



## Agency Legislative Proposal - 2018 Session

**Document Name 111617\_Ombudsman\_TechRevisions**

(If submitting electronically, please label with date, agency, and title of proposal – 092611\_SDE\_TechRevisions)

State Agency: Department of Rehabilitation Services

**Liaison:** Andrew Norton

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Lead agency division requesting this proposal: Long-Term Care Ombudsman Program

Agency Analyst/Drafter of Proposal: Nancy Shaffer, State Ombudsman

**Title of Proposal:** DoRS 111617Ombudsman Proposed revisions to Long-Term Care Ombudsman statute in order to comply with new federal Ombudsman Rule. Repeal current Long-Term Care Ombudsman Regulations Sec 17 b-411 (1-15 inclusive) and incorporating regulations into statute.

**Statutory Reference:** CT General Statute Sec 17a-405, 406, 407, 408, 409, 410, 419, 420, and 421

**Proposal Summary:**

Propose: Propose: • 17a-405 is repealed and language substituted in lieu thereof; • 17a-406 is renumbered 17a-409; • 17a-407 is renumbered 17a-410; • 17a-408 is renumbered 17a-406; • 17a-409 is renumbered 17a-407; • 17a-410 is renumbered 17a-408; • 17a-419 is repealed and language substituted in lieu thereof; • 17a-420 is repealed and language substituted in lieu thereof; • 17a-421 is repealed and language substituted in lieu thereof. Above sections are renumbered to better reflect the duties and structure of the Office.

In light of recent guidance provided to the Ombudsman, the attached proposal assumes repealing Section 17b-411 (1-15 inclusive) of the Regulations of Connecticut State Agencies and creating additional language in the proposed statute to substitute for promulgation of new regulation.

### PROPOSAL BACKGROUND

◇ **Reason for Proposal**

Please consider the following, if applicable:

- (1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?
- (2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?
- (3) Have certain constituencies called for this action?
- (4) What would happen if this was not enacted in law this session?

Changes in federal regulations for the Long-Term Care Ombudsman necessitate revisions to the current Connecticut Ombudsman statute. The U.S. Department of Health and Human Services, Administration for Community Living (ACL), approved Connecticut's plan for compliance with



the new federal regulations and anticipates passage of this legislation in order to adhere to the new federal requirements. Because promulgation of new Ombudsman regulations will likely take longer than provided in the federally approved compliance timeline, the proposed statute revisions will include language to incorporate regulatory requirements. If ACL determines that the CT Ombudsman Program is not in compliance with the new rule federal funds could be at risk. Ombudsman Title VII funds as well as State Unit on Aging funds could be jeopardized, per the HHS Administration on Community Living. The proposed revisions also include the recent change in the host State agency to the Department of Rehabilitation Services.

Origin of Proposal       New Proposal       Resubmission

If this is a resubmission, please share:

- (1) What was the reason this proposal did not pass, or if applicable, was not included in the Administration’s package?
- (2) Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?
- (3) Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?
- (4) What was the last action taken during the past legislative session?

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### PROPOSAL IMPACT

AGENCIES AFFECTED *(please list for each affected agency)*

**Agency Name:** No agencies other than DORS due to consolidation of SDA

**Agency Contact (name, title, phone):** [Click here to enter text.](#)

**Date Contacted:** [Click here to enter text.](#)

Approve of Proposal       YES       NO       Talks Ongoing

**Summary of Affected Agency’s Comments**

[Click here to enter text.](#)

Will there need to be further negotiation?       YES       NO

FISCAL IMPACT *(please include the proposal section that causes the fiscal impact and the anticipated impact)*

**Municipal** *(please include any municipal mandate that can be found within legislation)*

There are no municipal fiscal impacts anticipated with these proposed revisions to the Long-Term Care Ombudsman statute

**State**

There are no state fiscal impacts anticipated with these proposed revisions to the Long-Term Care Ombudsman statute.

**Federal**

There are no federal fiscal impacts anticipated with these proposed revisions to the Long-Term Care Ombudsman statute.

**Additional notes on fiscal impact**

[Click here to enter text.](#)

◇ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

Policy and programmatic impacts are primarily limited to State Agency responsibilities related to access, training opportunities, personnel supervision, monitoring, compliance with disclosure requirements, integration of Ombudsman office with State Plan and other Title VII program goals and elder rights leadership. Proposed sections associated with these impacts are amended 17a-419 (State Agency responsibilities regarding disclosure of Ombudsman files and records) and repeal of current Sec 17a-421 and substitute new Sec 17a-421 (State Agency responsibilities). The policy and programmatic impact of the amendments associated with sections 405, 406, 407, 408, 409, 410, 419, 420 and 421 are largely technical and are proposed to comport with new federal requirements issued by the Administration on Community Living and modernize existing statute and reflect current best practice.

## PROPOSED AMENDMENTS TO CONNECTICUT STATUTES CONCERNING THE LONG-TERM CARE OMBUDSMAN PROGRAM

Revised November, 2017

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

Section 1. Section 17a-405 of the General Statutes is repealed and the following is substituted in lieu thereof:

Sec. 17a-405. (Formerly Sec. 17b-400). Office of the Long-Term Care Ombudsman. Regional ombudsmen. Appointments. Inclusion in classified service. Definitions.



(a) As used in this chapter:

(1) "Applicant" means an [older] individual who has applied for admission to a long-term care facility.

(2) "Commissioner" means the Commissioner on Aging.

(3) "Immediate family" means a member of the household or a relative with whom there is a close personal or significant financial relationship.

(4) "Long-term care facility" means any skilled nursing facility, as defined in Section 1819(a) of the Social Security Act, (42 USC 1395i-3(a)) any nursing facility, as defined in Section 1919(a) of the Social Security Act, (42 USC 1396r(a)) a board and care facility as defined in Section 102(19) of the federal Older Americans Act, (42 USC 3002(19)) and for purposes of ombudsman program coverage, an institution regulated by the state pursuant to Section 1616(e) of the Social Security Act, (42 USC 1382e(e)) and any other adult care home similar to a facility or nursing facility or board and care home.

(5) "Office" or "Office of the State Long-Term Care Ombudsman" means the organizational unit which is headed by a State Long-Term Care Ombudsman established in this section.

(6) "Program" means the long-term care ombudsman program established in this section.

(7) "Representative of the Office" includes a regional ombudsman, a residents' advocate or an employee of the Office of the Long-Term Care Ombudsman who is individually designated by the State Ombudsman.

(8) "Resident" means an individual who resides in a long-term care facility.

(9) "Resident Representative" means any of the following:

(a) An individual chosen by the resident to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;

(b) A person authorized by State or Federal law (including but not limited to agents under power of attorney, representative payees, and other fiduciaries) to act on behalf of the resident in order to support the resident in decision-making; access medical, social or other personal information of the resident; manage financial matters; or receive notifications;

(c) Legal representative, as used in section 712 of the Older American's Act; or



(d) The court-appointed guardian or conservator of a resident.

(10) "State agency" means the Department on Aging.

(11) "State Long-Term Care Ombudsman" means the individual who heads the Office established in this section.

(12) "Willful Interference" means actions or inactions taken by an individual in an attempt to intentionally prevent, interfere with, or attempt to impede the Ombudsman from performing any of the functions or responsibilities set forth in 45 CFR § 1324.13, or the Ombudsman or a representative of the Office from performing any of the duties set forth in 45 CFR § 1324.19.

(b) There is established an independent Office of the Long-Term Care Ombudsman within the Department on Aging. The Commissioner on Aging shall appoint a State Ombudsman who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy to head the Office and the State Ombudsman shall appoint assistant regional ombudsmen. In the event the State Ombudsman or a regional ombudsman is unable to fulfill the duties of the office, the commissioner shall appoint an acting State Ombudsman and the State Ombudsman shall appoint an acting regional ombudsman. The Office shall be a distinct entity, separately identifiable and located within or connected to the State Agency.

(c) Notwithstanding the provisions of subsection (b) of this section, on and after July 1, 1990, the positions of State Ombudsman and regional ombudsmen shall be classified service positions. The State Ombudsman and regional ombudsmen holding said positions on said date shall continue to serve in their positions as if selected through classified service procedures. As vacancies occur in such positions thereafter, such vacancies shall be filled in accordance with classified service procedures.

(d) The activities of the State Ombudsman or Regional Ombudsmen do not constitute lobbying under 45 CFR Part 93.

Section 2. Section 17a-408 of the General Statutes is repealed and the following is substituted in lieu thereof:

Sec. 17a-[408] 406. (Formerly Sec. 17b-403). Duties of State Ombudsman.

(a) The State Ombudsman shall establish and operate ombudsman programs in this state pursuant to Sections 711 to 713, inclusive, of the federal Older Americans Act of 1965, as amended from time to time.

