

## Long-Term Services and Supports Legislation

Passed in the 2023 Session of the Connecticut General Assembly

Updated June 10, 2024

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### **Special Act 24-4 (HB 5455) AN ACT CONCERNING THE EFFICIENCY OF THE DEPARTMENT OF SOCIAL SERVICES IN DETERMINING ELIGIBILITY FOR MEDICAL ASSISTANCE AND RESPONDING TO REQUESTS FOR INFORMATION OR ASSISTANCE, (Signed by the Governor May 30, 2024).**

This bill requires the commissioner of the Department of Social Services to do the following: (a) study the efficiency of the Department of Social Services in (1) making eligibility determinations for medical assistance pursuant to section 17b-80 of the general statutes, and (2) responding to telephonic requests for information or assistance; and (b) file a report, with by October 1, 2024 with the human services committee on (1) the percentage of medical assistance eligibility determinations made within the prescribed time periods (2) the average amount of time a person telephoning the department for information or assistance waits for a response, and (3) recommendations to improve the department's efficiency in making such determinations and responding to such requests for information or assistance. Additionally, the bill requires the commissioner to submit reports, not less than quarterly, until July 1, 2026, to the Council on Medical Assistance Program Oversight, on data gathered pursuant to subdivisions (1) to (3).

*Effective Date: Upon Passage*

### **SPECIAL ACT 24-5 (HB 5458) AN ACT CONCERNING HOMELESSNESS. (Signed by the Governor May 30, 2024).**

This bill requires (A) the commissioner of Social Services in consultation with the commissioners of Housing and Mental Health and Addiction Services, to develop a strategic plan to improve outcomes for participants in the Connecticut Housing Engagement and Support Service (CHESS) program and to reduce housing instability state-wide. The plan shall include but is not limited to (1) any amendments to the state plan or waiver programs established pursuant to Sections 1915(i) and 1915(b)(4) of the Social Security Act, (2) streamlining multiagency administrative procedures to ensure timely benefits to persons who have experienced or are at risk of homelessness, and (3) exploring and applying for federal approval for additional Medicaid waiver programs or Medicaid state plan amendments to target social determinant of health with support including, but not limited to housing, nutritional and health management supports. (B) No later than January 1, 2025, the commissioner of Social Services, Housing and Mental Health and addiction Services, must provide a report that include, but need not be limited to: (1) Metrics related to health, housing and economic stability of participants in the CHESS program, (2) plans and progress regarding streamlining multiagency administrative procedures in such program, (3) identification of additional Medicaid waiver programs or state plan amendments to address social determinants of health, and (4) a timeline for applications for such Medicaid waiver programs or state plan amendments. *Effective Date: July 1, 2024*

**Public Act 24-8 (HB 5005) AN ACT EXPANDING PAID SICK DAYS IN THE STATE. (Signed by the Governor May 21,2024)**

This bill expands the state's paid sick leave law in numerous ways. The current paid sick leave law generally requires certain employers with at least 50 employees to give up to 40 hours of paid sick leave annually to their "service workers" in certain specified occupations (e.g., food service workers, health care workers, and numerous others). The bill expands the law by, among other things: (1) covering nearly all private sector employees and employers with at least 25 employees in 2025, those with at least 11 employees in 2026, and then those with at least one employee in 2027 (the bill exempts seasonal employees and certain union construction workers and their employers); (2) broadening the range of family members for whom an employee may use the leave; (3) increasing the rate at which employees accrue leave and changing the waiting period before they may use it; and (4) broadening the reasons employees may use the leave to include events like closures due to a public health emergency and quarantines. The bill also prohibits employers from requiring their employees to provide documentation to support their reasons for taking leave and removes provisions in the current law that generally allow employers to require employees to give them advance notice about a leave that is foreseeable. *Effective Date: January 1, 2025*

**Public Act 24-17 (HB 5457) AN ACT CONCERNING NURSING HOME WAITING LISTS. (Signed by the Governor May 14, 2024)**

This bill makes various changes to waiting list requirements for Medicaid-certified nursing homes. Current law generally requires nursing homes to (1) admit residents on a first-come, first-served basis, regardless of their payment source; (2) keep waiting lists of and admit applicants in the order they are received, with certain exceptions (e.g., when an applicant directly transfers from a home that is closing); and (3) send applicants who ask to be placed on the waiting list receipts that indicate the time and date of the request. The bill specifies that nursing homes must take these actions after accepting a "substantially completed" admissions application; This bill Makes the following specific changes: (1) allows nursing homes to keep electronic waiting lists and requires them to do so by July 1, 2025 (current regulation requires nursing homes to keep waiting lists in a single, bound book); (2) requires nursing homes to note on the waiting list whenever they pass over an applicant and include the date and reason for doing so; (3) requires nursing homes to develop and implement waiting list policies and procedures that include, among other things, the information required to deem an admissions application "substantially completed"; (4) allows nursing homes to provide admissions applications to prospective residents electronically or by posting them on their websites, instead of only by mail as required under current regulation; (5) allows nursing homes, when communicating with applicants about continuing their waiting list placement, to do so by email, instead of only by letter, as under current law; (6) specifies that nursing homes are not required to maintain a list of inquiries from prospective residents who have not submitted a substantially completed application or give them a receipt for their inquiry, which current regulation requires; (7) requires nursing homes to maintain their daily roster of residents by payment source (i.e., Medicare, Medicaid, or private pay) electronically, instead of in a single bound volume, as required under current regulation; and (8) requires nursing homes to give the Department of Social Services and the Long-Term Care Ombudsman access to all records they request for an investigation by, or on behalf of, an applicant related to an admissions denial. *Effective Upon Passage*

