined on a basis of a reasonable payment for such necessary services, which basis shall take into account as a factor the costs of such services. Cost of such services shall include reasonable costs mandated

by collective bargaining agreements with certified collective bargaining agents or other agreements between the employer and employees, provided "employees" shall not include persons employed as managers or chief administrators or required to be licensed as nursing home administrators, and compensation for services rendered by proprietors at prevailing wage rates, as determined by application of principles of accounting as prescribed by said commissioner. Cost of such services shall not include amounts paid by the facilities to employees as salary, or to attorneys or consultants as fees, where the responsibility of the employees, attorneys, or consultants is to persuade or seek to persuade the other employees of the facility to support or oppose unionization. Nothing in this subsection shall prohibit inclusion of amounts paid for legal counsel related to the negotiation of collective bargaining agreements, the settlement of grievances or normal administration of labor relations. The commissioner may, in the commissioner's discretion, allow the inclusion of extraordinary and unanticipated costs of providing services that were incurred to avoid an immediate negative impact on the health and safety of patients. The commissioner may, in the commissioner's discretion, based upon review of a facility's costs, direct care staff to patient ratio and any other related information, revise a facility's rate for any increases or decreases to total licensed capacity of more than ten beds or changes to its number of licensed rest home with nursing supervision beds and chronic and convalescent nursing home beds. The commissioner may, in the commissioner's discretion, revise the rate of a facility that is closing. An interim rate issued for the period during which a facility is closing shall be based on a review of facility costs, the expected duration of the close-down period, the anticipated impact on Medicaid costs, available appropriations and the relationship of the rate requested by the facility to the average Medicaid rate for a close-down period. The commissioner may so revise a facility's rate established for the fiscal year ending June 30, 1993, and thereafter for any bed increases, decreases or changes in licensure effective after October 1, 1989. Effective July 1, 1991, in facilities that have both a

chronic and convalescent nursing home and a rest home with nursing supervision, the rate for the rest home with nursing supervision shall not exceed such facility's rate for its chronic and convalescent nursing home. All such facilities for which rates are determined under this subsection shall report on a fiscal year basis ending on September thirtieth. Such report shall be submitted to the commissioner by February fifteenth. Each **[**for-profit**]** chronic and convalescent nursing home that receives state funding pursuant to this section shall include in such annual report a profit and loss statement from each related party that receives from such chronic and convalescent nursing home **[**fifty**]** thirty thousand dollars or more per year for goods, fees and services. No cause of action or liability shall arise against the state, the Department of Social Services, any state official or agent for failure to take action based on the information required to be reported under this subsection. The commissioner may reduce the rate in effect for a facility that fails to submit a complete and accurate report on or before February fifteenth by an amount not to exceed ten per cent of such rate. If a licensed residential care home fails to submit a complete and accurate report, the department shall notify such home of the failure and the home shall have thirty days from the date the notice was issued to submit a complete and accurate report. If a licensed residential care home fails to submit a complete and accurate report not later than thirty days after the date of notice, such home may not receive a retroactive rate increase, in the commissioner's discretion. The commissioner shall, annually, on or before April first, report the data contained in the reports of such facilities on the department's Internet web site. For the cost reporting year commencing October 1, 1985, and for subsequent cost reporting years, facilities shall report the cost of using the services of any nursing personnel supplied by a temporary nursing services agency by separating said cost into two categories, the portion of the cost equal to the salary of the employee for whom the nursing personnel supplied by a temporary nursing services agency is substituting shall be considered a nursing cost and any cost in excess of such salary shall be further

divided so that seventy-five per cent of the excess cost shall be considered an administrative or general cost and twenty-five per cent of the excess cost shall be considered a nursing cost, provided if the total costs of a facility for nursing personnel supplied by a temporary nursing services agency in any cost year are equal to or exceed fifteen per cent of the total nursing expenditures of the facility for such cost year, no portion of such costs in excess of fifteen per cent shall be classified as administrative or general costs. The commissioner, in determining such rates, shall also take into account the classification of patients or boarders according to special care requirements or classification of the facility according to such factors as facilities and services and such other factors as the commissioner deems reasonable, including anticipated fluctuations in the cost of providing such services. The commissioner may establish a separate rate for a facility or a portion of a facility for traumatic brain injury patients who require extensive care but not acute general hospital care. Such separate rate shall reflect the special care requirements of such patients. If changes in federal or state laws, regulations or standards adopted subsequent to June 30, 1985, result in increased costs or expenditures in an amount exceeding one-half of one per cent of allowable costs for the most recent cost reporting year, the commissioner shall adjust rates and provide payment for any such increased reasonable costs or expenditures within a reasonable period of time retroactive to the date of enforcement. Nothing in this section shall be construed to require the Department of Social Services to adjust rates and provide payment for any increases in costs resulting from an inspection of a facility by the Department of Public Health. Such assistance as the commissioner requires from other state agencies or departments in determining rates shall be made available to the commissioner at the commissioner's request. Payment of the rates established pursuant to this section shall be conditioned on the establishment by such facilities of admissions procedures that conform with this section, section 19a-533 and all other applicable provisions of the law and the provision of equality of treatment to all persons in such