(b) The State Ombudsman shall serve on a full-time basis, and shall personally or through representatives of the office:



(1) Identify, investigate and resolve complaints that:

(A) Are made by, or on behalf of, residents or, as to complaints involving the application for admission to a long-term care facility, by or on behalf of applicants; and

(B) Relate to action, inaction or decisions that may adversely affect the health, safety, welfare or rights of the residents, including the welfare and rights of the residents with respect to the appointment and activities of guardians and representative payees, of (i) providers or representatives of providers of long-term care services, (ii) public agencies, or (iii) health and social service agencies;

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

(3) Inform the residents about means of obtaining services provided by providers or agencies described in subparagraph (B) of subdivision (1) of this subsection or services described in subdivision (2) of this subsection;

(4) Ensure that the residents and, as to issues involving applications for admission to long-term care facilities, applicants have regular and timely access to the services provided through the office and that the residents and complainants receive timely responses from representatives of the office to complaints;

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

(6) Provide administrative and technical assistance to representatives and training in areas including, but not limited to, Alzheimer's disease and dementia symptoms and care;

(7) (A) Analyze, comment on and monitor the development and implementation of federal, state and local laws, regulations, and other governmental policies and actions that pertain to the health, safety, welfare and rights of the residents with respect to the adequacy of long-term care facilities and services in this state and to the rights of applicants in relation to applications to long-term care facilities;

(B) Recommend any changes in such laws, regulations, policies and actions as the office determines to be appropriate; and

(C) Facilitate public comment on such laws, regulations, policies and actions;

(8) Advocate for:



(A) Any changes in federal, state and local laws, regulations and other governmental policies and actions that pertain to the health, safety, welfare and rights of residents with respect to the adequacy of long-term care facilities and services in this state and to the health, safety, welfare and rights of applicants which the State Ombudsman determines to be appropriate;

(B) Appropriate action by groups or agencies with jurisdictional authority to deal with problems affecting individual residents and the general resident population and applicants in relation to issues concerning applications to long-term care facilities; and

(C) The enactment of legislative recommendations by the General Assembly and of regulatory recommendations by commissioners of Connecticut state agencies;

(9) (A) Provide for training representatives of the office;

(B) Promote the development of citizen organizations to participate in the program; and

(C) Provide technical support for the development of resident and family councils to protect the well-being and rights of residents;

(10) Coordinate ombudsman services with the protection and advocacy systems for individuals with developmental disabilities and mental illnesses established under (A) Part A of the Development Disabilities Assistance and Bill of Rights Act (42 USC 6001, et seq.), and (B) The Protection and Advocacy for Mentally Ill Individuals Act of 1986 (42 USC 10801 et seq.);

(11) Coordinate, to the greatest extent possible, ombudsman services with legal assistance provided under Section 306(a)(2)(C) of the federal Older Americans Act of 1965, (42 USC 3026(a)(2)(C)) as amended from time to time, through the adoption of memoranda of understanding and other means;

(12) Create, and periodically update as needed, a training manual for nursing home facilities identified in section 19a-522c that provides guidance on structuring and implementing the training required by said section; and

(13) Provide services described in this subsection, to residents in a long-term care facility, and  
(14) Carry out such other activities and duties as may be required under federal law.

Section 3. Section 17a-409 of the General Statutes is renumbered as 17a-407.

Section 4. Section 17a-410 of the General Statutes is renumbered as 17a-408.

Section 5. Section 17a-406 of the General Statutes is repealed and the following is substituted in lieu thereof:



Sec. 17a-[406] 409. (Formerly Sec. 17b-401). Volunteer Resident Advocates. Appointment, expenses, removal. Use of trained volunteers.

(a) Volunteer Resident Advocates shall be appointed by the State Ombudsman, in consultation with the regional ombudsmen, for each region in sufficient number to serve the long-term care facilities within such region. Such [Volunteer] Resident Advocates shall, if possible, be residents of the region in which they will serve, and shall have demonstrated an interest in the care of older individuals. Resident advocates shall serve without compensation but may be reimbursed for reasonable expenses incurred in the performance of their duties, within available appropriations.

(b) The Volunteer Resident Advocates shall be appointed after submission of recommendations from at least two former employers or other nonrelated persons.

(c) The [Volunteer] Resident Advocates shall serve for a[n indefinite term] of years specified by the State Ombudsman provided a [Volunteer] Resident Advocate may be removed by the State Ombudsman whenever the State Ombudsman finds such residents' advocate guilty of misconduct, material neglect of duty or incompetence in the conduct of the office [or noncompliance with training or other specified requirements of the position].

(d) Nothing in sections 17a-405 to 17a-417, inclusive, 19a-523, 19a-524, 19a-530, 19a-531, 19a-532 and 19a-554 shall be construed to preclude the use of additional trained volunteers when it is deemed necessary to assist the State Ombudsman, regional ombudsmen or the residents' advocates.

(e) Until such time as [Volunteer] Resident[s'] Advocates are appointed in accordance with the provisions of sections 17a-405 to 17a-417, inclusive, 19a-523, 19a-524, 19a-530, 19a-531, 19a-532 and 19a-554, those residents' advocates previously appointed shall continue to perform their assigned duties and responsibilities.

Section 6. Section 17a-407 of the General Statutes is renumbered as 17a-410.

Section 7. Section 17a-419 of the General Statutes is repealed and the following is substituted in lieu thereof:

Sec. 17a-419. (Formerly Sec. 17b-414). Duties of state agency re disclosure. The state agency shall:

(a) 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

(b) Except as otherwise provided by federal law, 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; 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.

Section 8. Section 17a-420 of the General Statutes is repealed and the following is substituted in lieu thereof:

Sec. 17a-420. (Formerly Sec. 17b-415). Consideration of outside views re planning and operating the program. In planning and operating the program, the state agency, in consultation with the ombudsman, shall consider the views of area agencies on aging, [older individuals] long-term care facility residents, [and] providers of long-term care, and any and all other entities required to be consulted by federal law.

Section 9. Section 17a-421 of the General Statutes is repealed and the following is substituted in lieu thereof:

Sec. 17a-421 (Formerly 17b-416). Duties of the State Agency.

[The State Agency shall:

- (1) Ensure that no individual, or member of the immediate family of an individual, involved in the designation of the State Ombudsman, whether by appointment or otherwise, or the designation of representatives is subject to a conflict of interest;
- (2) Ensure that no officer or employee of the office, representative, or member of the immediate family of the officer, employee or representative, is subject to a conflict of interest;
- (3) Ensure that the State Ombudsman: (A) Does not have a direct involvement in the licensing or certification of a long-term care facility or of a provider of a long-term care service; (B) does not have an ownership or investment interest, represented by equity, debt or other financial relationship, in a long-term care facility or a long-term care service; (C) is not employed by, or participating in the management of, a long-term care facility; and (D) does not receive, or have the right to receive, directly or indirectly, remuneration, in cash or in kind, under a compensation arrangement with an owner or operator of a long-term care facility; and
- (4) Establish and specify, in writing, mechanisms to identify and remove conflicts of interest described in subdivisions (1) and (2) of this section, and to identify and eliminate the relationships described in subdivision (3) of this section, including such mechanisms as: (A) The methods by which the state agency will examine individuals and immediate family members to identify the conflicts; and (B) the actions that the state agency will require the individuals and such family members to take to remove such conflicts.]



(a) The State Agency shall ensure that the Ombudsman complies with the relevant provisions of federal and state law.

(b) The State Agency shall ensure, through the development of policies, procedures, and other means, that the Ombudsman program has sufficient authority and access to facilities, residents, and information needed to fully perform all of the functions, responsibilities, and duties of the Office.

(c) The State Agency shall provide opportunities for training for the Ombudsman and representatives of the Office in order to maintain expertise to serve as effective advocates for residents. The State Agency may utilize funds appropriated under Title III and/ or Title VII of the Act designated for direct services in order to provide access to such training opportunities.

(d) The State Agency shall provide personnel supervision and management for the Ombudsman and representatives of the Office. Such management shall include an assessment of whether the Office is performing all of its functions required by federal and state law.

(e) The State Agency shall ensure that any review of files, records or other information maintained by the Ombudsman program is consistent with the disclosure limitations set forth in federal and state law.

(f) The State Agency shall integrate the goals and objectives of the Office into the State plan and coordinate the goals and objectives of the Office with those of other programs established under Title VII of the Act and other State elder rights, disability rights, and elder justice programs, including, but not limited to, legal assistance programs provided under section 306(a)(2)(C) of the Older Americans Act, to promote collaborative efforts and diminish duplicative efforts.

(g) The State Agency shall provide elder rights leadership. In so doing, it shall require the coordination of Ombudsman program services with the activities of other programs authorized by Title VII of the Act as well as other State and local entities with responsibilities relevant to the health, safety, well-being or rights of older adults, including residents of long-term care facilities.

(h) Interference, retaliation and reprisals. The State Agency shall:

(1) Ensure that it has mechanisms to prohibit and investigate allegations of interference, retaliation and reprisals:

(A) by a long-term care facility, other entity, or individual with respect to any resident, employee, or other person for filing a complaint with, providing information to, or otherwise cooperating with any representative of the Office; or

(B) by a long-term care facility, other entity or individual against the Ombudsman of representatives of the Office for fulfillment of the functions, responsibilities, or duties enumerated in state or federal law; and

(2) Provide for appropriate sanctions with respect to interference, retaliation and reprisals.

(i) Legal counsel. The State Agency shall ensure that:



(1) Legal counsel for the Ombudsman program is adequate, available, has competencies relevant to the legal needs of the program and of residents, and is without conflict of interest (as defined by the State ethical standards governing the legal profession), and is independent of the State Agency, in order to—

(A) Provide consultation and representation as needed in order for the Ombudsman program to protect the health, safety, welfare, and rights of residents; and

(B) Provide consultation and/or representation as needed to assist the Ombudsman and representatives of the Office in the performance of their official functions, responsibilities, and duties, including, but not limited to, complaint resolution and systems advocacy;

(2) The Ombudsman and representatives of the Office assist residents in seeking administrative, legal, and other appropriate remedies. In so doing, the Ombudsman shall coordinate with the legal services developer, legal services providers, and victim assistance services to promote the availability of legal counsel to residents; and

(3) Legal representation, arranged by or with the approval of the Ombudsman, is provided to the Ombudsman or any representative of the Office against whom suit or other legal action is brought or threatened to be brought in connection with the performance of the official duties.

(4) Such legal counsel may be provided by one or more entities, depending on the nature of the competencies and services needed and as necessary to avoid conflicts of interest (as defined by the State ethical standards governing the legal profession). However, at a minimum, the Office shall have access to an attorney knowledgeable about the Federal and State laws protecting the rights of residents and governing long- term care facilities.

(5) Legal representation of the Ombudsman program by the Ombudsman or representative of the Office who is a licensed attorney shall not by itself constitute sufficiently adequate legal counsel.

(6) The communications between the Ombudsman and legal counsel are subject to attorney-client privilege.

