

Long-Term Services and Supports Legislation

Passed in the 2021 Session of the Connecticut General Assembly

Updated September 3, 2021

Public Act 21-7 (S.B. 817) - AN ACT CONCERNING SENIOR CENTERS. (Signed by the Governor May 13, 2021)

This bill does the following: (1) Establishes a 14-member statewide senior center working group to develop a coordinated plan for senior centers and municipal services for seniors. It also requires the Commission on Women, Children, Seniors, Equity, and Opportunity, within available appropriations, to assist senior centers and assign or appoint necessary personnel to do so. (2) Expands the list of potential appointees to include senior center staff members. (3) Authorizes any one or more municipalities, or private organizations that serve older adults and are designated to act as agents of one or more municipalities, to establish a multipurpose senior center. (4) Expands the scope of the state's Community Response Education Program to include resources for community programs and education on senior sexual assault and abuse safety, prevention, and risk reduction. The program operates within available appropriations. *Effective Dates: October 1, 2021, except the provision on the Community Response Education Program takes effect July 1, 2021.*

Public Act 21-9 (H.B. 5596) - AN ACT CONCERNING TELEHEALTH (Signed by the Governor May 10, 2021)

This bill modifies requirements for the delivery of telehealth services and insurance coverage of these services until June 30, 2023. Among other things, it: (1) expands the types of health providers authorized to provide telehealth services; (2) allows certain telehealth providers to provide telehealth services using audio-only telephone, which current law prohibits; (3) allows certain telehealth providers to use additional information and communication technologies in accordance with federal requirements (e.g., certain third-party video communication applications, such as Apple Facetime); (4) authorizes the Department of Public Health (DPH) commissioner to temporarily modify, waive, or suspend certain regulatory requirements to reduce the spread of COVID-19 and protect the public health; (5) establishes requirements for telehealth providers seeking payment from uninsured or underinsured patients; (6) requires insurance coverage for telehealth services and prohibits providers reimbursed for services from seeking payment from an insured patient beyond cost sharing; and (7) prohibits (a) insurance policies from excluding coverage for a telehealth platform selected by an in-network provider and (b) carriers from reducing reimbursement to a provider because services are provided through telehealth instead of in-person. Additionally, the bill permits physicians and advanced practice registered nurses (APRNs) to certify a qualifying patient's use of medical marijuana and provide follow-up care using telehealth if they comply with other statutory certification and recordkeeping requirements. They may do so notwithstanding existing laws, regulations, policies, or procedures on medical marijuana certifications. Lastly, the bill makes a conforming change to a law requiring telehealth providers who are prescribing practitioners to issue prescriptions electronically. *Effective Date: Upon Passage*

Special Act 21-10 (H.B. 6121) - AN ACT CONCERNING A WORKFORCE DEVELOPMENT PIPELINE FOR PERSONS WITH DISABILITIES. (Signed by the Governor June 16, 2021)

This bill requires the Department of Economic and Community Development (DECD) to incorporate into the state workforce strategy a plan to establish a workforce development pipeline program for persons with disabilities, which shall incentivize businesses to provide training programs, offer modified interviews and reserve market-rate, full-time jobs for persons with disabilities. The plan shall be developed by not later than November 1, 2021 and provide for implementation of the plan by no later than July 1, 2022. The Commissioner of DECD shall submit recommendations for any requisite legislative proposals for the implementation of such plan to the joint standing committee of the General Assembly having cognizance of matters relating to commerce. *Effective Date: Upon Passage.*

Special Act 21-17 (S.B. 763) - AN ACT REQUIRING DRIVERS OF PARATRANSIT VEHICLES TO REPORT SUSPECTED ABUSE, NEGLECT, EXPLOITATION OR ABANDONMENT OF ELDERLY PERSONS. (Signed by the Governor June 30, 2021)

This bill adds paratransit vehicle drivers to the list of mandated reporters who must report to the Department of Social Services when they have reasonable cause to suspect that an elderly person needs protective services or has been abused, neglected, exploited, or abandoned. A paratransit vehicle is a motor bus, taxicab, or other motor vehicle in livery service that is (1) operated under a Department of Transportation certificate or by a transit district and (2) on call or on demand or used to transport passengers for hire. *Effective Date: July 1, 2021.*