facilities. The established rates shall be the maximum amount chargeable by such facilities for care of such beneficiaries, and the acceptance by or on behalf of any such facility of any additional compensation for care of any such beneficiary from any other person or source shall constitute the offense of aiding a beneficiary to obtain aid to which the beneficiary is not entitled and shall be punishable in the same manner as is provided in subsection (b) of section 17b-97. Notwithstanding any provision of this section, the Commissioner of Social Services may, within available appropriations, provide an interim rate increase for a licensed chronic and convalescent nursing home or a rest home with nursing supervision for rate periods no earlier than April 1, 2004, only if the commissioner determines that the increase is necessary to avoid the filing of a petition for relief under Title 11 of the United States Code; imposition of receivership pursuant to sections 19a-542 and 19a-543; or substantial deterioration of the facility's financial condition that may be expected to adversely affect resident care and the continued operation of the facility, and the commissioner determines that the continued operation of the facility is in the best interest of the state. The commissioner shall consider any requests for interim rate increases on file with the department from March 30, 2004, and those submitted subsequently for rate periods no earlier than April 1, 2004. When reviewing an interim rate increase request the commissioner shall, at a minimum, consider: (A) Existing chronic and convalescent nursing home or rest home with nursing supervision utilization in the area and projected bed need; (B) physical plant long-term viability and the ability of the owner or purchaser to implement any necessary property improvements; (C) licensure and certification compliance history; (D) reasonableness of actual and projected expenses; and (E) the ability of the facility to meet wage and benefit costs. No interim rate shall be increased pursuant to this subsection in excess of one hundred fifteen per cent of the median rate for the facility's peer grouping, established pursuant to subdivision (2) of subsection (f) of this section, unless recommended by the commissioner and approved by the

Secretary of the Office of Policy and Management after consultation with the commissioner. Such median rates shall be published by the Department of Social Services not later than April first of each year. In the event that a facility granted an interim rate increase pursuant to this section is sold or otherwise conveyed for value to an unrelated entity less than five years after the effective date of such rate increase, the rate increase shall be deemed rescinded and the department shall recover an amount equal to the difference between payments made for all affected rate periods and payments that would have been made if the interim rate increase was not granted. The commissioner may seek recovery of such payments from any facility with common ownership. With the approval of the Secretary of the Office of Policy and Management, the commissioner may waive recovery and rescission of the interim rate for good cause shown that is not inconsistent with this section, including, but not limited to, transfers to family members that were made for no value. The commissioner shall provide written quarterly reports to the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services and appropriations and the budgets of state agencies, that identify each facility requesting an interim rate increase, the amount of the requested rate increase for each facility, the action taken by the commissioner and the secretary pursuant to this subsection, and estimates of the additional cost to the state for each approved interim rate increase. Nothing in this subsection shall prohibit the commissioner from increasing the rate of a licensed chronic and convalescent nursing home or a rest home with nursing supervision for allowable costs associated with facility capital improvements or increasing the rate in case of a sale of a licensed chronic and convalescent nursing home or a rest home with nursing supervision if receivership has been imposed on such home. For purposes of this section, "temporary nursing services agency" and "nursing personnel" have the same meaning as provided in section 19a-118.

Sec. 10. (NEW) (*Effective from passage*) The Commissioner of Social

Services shall develop a guidebook that includes, but need not be limited to, a glossary and plain language explanation of the terms relating to and a description of the Medicaid nursing home rate setting process. Not later than July 1, 2024, the commissioner shall post the guidebook in a conspicuous area on the Internet web site of the Department of Social Services. The commissioner may update the guidebook as deemed necessary.

Sec. 11. (*Effective from passage*) The Secretary of the Office of Policy and Management, in consultation with the Commissioners of Consumer Protection and Public Health, shall develop a plan to transfer the responsibility for registration and oversight of homemaker-companion agencies, as defined in section 20-670 of the general statutes from the Department of Consumer Protection to the Department of Public Health. Such plan shall (1) provide a timeline for the proposed transition, and (2) include recommendations on appropriate training standards that (A) exemplify best practices for providing homemaker and companion services, as defined in section 20-670 of the general statutes, (B) provide instruction and specialized training benchmarks for the care of clients with Alzheimer's disease, dementia and other related conditions, and (C) ensure a high quality of care for homemaker-companion agency clients and may evaluate and make recommendations on the appropriate use of the term "care" in describing the services provided by homemaker-companion agencies and any limitations on the use of such term to ensure consumer clarity. Not later than August 1, 2024, the secretary shall report, in accordance with section 11-4a of the general statutes, on such plan to the joint standing committees of the General Assembly having cognizance of matters relating to aging, general law and public health.

Sec. 12. Section 20-675 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(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; **[**or**]** (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 17 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), inclusive, of subsection (a) of this section three times in one calendar year.