(j) The State Agency shall require the Office to:

(1) Develop and provide final approval of an annual report as required by law, and as otherwise required by the Assistant Secretary;

(2) Analyze, comment on, and monitor the development and implementation of Federal, State, and local laws, regulations, and other government policies and actions that pertain to long-term care facilities and services, and to the health, safety, welfare, and rights of residents, in the State, and recommend any changes in such laws, regulations, and policies as the Office determines to be appropriate;



(3) Provide such information as the Office determines to be necessary to public and private agencies, legislators, the media, and other persons, regarding the problems and concerns of individuals residing in long-term care facilities; and recommendations related to such problems and concerns; and

(4) Establish procedures for the training of the representatives of the Office.

(5) Coordinate Ombudsman program services with entities with responsibilities relevant to the health, safety, welfare, and rights of residents of long-term care facilities.



## Agency Legislative Proposal - 2018 Session

**Document Name: DORS112117AgingTransfer**

(If submitting electronically, please label with date, agency, and title of proposal – 092611\_SDE\_TechRevisions)

State Agency: **Department of Rehabilitation Services (DORS)**

**Liaison: Andrew Norton**

**Phone: (860) 602-4078 cell: (860) 944-6190**

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Lead agency division requesting this proposal: **Office of the Commissioner**

Agency Analyst/Drafter of Proposal: **Andrew Norton**

**Title of Proposal: Transfer of Department on Aging to DORS**

**Statutory Reference: 17b-650a / 17a-302 et seq. / 17a-405 et seq. / various**

**Proposal Summary:**

This bill will amend Public Act 17-2, June Special Session, (SB 1502) in order to transfer the duties and activities of the State Department on Aging (SDA) to the Department of Rehabilitation Services (DORS) rather than to the Department of Social Services (DSS) and the Office of Policy and Management (OPM). Currently, DORS provides administrative support (human resources, fiscal, IT) to the SDA and so moving SDA to DORS will be less disruptive to the state and require little to no administrative rebuilding. In addition, the offices and staff of the SDA are currently located adjacent to the Central Office of DORS.

### PROPOSAL BACKGROUND

◇ **Reason for Proposal**

*Please consider the following, if applicable:*

- (1) Have there been changes in federal/state/local laws and regulations that make this legislation necessary?  
**No, except that DORS, under federal guidelines, may host the SDA's Office of the Ombudsman whereas DSS and the Department of Public Health (DPH) may not.***
- (2) Has this proposal or something similar been implemented in other states? If yes, what is the outcome(s)?  
**The Office of the Ombudsman and the State Unit on Aging (SUA) – the two main parts of the Connecticut SDA - are located in a variety of administrative agencies in the other 49 states; there are varying levels of success in those models.***
- (3) Have certain constituencies called for this action?  
**Advocates and service providers, for example, the regional Area Agencies on Aging, support the transfer to the Department of Rehabilitation Services.***
- (4) What would happen if this was not enacted in law this session?  
**It is unclear. The Department of Rehabilitation Services might house the units of the former SDA under Memoranda of Understanding with both DSS and OPM or those two agencies might proceed with accepting the transfer of the two units.***



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◇ **Origin of Proposal**       **New Proposal**       **Resubmission**

*If this is a resubmission, please share:*  
(1) *What was the reason this proposal did not pass, or if applicable, was not included in the Administration’s package?*  
(2) *Have there been negotiations/discussions during or after the previous legislative session to improve this proposal?*  
(3) *Who were the major stakeholders/advocates/legislators involved in the previous work on this legislation?*  
(4) *What was the last action taken during the past legislative session?*  
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**PROPOSAL IMPACT**

◇ **AGENCIES AFFECTED** *(please list for each affected agency)*

**Agency Name:** Department on Aging, DSS and OPM  
**Agency Contact (name, title, phone):** Multi-agency workgroup  
**Date Contacted:** Click here to enter text.

Approve of Proposal     **YES**     **NO**     **Talks Ongoing**

**Summary of Affected Agency’s Comments**  
There will be efficiencies in transferring SDA to DORS - rather than to DSS and OPM - since DORS already provides SDA with administrative support.

Will there need to be further negotiation?     **YES**     **NO**

◇ **FISCAL IMPACT** *(please include the proposal section that causes the fiscal impact and the anticipated impact)*

**Municipal** *(please include any municipal mandate that can be found within legislation)*  
There will be no impact on municipal expenditure or revenue.

**State**  
There will be no significant impact on state expenditure or revenue. Since DORS already



provides administrative support to the SDA, there will be efficiencies in not transferring those tasks to two other agencies.

**Federal**

There will be no impact on federal expenditure or revenue.

**Additional notes on fiscal impact**

The state and federal dollars that would have been re-assigned from SDA to DSS and OPM will now be re-assigned to DORS.

◇ **POLICY and PROGRAMMATIC IMPACTS** *(Please specify the proposal section associated with the impact)*

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While the duties and activities of the Department on Aging (SDA) will be transferred to the Department of Rehabilitation Services (DORS) rather than to the Department of Social Services (DSS) and the Office of Policy and Management (OPM), there is no anticipated impact on the programs and services formerly provided by the SDA.

**Insert fully drafted bill here**

The following sections of **Public Act 17-2 of the June 2017 Special Session** (SB 1502) are hereby amended -

Sec. 280. Subsection (b) of section 8-37nnn of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The council shall consist of the following members: (1) The Commissioners of Social Services, Mental Health and Addiction Services, Children and Families, Correction, Economic and Community Development, Education [, Aging] [Department of Rehabilitation Services](#) and Developmental Services, or their designees; (2) the Secretary of the Office of Policy and Management, or his or her designee; (3) the executive director of the Partnership for Strong Communities, or his or her designee; (4) the executive director of the Connecticut Housing Coalition, or his or her designee; (5) the executive director of the Connecticut Coalition to End Homelessness, or his or her designee; (6) the executive director of the Connecticut Housing Finance Authority, or his or her designee; (7) the president of the Connecticut chapter of the National Association of Housing and Redevelopment Officials, or his or her designee; (8) two members, appointed by the members specified in subdivisions (1) to (6), inclusive, of this subsection, who shall be tenants receiving state housing assistance; and (9) one member, appointed by the members specified in subdivisions (1) to (6), inclusive,



of this subsection, who shall be a state resident eligible to receive state housing assistance. The Governor shall designate a member of the council to serve as chairperson.

Sec. 281. Section 8-119f of the general statutes, as amended by section 6 of public act 17-202, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Commissioner of Housing shall design, implement, operate and monitor a program of congregate housing. For the purpose of this program, the Commissioner of Housing shall consult with the Commissioner [of Department of Rehabilitation](#) [on Aging] [**of Social Services**] for the provision of services for persons with physical disabilities in order to comply with the requirements of section 29-271.

Sec. 282. (NEW) (*Effective from passage*) (a) (1) Wherever the term "Commissioner on Aging" is used in any public or special act of 2017, the term "[Commissioner of Rehabilitation Services](#) [**"Commissioner of Social Services"**]" shall be substituted in lieu thereof; and (2) wherever the term "Department on Aging" is used in any public or special act of 2017, the term "[Department of Rehabilitation Services](#) [**"Department of Social Services"**]" shall be substituted in lieu thereof.

(b) The Legislative Commissioners' Office shall, in codifying the provisions of this section, make such technical, grammatical and punctuation changes as are necessary to carry out the purposes of this section.

Sec. 283. [Section 17b-650a of the general statutes is repealed and the following is substituted in lieu thereof \(\*Effective from passage\*\):](#)

(a) There is created a Department of Rehabilitation Services. [**The Department of Social Services shall provide administrative support services to the Department of Rehabilitation Services until the Department of Rehabilitation Services requests cessation of such services, or until June 30, 2013, whichever is earlier.**] The Department of Rehabilitation Services shall be responsible for providing the following: (1) Services to the deaf and hearing impaired; (2) services for the blind and visually impaired; and (3) rehabilitation services in accordance with the provisions of the general statutes concerning the Department of Rehabilitation Services. The Department of Rehabilitation Services shall constitute a successor authority to the Bureau of Rehabilitative Services in accordance with the provisions of sections 4-38d, 4-38e and 4-39.

(b) The department head shall be the Commissioner of Rehabilitation Services, who shall be appointed by the Governor in accordance with the provisions of sections 4-5 to 4-8, inclusive, and shall have the powers and duties described in said sections. The Commissioner of Rehabilitation Services shall appoint such persons as may be necessary to administer the





provisions of public act 11-44\* and the Commissioner of Administrative Services shall fix the compensation of such persons in accordance with the provisions of section 4-40. The Commissioner of Rehabilitation Services may create such sections within the Department of Rehabilitation Services as will facilitate such administration, including a disability determinations section for which one hundred per cent federal funds may be accepted for the operation of such section in conformity with applicable state and federal regulations. The Commissioner of Rehabilitation Services may adopt regulations, in accordance with the provisions of chapter 54, to implement the purposes of the department as established by statute.

(c) The Commissioner of Rehabilitation Services shall, annually, in accordance with section 4-60, submit to the Governor a report in electronic format on the activities of the Department of Rehabilitation Services relating to services provided by the department to individuals who (1) are blind or visually impaired, (2) are deaf or hearing impaired, or (3) receive vocational rehabilitation services. The report shall include the data the department provides to the federal government that relates to the evaluation standards and performance indicators for the vocational rehabilitation services program. The commissioner shall submit the report in electronic format, in accordance with the provisions of section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to human services and appropriations and the budgets of state agencies.

(d) The functions, powers, duties and personnel of the Department on Aging, or any subsequent division or portion of a division with similar functions, powers, personnel and duties, shall be transferred to the Department of Rehabilitation Services pursuant to the provisions of sections 4-38d, 4-38e and 4-39.