Public Act 21-26 (sS.B. 1083) - AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. (Signed by the Governor June 7, 2021)

This bill makes various unrelated changes to the statutes pertaining to public health. Of particular relevance to long-term services and supports is section 4, which requires hospital personnel, when admitting a patient, to promptly ask the patient if he or she wants the hospital to notify a family member, caregiver, or support person of the admission. If the patient chooses the notification, hospital personnel must make reasonable efforts to contact the family member, caregiver, or support person as soon as practical, but within 24 hours after the request. *Effective Date: July 1, 2021 or October 1, 2021 depending on the section. Section 4 - Hospital Patients and Caregivers is effective October 1, 2021.*

Public Act 21-55 (sS.B. 975) - AN ACT STRENGTHENING THE BILL OF RIGHTS FOR LONG-TERM CARE FACILITY RESIDENTS. (Signed by the Governor June 16, 2021)

This bill makes various changes affecting long-term care facility residents. Principally, it: (1) adds the right to treat their living quarters as their own home and extends these rights to residents of managed residential facilities (e.g., assisted living facilities); (2) allows nursing home residents to use technology of their choosing that facilitates virtual monitoring or virtual visitation and establishes related notification, use, and consent requirements; (3) requires residents to pay for the technology and its installation, maintenance, operation, deactivation, and removal; (4) requires nursing homes to provide residents with free internet access, electricity, and a power source for virtual monitoring or virtual visitation technology, under certain conditions; (5) generally grants nursing homes immunity from civil, criminal, or administrative liability related to residents' use of this technology; (6) exempts from virtual monitoring technology requirements, mobile telephones used primarily for phone communication or

tablets not used for virtual monitoring with certain exceptions; (7) allows the long-term care ombudsman to develop and provide on its website standard consent and notification forms for the use of virtual monitoring technology; and (8) allows the Department of Public Health (DPH) commissioner to adopt regulations to implement the bill's nursing home virtual monitoring and virtual visitation provisions. *Effective Date: July 1, 2021, except the provisions on virtual monitoring and virtual visitation in nursing homes take effect October 1, 2021.*

Public Act 21-71 (H.B. 6634) - AN ACT CONCERNING ESSENTIAL SUPPORT PERSONS AND A STATE-WIDE VISITATION POLICY FOR RESIDENTS OF LONG-TERM CARE FACILITIES. (Signed by the Governor June 24, 2021)

This bill does a few things: (1) Allows long-term care facility residents, or their representatives, to designate an essential support person and a secondary essential support person who may visit the resident despite general visitation restrictions imposed on other visitors. The bill applies to residents in nursing homes and managed residential communities that provide assisted living services. (2) Requires the Department of Public Health (DPH) commissioner to establish a statewide policy for visitation with long-term care residents. In the event of a declared public health emergency, the bill requires the DPH commissioner to establish visitation requirements that incorporate a resident's need for essential support provided by an essential support person and other visitors. (3) Adds to the duties of the State Long-Term Care Ombudsman's Office services designed to address the impact of socialization, visitation, and the role of essential support persons on the health, safety, and well-being of nursing home residents. *Effective Date: Upon Passage*

Public Act 21-72 (S.H.B. 6637) - AN ACT CONCERNING A MENTAL HEALTH BILL OF RIGHTS FOR DEAF, DEAFBLIND AND HARD OF HEARING PERSONS. (Signed by the Governor June 28, 2021)

This bill establishes a bill of rights for individuals in need of mental health services who are deaf, deafblind, or hard of hearing. It specifies that the rights afforded these individuals must be available to them only to the extent that they are implemented in accordance with the general statutes, federal law, and the state and U.S. constitutions. The bill changes the name of the Advisory Board for Persons Who are Deaf or Hard of Hearing to the Advisory Board for Persons Who are Deaf, Hard of Hearing or Deafblind. It makes several minor and conforming changes in the statutes governing the advisory board to: (1) allow board representation by service providers who work with individuals who are deafblind; (2) expand the board's duties to include considering and advocating for their service needs (e.g., making legislative recommendations; monitoring services; and discussing best practices with agency heads); and (3) eliminates the requirement that the Governor appoint the eight ex-officio members, thus enabling their immediate board participation upon assuming their outside positions. Finally, the bill also defines several terms related to the bill of rights and the duties of the Advisory Board for Persons Who are Deaf, Hard of Hearing or Deafblind. *Effective Date: July 1, 2021.*