**PUBLIC ACT 24-18 (HB 5288) AN ACT ALIGNING STATE LAW WITH FEDERAL LAW CONCERNING SERVICE ANIMALS. (Signed by the Governor May 14, 2024)**

This bill broadens the applicability of current protections and provisions related to guide dogs or assistance dogs by replacing references to guide dogs or assistance dogs with federal definition for “service animals”. It also applies certain existing provisions to service dogs in training and makes changes in laws on the following topics: (1) state employee use of paid sick time to attend service animal training; (2) municipal requirements for providing leave to attend service animal training; (3) transportation network company drivers (e.g., Uber, Lyft) accommodating service animals; (4) motor vehicle operators’ requirement to yield the right-of-way to blind pedestrians with service animals; (5) payment contracts and lease agreements regarding dog ownership; (6) damage done by animals to property or other animals; (7) places of public accommodation; (8) the prohibition on using as evidence in a negligence action a blind person’s use of a service animal; and (9) victim services for crimes involving personal injury. The bill also increases the amount of accumulated paid sick leave time a state employee or a quasi-public agency employee may use to take service animal training from 15 to 20 days. It establishes a similar allowance for municipal employees and requires the Commission on Human Rights and Opportunities (CHRO), within available appropriations, to post a link on its website to educational materials on topics related to service animals, emotional support animals, and therapy animals. *Effective Date: July 1, 2024.*

**Public Act 24-19 (SB 1) AN ACT CONCERNING THE HEALTH AND SAFETY OF CONNECTICUT RESIDENTS. (Signed by the Governor May 21, 2024)**

This bill makes various changes to laws on home health care and home health aide worker safety and several other health-related matters. The following sections are those most pertinent to the system of LTSS:

§ 1 — HOME HEALTH SAFETY-RELATED CLIENT INTAKE Requires home health care and home health aide agencies, except for those licensed as hospice organizations by the Department of Public Health, to collect certain information during client intake (on the client and the service location) such as (1) The client, including, if applicable, (A) the client’s history of violence toward health care workers; (B) the client’s history of substance use; (C) the client’s history of domestic abuse; (D) a list of the client’s diagnoses, including, but not limited to, psychiatric history; (E) whether the client’s diagnoses or symptoms thereof have remained stable over time; and (F) any information concerning violent acts involving the client that is contained in judicial records or any sex offender registry information concerning the client; and (2) the location where the employee will provide services, including, if known to the agency, the (A) crime rate for the municipality in which the employee will provide services, as determined by the most recent annual report concerning crime in the state issued by the Department of Emergency Services and Public Protection, (B) presence of any hazardous materials at the location, including but not limited to, used syringes, (C) presence of firearms or other weapons at the location, (D) status of the location’s fire alarm system, and (E) presence of any other safety hazard at the locations. This information must be given to the employees assigned to the client; prohibits agencies from denying services to a client solely based on this information or on the client’s inability or refusal to provide it. *Effective Date: October 1, 2024*

§ 2 — HOME HEALTH AGENCY WORKER SAFETY TRAINING AND MEDICAID REIMBURSEMENT Requires home health agencies (except for those licensed as hospice

organizations) to do monthly safety assessments with direct care staff and comply with curriculum consistent with the one endorsed by the federal (1) Centers for Disease Control and Prevention's National Institute for Occupational Safety and Health and (2) Occupational Safety and Health Administration, including training to recognize and manage common home care workplace hazards and practical ways to manage risks and improve safety.

The commissioner of the Department of Social Services will require agencies to provide evidence of the adopted and implemented training curriculum in order to continue receiving Medicaid reimbursements. The commissioner can also increase Medicaid rates for agencies that report workplace violence incidents to DSS and Department of Public Health in a timely way. *Effective Date: October 1, 2024*

§ 3 — HOME HEALTH REPORTING OF CLIENT THREATS OR ABUSE Requires home health agencies (except for those licensed as hospice organizations) to report to DPH on a client's (1) verbal abuse that an agency's staff member perceives as a threat or danger, (2) physical or sexual abuse or (3) any other client abuse of a staff member. DPH to annually report on this information. By March 1, 2025, DPH must annually report to the Public Health Committee on the number of incidents and what steps were taken *Effective Date: October 1, 2024*

