

Long-Term Services and Supports Legislation

Passed in the 2022 Session of the Connecticut General Assembly

Updated June 14, 2022

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**Special Act 22-9 (sSB 251) - AN ACT EXPANDING TRAINING PROGRAMS FOR CAREERS IN HEALTH CARE. (Signed by the Governor May 23, 2022)**

This bill requires the Office of Workforce Strategy, in collaboration with the Department of Public Health, the Department of Labor, the Office of Higher Education, the University of Connecticut, the University of Connecticut Health Center, Connecticut State Colleges and Universities, the Connecticut Conference of Independent Colleges and the Connecticut Hospital Association to create a plan that addresses the workforce shortage in Connecticut's healthcare system by increasing the number of health care workers, including behavioral and mental health care workers, through the offering of expanded and enhanced educational programs at institutions of higher education in the state.

The Chief Workforce Officer, in consultation with members of the Connecticut Hospital Association and with community-based professional nursing organizations and representatives of the nursing home industry, the emergency medical service industry and assisted living associations, shall develop a plan to work with high schools in the state in order to encourage students to pursue careers as nurses, medical assistants, emergency department technicians, surgical assistants, behavioral and mental health care workers and other high demand careers in health care. The plan shall be submitted to the Committee on Higher Education and Employment Advancement no later than January 1, 2023.

*Effective Upon Passage*

**Special Act 22-12 (sSB 262) - AN ACT CONCERNING A STUDY OF HOMEMAKER-COMPANION AGENCY ISSUES. (Signed by the Governor May 24, 2022)**

The bill establishes an 11-person task force to study several issues concerning homemaker-companion agencies including (1) qualifications and registration criteria, (2) system for resolving complaints, (3) training and recruitment, (4) safeguards that may be needed in state contract with the agencies, (5) Public education and outreach, (6) authorized services provided, and (7) nation-wide best practices regarding quality.

*Effective Upon Passage*

**Public Act 22-21 (SB 198) - AN ACT CONCERNING THE ADVISORY BOARD FOR PERSONS WHO ARE DEAF, HARD OF HEARING OR DEAFBLIND. (Signed by the Governor May 10, 2022)**

This bill modifies the Advisory Board for Persons Who are Deaf, Hard of Hearing or Deafblind by eliminating from its membership the Governor's liaison to the disability community. In doing so, it reduces the advisory board's (1) membership from 11 to 10 and (2) chairpersons from three to two. Under current law, the board's three chairpersons are the Department of Aging and Disability Services Commissioner, the Governor's liaison to the disability community, and one board member chosen by a majority of the board. The bill instead requires the advisory board to elect two chairpersons from among its members.

*Effective Date: July 1, 2022*

**Public Act 22-31 (sHB 5230) - AN ACT CONCERNING STANDARDS FOR INTERPRETERS FOR DEAF, DEAFBLIND AND HARD OF HEARING PERSONS. (Signed by the Governor May 17, 2022)**

This bill makes several changes related to interpreters registered with the Department of Aging and Disability Services (ADS). The bill defines “community settings” for interpreters and distinguishes between community and specialty settings. For medical and legal settings, the bill expands the acceptable qualifications for registered interpreters to include holding an Approved Deaf Interpreter credential from the Massachusetts Commission on the Deaf and Hard of Hearing. The bill establishes penalties (Class C misdemeanor) for certain acts of false representation, and removes Disability Rights CT as the entity that receives such reports. The bill requires ADS to categorize interpreters on its online list of registered interpreters by the settings for which they are qualified. It also requires ADS, the Department of Children and Families, the Department of Mental Health and Addiction Services and the Department of Social Services to provide information on certain services on their websites. In addition, it makes some technical and conforming changes.