Public Act 21-84 (H.B. 6458) - AN ACT LOWERING THE AGE OF ELIGIBILITY FOR PROPERTY TAX RELIEF FOR SENIOR CITIZENS AND ESTABLISHING A TASK FORCE TO PROTECT SENIOR CITIZENS FROM FRAUD. (Signed by the Governor June 28, 2021)

This bill expands eligibility for the local option Elderly Tax Freeze Program by decreasing the program's minimum age requirement from 70 to 65 years. However, the bill allows a municipality, by vote of its legislative body, to set the program's minimum age requirement at older than 65 years. A municipality that voted to limit program eligibility to individuals ages 70 and older prior to this date is not required to take another vote unless it seeks to lower the program's minimum age requirement. Under the program, towns may freeze the property taxes on a home whose owner-occupant or his or her spouse meets the minimum age requirement and has been a state resident for at least one year. The freeze continues for a surviving spouse who is at least age 62 when the homeowner dies. Homeowners must also meet the state's Circuit Breaker Program income limits (currently, \$45,800 for a married couple and \$37,600 for an individual). Towns may also impose asset limits for eligibility and place a lien on the property.

Additionally, the bill establishes a 10-member task force to study ways to protect seniors from fraud. The task force must report its findings and recommendations to the Aging and Human Services Committees by January 1, 2022. The task force terminates on January 1, 2022, or the date it submits the report, whichever is later.

Effective Date: Upon passage for the task force provisions and October 1, 2021 for the tax freeze program provisions, which are applicable to assessment years beginning on or after this date.

Public Act 21-133 (H.B. 6470) - AN ACT CONCERNING HOME HEALTH, TELEHEALTH AND UTILIZATION REVIEW. (Signed by the Governor July 7, 2021)

To ease health care access by making permanent certain changes related to home health, telehealth and utilization review in the medical assistance program that were implemented by executive order during the COVID-19 public health emergency. Specifically, the bill eliminates the sunset date of June 23, 2021 and instead requires the Department of Social Services (DSS) Commissioner to permanently implement telehealth, when (1) she determines doing so is clinically appropriate; (2) providing comparable covered audiovisual telehealth services is not possible; and (3) audio only services are provided to people who are unable to use or access comparable, covered audiovisual services. Both the authorization under current law and the requirement under the bill are applicable to the extent permissible under federal law.

The bill also does the following: (1) Expands the types of health care providers who can order home health care services to include advanced practice registered nurses (APRNs) and physician assistants. (2) Allows DSS to waive or suspend prior authorization requirements and other utilization review criteria and procedures for Medicaid and the Children's Health Insurance Program (CHIP). (3) Allows telehealth to be provided in any location but adds that this provision is subject to compliance with all applicable federal requirements and regardless of any state licensing standards. *Effective Date: Upon Passage*

Public Act 21-148 (s.S.B. 955) - AN ACT CONCERNING REVISIONS TO OBSOLETE PROVISIONS OF THE GENERAL STATUTES AFFECTING THE DEPARTMENT OF SOCIAL SERVICES. (Signed by the Governor July 7, 2021)

This bill makes several revisions to statutes affecting the Department of Social Services (DSS). The change most relevant to long-term services and supports is that this bill limits participation in the Connecticut Home Care Program for Persons with Disabilities to those who are ineligible for Medicaid or Medicaid waivers. *Effective Date: July 1, 2021, except that the provisions concerning the Connecticut Home Care Program for Persons with Disabilities, Statewide Health Information Exchange board of directors, and human service provider rate study are effective upon passage.*

Public Act 21-150 (S.B. 1046) - AN ACT CONCERNING LONG-TERM CARE INSURANCE (Signed by the Governor July 7, 2021)