§ 4 — HOME HEALTH STAFF SAFETY GRANT PROGRAM Requires DSS commissioner by January 1, 2025, to create a two-year grant program for home health agencies to provide safety escorts and purchase technology for staff safety checks. This may include mobile apps for staff to access information, a GPS wearable device that allows staff to contact local police by pressing a button or through other means. *Effective Date: Upon passage.*

§ 5 — HEALTH CARE FACILITY WORKER SAFETY TRAINING AND MEDICAID REIMBURSEMENT Requires certain health care facilities (e.g., hospitals and nursing homes) to adopt and implement certain workplace violence prevention standards; allows DSS to require them to do so as a condition of Medicaid reimbursement. *Effective Date: October 1, 2024*

§§ 6, 8, 9, 28 & 29 — WORKING GROUPS Requires the Public Health Committee chairpersons to convene working groups on (1) staff safety issues for home health agencies and hospice organizations, (2) nonalcoholic fatty liver disease, (3) health issues for nail salon workers, (4) loneliness and isolation, and (5) pediatric hospice services. *Effective Date: Upon passage.*

§ 10 — PRESCRIPTION DRUG SHORTAGE STUDY Requires the DCP commissioner, in collaboration with UConn's pharmacy school, to study prescription drug shortages and the commissioner to report on the study and any legislative recommendations to alleviate or prevent the shortages. *Effective Date: Upon Passage*

§ 31 — MINIMUM NURSING HOME STAFFING LEVELS Establishes a statutory definition of "direct care" as hand-on care provided by staff at the nursing care facility, providing the care of feeding, bathing, toileting, dressing, lifting, and other activities of daily living. Exclusions to activities of daily living include laundry, the maintenance of the facilities, socialization, food preparation, or performing administrative tasks. The current minimum of care is three hours per resident per day. *Effective Date: Upon passage.*

§§ 34 & 35 — PRIOR AUTHORIZATION FOR AMBULANCE SERVICES PROHIBITED Prohibits health carriers from (1) requiring an enrollee to get prior authorization for an ambulance transport to a hospital when medically necessary and (2) denying payment to an

ambulance provider on the basis that the enrollee did not get a prior authorization. *Effective Date: January 1, 2025*

§§ 38 & 39 — DISCRIMINATION AGAINST NURSING HOME APPLICANTS Makes it a discriminatory practice under the Commission on Human Rights Opportunities (CHRO) laws for nursing homes to refuse applicants for admission solely because they received mental health services at any time. Existing state regulation permits nursing home to accept an applicant for admission with a manageable psychiatric condition if psychiatrist, determines it is medically appropriate (Conn. Agencies Regs., § 19-13-D13). *Effective Date: October 1, 2024*

**Public Act 24-20 (sSB 183) AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE DEPARTMENT OF MOTOR VEHICLES AND CONCERNING LOW-SPEED VEHICLES, THE TOWING OF OCCUPIED VEHICLES, SCHOOL BUSES, ELECTRIC COMMERCIAL VEHICLES, THE PASSENGER REGISTRATION OF PICK-UP TRUCKS AND REMOVABLE WINDSHIELD PLACARDS FOR PERSONS WHO ARE BLIND AND PERSONS WITH DISABILITIES. (Signed by the Governor May 21, 2024).**

This bill contains numerous provisions to implement the recommendations of the Department of Motor Vehicles regarding the electronic issuance of registration and certificates of title, transporter's registration, dealers, repairers, motor vehicle recyclers, drivers' schools, altered, composite, grey-market and salvage vehicles, school buses and minor revisions to the motor vehicle statutes. A summary of the section relevant to LTSS is below.

§§ 43-45 — ACCESSIBLE PARKING Modifies the conditions under which a health care professional may certify an applicant for an accessible parking windshield placard; prohibits health care professionals from making fees they charge to applicants seeking certification contingent on whether or not they certify the applicants' eligibility; eliminates the requirement that the Transportation Committee House chairperson's appointment to the Accessible Parking Advisory Council be a municipal planner. *Effective Date: October 1, 2024.*

**Public Act 24-34 (HB 5308) AN ACT CONCERNING ABSENTEE VOTING FOR CERTAIN PATIENTS OF NURSING HOMES. (Signed by the Governor May 21, 2024)**

Under this bill nursing home patients who apply for absentee ballot up to six days before the polls close at an election, primary or referendum to appoint someone who will bring them their ballot and deliver it to the town clerk. The absentee ballot application must include the following: (1) name and address of the nursing home where the applicant is a patient; (2) name, address, and category of the designated person; and (3) designee's authorization to deliver the completed ballot. As under existing law, the designated person must (1) sign a statement on the application consenting to be the designee and agreeing not to tamper with the ballot and (2) personally submit the application to the town clerk. If the application is delivered within the appropriate timeframe, the clerk must give the designee an absentee ballot to be given to the patient.