*Effective Date: October 1, 2022*

**Public Act 22-32 (sHB 5231) - AN ACT CONCERNING DATA COLLECTION TO PREVENT MALNUTRITION AMONG SENIOR CITIZENS. (Signed by the Governor May 17, 2022)**

This bill requires the state’s five Area Agencies on Aging (AAAs) to distribute and collect nutritional risk assessment surveys to older persons and report individual and average scores for their service areas to the Department of Aging and Disability Services (ADS), which distributes both federal and state matching funds to the AAAs for elderly nutrition programs. The bill requires ADS to evaluate both federal and state funding allocations for elderly nutrition and social services based on factors including: (1) elderly population data from the most recent U.S. census and (2) the average and individual assessment scores. ADS must also solicit and consider information and recommendations from Elderly Nutrition Program providers. The bill requires ADS to report to the Aging, Appropriations, and Human Services committees by July 1, 2023, on: (1) the collected survey data; (2) for each Meals on Wheels provider (i.e., delivering ready-to-eat meals to home-bound clients), (a) the reimbursement rates compared to their cost to provide these meals, (b) their administrative expenses, and (c) the number of providers that have reduced or eliminated deliveries based on inadequate state reimbursement; and (3) any recommended changes in how the funds are allocated.

*Effective Date: July 1, 2022*

**Public Act 22-53 (HB 5228) AN ACT CONCERNING THE CHAIRPERSONS OF THE AUTISM SPECTRUM DISORDER ADVISORY COUNCIL. (Signed by the Governor May 23, 2022)**

This bill removes the Department of Social Services (DSS) Commissioner, or her designee, as an ex-officio co-chair of the Autism Spectrum Disorder (ASD) Advisory Council. It instead requires all three chairpersons to be elected by and from the Council’s members, provided at least two chairs must be a: (1) person with ASD, (2) parent or guardian of a child with ASD, or (3) parent or guardian of an adult with ASD.

*Effective Date: July 1, 2022*

**Public Act 22-57 (sHB 5313) - AN ACT CONCERNING TEMPORARY NURSING SERVICES AGENCIES, REPORTING OF INVOLUNTARY TRANSFERS AND DISCHARGES FROM NURSING HOMES AND RESIDENTIAL CARE HOMES, ELDER ABUSE TRAINING, LEGAL RIGHTS OF LONG-TERM CARE APPLICANTS AND A STUDY OF MANAGED RESIDENTIAL COMMUNITY ISSUES. (Signed by the Governor May 23, 2022)**

This bill requires that temporary nursing services agencies register with the Department of Public Health (DPH), and that the DPH Commissioner establishes requirements for temporary nursing services agencies, including minimum qualifications for nursing personnel the agencies provide to health care facilities. It also requires that the Department of Social Services (DSS) evaluate maximum rates for such services provided to nursing homes. The bill: (1) repeals current statutes on nursing pools and replaces them with provisions for “temporary nursing services agencies” with the same requirements; (2) allows DPH to adopt regulations on temporary nursing services agencies; (3) requires DSS to study rates temporary nursing services agencies charge nursing homes; (4) includes provisions on electronic reporting of nursing home and Residential Care Home involuntary transfers; (5) requires the Long-term Care Ombudsman to convene a Managed Residential Care working group; (6) requires mandated elder abuse reporters to complete the DSS elder abuse training program, or another DSS-approved program, by December 31, 2022, or within 90 days after becoming a mandated elder abuse reporter; (*see Public Act 22-58, Sections 71-72, summarized on p.6 of this document, for modification to this provision*) and (7) requires DSS to develop and issue an advisory for Medicaid applicants on their legal rights.

*Effective Date: Upon passage, except provisions on (1) temporary nursing services agencies and (2) electronically reporting nursing home involuntary transfers and discharges take effect July 1, 2022.*

**Public Act 22-58 (sHB 5500) - AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. (Signed by the Governor May 23, 2022)**

This bill contains numerous provisions related to the Department of Public Health (DPH). The sections germane to the LTSS system are as follows:

§§ 1-8 — CHRONIC DISEASE HOSPITALS - The bill adds a statutory definition for “chronic disease hospital” in the statute on health care institution licensure. Under the bill, as under current law, these hospitals are long-term hospitals that have facilities, medical staff, and all personnel necessary to diagnose, treat, and care for chronic diseases. The bill also makes related technical and conforming changes in various public health statutes.