[Effective July 1, 2017, the Department of Rehabilitation Services shall constitute a successor department, in accordance with the provisions of sections 4-38d and 4-39, to the Office of Protection and Advocacy for Persons with Disabilities with respect to investigations of allegations of abuse or neglect pursuant to sections 46a-11a to 46a-11f, inclusive. Previously deleted by Section 97, P.A. 17-2, June Special Session, SB 1502]

(e) The Department of Rehabilitation Services shall constitute a successor department to the Department on Aging, in accordance with the provisions of sections 4-38d, 4-38e and 4-39. Wherever the words "Commissioner on Aging", are used in the general statutes, the words "Commissioner of Rehabilitation Services" shall be substituted in lieu thereof. Wherever the words "Department on Aging", are used in the general statutes, the words "Department of Rehabilitation Services" shall be substituted in lieu thereof. Any order or regulation of the Department on Aging which is in force on the effective date of this section shall continue in force and effect as an order or regulation of the Department of Rehabilitation Services until amended, repealed or superseded pursuant to law.



(f) The Governor may, with the approval of the Finance Advisory Committee, transfer funds between the Department on Aging and the Department of Rehabilitation Services pursuant to subsection (b) of section 4-87 during the fiscal year ending June 30, 2018.

(g) The Department of Rehabilitation Services is designated as the State Unit on Aging to administer, manage, design and advocate for benefits, programs and services for older persons and their families pursuant to the Older Americans Act. The department shall study continuously the conditions and needs of older persons in this state in relation to nutrition, transportation, home care, housing, income, employment, health, recreation and other matters. The department shall be responsible, in cooperation with federal, state, local and area planning agencies on aging, for the overall planning, development and administration of a comprehensive and integrated social service delivery system for older persons. The Department of Rehabilitation Services is designated as the state agency for the administration of nutritional programs for elderly persons described in section 17a-302, the fall prevention program described in section 17a-303a, the CHOICES program described in 17a-314, the Aging and Disability Resource Center Program described in section 17a-316 and the Alzheimer's respite program described in section 17b-349e.

[Section 17b-1 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There is established a Department of Social Services. The department head shall be the Commissioner of Social Services, who shall be appointed by the Governor in accordance with the provisions of sections 4-5 to 4-8, inclusive, with the powers and duties therein prescribed.

(b) The Department of Social Services shall constitute a successor department to the Department on Aging, Department of Income Maintenance and the Department of Human Resources in accordance with the provisions of sections 4-38d and 4-39.

(c) Wherever the words "Commissioner on Aging", "Commissioner of Income Maintenance" or "Commissioner of Human Resources" are used in the general statutes, the words "Commissioner of Social Services" shall be substituted in lieu thereof. Wherever the words "Department on Aging", "Department of Income Maintenance" or "Department of Human Resources" are used in the general statutes, "Department of Social Services" shall be substituted in lieu thereof.

(d) [Subject to the provisions of section 17a-301a, any] Any order or regulation of the Department of Income Maintenance, the Department of Human Resources or the Department on Aging which is in force on July 1, 1993, shall continue in force and effect as an order or regulation of the Department of Social Services until amended, repealed or superseded pursuant to law. Any order or regulation of the Department on Aging which is in force on



the effective date of this section shall continue in force and effect as an order or regulation of the Department of Social Services until amended, repealed or superseded pursuant to law. Where any order or regulation of said departments conflict, the Commissioner of Social Services may implement policies and procedures consistent with the provisions of public act 93-262 while in the process of adopting the policy or procedure in regulation form, provided notice of intention to adopt the regulations is printed in the Connecticut Law Journal within twenty days of implementation. The policy or procedure shall be valid until the time final regulations are effective.

(e) The functions, powers, duties and personnel of the Department on Aging, or any subsequent division or portion of a division with similar functions, powers, personnel and duties, shall be transferred to the Department of Social Services pursuant to the provisions of sections 4-38d, 4-38e and 4-39.

(f) The Governor may, with the approval of the Finance Advisory Committee, transfer funds between the Department on Aging and the Department of Social Services pursuant to subsection (b) of section 4-87 during the fiscal year ending June 30, 2018.]

Sec. 284. [Section 17b-2 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Department of Social Services is designated as the state agency for the administration of (1) the Connecticut energy assistance program pursuant to the Low Income Home Energy Assistance Act of 1981; (2) the state plan for vocational rehabilitation services for the fiscal year ending June 30, 1994; (3) the refugee assistance program pursuant to the Refugee Act of 1980; (4) the legalization impact assistance grant program pursuant to the Immigration Reform and Control Act of 1986; (5) the temporary assistance for needy families program pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996; (6) the Medicaid program pursuant to Title XIX of the Social Security Act; (7) the supplemental nutrition assistance program pursuant to the Food and Nutrition Act of 2008; (8) the state supplement to the Supplemental Security Income Program pursuant to the Social Security Act; (9) the state child support enforcement plan pursuant to Title IV-D of the Social Security Act; (10) the state social services plan for the implementation of the social services block grants and community services block grants pursuant to the Social Security Act; [and] (11) services for persons with autism spectrum disorder in accordance with sections 17a-215 and 17a-215c; (12) nutritional programs for elderly persons; and (13) the fall prevention program described in section 17a-303a.

(b) The Department of Social Services is designated as the State Unit on Aging to administer, manage, design and advocate for benefits, programs and services for older persons and their families pursuant to the Older Americans Act. The department shall study continuously the



conditions and needs of older persons in this state in relation to nutrition, transportation, home care, housing, income, employment, health, recreation and other matters. The department shall be responsible, in cooperation with federal, state, local and area planning agencies on aging, for the overall planning, development and administration of a comprehensive and integrated social service delivery system for older persons.]

Sec. 285. Subsection (c) of section 3-123aa of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) There is established an advisory committee to the Connecticut Homecare Option Program for the Elderly, which shall consist of the State Treasurer, the State Comptroller, the Commissioner of Social Services, [the Commissioner of Rehabilitation Services](#) [the Commissioner on Aging,] the director of the long-term care partnership policy program within the Office of Policy and Management, and the cochairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services and finance, revenue and bonding, or their designees. The Governor shall appoint one provider of home care services for the elderly and a physician specializing in geriatric care. The advisory committee shall meet at least annually. The State Comptroller shall convene the meetings of the committee.

Sec. 286. Section 4-38c of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

There shall be within the executive branch of state government the following departments: Office of Policy and Management, Department of Administrative Services, [Department on Aging,] Department of Revenue Services, Department of Banking, Department of Agriculture, Department of Children and Families, Department of Consumer Protection, Department of Correction, Department of Economic and Community Development, State Board of Education, Department of Emergency Services and Public Protection, Department of Energy and Environmental Protection, Department of Public Health, Board of Regents for Higher Education, Insurance Department, Labor Department, Department of Mental Health and Addiction Services, Department of Developmental Services, Department of Social Services, Department of Transportation, Department of Motor Vehicles, [Department of Rehabilitation Services](#) and Department of Veterans Affairs.

Sec. 287. Section 4-38c of the general statutes, as amended by section 7 of public act 17-237, is repealed and the following is substituted in lieu thereof (*Effective July 1, 2019*):

There shall be within the executive branch of state government the following departments: Office of Policy and Management, Department of Administrative Services, [Department on Aging,] Department of Revenue Services, Department of Banking, Department of



Agriculture, Department of Children and Families, Department of Consumer Protection, Department of Correction, Department of Economic and Community Development, State Board of Education, Department of Emergency Services and Public Protection, Department of Energy and Environmental Protection, Department of Public Health, Board of Regents for Higher Education, Insurance Department, Labor Department, Department of Mental Health and Addiction Services, Department of Developmental Services, Department of Social Services, Department of Transportation, Department of Motor Vehicles, Department of Veterans Affairs, [Department of Rehabilitation Services](#) and the Technical Education and Career System.

Sec. 288. Section 7-127b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

- (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 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 elderly or has been involved in programs in the field of aging.
- (b) The duties of the municipal agent may include, but shall 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 for federal and other benefits available to such persons; (3) reporting to the chief elected official or chief executive officer of the municipality and the Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] any needs and problems of the elderly and any recommendations for action to improve services to the elderly.
- (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 Rehabilitation Services](#) [on Aging] [[of Social 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 Rehabilitation Services](#) [on Aging] [[of Social 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 agencies on aging.

Sec. 289. Subsection (a) of section 16a-41b of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) There shall be a Low-Income Energy Advisory Board which shall consist of the following members or their designees: The [Commissioner of Rehabilitation Services or the Commissioner's designee](#); a [The Commissioner on Aging or the commissioner's designee; a] [A] representative of each electric and gas public service company designated by each such company; the chairperson of the Public Utilities Regulatory Authority; the Consumer Counsel; the executive director of Operation Fuel; the executive director of Infoline; the director of the Connecticut Local Administrators of Social Services; the executive director of Legal Assistance Resource Center of Connecticut; the Connecticut president of AARP; a designee of the Norwich Public Utility; a designee of the Independent Connecticut Petroleum Association; and a representative of the community action agencies administering energy assistance programs under contract with the Department of Social Services, designated by the Connecticut Association for Community Action. The Secretary of the Office of Policy and Management and the Commissioners of Social Services and Energy and Environmental Protection, or their designees, shall serve as nonvoting members of the board.

Sec. 290. Subsection (a) of section 17a-302 of the general statutes, as amended by section 55 of public act 17-202, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] shall be responsible for the administration of programs which provide nutritionally sound diets to needy older persons and for the expansion of such programs when possible. Such programs shall be continued in such a manner as to fully utilize congregate feeding and nutrition education of older citizens who qualify for such program.