Under the bill, the designee must be (1) a person caring for the applicant because of the applicant's illness or physical disability (e.g., a licensed physician or a registered or practical nurse); (2) the applicant's family member; or (3) a police officer, registrar of voters, or deputy or assistant registrar of voters in the municipality where the patient resides. *Effective Date: Upon Passage.*

**Public Act 24-39 (HB 5001) AN ACT SUPPORTING CONNECTICUT SENIORS AND THE IMPROVEMENT OF NURSING AND HOME-BASED CARE. (Signed by the Governor May 21, 2024)**

§§ 1-3 — DSS HOME CARE PROVIDER REGISTRY AND DATA PROCESSING SYSTEM Requires Department of Social Services Commissioner to develop and maintain a home care provider registry and data processing system for people receiving Medicaid home and community-based services (HCBS) that (1) promotes awareness of and access to qualified home care providers and (2) may support the recruitment, retention, and oversight of qualified home care providers. The bill also (a) details specific information that must be included in such registry, (b) requires that it be developed in consultation with the Departments of Consumer Protection and Public Health and (c) allows the commissioner to apply the to the federal Centers for Medicare and Medicaid Services for enhanced federal financial participation related to the registry's development, maintenance, and ongoing operation. *Effective Date: January 1, 2025*

§§ 4 & 5 — MEDICARE NURSING HOME CARE COMPARE WEBSITE LINK Requires the Department of Public Health and the Department of Social Services to prominently post on their websites a link to the Medicare Nursing Home Care Compare website using a five-star rating system for public comparison. *Effective Date: October 1, 2024*

§§ 7-9 — HOME CARE EMPLOYEE BADGES AND PHOTOGRAPHS Requires home health care, home health aide, homemaker-companion, and hospice agencies to require their employees to wear an identification badge with their name and photograph during client appointments. *Effective July 1, 2025, for homemaker-companion agency employees and October 1, 2024, for all other agency employees.*

§§ 10-13 — PRESUMPTIVE MEDICAID ELIGIBILITY FOR HOMECARE Requires the DSS commissioner to establish a presumptive Medicaid eligibility system for people applying to the Medicaid-funded portion of Connecticut Home Care Program for Elders (CHCPE); requires the state to pay for up to 90 days of home care for applicants determined to be presumptively Medicaid eligible; expands DSS annual CHCPE reporting requirements to include data on the presumptive Medicaid eligibility system and requires the commissioner, to the extent federal law allows, to seek a federal Medicaid waiver or state plan amendment needed to try to get federal reimbursement for the costs of providing coverage to those determined presumptively eligible for Medicaid. Under the bill, the presumptive eligibility system does not take effect until the commissioner gets the federal reimbursement. *Effective Date: July 1, 2024*

§ 14 — ADS STUDY ON FINANCIAL ASSISTANCE FOR NONPARENT CARETAKER RELATIVES Requires the Department on Aging and Disability Services (ADS) commissioner to study reimbursement rate options for nonparent caretaker relatives (e.g., grandparents) receiving DSS Temporary Family Assistance (TFA) benefits and report on the study to the Aging and Human Services committees by January 1, 2025. *Effective Date: Upon passage.*

§ 17 — MUNICIPAL AGENTS FOR THE ELDERLY Makes the duties of municipal agents for the elderly mandatory and expands them to include helping seniors access housing assistance resources, requires the Department of Aging and Disability Services commissioner to create a directory with these agents' contact information and post it on the department's website by January 1, 2025. *Effective Date: October 1, 2024*

§ 18 — LONG-TERM CARE OMBUDSMAN NOTIFICATION OF ALSA LICENSURE Requires the Department of Public Health commissioner to notify the Long-Term Care Ombudsman within 30 days after granting a license to an Assisted Living Services Agency (ALSA). *Effective Date: October 1, 2024*

§ 19 — MANAGED RESIDENTIAL COMMUNITY RESIDENT NOTIFICATION Requires managed residential community's (MRCs) to give residents and their legal representatives at least 30 days' notice before changing the facility's operator or ALSA that provides facility services. *Effective Date: October 1, 2024*

§ 20 — MANAGED RESIDENTIAL COMMUNITY CONSUMER GUIDE Requires the Long-Term Care Ombudsman, in consultation with the public health commissioner, to develop an MRC consumer guide and post it on specified agency websites by January 1, 2025. *Effective Date: Upon passage*

§ 21 — REGIONAL LONG-TERM CARE OMBUDSMEN DUTIES Expands the duties of regional long-term care ombudsmen to include activities related to the Community Ombudsman program, which supports adults receiving Department of Social Services administered home and community-based services. *Effective Date: October 1, 2024*

§ 22 — OFFICE OF THE LONG-TERM CARE OMBUDSMAN CLIENT RECORDS DISCLOSURE Allows nursing home residents or complainants to give consent visually or by using auxiliary aids for the Office of Long-Term Care Ombudsman to disclose their files or records'; requires an office representative to document the consent in writing. *Effective Date: October 1, 2024*