*Effective Date: October 1, 2022*

§ 10 — STRIKE CONTINGENCY PLANS - By law, a licensed health care institution must file a strike contingency plan with the DPH Commissioner if the institution is notified by a labor organization representing its employees of its intention to strike. The bill requires each institution, as part of the strike contingency plan, to include its staffing plan for at least the first three days of the strike. This must include the names and titles of the people who will provide services during this period. Existing regulations already require similar information for certain types of institutions, such as nursing homes and residential care homes (Conn. Agencies Reg., § 19a-497-1). Under existing law, these institutions must submit their strike contingency plans no later than five days before the date indicated for the strike. The bill also requires licensed, Medicaid-certified intermediate care facilities for individuals with

intellectual disabilities (ICF-IIDs), when submitting strike contingency plans, to submit the same information as required of nursing homes.

*Effective Date: July 1, 2022*

§ 11 — NURSING HOME ADMINISTRATOR CONTINUING EDUCATION - The bill adds infection prevention and control to the mandatory topics for nursing home administrators' continuing education. It makes a corresponding change adding courses offered or approved by the Association for Professionals in Infection Control and Epidemiology to those that meet continuing education requirements for nursing home administrators. By law, nursing home administrators must complete at least 40 hours of continuing education every two years, starting with their first license renewal. Existing law requires that the education include training in Alzheimer's disease and dementia symptoms and care.

*Effective Upon Passage*

§§ 12 & 13 — MEDICATION ADMINISTRATION BY UNLICENSED PERSONNEL - The bill allows a registered nurse (RN) to delegate the administration of non-injected medications to home health aides and hospice aides who are currently certified by the departments of Children and Families (DCF) or Developmental Services (DDS), in addition to those certified by DPH as under current law. The bill also requires these unlicensed personnel to renew their certifications every two years instead of every three years, as under current law.

Under current law, unchanged by the bill, RNs cannot delegate medication administration to these unlicensed personnel if a prescribing practitioner requires a medication to be administered only by a licensed nurse. Also, residential care homes that admit residents requiring medication administration assistance must employ enough unlicensed personnel certified by DPH, DCF, or DDS to perform this function. The bill also makes related technical and conforming changes to provisions requiring DPH to adopt regulations to carry out the medication administration delegation provisions.

*Effective Date: October 1, 2022*

§ 36 — SOCIAL WORKER MINIMUM STAFFING REQUIREMENTS IN NURSING HOMES Current law requires DPH to establish minimum staffing level requirements for social workers in nursing homes of one full-time social worker per 60 residents. The bill specifies that this requirement is a number of hours based on this ratio that must vary proportionally, based on the number of residents in the home (e.g., a home with 90 residents would require 1.5 full-time social workers instead of two). Existing law, unchanged by the bill, also requires DPH to modify minimum nursing home staffing requirements to include (1) at least three hours of direct care per resident per day and (2) recreational staff at levels the Commissioner deems appropriate. DPH must also adopt regulations to implement these requirements. The bill allows the DPH Commissioner to implement policies and procedures while in the process of adopting the new staffing requirements in regulation. The Commissioner must publish notice of intent to adopt the regulation in the eRegulations system within 20 days after implementing them. Under the bill, the policies and procedures are valid until the final regulations are adopted.

*Effective Upon Passage*

§ 46 — INVOLUNTARY TRANSFERS OF RESIDENTIAL CARE HOME RESIDENTS - The bill modifies requirements for the involuntary discharge of RCH residents to allow RCHs to qualify as Medicaid home- and community- based settings. Specifically, it does the following: (1) requires the written discharge notice to include contact information for (a) the long-term care ombudsman for RCH residents and their

legally liable residents and (b) Disability Rights Connecticut, Inc. for residents with mental illness or intellectual disability; (2) requires RCHs to provide residents with a discharge plan for alternate residency within seven days after issuing the discharge notice and, in the case of an appeal, submit it to DPH on or before the required hearing date; (3) requires DPH to make a determination on an RCH's request for an immediate, emergency transfer within 20 days after the required hearing (current law does not specify a deadline); (4) requires DPH to send a copy of the emergency discharge determination to the resident, the resident's legally liable representative, and the long-term care ombudsman; (5) requires DPH, if it determines an emergency discharge is not warranted, to proceed with a hearing under the regular involuntary discharge process; and (6) allows an RCH or a resident aggrieved by a DPH decision to appeal to the Superior Court, and requires the court to consider the appeal a privileged case. The bill defines "emergency" as a situation in which a resident presents an imminent danger to the health and safety of him- or herself, another resident, or an owner or employee of the facility.