Sec. 291. Section 17a-303a of the general statutes, as amended by section 3 of public act 17-123 and section 56 of public act 17-202, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] shall establish, within available appropriations, a fall prevention program. Within such program, the department shall:

(1) Promote and support research to: (A) Improve the identification, diagnosis, treatment and rehabilitation of older persons and others who have a high risk of falling; (B) improve data



collection and analysis to identify risk factors for falls and factors that reduce the likelihood of falls; (C) design, implement and evaluate the most effective fall prevention interventions; (D) improve intervention strategies that have been proven effective in reducing falls by tailoring such strategies to specific populations of older persons; (E) maximize the dissemination of proven, effective fall prevention interventions; (F) assess the risk of falls occurring in various settings; (G) identify barriers to the adoption of proven interventions with respect to the prevention of falls among older persons; (H) develop, implement and evaluate the most effective approaches to reducing falls among high-risk older persons living in communities and long-term care and assisted living facilities; and (I) evaluate the effectiveness of community programs designed to prevent falls among older persons;

(2) Establish, in consultation with the Commissioner of Public Health, a professional education program in fall prevention, evaluation and management for physicians, allied health professionals and other health care providers who provide services for older persons in this state. The Commissioner [of Rehabilitation Services](#) [on Aging] [\[of Social Services\]](#) may contract for the establishment of such program through (A) a request for proposal process, (B) a competitive grant program, or (C) cooperative agreements with qualified organizations, institutions or consortia of qualified organizations and institutions;

(3) Oversee and support demonstration and research projects to be carried out by organizations, institutions or consortia of organizations and institutions deemed qualified by the Commissioner [of Rehabilitation Services](#) [on Aging] [\[of Social Services\]](#). Such demonstration and research projects may be in the following areas:

(A) Targeted fall risk screening and referral programs;

(B) Programs designed for community-dwelling older persons that use fall intervention approaches, including physical activity, medication assessment and reduction of medication when possible, vision enhancement and home-modification strategies;

(C) Programs that target new fall victims who are at a high risk for second falls and that are designed to maximize independence and quality of life for older persons, particularly those older persons with functional limitations; and

(D) Private sector and public-private partnerships to develop technologies to prevent falls among older persons and prevent or reduce injuries when falls occur; and

(4) Award grants to, or enter into contracts or cooperative agreements with, organizations, institutions or consortia of organizations and institutions deemed qualified by the Commissioner [of Rehabilitation Services](#) [on Aging] [\[of Social Services\]](#) to design, implement



and evaluate fall prevention programs using proven intervention strategies in residential and institutional settings.

(b) In awarding any grants or entering into any agreements or contracts after the effective date of this section, the Commissioner [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] shall determine appropriate data and program outcome measures, including fall prevention program outcome measures, as applicable, that the recipient organization, institution or consortia of organizations and institutions shall collect and report to the commissioner and the frequency of such reports.

Sec. 292. Special act 17-19 is amended to read as follows (*Effective from passage*):

(a) For the purposes of this section, "elderly tenants" means tenants sixty-two years of age or older and "younger tenants with disabilities" means tenants who are not yet sixty-two years of age and who have been certified by the Social Security Board as being totally disabled under the Social Security Act or certified by any other federal board or agency as being totally disabled. The Commissioner of Housing, in consultation with the chairpersons of the joint standing committee of the General Assembly having cognizance of matters relating to housing, shall designate three state-funded housing projects that provide services to elderly tenants and younger tenants with disabilities for the purposes of conducting a study.

(b) The Commissioner of Housing, in consultation with the Department of Mental Health and Addiction Services, the Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)], the Department of Developmental Services and Disability Rights Connecticut, Inc., shall, within available appropriations, conduct a study of the state-funded housing projects designated in accordance with subsection (a) of this section. The study shall include but need not be limited to, for each designated state-funded housing project: (1) A census of the occupants, including the number of residents who are elderly tenants and the number of tenants who are younger tenants with disabilities; (2) the rents charged to residents who are elderly tenants and residents who are younger tenants with disabilities; (3) the operating costs and the percentage of the operating costs that are covered by rents received from tenants pursuant to subdivision (2) of this subsection; (4) information about the use of municipal services, including, but not limited to, ambulance, police and fire services for apartments occupied by elderly tenants and by younger tenants with disabilities; (5) an assessment of the support services available to assist elderly tenants and younger tenants with disabilities and any gaps in such services; (6) recommendations for the provision of additional support services needed for elderly tenants and younger tenants with disabilities; (7) an estimate of any additional state appropriations needed to implement any recommendations pursuant to subdivision (6) of this subsection; (8) the number of eviction proceedings initiated by the landlord against all tenants for any reason during the last five years; (9) the number of eviction proceedings initiated against elderly tenants for any reason





during the last five years; (10) the number of eviction proceedings initiated against younger tenants with disabilities for any reason during the last five years; (11) a summary of the number of evictions initiated against younger tenants with disabilities because of a violation of the lease caused by a negative incident between a younger tenant with disabilities and an elderly tenant during the last five years; (12) a summary of the number of evictions initiated against elderly tenants because of a violation of the lease caused by a negative incident between an elderly tenant and a younger tenant with disabilities during the last five years; and (13) the number of summary process judgments issued by a court against an elderly tenant with disabilities or a younger tenant during the last five years.

(c) As part of the study described in subsection (b) of this section, the Commissioner of Housing, in consultation with the Department of Mental Health and Addiction Services, the Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)], the Department of Developmental Services and Disability Rights Connecticut, Inc., shall convene meetings of stakeholders to receive information relating to such study and any other relevant information about each state-funded housing project designated in accordance with subsection (a) of this section. Such stakeholders shall include, but need not be limited to, the property manager of each state-funded housing project designated in accordance with subsection (a) of this section, the elderly tenants and younger tenants with disabilities residing in each such state-funded housing project, tenant advocates, the director of each affected municipality's social service department, or his or her designee, representatives from each affected municipality's first responder services, including police, fire, emergency medical technician personnel and local service providers.

(d) On or before March 1, 2018, the Commissioner of Housing shall report the findings of the study, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to housing.

Sec. 293. Section 17a-304 of the general statutes, as amended by section 57 of public act 17-202, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The state shall be divided into five elderly planning and service areas, in accordance with federal law and regulations, each having an area agency on aging to carry out the mandates of the federal Older Americans Act of 1965, as amended. The area agencies shall (1) represent older persons within their geographic areas, (2) develop an area plan for approval by the Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] and upon such approval administer the plan, (3) coordinate and assist local public and nonprofit, private agencies in the development of programs, (4) receive and distribute federal and state funds for such purposes, in accordance with applicable law, (5) carry out any additional duties and functions required by federal law and regulations.



Sec. 294. Section 17a-305 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] shall equitably allocate, in accordance with federal law, federal funds received under Title IIIB and IIIC of the Older Americans Act to the five area agencies on aging established pursuant to section 17a-304. The department, before seeking federal approval to spend any amount above that allotted for administrative expenses under said act, shall inform the joint standing committees of the General Assembly having cognizance of matters relating to aging and human services that it is seeking such approval.

(b) Sixty per cent of the state funds appropriated to the five area agencies on aging for elderly nutrition and social services shall be allocated in the same proportion as allocations made pursuant to subsection (a) of this section. Forty per cent of all state funds appropriated to the five area agencies on aging for elderly nutrition and social services used for purposes other than the required nonfederal matching funds shall be allocated at the discretion of the Commissioner [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)], in consultation with the five area agencies on aging, based on their need for such funds. Any state funds appropriated to the five area agencies on aging for administrative expenses shall be allocated equally.

(c) The Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)], in consultation with the five area agencies on aging, shall review the method of allocation set forth in subsection (a) of this section and shall report any findings or recommendations to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies and human services.

(d) An area agency may request a person participating in the elderly nutrition program to pay a voluntary fee for meals furnished, except that no eligible person shall be denied a meal due to an inability to pay such fee.

Sec. 295. Section 17a-306 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the purposes, programs and services authorized pursuant to the Older Americans Act of 1965, as amended from time to time. The department may operate under any new policy necessary to conform to a requirement of a federal or joint state and federal program while it is in the process of adopting the policy in regulation form, provided the department posts such policy on the



eRegulations System not later than twenty days after adopting the policy. Such policy shall be valid until the time final regulations are effective.

Sec. 296. Section 17a-310 of the general statutes, as amended by section 58 of public act 17-202, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] may make a grant to any city, town or borough or public or private agency, organization or institution for the following purposes: [(a)] (1) For community planning and coordination of programs carrying out the purposes of the Older Americans Act of 1965, as amended; [(b)] (2) for demonstration programs or activities particularly valuable in carrying out such purposes; [(c)] (3) for training of special personnel needed to carry out such programs and activities; [(d)] (4) for establishment of new or expansion of existing programs to carry out such purposes, including establishment of new or expansion of existing centers of service for older persons, providing recreational, cultural and other leisure time activities, and informational, transportation, referral and preretirement and postretirement counseling services for older persons and assisting such persons in providing volunteer community or civic services, except that no costs of construction, other than for minor alterations and repairs, shall be included in such establishment or expansion; [(e)] and (5) for programs to develop or demonstrate approaches, methods and techniques for achieving or improving coordination of community services for older or aging persons and such other programs and services as may be allowed under Title III of the Older Americans Act of 1965, as amended, or to evaluate these approaches, techniques and methods, as well as others which may assist older or aging persons to enjoy wholesome and meaningful living and to continue to contribute to the strength and welfare of the state and nation.

Sec. 297. Section 17a-313 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] may use moneys appropriated for the purposes of section 17a-310 for the expenses of administering the grant program under said section, provided the total of such moneys so used shall not exceed five per cent of the moneys so appropriated.

Sec. 298. Section 17a-314 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

(1) "CHOICES" means Connecticut's programs for health insurance assistance, outreach, information and referral, counseling and eligibility screening; and



(2) "CHOICES health insurance assistance program" means the federally recognized state health insurance assistance program funded pursuant to P.L. 101-508 and administered by the Department [of Rehabilitation Services](#) [on Aging] [\[of Social Services\]](#), in conjunction with the area agencies on aging and the Center for Medicare Advocacy, that provides free information and assistance related to health insurance issues and concerns of older persons and other Medicare beneficiaries in Connecticut.