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

Sec. 13. Section 20-679 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2023*):

(a) Not later than seven calendar days after the date on which a homemaker-companion agency commences providing homemaker services or companion services, such agency shall provide the person who receives the services, or the authorized representative of such person, with a written contract or service plan. The written contract or service plan shall be developed in consultation with such person or authorized representative and include (1) a person-centered plan of care

and services that prescribes the anticipated scope, type, frequency, duration and cost of the services provided by the agency, (2) the anticipated scope, type and frequency of oversight of an employee assigned to such person by the homemaker-companion agency, and (3) a predetermined frequency of meetings between the person who oversees such employee and the person who receives the services, or the authorized representative of such person. In addition, any contract or service plan provided by a homemaker-companion agency to a person receiving services shall also provide conspicuous notice, in boldface type **[**(1)**]** (A) of the person's right to request changes to, or review of the contract or service plan, **[**(2)**]** (B) of the employees of such agency who, pursuant to section 20-678 are required to submit to a comprehensive background check, **[**(3)**]** (C) that upon the request of such person or an authorized representative of such person, such agency shall provide such person or representative of such person with written notice that a comprehensive background check, as required pursuant to section 20-678, was performed for all employees of such agency performing services for such person, **[**(4)**]** (D) that such agency's records are available for inspection or audit by the Department of Consumer Protection, **[**(5)**]** (E) that the agency is not able to guarantee the extent to which its services will be covered under any insurance plan, and **[**(6)**]** (F) that such contract or service plan may be cancelled at any time by the client if such contract or service plan does not contain a specific period of duration. On the date that a homemaker-companion agency provides such contract or service plan to such person, the agency shall also provide a printed copy of the guide that details the process by which such person, or such person's authorized representative, may file a complaint against such agency, posted on the Department of Consumer Protection's Internet web site pursuant to section 14 of this act. No contract or service plan for the provision of homemaker or companion services shall be valid against the person who receives the services or the authorized representative of such person, unless the contract or service plan has been signed by a duly authorized

representative of the homemaker-companion agency and the person who receives the services or the authorized representative of such person. The requirements of this section shall not apply to homemaker services or companion services provided under the Connecticut home-care program for the elderly administered by the Department of Social Services in accordance with section 17b-342. A written contract or service plan between a homemaker-companion agency and a person receiving services or the authorized representative of such person shall not be enforceable against such person receiving services or authorized representative unless such written contract or service plan contains all of the requirements of this section.

(b) Nothing in this section shall preclude a homemaker-companion agency that has complied with **[**subdivisions (1) to (6)**]** subparagraphs (A) to (F), inclusive, of subsection (a) of this section from the recovery of payment for work performed based on the reasonable value of services which were requested by the person receiving services, provided the court determines that it would be inequitable to deny such recovery.

Sec. 14. (NEW) (*Effective from passage*) Not later than October 1, 2023, the Commissioner of Consumer Protection shall post a guide that details the process by which a person who receives homemaker services or companion services, as defined in section 20-670 of the general statutes or the authorized representative of such person, may file a complaint against a homemaker-companion agency, as defined in section 20-670 of the general statutes on its Internet web site.

Sec. 15. (NEW) (*Effective from passage*) On and after January 1, 2024, each homemaker-companion agency, as defined in section 20-670 of the general statutes shall have a printed consumer brochure and maintain an Internet web site detailing the homemaker and companion services offered by such agency and provide such brochure or the address of such Internet web site upon the request of consumers.

Sec. 16. Section 20-677 of the general statutes is amended by adding subsection (g) as follows (*Effective from passage*):

(NEW) (g) A homemaker-companion agency may include in its business name and advertising the term "care" if such term is used in reference to such agency's provision of homemaker services, provided, on and after October 1, 2023, any such advertising (1) shall prominently and clearly display in plain font with distinctly contrasting colors at the top of such advertising, including, but not limited to, each page of the agency's Internet web site, social media posts, print media and audio-visual advertisements, the clear and conspicuous words: "(Insert name of homemaker-companion agency) solely provides nonmedical care.", or, if such advertising is an audio advertisement, such words shall be audibly conveyed at the same speed and manner as the rest of such audio advertisement, and (2) shall not include any words that indicate or suggest that such agency provides any services beyond the scope of services authorized under this chapter, including, but not limited to, words relating to medical or health care licensure or services. A homemaker-companion agency may include in its advertising words that accurately describe, as determined by the commissioner, that such agency has employees who are trained to provide homemaker services to individuals experiencing memory difficulties, provided the agency details the type of training and number of hours each employee was trained to provide such services. A violation of the provisions of this subsection shall constitute untruthful or misleading advertising for the purposes of subsection (a) of section 20-675, as amended by this act.

Sec. 17. (NEW) (*Effective from passage*) Each homemaker-companion agency, prior to providing homemaker services or companion services, shall (1) provide the person who receives the services, or the authorized representative of such person, with a written notice that the agency provides nonmedical care, and (2) obtain the signature of such person or representative on the written notice. The agency shall maintain a

paper or electronic copy of such signed notice until such time that the person who receives the services ceases receiving services from the agency and make such copy available for inspection upon the request of the Commissioner of Consumer Protection.