*Effective Date: October 1, 2022*

§ 48 — RARE DISEASE COUNCIL - Starting July 1, 2023, the bill establishes a 13-member Connecticut Rare Disease Advisory Council to advise and make recommendations to DPH and other state agencies on the needs of residents living with rare diseases and their caregivers. The council is within DPH for administrative purposes only.

*Effective Date: July 1, 2022*

§ 52 — INFECTION PREVENTION AND CONTROL SPECIALISTS - Makes various changes in requirements for infection prevention and control specialists at nursing homes and dementia special care units, such as (1) limiting the current requirement that they employ a full-time specialist to only those facilities with more than 60 residents and (2) allowing these specialists to provide services at both a nursing home and dementia special care unit or at two nursing homes in some circumstances, with DPH approval.

*Effective Date: July 1, 2022*

§§ 53 & 54 — ELDERLY HOUSING COMPLEXES AND ASSISTED LIVING - The bill allows certain elderly housing complexes that intend to arrange for assisted living services to do so with a currently licensed assisted living services agency, exempting them from having to register as a managed residential community. This applies to elderly housing complexes funded and assisted through the federal Department of Housing and Urban Development's Assisted Living Conversion Program. Upon DPH's request, such a housing complex must inform DPH of its arrangement with a licensed agency, in a form and manner the Commissioner prescribes.

*Effective Date: July 1, 2022*

§§ 71 & 72 — MANDATED ELDER ABUSE REPORTER TRAINING - The bill modifies provisions in HB 5313, as amended by House "A," (see *Public Act 22-57, summarized on p.3 of this document*) extending by six months until June 30, 2023, the date by which mandated elder abuse reporters must generally complete the DSS elder abuse training program, or another DSS-approved program. Under the bill, the training must be completed by this date, or within 90 days after becoming a mandated elder abuse reporter. The requirement does not apply to any reporter who has already received the training from an entity that must provide the training to its employees. By law, any institution, organization, agency, or facility that employs people to care for seniors aged 60 and older must (1) provide mandatory training on detecting potential elder abuse and (2) inform employees of their obligation to report such incidences. By law, the

DSS Commissioner must develop a training program on identifying and reporting elder abuse, neglect, exploitation, and abandonment and make the program available on the department's website and in-person or otherwise throughout the state.

*Effective Upon Passage*

§ 74 — ASSISTED LIVING SERVICES AGENCIES TASK FORCE - The bill establishes a nine-member task force to study assisted living services agencies (ALSAs) that provide services as a dementia special care units or programs. The study must examine (1) DPH regulation of these agencies and whether additional department oversight is required; (2) whether minimum staffing levels should be required; and (3) agencies' maintenance of records on meals served to, bathing of, medication administration to, and overall health of residents. Under the bill, the task force consists of the following nine members: 1. two each appointed by the Senate president pro tempore and House speaker; 2. one each appointed by the Senate and House majority and minority leaders; and 3. the DPH Commissioner or her designee. Under the bill, appointing authorities must make their initial appointments within 30 days after the bill's passage and fill any vacancies. Appointed members may be legislators. The bill requires the Senate president pro tempore and House speaker to select the task force chairpersons from among its members. The chairpersons must schedule and hold the first meeting within 60 days after the bill's passage. Under the bill, the Public Health Committee's administrative staff serve as the task force's administrative staff. The bill requires the task force, by January 1, 2023, to report its findings and recommendations to the Public Health Committee. The task force terminates when it submits the report or January 1, 2023, whichever is later.

*Effective Upon Passage*

**Public Act 22-73 (sHB 5168) - AN ACT CONCERNING PROPERTY TAX EXEMPTIONS FOR PROPERTY USED FOR CHARITABLE PURPOSES. (Signed by the Governor May 24, 2022)**

This bill: (1) eliminates a restriction on the type of housing owned by federally tax-exempt, charitable organizations that is exempt from the property tax, making various types of housing for vulnerable populations exempt even if it is not temporary housing; (2) requires assessors to record their reasons for denying property tax exemptions for certain nonprofit organizations; (3) requires assessors to post on their website the form that organizations must file every four years to claim a property tax exemption (i.e., tax-exempt filings), and makes technical and conforming changes .