(b) The Department [of Rehabilitation Services](#) [on Aging] [\[of Social Services\]](#) shall administer the CHOICES health insurance assistance program, which shall be a comprehensive Medicare advocacy program that provides assistance to Connecticut residents who are Medicare beneficiaries.

(c) The program shall provide: (1) Toll-free telephone access for consumers to obtain advice and information on Medicare benefits, including prescription drug benefits available through the Medicare Part D program, the Medicare appeals process, health insurance matters applicable to Medicare beneficiaries and long-term care options available in the state at least five days per week during normal business hours; (2) information, advice and representation, where appropriate, concerning the Medicare appeals process, by a qualified attorney or paralegal at least five days per week during normal business hours; (3) information through appropriate means and format, including written materials, to Medicare beneficiaries, their families, senior citizens and organizations regarding Medicare benefits, including prescription drug benefits available through Medicare Part D and other pharmaceutical drug company programs and long-term care options available in the state; (4) information concerning Medicare plans and services, private insurance policies and federal and state-funded programs that are available to beneficiaries to supplement Medicare coverage; (5) information permitting Medicare beneficiaries to compare and evaluate their options for delivery of Medicare and supplemental insurance services; (6) information concerning the procedure to appeal a denial of care and the procedure to request an expedited appeal of a denial of care; and (7) any other information the program or the Commissioner [of Rehabilitation Services](#) [on Aging] [\[of Social Services\]](#) deems relevant to Medicare beneficiaries.

(d) The Commissioner [of Rehabilitation Services](#) [on Aging] [\[of Social Services\]](#) may include any additional functions necessary to conform to federal grant requirements.

(e) All hospitals, as defined in section 19a-490, which treat persons covered by Medicare Part A shall: (1) Notify incoming patients covered by Medicare of the availability of the services established pursuant to subsection (c) of this section, (2) post or cause to be posted in a conspicuous place therein the toll-free number established pursuant to subsection (c) of this section, and (3) provide each Medicare patient with the toll-free number and information on how to access the CHOICES program.



(f) The Commissioner [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] may adopt regulations, in accordance with chapter 54, as necessary to implement the provisions of this section.

Sec. 299. Subsection (a) of section 17a-316a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) The Commissioner [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] shall develop and administer a program to provide a single, coordinated system of information and access for individuals seeking long-term support, including in-home, community-based and institutional services. The program shall be the state Aging and Disability Resource Center Program in accordance with the federal Older Americans Act Amendments of 2006, P.L. 109-365 and shall be administered as part of the Department [of Rehabilitation Services](#) [on Aging's] [[of Social Services](#)] CHOICES program in accordance with subdivision (1) of subsection (a) of section 17a-314. Consumers served by the program shall include, but not be limited to, those sixty years of age or older and those eighteen years of age or older with disabilities and caregivers.

Sec. 300. Section 17a-405 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this chapter:

(1) "State agency" means the [Department of Rehabilitation Services](#) [Department on Aging] [[Office of Policy and Management](#)].

(2) "Office" means the Office of the Long-Term Care Ombudsman established in this section.

(3) "State Ombudsman" means the State Ombudsman established in this section.

(4) "Program" means the long-term care ombudsman program established in this section.

(5) "Representative" includes a regional ombudsman, a residents' advocate or an employee of the Office of the Long-Term Care Ombudsman who is individually designated by the State Ombudsman.

(6) "Resident" means an older individual who resides in or is a patient in a long-term care facility who is sixty years of age or older.

(7) "Long-term care facility" means any skilled nursing facility, as defined in Section 1819(a) of the Social Security Act, (42 USC 1395i-3(a)) any nursing facility, as defined in Section



1919(a) of the Social Security Act, (42 USC 1396r(a)) a board and care facility as defined in Section 102(19) of the federal Older Americans Act, (42 USC 3002(19)) and for purposes of ombudsman program coverage, an institution regulated by the state pursuant to Section 1616(e) of the Social Security Act, (42 USC 1382e(e)) and any other adult care home similar to a facility or nursing facility or board and care home.

(8) "Commissioner" means the Commissioner of Rehabilitation Services ["Commissioner" means the Commissioner on Aging] [Secretary" means the Secretary of the Office of Policy and Management].

(9) "Applicant" means an older individual who has applied for admission to a long-term care facility.

(b) There is established an independent Office of the Long-Term Care Ombudsman within the Department of Rehabilitation Services [Department on Aging] [Office of Policy and Management]. The Commissioner of Rehabilitation Services [Commissioner on Aging] [Secretary of the Office of Policy and Management] shall appoint a State Ombudsman who shall be selected from among individuals with expertise and experience in the fields of long-term care and advocacy to head the office and the State Ombudsman shall appoint assistant regional ombudsmen. In the event the State Ombudsman or an assistant regional ombudsman is unable to fulfill the duties of the office, the commissioner [commissioner] [secretary] shall appoint an acting State Ombudsman and the State Ombudsman shall appoint an acting assistant regional ombudsman.

(c) Notwithstanding the provisions of subsection (b) of this section, on and after July 1, 1990, the positions of State Ombudsman and regional ombudsmen shall be classified service positions. The State Ombudsman and regional ombudsmen holding said positions on said date shall continue to serve in their positions as if selected through classified service procedures. As vacancies occur in such positions thereafter, such vacancies shall be filled in accordance with classified service procedures.

Sec. 301. Section 17a-407 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

No person may perform any functions as a residents' advocate until the person has successfully completed a course of training required by the State Ombudsman. Any residents' advocate who fails to complete such a course within a reasonable time after appointment may be removed by the State Ombudsman or the regional ombudsman for the region in which such residents' advocate serves. The commissioner [commissioner] [Secretary of the Office of Policy and Management], after consultation with the State Ombudsman, shall adopt regulations, in accordance with the provisions of chapter 54, to carry out the provisions



of this section. Such regulations shall include, but not be limited to, the course of training required by this subsection.

Sec. 302. Section 17a-416 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The [Commissioner of Rehabilitation Services](#) [Commissioner on Aging] [[Secretary of the Office of Policy and Management](#)], after consultation with the State Ombudsman, shall adopt regulations in accordance with the provisions of chapter 54, to carry out the provisions of sections 17a-405 to 17a-417, inclusive, 19a-531 and 19a-532.

Sec. 303. Section 17a-417 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The [Commissioner of Rehabilitation Services](#) [Commissioner on Aging] [[Secretary of the Office of Policy and Management](#)] shall require the State Ombudsman to:

(1) Prepare an annual report:

(A) Describing the activities carried out by the office in the year for which the report is prepared;

(B) Containing and analyzing the data collected under section 17a-418;

(C) Evaluating the problems experienced by and the complaints made by or on behalf of residents;

(D) Containing recommendations for (i) improving the quality of the care and life of the residents, and (ii) protecting the health, safety, welfare and rights of the residents;

(E) (i) Analyzing the success of the program including success in providing services to residents of long-term care facilities; and (ii) identifying barriers that prevent the optimal operation of the program; and

(F) Providing policy, regulatory and legislative recommendations to solve identified problems, to resolve the complaints, to improve the quality of the care and life of residents, to protect the health, safety, welfare and rights of residents and to remove the barriers that prevent the optimal operation of the program.

(2) Analyze, comment on and monitor the development and implementation of federal, state and local laws, regulations and other government policies and actions that pertain to long-



term care facilities and services, and to the health, safety, welfare and rights of residents in the state, and recommend any changes in such laws, regulations and policies as the office determines to be appropriate.

(3) (A) Provide such information as the office determines to be necessary to public and private agencies, legislators and other persons, regarding (i) the problems and concerns of older individuals residing in long-term care facilities; and (ii) recommendations related to the problems and concerns; and (B) make available to the public and submit to the federal assistant secretary for aging, the Governor, the General Assembly, the Department of Public Health and other appropriate governmental entities, each report prepared under subdivision (1) of this section.

Sec. 304. Subsection (c) of section 17a-411 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) The Commissioner [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] shall have authority to seek funding for the purposes contained in this section from public and private sources, including but not limited to any federal or state funded programs.

Sec. 305. Subsection (b) of section 17a-667 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The council shall consist of the following members: (1) The Secretary of the Office of Policy and Management, or the secretary's designee; (2) the Commissioners of Children and Families, Consumer Protection, Correction, Education, Mental Health and Addiction Services, Public Health, Emergency Services and Public Protection, **[and]** Social Services, [Rehabilitation Services](#) [Commissioner on Aging,] and the Insurance Commissioner, or their designees; (3) the Chief Court Administrator, or the Chief Court Administrator's designee; (4) the chairperson of the Board of Regents for Higher Education, or the chairperson's designee; (5) the president of The University of Connecticut, or the president's designee; (6) the Chief State's Attorney, or the Chief State's Attorney's designee; (7) the Chief Public Defender, or the Chief Public Defender's designee; and (8) the cochairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, criminal justice and appropriations, or their designees. The Commissioner of Mental Health and Addiction Services and the Commissioner of Children and Families shall be cochairpersons of the council and may jointly appoint up to seven individuals to the council as follows: (A) Two individuals in recovery from a substance use disorder or representing an advocacy group for individuals with a substance use disorder; (B) a provider of community-based substance abuse services for adults; (C) a provider of community-based substance abuse services for adolescents; (D) an addiction medicine physician; (E) a family member of an individual in recovery from a substance use disorder; and (F) an emergency





medicine physician currently practicing in a Connecticut hospital. The cochairpersons of the council may establish subcommittees and working groups and may appoint individuals other than members of the council to serve as members of the subcommittees or working groups. Such individuals may include, but need not be limited to: (i) Licensed alcohol and drug counselors; (ii) pharmacists; (iii) municipal police chiefs; (iv) emergency medical services personnel; and (v) representatives of organizations that provide education, prevention, intervention, referrals, rehabilitation or support services to individuals with substance use disorder or chemical dependency.