§ 23 — COMMUNITY OMBUDSMAN PROGRAM Allows recipients of home and community-based services with specified medical conditions or disabilities to give consent visually or by using auxiliary aids for the Community Ombudsman to disclose their files or records; specifies that this data includes medical, social, or other client-related data; allows the Long-Term Care Ombudsman to assign a community regional ombudsman the duties of a long-term care regional ombudsman. *Effective Date: October 1, 2024*

§ 24 — STUDY ON MEDICAID FAMILY CAREGIVER SUPPORT BENEFITS Requires the DSS commissioner to (1) study the feasibility of providing a family caregiver support benefit through a Medicaid Section 1115 waiver that would provide respite services and support to residents not otherwise eligible for these services under Medicaid and (2) report the results to the Aging and Human Services Committees by January 1, 2025. The study must include (1) Oregon's Project Independence and Family Caregiver Assistance Program, which is operated under this type of Medicaid waiver; (2) other options to expand eligibility for respite services for those not Medicaid-eligible, and (3) potential state-funded long-term care services that could be used to offset the costs of a family caregiver support benefit. *Effective Date: Upon passage.*

§ 25 — NURSING HOME CENTER OF EXCELLENCE PROGRAM Requires the public health commissioner to design a Center of Excellence Program for licensed nursing homes to provide incentives for those that meet certain criteria. While designing the program, the commissioner must study (1) how much a Center of Excellence Program could improve the quality of care at nursing homes and (2) what other states with similar programs consider to be best practices for nursing homes. The bill also details entities the commissioner must consult when developing the program, specifies the functions of the program's design, authorizes the DSS commissioner to

seek a Medicaid state plan amendment, or a waiver from federal law, to provide incentives for the program participants, and clarifies that program is voluntary and nursing homes will not be penalized if they choose not to participate. *Effective Date: July 1, 2024*

§ 26 — ONLINE NURSING HOME CONSUMER DASHBOARD Requires the Department of Public Health (DPH), in consultation with the Office of the Long-Term Care Ombudsman and the Long-Term Care Advisory Council, to establish an online nursing home consumer dashboard, within available appropriations, that includes: (1) comprehensive information on the quality of care for people in need of nursing home care and their families and (2) industry leading practices. The bill also required that DPH include a link to the dashboard in a prominent place on the department's website. *Effective Date: July 1, 2024*

**Public Act 24-46 (HB 5491) AN ACT ESTABLISHING A PROPERTY TAX EXEMPTION FOR VETERANS WHO HAVE A SERVICE-CONNECTED PERMANENT AND TOTAL DISABILITY RATING. (Signed by the Governor May 21, 2024)**

This bill fully exempts from property tax a primary residence or motor vehicle for each former member of the armed services who has a permanent and total (100%) disability rating (often referred to as "P&T rating,"). Under existing law, former service members who have disability ratings of at least 10% are eligible for a partial property tax exemption. Those who have a 100% disability rating (regardless of whether it is permanent) are eligible for an exemption of at least \$3,500 for a single person. They are also eligible for an income-based exemption, which may be state-reimbursed when provided to lower income individuals. (The bill does not require the state to reimburse municipalities for the P&T rating exemption).

The bill generally extends to the P&T rating exemption the same eligibility criteria and application process that apply to the existing disability rating-based exemption. To qualify, the former service member must have served in the U.S. Army, Navy, Marine Corps, Coast Guard, Air Force, or Space Force; reside in this state; and file for the exemption with the town assessor as the bill requires. The exemption may be transferred to a service member's spouse or minor children in certain circumstances. *Effective October 1, 2024, and applicable to assessment years starting on or after that date.*

**Public Act 24-58 (SB 308) AN ACT IMPLEMENTING TASK FORCE RECOMMENDATIONS FOR WHEELCHAIR REPAIR.**

This bill (1) sets requirements related to wheelchair repair for authorized wheelchair dealers and establishes a complaint process and reporting mechanism through Office of the Health Care Advocate, (2) restricts prior authorization and new prescription requirements for customized wheelchair repair under Medicaid and complex rehabilitation technology (CRT) wheelchair repair under private insurance plans, and (3) establishes a CRT and Wheelchair Repair Advisory Council to monitor wheelchair repair and make recommendations on improving repair times. *Effective Date: July 1, 2024*

**Public Act 24-68 (HB 5290) AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. (Signed by the Governor May 28, 2024).**

This bill makes various substantive, minor, and technical changes in Department of Public Health (DPH)-related statutes and programs and other health care-related laws. A summary pertinent to the system of LTSS follows.