*Effective Date: October 1, 2022, except the provision on recording the rationale for a denial is effective July 1, 2022 (§ 2), and the bill's provisions are applicable to assessment years starting on and after October 1, 2022.*

**Public Act 22-107 (HB 5389) - AN ACT CONCERNING A STUDY TO USE CAPTIVE INSURANCE COMPANIES TO REDUCE PREMIUM RATE INCREASES FOR CONNECTICUT PARTNERSHIP LONG-TERM CARE INSURANCE POLICIES AND PEER-TO-PEER CAR SHARING. (Signed by the Governor May 24, 2022)**

In addition to the sections regarding Peer-to-Peer car sharing, the bill requires the Insurance Department and Office of Policy and Management, within existing resources, to submit a report to the Insurance and Real Estate Committee by January 1, 2023. The report must (1) evaluate using a captive insurer to reduce premium rate increases for long-term care insurance policyholders who purchased their policies through the Connecticut Partnership for Long-Term Care and (2) include other recommendations for reducing premium rate increases for the partnership policies.

*Effective Date: Upon passage (for the study)*

**Public Act 22-121 (SB 173)- AN ACT CONCERNING A STUDY OF THE COST AND FEASIBILITY OF PERMITTING THE COMMUNITY SPOUSE OF AN INSTITUTIONALIZED MEDICAID RECIPIENT TO RETAIN THE MAXIMUM AMOUNT OF ALLOWABLE ASSETS. (Signed by the Governor May 27, 2022)**

This bill requires the Department of Social Services (DSS) to study and submit a report of findings to the specified committees of cognizance by January 1, 2023 on the fiscal impact of allowing the community spouse of an institutionalized Medicaid recipient to retain the maximum amount of assets allowable under federal law. *(Please note that sec. 235 of PA 21-118 on p.11 of this document describes the new maximum allowance and its budgetary impact.)*

*Effective Upon Passage*

**Public Act 22-140 (sSB 369) - AN ACT CONCERNING THE DEPARTMENT OF DEVELOPMENTAL SERVICES' RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO DEVELOPMENTAL SERVICES STATUTES. (Signed by the Governor May 27, 2022)**

This bill contains numerous provisions related to the Department of Developmental Services. The sections germane to the LTSS system are as follows:

This bill: (1) allows the DDS Commissioner to require anyone applying for a job with an individual funded by DDS for self-directed services to submit to a check for substantiated complaints in the Department of Children and Families child abuse and neglect registry; (2) specifies that the Governor's physician appointee to the Council on Developmental Services must be a Connecticut-licensed physician or psychiatrist, rather than a physician generally, as under current law; (3) allows the DDS Commissioner's designee, rather than just the Commissioner, to perform various tasks related to the probate court process when someone files a court petition to place a person with DDS for services; (4) requires DDS to encourage DDS-licensed residential facility owners to adopt standards and practices when building new residential facilities that (a) promote energy efficiency and (b) include environmentally friendly construction materials and techniques; (5) allows DDS-licensed residential facilities to participate in specified energy use assessment programs, and requires the Commissioner to report on the assessments' findings; (6) repeals laws (a) requiring DDS to, among other things, coordinate family support services for children with disabilities and (b) establishing the Family Support Council; (7) increases, from \$101,000 to \$125,000, the cost allowance cap for executive director salaries in state agencies' calculations of grants to private agencies that provide employment opportunities, day services, or residential facility services; (8) requires funds invested in, contributed to, or distributed from an "Achieving a Better Life Experience" (ABLE) account to be disregarded when determining someone's eligibility for certain cash assistance programs makes minor and technical changes to the ABLE statutes, codifying recent changes to federal regulations.

*Effective Date: July 1, 2022, except the provisions (1) on energy efficiency and related assessments and executive director salaries take effect upon passage, and (2) repealing certain family support services laws and the Family Support Council take effect October 1, 2022.*

**Public Act 22-145 (sSB 286) - AN ACT CONCERNING ELDER ABUSE REPORTING DEADLINES, TEMPORARY FAMILY ASSISTANCE, CERTIFICATES OF NEED FOR LONG-TERM CARE FACILITIES AND CIVIL PENALTIES FOR NURSING HOMES THAT FAIL TO USE RATE INCREASES FOR EMPLOYEE WAGE ENHANCEMENTS. (Signed by the Governor May 31, 2022)**

This bill contains numerous provisions related to the Department of Social Services (DSS). The sections germane to the LTSS system are as follows:

§1 — SHORTENED REPORTING DEADLINE FOR SUSPECTED ELDER ABUSE - Reduces, from 72 hours to 24 hours, the timeframes for mandated reporters to report suspected abuse to Protective Services for the Elderly, adds a training requirement for violators, and eliminates related fines for first-time offenses.