Sec. 306. Subsection (b) of section 17b-4 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(b) The Department of Social Services, in conjunction with the Department of Public Health and the Department of Rehabilitation Services, [and the Department on Aging,] may adopt regulations in accordance with the provisions of chapter 54 to establish requirements with respect to the submission of reports concerning financial solvency and quality of care by nursing homes for the purpose of determining the financial viability of such homes, identifying homes that appear to be experiencing financial distress and examining the underlying reasons for such distress. Such reports shall be submitted to the Nursing Home Financial Advisory Committee established under section 17b-339.

Sec. 307. Section 17b-251 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Department of Rehabilitation Services [on Aging] [of Social Services] shall establish an outreach program to educate consumers as to: (1) The need for long-term care; (2) mechanisms for financing such care; (3) the availability of long-term care insurance; and (4) the asset protection provided under sections 17b-252 to 17b-254, inclusive, and 38a-475. The Department of Rehabilitation Services [on Aging] [of Social Services] shall provide public information to assist individuals in choosing appropriate insurance coverage.

Sec. 308. Subsection (c) of section 17b-337 of the general statutes, as amended by section 18 of public act 17-96, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) The Long-Term Care Planning Committee shall consist of: (1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to human services, public health, elderly services and long-term care; (2) the Commissioner of Social Services, or the commissioner's designee; (3) one member of the Office of Policy and Management appointed by the Secretary of the Office of Policy and Management; (4) one member from the Department of Rehabilitation Services



appointed by the Commissioner of Rehabilitation Services [one member from the Department on Aging appointed by the Commissioner on Aging; (5)] (5) two members from the Department of Public Health appointed by the Commissioner of Public Health, one of whom is from the Office of Health Care Access division of the department; [(6)] [(5)] (6) one member from the Department of Housing appointed by the Commissioner of Housing; [(7)] [(6)] (7) one member from the Department of Developmental Services appointed by the Commissioner of Developmental Services; [(8)] [(7)] (8) one member from the Department of Mental Health and Addiction Services appointed by the Commissioner of Mental Health and Addiction Services; [(9)] [(8)] (9) one member from the Department of Transportation appointed by the Commissioner of Transportation; and [(10)] [(9)] (10) one member from the Department of Children and Families appointed by the Commissioner of Children and Families. The committee shall convene no later than ninety days after June 4, 1998. Any vacancy shall be filled by the appointing authority. The chairperson shall be elected from among the members of the committee. The committee shall seek the advice and participation of any person, organization or state or federal agency it deems necessary to carry out the provisions of this section.

Sec. 309. Section 17b-349e of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

- (1) "Respite care services" means support services which provide short-term relief from the demands of ongoing care for an individual with Alzheimer's disease.
- (2) "Caretaker" means a person who has the responsibility for the care of an individual with Alzheimer's disease or has assumed the responsibility for such individual voluntarily, by contract or by order of a court of competent jurisdiction.
- (3) "Copayment" means a payment made by or on behalf of an individual with Alzheimer's disease for respite care services.
- (4) "Individual with Alzheimer's disease" means an individual with Alzheimer's disease or related disorders.

(b) The Commissioner of Rehabilitation Services [on Aging] [of Social Services] shall operate a program, within available appropriations, to provide respite care services for caretakers of individuals with Alzheimer's disease, provided such individuals with Alzheimer's disease meet the requirements set forth in subsection (c) of this section. Such respite care services may include, but need not be limited to (1) homemaker services; (2) adult day care; (3) temporary care in a licensed medical facility; (4) home-health care; (5) companion services; or



(6) personal care assistant services. Such respite care services may be administered directly by the Department [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)], or through contracts for services with providers of such services, or by means of direct subsidy to caretakers of individuals with Alzheimer's disease to purchase such services.

(c) (1) No individual with Alzheimer's disease may participate in the program if such individual (A) has an annual income of more than forty-one thousand dollars or liquid assets of more than one hundred nine thousand dollars, or (B) is receiving services under the Connecticut home-care program for the elderly. On July 1, 2009, and annually thereafter, the commissioner shall increase such income and asset eligibility criteria over that of the previous fiscal year to reflect the annual cost of living adjustment in Social Security income, if any.

(2) No individual with Alzheimer's disease who participates in the program may receive more than three thousand five hundred dollars for services under the program in any fiscal year or receive more than thirty days of out-of-home respite care services other than adult day care services under the program in any fiscal year, except that the commissioner shall adopt regulations pursuant to subsection (d) of this section to provide up to seven thousand five hundred dollars for services to a participant in the program who demonstrates a need for additional services.

(3) The commissioner may require an individual with Alzheimer's disease who participates in the program to pay a copayment for respite care services under the program, except the commissioner may waive such copayment upon demonstration of financial hardship by such individual.

(d) The commissioner shall adopt regulations in accordance with the provisions of chapter 54 to implement the provisions of this section. Such regulations shall include, but need not be limited to (1) standards for eligibility for respite care services; (2) the basis for priority in receiving services; (3) qualifications and requirements of providers, which shall include specialized training in Alzheimer's disease, dementia and related disorders; (4) a requirement that providers accredited by the Joint Commission on the Accreditation of Healthcare Organizations, when available, receive preference in contracting for services; (5) provider reimbursement levels; (6) limits on services and cost of services; and (7) a fee schedule for copayments.

(e) The Commissioner [of Rehabilitation Services](#) [on Aging] [[of Social Services](#)] may allocate any funds appropriated in excess of five hundred thousand dollars for the program among the five area agencies on aging according to need, as determined by said commissioner.



Sec. 310. Subsection (d) of section 17b-352 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(d) Any facility acting pursuant to subdivision (3) of subsection (b) of this section shall provide written notice, at the same time it submits its letter of intent, to all patients, guardians or conservators, if any, or legally liable relatives or other responsible parties, if known, and shall post such notice in a conspicuous location at the facility. The facility's written notice shall be accompanied by an informational letter issued jointly from the Office of the Long-Term Care Ombudsman and the Department [of Rehabilitation Services](#) [on Aging] [\[of Social Services\]](#) on patients' rights and services available as they relate to the letter of intent. The notice shall state the following: (1) The projected date the facility will be submitting its certificate of need application, (2) that only the Department of Social Services has the authority to either grant, modify or deny the application, (3) that the Department of Social Services has up to ninety days to grant, modify or deny the certificate of need application, (4) a brief description of the reason or reasons for submitting a request for permission, (5) that no patient shall be involuntarily transferred or discharged within or from a facility pursuant to state and federal law because of the filing of the certificate of need application, (6) that all patients have a right to appeal any proposed transfer or discharge, and (7) the name, mailing address and telephone number of the Office of the Long-Term Care Ombudsman and local legal aid office.

Sec. 311. Section 21a-3a of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

The Department of Consumer Protection, in collaboration with the Department of Social Services [and the Department of Rehabilitation Services](#), [and the Department on Aging,] shall conduct a public awareness campaign, within available funding, to educate elderly consumers and caregivers on ways to resist aggressive marketing tactics and scams.

Sec. 312. Section 38a-47 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

All domestic insurance companies and other domestic entities subject to taxation under chapter 207 shall, in accordance with section 38a-48, annually pay to the Insurance Commissioner, for deposit in the Insurance Fund established under section 38a-52a, an amount equal to the actual expenditures made by the Insurance Department during each fiscal year, and the actual expenditures made by the Office of the Healthcare Advocate, including the cost of fringe benefits for department and office personnel as estimated by the Comptroller, plus (1) the expenditures made on behalf of the department and the office from the Capital Equipment Purchase Fund pursuant to section 4a-9 for such year, and (2) the amount appropriated to the Department [of Rehabilitation Services](#) [on Aging] [\[of Social](#)



Services] for the fall prevention program established in section 17a-303a from the Insurance Fund for the fiscal year, but excluding expenditures paid for by fraternal benefit societies, foreign and alien insurance companies and other foreign and alien entities under sections 38a-49 and 38a-50. Payments shall be made by assessment of all such domestic insurance companies and other domestic entities calculated and collected in accordance with the provisions of section 38a-48. Any such domestic insurance company or other domestic entity aggrieved because of any assessment levied under this section may appeal therefrom in accordance with the provisions of section 38a-52.

Sec. 313. Section 38a-48 of the general statutes, as amended by sections 4 and 5 of public act 17-125, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) On or before June thirtieth, annually, the Commissioner of Revenue Services shall render to the Insurance Commissioner a statement certifying the amount of taxes or charges imposed on each domestic insurance company or other domestic entity under chapter 207 on business done in this state during the preceding calendar year. The statement for local domestic insurance companies shall set forth the amount of taxes and charges before any tax credits allowed as provided in subsection (a) of section 12-202.

(b) On or before July thirty-first, annually, the Insurance Commissioner and the Office of the Healthcare Advocate shall render to each domestic insurance company or other domestic entity liable for payment under section 38a-47, (1) a statement which includes (A) the amount appropriated to the Insurance Department and the Office of the Healthcare Advocate for the fiscal year beginning July first of the same year, (B) the cost of fringe benefits for department and office personnel for such year, as estimated by the Comptroller, (C) the estimated expenditures on behalf of the department and the office from the Capital Equipment Purchase Fund pursuant to section 4a-9 for such year, and (D) the amount appropriated to the Department of Rehabilitation Services [on Aging] [of Social Services] for the fall prevention program established in section 17a-303a from the Insurance Fund for the fiscal year, (2) a statement of the total taxes imposed on all domestic insurance companies and domestic insurance entities under chapter 207 on business done in this state during the preceding calendar year, and (3) the proposed assessment against that company or entity, calculated in accordance with the provisions of subsection (c) of this section, provided that for the purposes of this calculation the amount appropriated to the Insurance Department and the Office of the Healthcare Advocate plus the cost of fringe benefits for department and office personnel and the estimated expenditures on behalf of the department and the office from the Capital Equipment Purchase Fund pursuant to section 4a-9 shall be deemed to be the actual expenditures of the department and the office, and the amount appropriated to the Department of Rehabilitation Services [on Aging] [of Social Services] from the Insurance Fund for the fiscal year for the fall prevention program established in section 17a-303a shall be deemed to be the actual expenditures for the program.