This bill provides protections for long-term care insurance policyholders through three major provisions: (1) requires an insurance company to be licensed to sell at least one additional product line in Connecticut other than long-term care insurance; (2) requires insurers to provide various benefit options to policyholders experiencing a rate increase to ensure policyholders have various benefit options to choose from if their premiums are being increased; and (3) prohibits insurers from filing a rate increase request if they were in the process of implementing a rate increase that was 20% or greater and being spread out over the required three-year period for such increases. This provision would prohibit the current practice of stacking rate increases on top of each other. *Effective Date: January 1, 2022*

Public Act 21-151 (s.S.B. 1055) - AN ACT CONCERNING THE DEPARTMENT OF AGING AND DISABILITY SERVICES. (Signed by the Governor July 7, 2021)

This bill makes various changes and updates to the statutes governing the Department of Aging and Disability Services (ADS). More specifically, it: (1) consolidates redundant gift acceptance and use provisions that allow ADS to accept gifts and bequests; (2) replaces the current Assistive Technology Revolving Fund, which makes direct loans, with a program to make and guarantee loans for the same purposes; (3) updates the format of a required informational resource about the voter application process; (4) changes the name of the Advisory Board for Persons Who are Deaf or Hard of Hearing and eliminates required appointments for its eight ex-officio members; and (5) deletes an obsolete reference to the Department of Social Services taking over programs of the former Department on Aging. *Effective Date: July 1, 2021.*

Public Act 21-160 (H.B. 6457) - AN ACT CONCERNING ACCESS TO RECORDINGS AND IMAGES FROM TECHNOLOGY USED BY NURSING HOME RESIDENTS FOR VIRTUAL VISITATION AND VIRTUAL MONITORING. (Signed by the Governor July 12, 2021)

This bill sets a number of parameters around access to recordings and images from technology used by nursing home residents for virtual visitation and virtual monitoring including: (1) requires a nursing home to give its employee, or the employee of a contractor providing services at the home, access to a resident's virtual monitoring or virtual visitation technology under certain specified conditions. (2) Allows the long-term care ombudsman, without consulting the nursing home, to ask a resident about the existence of recordings or images taken from virtual monitoring or virtual visitation technology that

could corroborate an abuse or neglect allegation. (3) Allows a resident, or resident representative, to voluntarily release recordings or images taken from virtual monitoring or virtual visitation technology if doing so does not infringe on another person's privacy rights under state or federal law and prohibits a nursing home, or its agent or employee, from soliciting or requesting such recordings or images from a resident or resident representative, except to investigate an abuse or neglect allegation based upon them. (4) Requires the Department of Public Health to provide a copy of records or images to the nursing home that is the subject of the investigation if the Department of Public Health initiates a complaint investigation based on a recording or image. *Effective Date: October 1, 2021.*

Public Act 21-185 (sS.B. 1030) - AN ACT CONCERNING LONG-TERM CARE FACILITIES. (Signed by the Governor July 13, 2021)

This bill implements the recommendations of the Nursing Home and Assisted Living Oversight Working Group regarding long-term care facilities and makes other revisions to the long-term care facility statutes. It makes various unrelated changes concerning nursing homes and dementia special care units and the delivery of long-term care (LTC) services. Under the bill, a "dementia special care unit" is a unit in an assisted living facility that locks, secures, segregates, or provides special programs or units for residents diagnosed with probable Alzheimer's disease, dementia, or another similar disorder. The unit or program must be one that prevents or limits access by a resident outside the designated or separated area or advertises or markets itself as providing specialized care or services for those with Alzheimer's disease or dementia. Specifically, this bill does the following:

§ 1 — INFECTION PREVENTIONISTS: Requires nursing homes and dementia special care units to employ a full-time infection and prevention control specialist who must work a rotating schedule that covers each eight-hour shift at least once monthly.

§ 2 — LOCAL EMERGENCY OPERATIONS PLAN: Requires a nursing home's and dementia special care unit's administrative head to provide its emergency operations plan to the municipality where it is located to help the municipality develop the local emergency operations plan required under the Interstate Mutual Aid Compact.

§ 3 — PERSONAL PROTECTIVE EQUIPMENT: Requires nursing homes to maintain at least a two-month supply of personal protective equipment for their staff.

§ 4 — INTRAVENOUS LINES: Requires a nursing home's administrative head to ensure there is at least one staff member or contracted professional available on-call during each shift who is licensed or certified to start an intravenous line.