*Effective Date: July 1, 2022*

§ 502 — DSS ELIGIBILITY WORKERS TO ADMINISTER OATHS - Allows DSS's eligibility workers, specialists, and supervisors to administer oaths when their assigned duties require witnessing the execution of an affirmation or acknowledgment of parentage.

*Effective Upon Passage*

§ 504 — PENALTIES FOR UNAUTHORIZED USE OF RATE INCREASES EARMARKED FOR NURSING HOME STAFF WAGE ENHANCEMENTS - Allows DSS to assess a civil penalty on a nursing home that receives a rate increase to enhance its employees' wages but fails to use it for that purpose.

*Effective Upon Passage.*

§§ 505-508 — CERTIFICATES OF NEED FOR LONG-TERM CARE FACILITIES - Makes various changes to the DSS certificate of need (CON) process for certain long-term care facilities, including allowing DSS to approve requests to build nontraditional, small house style nursing homes under certain conditions.

*Effective Date: July 1, 2022*

**Public Act 22-118 (HB 5506)- AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023, CONCERNING PROVISIONS RELATED TO REVENUE, SCHOOL CONSTRUCTION AND OTHER ITEMS TO IMPLEMENT THE STATE BUDGET AND AUTHORIZING AND ADJUSTING BONDS OF THE STATE. (Signed by the Governor in Original May 7, 2022)**

This is the bill implementing the budget. The sections relevant to the LTSS system are as follows:

§ 79 — HEALTH CARE PROVIDER LOAN REIMBURSEMENT PROGRAM - Requires the Office of Higher Education (OHE), by January 1, 2023, to establish a health care provider loan reimbursement program to provide loan reimbursement grants to the Department of Public Health (DPH)-licensed health care providers employed full-time as a health care provider in the state. Under the bill, individuals may apply to OHE for the grants at the time and in the manner the executive director prescribes.

*Effective Upon Passage*

§§ 143-144 — PREMIUM PAY PROGRAM - Establishes the Connecticut Premium Pay program to be administered by the Office of the Comptroller (OTC) or a third-party administrator under contract with OTC. From October 1, 2022, until June 30, 2024, the program must provide \$200 to \$1,000 to eligible applicants, depending on their individual income and whether the account the bill creates to support the program is sufficiently funded. The bill establishes a non-lapsing program account along with

application and payment processes for the program. It also: (1) allows an essential worker to request a reconsideration of a denied application and prohibits appeals on reconsideration decisions, (2) requires quarterly reports to the Labor and Public Employees Committee, and (3) prohibits employer retaliation against employees for applying to the program. Under the bill, an “eligible applicant” is anyone who meets all of the following criteria: (1) worked during the entire public health and civil preparedness emergency the Governor declared on March 10, 2020, or any declaration extension, until the bill passes; 2. was in a category for which the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices recommended, as of February 20, 2021, to receive a COVID-19 vaccination in phase 1a or 1b of the COVID-19 vaccination program (e.g., 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); 3. is not a federal, state, or municipal employee; 4. was not employed in a capacity where he or she worked or could have worked from home; and 5. has an individual income less than \$150,000.

*Effective Upon Passage*

§ 147 — STROKE REGISTRY - Requires the Department of Public Health (DPH) to maintain and operate a statewide stroke registry. Starting July 1, 2023, stroke centers must submit quarterly data to DPH on stroke care that (1) the Commissioner deems necessary to include in the registry and (2) at a minimum, aligns with stroke consensus metrics developed and approved by a nationally-recognized stroke certification body. The bill also requires DPH to apply privacy and security standards for the registry’s data that are consistent with the department’s policies for patient data use. Under the bill, “stroke centers” include comprehensive stroke centers, thrombectomy-capable stroke centers, primary stroke centers, and acute stroke-ready hospitals.