(c) (1) The proposed assessments for each domestic insurance company or other domestic entity shall be calculated by (A) allocating twenty per cent of the amount to be paid under section 38a-47 among the domestic entities organized under sections 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive, in proportion to their respective shares of the total taxes and charges imposed under chapter 207 on such entities on business done in this state during the preceding calendar year, and (B) allocating eighty per cent of the amount to be paid under section 38a-47 among all domestic insurance companies and domestic entities other than those organized under sections 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive, in proportion to their respective shares of the total taxes and charges imposed under chapter 207 on such domestic insurance companies and domestic entities on business done in this state during the preceding calendar year, provided if there are no domestic entities organized under sections 38a-199 to 38a-209, inclusive, and 38a-214 to 38a-225, inclusive, at the time of assessment, one hundred per cent of the amount to be paid under section 38a-47 shall be allocated among such domestic insurance companies and domestic entities.

(2) When the amount any such company or entity is assessed pursuant to this section exceeds twenty-five per cent of the actual expenditures of the Insurance Department and the Office of the Healthcare Advocate, such excess amount shall not be paid by such company or entity but rather shall be assessed against and paid by all other such companies and entities in proportion to their respective shares of the total taxes and charges imposed under chapter 207 on business done in this state during the preceding calendar year, except that for purposes of any assessment made to fund payments to the Department of Public Health to purchase vaccines, such company or entity shall be responsible for its share of the costs, notwithstanding whether its assessment exceeds twenty-five per cent of the actual expenditures of the Insurance Department and the Office of the Healthcare Advocate. The provisions of this subdivision shall not be applicable to any corporation which has converted to a domestic mutual insurance company pursuant to section 38a-155 upon the effective date of any public act which amends said section to modify or remove any restriction on the business such a company may engage in, for purposes of any assessment due from such company on and after such effective date.

(d) For purposes of calculating the amount of payment under section 38a-47, as well as the amount of the assessments under this section, the "total taxes imposed on all domestic insurance companies and other domestic entities under chapter 207" shall be based upon the amounts shown as payable to the state for the calendar year on the returns filed with the Commissioner of Revenue Services pursuant to chapter 207; with respect to calculating the amount of payment and assessment for local domestic insurance companies, the amount used shall be the taxes and charges imposed before any tax credits allowed as provided in subsection (a) of section 12-202.



(e) On or before September thirtieth, annually, for each fiscal year ending prior to July 1, 1990, the Insurance Commissioner and the Healthcare Advocate, after receiving any objections to the proposed assessments and making such adjustments as in their opinion may be indicated, shall assess each such domestic insurance company or other domestic entity an amount equal to its proposed assessment as so adjusted. Each domestic insurance company or other domestic entity shall pay to the Insurance Commissioner on or before October thirty-first an amount equal to fifty per cent of its assessment adjusted to reflect any credit or amount due from the preceding fiscal year as determined by the commissioner under subsection (g) of this section. Each domestic insurance company or other domestic entity shall pay to the Insurance Commissioner on or before the following April thirtieth, the remaining fifty per cent of its assessment.

(f) On or before September first, annually, for each fiscal year ending after July 1, 1990, the Insurance Commissioner and the Healthcare Advocate, after receiving any objections to the proposed assessments and making such adjustments as in their opinion may be indicated, shall assess each such domestic insurance company or other domestic entity an amount equal to its proposed assessment as so adjusted. Each domestic insurance company or other domestic entity shall pay to the Insurance Commissioner (1) on or before June 30, 1990, and on or before June thirtieth annually thereafter, an estimated payment against its assessment for the following year equal to twenty-five per cent of its assessment for the fiscal year ending such June thirtieth, (2) on or before September thirtieth, annually, twenty-five per cent of its assessment adjusted to reflect any credit or amount due from the preceding fiscal year as determined by the commissioner under subsection (g) of this section, and (3) on or before the following December thirty-first and March thirty-first, annually, each domestic insurance company or other domestic entity shall pay to the Insurance Commissioner the remaining fifty per cent of its proposed assessment to the department in two equal installments.

(g) If the actual expenditures for the fall prevention program established in section 17a-303a are less than the amount allocated, the Commissioner [on Aging] [of Rehabilitation Services](#) [\[of Social Services\]](#) shall notify the Insurance Commissioner and the Healthcare Advocate. Immediately following the close of the fiscal year, the Insurance Commissioner and the Healthcare Advocate shall recalculate the proposed assessment for each domestic insurance company or other domestic entity in accordance with subsection (c) of this section using the actual expenditures made by the Insurance Department and the Office of the Healthcare Advocate during that fiscal year, the actual expenditures made on behalf of the department and the office from the Capital Equipment Purchase Fund pursuant to section 4a-9 and the actual expenditures for the fall prevention program. On or before July thirty-first, the Insurance Commissioner and the Healthcare Advocate shall render to each such domestic insurance company and other domestic entity a statement showing the difference between



their respective recalculated assessments and the amount they have previously paid. On or before August thirty-first, the Insurance Commissioner and the Healthcare Advocate, after receiving any objections to such statements, shall make such adjustments which in their opinion may be indicated, and shall render an adjusted assessment, if any, to the affected companies.

(h) If any assessment is not paid when due, a penalty of twenty-five dollars shall be added thereto, and interest at the rate of six per cent per annum shall be paid thereafter on such assessment and penalty.

(i) The commissioner shall deposit all payments made under this section with the State Treasurer. On and after June 6, 1991, the moneys so deposited shall be credited to the Insurance Fund established under section 38a-52a and shall be accounted for as expenses recovered from insurance companies.

Sec. 314. Section 38a-475 of the general statutes, as amended by section 40 of public act 17-15, is repealed and the following is substituted in lieu thereof (*Effective from passage*):

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 Rehabilitation Services](#) [on Aging] [[of Social Services](#)] pursuant to section 17b-251; (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) of section 17b-342, 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. 315 - **no change from P.A. 17-2**

Sec. 316. Section 17a-302a of the general statutes, as amended by section 3 of public act 17-34, is repealed and the following is substituted in lieu thereof (*Effective from passage*):





The [Department of Rehabilitation Services and the](#) [Department on Aging and the] Department of Social Services shall hold quarterly meetings with nutrition service stakeholders to (1) develop recommendations to address complexities in the administrative processes of nutrition services programs, (2) establish quality control benchmarks in such programs, and (3) help move toward greater quality, efficiency and transparency in the elderly nutrition program. Stakeholders shall include, but need not be limited to, (A) one representative of each of the following: (i) Area agencies on aging, (ii) access agencies, (iii) the Commission on Women, Children and Seniors, and (iv) nutrition providers, and (B) one or more representatives of (i) food security programs, (ii) contractors, (iii) nutrition host sites, and (iv) consumers.

Sec. 317. Subsection (c) of section 17b-28 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) On and after [July 1, 2011] [the effective date of this section](#), the council shall be composed of the following members:

- (1) The chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to aging, human services, public health and appropriations and the budgets of state agencies, or their designees;
- (2) Five appointed by the speaker of the House of Representatives, one of whom shall be a member of the General Assembly, one of whom shall be a community provider of adult Medicaid health services, one of whom shall be a recipient of Medicaid benefits for the aged, blind and disabled or an advocate for such a recipient, one of whom shall be a representative of the state's federally qualified health clinics and one of whom shall be a member of the Connecticut Hospital Association;
- (3) Five appointed by the president pro tempore of the Senate, one of whom shall be a member of the General Assembly, one of whom shall be a representative of the home health care industry, one of whom shall be a primary care medical home provider, one of whom shall be an advocate for Department of Children and Families foster families and one of whom shall be a representative of the business community with experience in cost efficiency management;
- (4) Three appointed by the majority leader of the House of Representatives, one of whom shall be an advocate for persons with substance abuse disabilities, one of whom shall be a Medicaid dental provider and one of whom shall be a representative of the for-profit nursing home industry;



- (5) Three appointed by the majority leader of the Senate, one of whom shall be a representative of school-based health centers, one of whom shall be a recipient of benefits under the HUSKY Health program and one of whom shall be a physician who serves Medicaid clients;
- (6) Three appointed by the minority leader of the House of Representatives, one of whom shall be an advocate for persons with disabilities, one of whom shall be a dually eligible Medicaid-Medicare beneficiary or an advocate for such a beneficiary and one of whom shall be a representative of the not-for-profit nursing home industry;
- (7) Three appointed by the minority leader of the Senate, one of whom shall be a low-income adult recipient of Medicaid benefits or an advocate for such a recipient, one of whom shall be a representative of hospitals and one of whom shall be a representative of the business community with experience in cost efficiency management;
- (8) The executive director of the Commission on Women, Children and Seniors or the executive director's designee;
- (9) A member of the Commission on Women, Children and Seniors, designated by the executive director;
- (10) A representative of the Long-Term Care Advisory Council;
- (11) The Commissioners of Social Services, Children and Families, Public Health, Developmental Services and Mental Health and Addiction Services, [Rehabilitation Services](#) [and the Commissioner on Aging,] or their designees, who shall be ex-officio nonvoting members;
- (12) The Comptroller, or the Comptroller's designee, who shall be an ex-officio nonvoting member;
- (13) The Secretary of the Office of Policy and Management, or the secretary's designee, who shall be an ex-officio nonvoting member; and
- (14) One representative of an administrative services organization which contracts with the Department of Social Services in the administration of the Medicaid program, who shall be a nonvoting member.