§ 36 — HOMEMAKER-COMPANION AGENCY TRANSITION PLAN DEADLINE Extends by four months from August 1, 2024 to December 1, 2024, the deadlines for OPM to report on a plan to transfer the oversight of homemaker-companion agencies from DCP to DPH. *Effective Date: Upon Passage.*

**PUBLIC ACT 24-84 (HB 5146) AN ACT CONCERNING DISCLOSURES OF FINANCIAL RECORDS. (Signed by the Governor May 30, 2024)**

This bill requires financial institutions to provide customer financial records to the Department of Social Services (DSS) commissioner, or anyone deputized by her, within 20 calendar days after receiving a certificate signed by either. The bill also changes two banking laws to conform with this social services law. Under these laws currently, financial institutions (1) are generally prohibited from disclosing a customer's financial records to anyone other than the customer or his or her agent unless, among other exceptions, the institution does so in response to a signed certificate by the administrative services or social services commissioners, and (2) must disclose financial records according to a signed certificate from either. The bill expressly adds references to people deputized by either commissioner as having authority to sign the certificates under these laws. *Effective Date: October 1, 2024*

**Public Act 24-99 (sSB 396) AN ACT IMPLEMENTING TASK FORCE RECOMMENDATIONS FOR THE ELDERLY NUTRITION PROGRAM. (Signed by the Governor June 4, 2024)**

This bill makes various changes to the elderly nutrition program's funding and administration, including coordination with the supplemental nutrition assistance program (SNAP). Specifically, the bill requires: (1) the Department of Aging and Disability Services (ADS) to give, within available appropriations, additional payments under the program to any area agency on aging (AAA) contracting with ADS that has used at least half its initial round of funding under a contract; (2) ADS to require each AAA to develop a continuity of effort plan to minimize program benefits disruptions for its service area; (3) ADS to develop a plan to streamline the program's contracting process, related compliance reporting, and eligibility and assessment forms; (4) the Department of Social Services (DSS) to disclose to ADS, or an AAA contracted to provide program services, information on SNAP enrollees who request or are recommended to receive elderly nutrition program services; (5) DSS to give ADS or an AAA, upon request, information on whether a person eligible for the elderly nutrition program is receiving SNAP benefits; and (6) DSS, in consultation with ADS, to develop a plan to maximize SNAP benefits to support the elderly nutrition program. *Effective Date: July 1, 2024, except the provision on streamlining, which is effective upon passage.*

**PUBLIC ACT 24-113 (HB 5200) AN ACT CONCERNING HEALTH CARE ACCESSIBILITY FOR PERSONS WITH A DISABILITY. (Signed by the Governor June 4, 2024)**

This bill does numerous things: (1) requires group practices of at least nine physicians, advanced practice registered nurses (APRNs), or a combination of them to consider certain federal technical accessibility standards when purchasing medical diagnostic equipment. (2) Requires the public health commissioner to annually notify these practice locations, as she must currently do for health care facilities, about information on providing health care to people with accessibility needs, including the standards for accessibility. It eliminates current law's requirement that she also notify licensed physicians, physician assistants (PAs), and APRNs individually. (3) Starting January 1, 2026, requires with certain exemptions, health care facilities and practice locations with three or more examination rooms to have certain accessible medical

diagnostic equipment (e.g., at least one weight scale and one examination table or chair in at least one examination room that accommodates patients using assistive devices). (4) Starting January 1, 2025, the bill requires these facilities and practice locations to take certain related administrative actions, such as (a) training direct care staff on policies and procedures for patients with accessibility needs, (b) taking an inventory of all medical diagnostic equipment, and (c) creating a plan to address inventory gaps and identify steps needed to ensure compliance with the standards for accessibility. (5) The bill specifies which health care facility construction guidelines the Department of Public Health (DPH) must use when reviewing a health care facility's plan for a construction or renovation project that is necessary to comply with state law's requirements for accessibility of medical diagnostic equipment. *Effective Date: July 1, 2024*

**Public Act 24-122 (HB 5293) AN ACT CONCERNING THE DEPARTMENT OF DEVELOPMENTAL SERVICES' RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO DEVELOPMENTAL SERVICES STATUTES. (Signed by the Governor June 5, 2024).**

This bill makes various changes to the Department of Developmental Services related statutes. The following sections of the bill are most pertinent to the system of LTSS:

§ 3 — SUPPORTIVE HOUSING ASSISTANCE PROGRAM This bill transfers to the Department of Housing (DOH) commissioner the responsibility to provide assistance under the program in consultation with the DDS commissioner and makes related conforming changes. The bill expands the allowable assistance under the program to include deferred loans. It targets the assistance to eligible developers (e.g., nonprofit corporations, housing construction businesses meeting certain requirements, or municipal developers), rather than just nonprofit organizations, for this supportive housing. It adds the condition that the developer have partnered with a DDS-qualified provider, or a provider approved to provide services supporting people receiving services under the DSS autism spectrum disorder (ASD) Medicaid waiver program. *Effective Date: October 1, 2024*

§§ 4-6 — DDS SELF-ADVOCATE COORDINATORS This bill removes the statutory cap of eleven DDS self-advocates (in-practice self-advocate coordinators) in a general worker position who are eligible for specified sick, vacation, and personal leave and holiday pay benefits. In practice, these positions are self-advocate coordinators and specifies that the Department of Administrative Services commissioner's authority to issue regulations on granting holiday time to certain non-permanent state employees is subject to the standard regulation approval process. *Effective Date: Upon Passage*