*Effective Date: October 1, 2022*

§ 193 — PCA CONTRACT APPROVAL - Approves the memorandum of agreement between the PCA Workforce Council and the New England Health Care Employees Union, District 1199, SEIU. The bill legislatively approves the memorandum of agreement between the PCA Workforce Council and the New England Health Care Employees Union, District 1199, SEIU. It also approves any attachments or appendices to the agreement, and any provisions that supersede a state law or regulation. The agreement was submitted to the legislature for approval on April 20, 2022, as required by the law that allows personal care attendants (PCAs) working through certain state-funded programs to collectively bargain with the state.

*Effective Upon Passage*

§ 205 — ESSENTIAL WORKERS COVID-19 ASSISTANCE PROGRAM - Expands the Essential Workers COVID-19 Assistance Program to cover a broader range of essential employees and extends the deadline to apply for the program’s benefits from July 20, 2022, to December 31, 2022. By law, the program provides benefits for uncompensated leave, out-of-pocket medical expenses, and burial expenses to certain essential employees who could not work between March 10, 2020, and July 20, 2021, due to contracting COVID-19, or symptoms that were later diagnosed as COVID-19. The bill also changes how the program’s benefits must be determined and administered by generally: (1) requiring a claimant’s benefits for uncompensated leave to be reduced by the amount of any employer-provided paid leave the claimant received for the same time; (2) allowing the program to pay a claimant benefits for one type of claim (e.g., uncompensated leave) while a claim for a different type of benefits (e.g., medical expenses) is pending; and (3) requiring the program administrator, once the bill passes, to review any previously

denied, or currently pending, claim for assistance from the program and make a new eligibility determination. Under the bill, a claimant's disability or unemployment claim must not prevent the program administrator from approving a claim for the program's current benefits or the bill's new leave benefits, as long as the current benefits are offset by any disability or unemployment benefits already paid to the claimant for his or her uncompensated leave, including payments made without prejudice. The bill also specifies that it does not require a claimant who has received unemployment benefits to be currently employed with a previous employer in order to qualify for the program's current benefits or the bill's new leave benefits.

*Effective Upon Passage*

§ 230— MINIMUM RATE FOR ICF-IIDS - requires the Department of Social Services (DSS) to increase the minimum per diem, per bed rate to \$501 for intermediate care facilities for individuals with intellectual disability (ICF-IIDs).

*Effective Date: July 1, 2022*

§ 234 — CHCPE CO-PAYMENT REDUCTION - Reduces, from 4.5% to 3%, the required co-payments for participants in the state-funded portion of the Connecticut Homecare Program for the Elderly (CHCPE). The bill reduces, from 4.5% to 3%, the required co-payments for participants in the state-funded portion of the CHCPE.

*Effective Date: July 1, 2022*

§ 235 — COMMUNITY SPOUSE PROTECTED AMOUNT - Increases the minimum amount an institutionalized Medicaid recipient's spouse may keep from \$27,480 (in 2022) to \$50,000 and requires the Department of Social Services (DSS) to report on the change to the Aging, Appropriations, and Human Services committees. The bill requires DSS to increase the amount of allowable assets kept by the spouse of someone in a medical institution or nursing facility (e.g., a nursing home) who remains in the community. Under current state law, the spouse may keep the greater of (1) the federal minimum (\$27,480 in 2022) or (2) half the couple's combined assets, up to the federal maximum (\$137,400 in 2022). The bill raises the state minimum community spouse protected amount to \$50,000. The bill also requires the DSS Commissioner to report by July 1, 2023, to the Aging, Appropriations, and Human Services committees on (1) how many community spouses were able to keep additional assets due to the raised minimum and (2) the cost to the state for raising the minimum. The bill allows the DSS Commissioner to adopt regulations to implement the bill's provisions. Funding of \$4.5 million is provided in the bill to fund the associated costs to DSS. *(Note that PA 22-122 on p.7 of this document creates a study of the fiscal impact of allowing the community spouse of an institutionalized Medicaid recipient to retain the maximum amount of assets allowable under federal law.)*

*Effective Date: July 1, 2022*

§ 238 — MEDICAID REIMBURSEMENT FOR VENTILATOR BEDS - For FY 23, requires the DSS Commissioner to amend the Medicaid state plan to increase the per diem reimbursement rate provided to chronic disease hospitals by \$500 for beds provided to patients on ventilators.