§ 5 — NURSING HOME INFECTION PREVENTION AND CONTROL COMMITTEES: Generally, requires a nursing home's infection prevention and control committee to meet at least monthly and, during an infectious disease outbreak, daily.

§ 6 — INFECTIOUS DISEASE TESTING IN NURSING HOMES: Requires nursing homes to test staff and residents for an infectious disease during an outbreak at an appropriate frequency determined by DPH.

§ 7 — FAMILY COUNCILS: Requires each nursing home's and dementia special care unit's administrative head, by January 1, 2022, to encourage and assist in establishing a family council to encourage and support open communication between the facility and residents' families and friends.

§ 8 — RESIDENT VISITATION AT NURSING HOMES: Requires nursing homes, by January 1, 2022, to take certain actions to ensure residents have regular opportunities for in-person and virtual visitation with family members and friends and that their social and emotional needs are met.

§ 9 — PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE: Requires the Public Health Preparedness Advisory Committee, by October 1, 2021, to amend the plan for emergency responses to public health emergencies to include responses related to nursing homes and dementia special care units and providers of community-based services to their residents.

§ 10 — NURSING HOME MINIMUM STAFFING LEVELS: Requires DPH, by January 1, 2022, to modify nursing home daily minimum staffing levels to require at least three hours of direct care per resident.

§ 11 — FUNDING FOR NURSING HOME INFRASTRUCTURE IMPROVEMENTS: Requires DPH to seek available federal or state funds for nursing home infrastructure improvements and report to the Public Health Committee by January 1, 2022. *Effective Date: October 1, 2021, except the provisions concerning (1) the Public Health Preparedness Advisory Committee (§ 9) and funding for nursing home infrastructure improvements (§ 11) take effect upon passage and (2) infectious disease testing in nursing homes (§ 6) take effect August 5, 2021, pursuant to the governor's Executive Order 13A.*

Public Act 21-194 (sS.B. 973) - AN ACT STRENGTHENING THE VOICE OF RESIDENTS AND FAMILY COUNCILS. (Signed by the Governor July 13, 2021)

This bill does the following: (a) Requires State agencies to inform the (1) State Long-Term Care Ombudsman and (2) Commission on Women, Children, Seniors, Equity and Opportunity executive director about legislative proposals or new or revised regulations on long-term care facility living and care conditions. They must do this within three days after submitting a proposal to the legislature or publishing a notice of intent on the eRegulations System proposing a regulation. For proposed regulations, other than those that are emergency or technical, the bill requires the Long-Term Care Ombudsman and executive director to immediately inform the Statewide Coalition of Presidents of Residents Councils and family councils that the agency is required to hold a public hearing upon the request of at least 15 people within 14 days after the notice of intent is posted on the eRegulations System. (b) Requires State agencies and legislative committees of cognizance to accept this testimony in a manner and format that provides for the greatest input from resident and family council members, when it is practical and permissible under the agency's or committee's rules. Under the bill, this includes remote testimony via audio or audio-video technology. (c) Requires any state task force on long-term care facility care or living conditions that is appointed by the legislature or a State agency to include as members representatives of (1) resident councils; (2) family councils; and (3) the chairpersons and ranking members of the Aging Committee, or their designees. The task force chairperson must schedule meetings in a way that provides for the greatest input from resident and family council members, in a similar manner as described above. Under the bill, long-term care facilities include nursing homes and assisted living facilities. Finally, the bill defines "resident councils" as those elected and run by long-term care facility residents that bring to facility management concerns about resident living and care

conditions and “Family councils” are those comprised of family members of long-term care facility residents that bring concerns to facility management on resident living and care conditions. *Effective Date: Upon Passage.*

Public Act 21-196 (sS.B. 1070) - AN ACT CONCERNING PHYSICIANS ASSISTANTS. (Signed by the Governor July 13, 2021)