§§ 7-8 & 15 — RESIDENT TRANSFERS By law the DDS commissioner may assign someone with an intellectual disability to a public or state-supported private residential facility. This bill (1) removes the specific requirement that the commissioner consider the recommendations of a properly designated diagnostic agency before making these assignments, (2) updates and revises the law on transfers between these residential facilities, (3) allows for a post-transfer rather than prior notice, (4) creates a process for temporary emergency transfers, and (5) specifies that for all transfers, including those for emergencies or medical reasons, adult residents of these facilities or residents' legal representatives have the right to request a hearing if they object to a transfer. *Effective Date: Upon Passage*

§§ 9-11 — HUMAN RIGHTS AND PROGRAM REVIEW COMMITTEES The bill codifies existing practice by establishing in law a human rights committee and program review committee within

each DDS service region and the Southbury Training School. The respective regional or training school director appoints the committees' members. Under the bill, the human rights committees must: (1) advise and make recommendations to these directors and the DDS commissioner on best practices and (2) address concerns and complaints on human rights issues involving people receiving DDS services, including those involving aversive procedures, restrictive interventions, intrusive programs or devices, restitution, and pre-sedation medication. The program review committees must advise the directors and commissioner on best practices for reviewing plans that include things like behavior support strategies, use of psychotropic and behavior modifying medications, and the use of restraints for people receiving DDS services. For each type of committee, the bill (1) requires the commissioner to establish uniform responsibilities and procedures and (2) allows him to adopt implementing regulations. *Effective Date: Upon Passage*

§ 12 — ABUSE AND NEGLECT REGISTRY By law, DDS maintains a registry of certain former employees who left or were fired from their jobs because of a substantiated abuse or neglect complaint against them. These are people who were employed by DDS, or an agency, organization, or person DDS licenses or funds. The information is available only to certain agencies and employers for specified purposes. The bill makes information in the registry available to the state's Office of Labor Relations for determining whether an applicant for employment with certain state agencies appears on the registry. Specifically, this applies to applicants at DDS or the departments of Children and Families (DCF), Mental Health and Addiction Services (DMHAS), and Social Services (DSS). *Effective Date: Upon Passage*

§ 13 — OMBUDSPERSON OFFICE By law, an independent ombudsperson office within DDS receives complaints affecting people under DDS care or agencies with whom the department contracts for services and recommends to the commissioner ways to resolve these complaints. The bill specifically names this office as the "Office of the Developmental Services Ombudsperson." *Effective Date: Upon Passage*

§ 14 — ICF/IID CON-RELATED NOTICES By law, long-term care facilities, including Medicaid-certified ICF/IIDs, generally must seek certificate of need (CON) approval from DSS before certain activities (such as introducing new services or eliminating services). In several cases, the law requires the facility to also give related notices to certain other state entities.

The bill updates these notice requirements for ICF/IIDs, generally requiring them to give notices to the Office of the Developmental Services Ombudsperson (and in some cases, other agencies) rather than the Office of the Long-Term Care Ombudsman. Correspondingly, it requires the former, rather than the latter, office to take certain actions in response. Generally, these notices and related actions are follows: (1) facility notice of intended (a) pre-licensure ownership transfers, (b) new or expanded functions or services, (c) service terminations or substantial decreases in licensed bed capacity, or (d) bed relocations to a different facility; (2) facility notice of closure petition; (3) informational letter on patient rights (for patients and certain other parties) by the ombudsperson's office and the Department of Aging and Disability Services (ADS) that must accompany the closure notice; (4) informational session on the potential closure held by the ombudsperson's office and the Department of Public Health; (5) facility notice when submitting a letter of intent before filing a CON application; and (6) informational letter by the ombudsperson's office and ADS that must accompany a letter of intent on potential service terminations or substantial decreases in bed capacity. *Effective Date: Upon Passage*

§ 15 — INFORMATION SHARING ON ABUSE OR NEGLECT AT GROUP HOMES OR COMMUNITY COMPANION HOMES The bill allows DDS to share information with certain entities if a DDS-licensed community living arrangement (i.e., group home) or community companion home's license was revoked or surrendered because of substantiated abuse or neglect during the licensure period. (Community companion homes offer a family-like setting for people with intellectual disability when circumstances make it difficult for the person to live with his or her family). Specifically, this bill allows the DDS commissioner to release the former licensee's name, license revocation or surrender date, and type of abuse or neglect to the following entities:(1) authorized agencies (i.e., agencies authorized to conduct abuse and neglect investigations and responsible for issuing or carrying out protective services for people with intellectual disability), for the purpose of determining protective services; (2) employers of people providing services to those receiving DDS services or support; and (3) Department of Childrens and Families (DCF), Department of Mental Health Services (DMHAS), Department of Social Services (DSS), and Department of Administrative Services (DAS), for decision-making on an employment application or provider licensure or certification with DCF, DMHAS, DSS or DDS.