*Effective Date: July 1, 2022*

§ 242 — TEMPORARY FINANCIAL RELIEF FOR NURSING HOMES - This section broadens the use of the \$10 million allocated in the enacted budget under ARPA. The funding will now be directed to help support the extension of a 10% temporary rate increase through the end of state fiscal year 2022.

*Effective Upon Passage*

§ 243 — COMMUNITY OMBUDSMAN PROGRAM - This section was superseded by PA 22-146 which establishes a Community Ombudsman program. *(See summary on p.13 of this document)*

*Effective Date: July 1, 2022*

§§ 244 & 245 — BAN ON NON-COMPETE CONTRACTS - Prohibits contracts between a homemaker-companion agency or home health agency and a client from including a “no-hire” clause that, should the client directly hire an agency employee, (1) imposes a financial penalty; (2) assesses any charges or fees, including legal fees; or (3) contains any language that can create grounds for a breach of contract assertion or a claim for damages or injunctive relief. It expressly deems these clauses against public policy and void. By law, employment contracts for providing homemaker, companion, or home health services may not include a provision that restricts a person’s right to provide these services (1) in any geographic area of the state for any time period or (2) to a specific person (i.e., a “covenant not to compete”). These covenants are deemed against public policy, void, and unenforceable (CGS § 20-681).

*Effective Upon Passage*

§§ 450-456— STATE RECOVERY OF PUBLIC ASSISTANCE BENEFITS - Prohibits the state from recovering properly paid cash or medical assistance unless required to do so under federal law. The bill also requires the state to release any lien on real property or any claim filed before July 1, 2022, to recover public assistance that is not required under the federal law or associated with child support collection. Relatedly, it eliminates provisions releasing liens under more narrow circumstances.

This section also eliminates the following: (1) provisions under current law making parents generally liable to the state for the full amount of aid paid to or on behalf of either parent, their spouses, and dependent children when children receive or have received cash assistance benefits under AFDC, TFA, or SAGA; and (2), provisions that cap the state’s claim when parents receive a windfall from a lawsuit or inheritance at (1) 50% of the lawsuit proceeds or inheritance received by the parent or (2) the amount the parent owes, whichever is less.

*Effective Date: July 1, 2022*

**Public Act 22-146 (sSB 9) AN ACT CONCERNING ADDITIONAL ADJUSTMENTS TO THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023, A COMMUNITY OMBUDSMAN PROGRAM, CERTAIN MUNICIPAL-RELATED PROVISIONS, SCHOOL BUILDING PROJECT GRANTS AND HIGH-DEDUCTIBLE HEALTH PLANS. *(Signed by the Governor in Original May 7, 2022)***

§ 7 — COMMUNITY OMBUDSMAN PROGRAM - Creates a Community Ombudsman program within the Office of the Long-Term Care Ombudsman, which is an independent office within the Department of Aging and Disability Services (ADS). Funding of \$98,000 and one Ombudsman Supervisor position is provided in the bill to support the program. It charges the program with, among other things, responding to complaints about long-term services and supports provided to adults in home and community-based programs administered by the Department of Social Services. By October 1, 2022, the LTC Ombudsman must appoint a community ombudsman. Among other things, the bill requires the LTC

Ombudsman and Community Ombudsman ensure that any home care recipient's health data obtained by the program is protected according to the Health Insurance Portability and Accountability Act (HIPAA). Under the bill, a "home care provider" is a person or organization, including a home health agency, hospice agency, or homemaker-companion agency. "Long-term services and supports" are (1) health, health-related, personal care, and social services for people with physical, cognitive, or mental health conditions or disabilities to help with optimal functioning and quality of life or (2) hospice care for people nearing the end of their lives. *(This supersedes section 243 of PA 21-118, on p.12 of this document)*

*Effective Date: July 1, 2022*

§15 - Specifies that home and community-based services provider payments disbursed by state agencies with ARPA funding cannot be cost recovered or otherwise offset by those agencies to the extent allowed under federal law. This precludes any savings associated with such recoveries or offsets.

*Effective Upon Passage*