This bill allows physician assistants (PAs) to certify, sign, or otherwise document medical information in several situations that currently require a physician’s or advanced practice registered nurse’s (APRN’s) signature, certification, or documentation. Examples include: (1) certifying a patient’s health condition or related information for purposes of insurance coverage, including the CT Home Care Program for Elders, (2) certifying a disability or illness for continuing education waivers or extensions for various health professions, and (3) documenting that a patient’s room transfer in a nursing home would be medically contraindicated. Additionally, the bill extends certain other provisions to PAs, such as adding them to the list of providers (1) who must report when a patient has tuberculosis and (2) to whom local health directors, in turn, must provide certain information for these patients. As required by existing law, each PA must have a clearly identified supervising physician who has final responsibility for patient care and the PA’s performance. The functions a physician delegates to a PA must be implemented in accordance with a written delegation agreement between them. The bill also makes technical and conforming changes. *Effective Date: July 1, 2021.*

Public Act 21-2 (S.B. 1202) - AN ACT CONCERNING PROVISIONS RELATED TO REVENUE AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023. (Signed by the Governor June 23, 2021)

Note: Below is a summary of provisions contained in the budget implementer that relate to long-term services and supports. This is not an exhausted summary of the legislation.

§ 79 — DDS WAITING LIST REPORT: Requires the Department of Developmental Services (DDS) Commissioner to annually report to the Public Health and Appropriations Committees on the number of individuals determined to be eligible for DDS funding or services and who (1) have unmet residential care or employment opportunity and day service needs or (2) are eligible for DDS’s behavioral services program and are waiting for funding. This information must also be posted annually on DDS’s website. *Effective Date: Upon passage*

§ 80 — LEVEL OF NEED ASSESSMENT SYSTEM ADVISORY COMMITTEE: Establishes a 19-member committee to advise the DDS Commissioner on the level of need assessment system. The Committee is required to (1) meet at least quarterly and (2) starting by January 1, 2022, annually report on its activities to the Public Health Committee. This provision also (1) allows DDS to provide the Committee with administrative support and (2) requires DDS to post the Committee’s meeting dates and minutes on the Department’s website. *Effective Date: Upon passage*

§ 323 — ESSENTIAL WORKERS COVID-19 ASSISTANCE PROGRAM: Establishes the Essential Workers COVID-19 Assistance Program to provide benefits through June 30, 2024, for lost wages, out-of-pocket medical expenses, and burial expenses to qualifying essential employees who could not work due to contracting COVID-19. Essential employees are defined as are those employed in a category that the Centers for Disease Control and Prevention’s (CDC’s) Advisory Committee on Immunization Practices, as

of February 20, 2021, recommended to receive a COVID-19 vaccination in phase 1a or 1b of the COVID-19 vaccination program. (These include health care personnel, firefighters, police officers, corrections officers, food and agricultural workers, manufacturing workers, grocery store workers, public transit workers, education sector workers, and child care workers.) Under the bill, any benefits provided through the program cannot be considered income under the state's personal income tax law, corporation tax, or any other tax laws. Benefits are subject to available funds, and payable on a retroactive basis from the date the person was initially unable to work due to contracting COVID-19 or symptoms that were later diagnosed as COVID-19, but no earlier than March 10, 2020, and no later than July 20, 2021. This section specifies how benefits are calculated, the appeals process, how to handle overpayment and cases of fraud as well as annual administration reporting requirements. *Effective Date: October 1, 2021 – June 30, 2024.*

§ 344 — MEDICARE SUPPLEMENT PLANS: Allows insurers and related entities to offer a Medigap plan D and makes related changes. The bill allows insurers, HMOs, and other related entities to issue Medicare Supplement (i.e., Medigap) policies and certificates for plan D, in addition to plans A, B, and C as under existing law. By law, those entities that issue Medigap plans A, B, or C to people eligible for Medicare based on age must also offer them to people eligible for Medicare based on disability. The bill extends this requirement to entities that issue plan D. In compliance with federal law, it also exempts entities from offering plan C to any person newly eligible for Medicare. *Effective Date: July 1, 2021.*

§ 353 & § 354 — PERSONAL NEEDS ALLOWANCE INCREASE - Increases from \$60 to \$75 per month the personal needs allowance provided to certain long-term care facility residents who receive Medicaid or certain other federal or state assistance. Covered facilities include nursing homes, chronic disease hospitals, and state humane institutions. *Effective Date: July 1, 2021*

§ 355 — MEDICAID TRANSITION TO ACUITY-BASED REIMBURSEMENT: Requires the Department of Social Services (DSS) to implement an acuity-based methodology for Medicaid reimbursement of nursing home services; requires DSS to determine a facility's certified bed utilization at a minimum of 90% of capacity for computing minimum allowable patient days; prohibits inflationary rate increases for nursing homes for fiscal years '22 and '23 unless authorized under DSS's case-mix adjustments. *Effective Date: Acuity-based must be established by July 1, 2023 and there are various effective dates for other provisions.*

§ 357 — NURSING HOME TEMPORARY FINANCIAL ASSISTANCE: Requires the Department of Social Services (DSS) to provide temporary financial assistance to nursing homes within the \$10 million it received as Coronavirus State and Local Fiscal Recovery Funds under the American Rescue Plan Act of 2021 (ARPA) as follows: (1) based on the percent difference between the issued and calculated nursing home reimbursement rates and (2) subject to proportional adjustments based on available funding. *Effective Date: July 1, 2021*

§ 358 — PRIVATE PROVIDER GRANT PROGRAM: Requires the Department of Mental Health and Addiction Services (DMHAS) to establish grant programs to assist private providers of services authorized by the Department. This must be done within available federal funds allocated to DMHAS as Coronavirus State and Local Fiscal Recovery Funds under the American Rescue Plan Act of 2021 (ARPA) and in accordance with state laws on spending in accordance with the federal act. For the grant programs in FYs 22 and 23, DMHAS must use the following amounts of allocated funds each fiscal year:

(1) \$15 million to enhance employee wages and (2) \$10 million for private providers' facility costs.
Effective Date: July 1, 2021

§ 362 — CONNECTICUT HOME CARE PROGRAM FOR THE ELDERLY: Reduces the copays from 9% to 4.5% for participants in the state-funded portion of the Connecticut Home Care Program for Elders (CHCPE) and requires DSS to collect program data and report to committees of cognizance by July 1, 2022 the following: (1) number of participants before and after copayments are reduced under the bill, (2) average hours of care provided per participant, and (3) estimated cost savings to the state by providing home care to participants who may otherwise receive nursing home care. *Effective Date: July 1, 2021.*

§ 364 - § 366 — REFUND DISREGARDS IN CERTAIN ASSISTANCE PROGRAMS: Requires DSS to disregard tax refunds when calculating income eligibility for the following programs: (1) State Supplement Program, (2) State Administered General Assistance, and (3) Connecticut Home Care Program for Elders. *Effective Date: July 1, 2021*

§ 374 — HOME & COMMUNITY-BASED RATE INCREASES: Allocates \$5 million for FYs 22 and 23 to fund an increase in the reimbursement rate for certain Medicaid-funded home and community-based programs and services and the state-funded Connecticut Home Care Program for the Elderly. The bill allocates \$4.625 million appropriated to DSS from the General Fund in FYs '22 and '23 to fund an increase in the Medicaid reimbursement rate for certain Medicaid-funded home and community-based waiver program services, and home health care. The Medicaid rate increase applies to the following programs: (1) pediatric skilled nursing services in home health programs, (2) the Money Follows the Person program, (3) autism home and community-based waiver services, (4) mental health home and community-based waiver services, (5) personal care assistant services in home and community-based waiver programs, (6) acquired brain injury waiver services, and (7) Connecticut home care program waiver services. The bill also allocates \$375,000 appropriated to DSS from the General Fund from FYs '22 and '23 to increase the reimbursement rate for the state-funded portion of the Connecticut Home Care Program for Elders. *Effective Date: July 1, 2021.*

§ 496 - § 500 — PUBLIC ASSISTANCE LIENS: Expands restrictions for placing liens to recover public assistance and deems additional previously filed claims released as of FY '22; adds a notification requirement and filing deadline to the process of administering certain small estates to recover state claims. *Effective Date: July 1, 2021 except the provision on small estate administration is effective October 1, 2021.*

There are also several provisions in the budget implementer regarding revisions to Medicaid rate revisions for facilities such as nursing homes, chronic disease hospitals, ICF/IDs and various private provide providers as well expansions in Medicaid coverage for various service such as acupuncture postpartum care.