**Public Act 24-141 (HB 5046) AN ACT PROMOTING NURSING HOME RESIDENT QUALITY OF LIFE. (Signed by the Governor June 4, 2024)**

This bill makes changes related to the management and oversight of long-term care and similar licensed facilities. Specifically it does the following: § 1 — NURSING HOME ROOM CAPACITY LIMITATIONS Prohibits each licensed chronic and convalescent nursing home and rest home with nursing supervision from placing newly admitted residents in a room with more than two beds starting on July 1, 2026 and correspondingly allows the Department of Social Services to recalculate Medicaid rates to reflect any associated bed reductions. A violation is a class B violation and may result in a civil penalty of up to \$10,000. *Effective Date: Upon Passage.*

§ 2 — NURSING HOME WAITING LIST AND TRANSFERS Generally requires nursing homes, without regard for the waiting list, to admit transferring residents from a nursing home that is closing, subject to certain exemptions, such as (1) homes with no more than 30% self-pay patients if the transferring patient is indigent or (2) when the applicant has been denied Medicaid eligibility and has no payor source. *Effective Date July 1, 2024*

§§ 3 & 4 — DISCONTINUATION OF REST HOME WITH NURSING SUPERVISION LICENSES Prohibits the DPH commissioner from granting new rest home with nursing supervision licenses and exempts these homes from DSS certificate of need requirements when changing their licensure to a chronic and convalescent nursing home. The DPH commissioner is authorized to approve a one-time license renewal for a duration of one year or less if the applicant follows the existing criteria for renewal. *Effective Date: Upon Passage.*

§ 5 — NURSING FACILITIES AND STATE ENFORCEMENT AUTHORITY Provides penalties to Medicaid-participating nursing facilities found to be noncompliant with applicable state statutes or regulations during a DPH survey, it is treated the same as being noncompliant with specified federal law under existing procedures. Under this law, among other things: (1) if DPH finds that this noncompliance poses an imminently serious threat to patient well-being, it must state the charges and request a summary order from DSS, which (if issued) must include termination of Medicaid participation or appointment of a temporary manager and may include other penalties (e.g., having patients transferred to other facilities or civil penalties); (2) if DPH finds that this

noncompliance does not pose an immediate threat, it must state the charges and request that DSS impose any of a range of remedies similar to those for imminently serious charges (but none are mandatory); and (3) the facility may request a hearing with DSS within 10 days of the statement of charges or summary order. *Effective Date: Upon Passage*

§ 6 — PENALTIES FOR HEALTHCARE INSTITUTIONS FAILING TO COMPLY WITH CORRECTIVE ACTION PLANS Authorizes DPH to impose disciplinary action on these institutions if they fail to comply with a plan of correction accepted by the department. These actions may only be imposed after a hearing and may include, among other things: (1) revocation or suspension of a license; (2) censure of a licensee; (3) placement of a licensee on probationary status, and the requirement to report regularly to the department on the matters that are the basis of the probation; (4) restricting the acquisition of other facilities for a period set by the commissioner; or (5) issuing an order compelling compliance with applicable laws or regulations of the department. *Effective Date: Upon Passage.*

§§ 7 & 8 — MANAGED RESIDENTIAL COMMUNITY RESIDENCY AGREEMENTS AND FEES Generally requires MRCs to (1) include information in written residency agreements on how they may adjust monthly or other recurring fees; (2) give residents or their representatives 90 days' notice of any fee increases; (3) give residents prorated or full refunds of certain fees if the facility cannot meet the resident's needs within the first 45 days of occupancy; exempts from these and certain related requirements elderly housing complexes participating in certain federal and state program. *Effective Date: October 1, 2024, except the provisions on the residency agreements (§ 7) are effective upon passage.*

§ 9 — ALSA FEES Requires Assisted Living Services Agencies (ALSAs) to (1) disclose fee increases to residents or their representatives at least sixty (60) days before they take effect and (2) upon request, give residents or their representatives the history of fee increases over the past three years. The bill also specifies that this requirement does not limit an ALSA from immediately adjusting fees if (1) they are directly related to a change in the level of care or services necessary to meet the resident's safety needs at the time of a scheduled resident care meeting or (2) the resident's condition changes, resulting in a required change in services. *Effective Date: October 1, 2024*

§§ 10 & 11 — APPOINTMENT OF RECEIVERS OF NURSING HOMES OR RESIDENTIAL CARE HOMES Requires nursing home or residential care home receiver applications to be granted if the facility sustains any type of serious financial loss or failure and updates the criteria for who may be appointed as a receiver of these facilities. *Effective Date: Upon Passage*

§ 12 — NURSING FACILITY MANAGEMENT SERVICES Requires each entity seeking a nursing facility management certificate to disclose additional information in its application, revises the criteria upon which DPH can base its certificate issuance decisions, and expands the penalties and grounds upon which DPH can impose disciplinary action against these certificate holders. *Effective Date: Upon passage*

§ 13 — WORKING GROUP The bill establishes and defines the membership of a working group to study the impact of prohibiting licensed chronic and convalescent nursing homes and rest homes with nursing supervision (nursing homes) from placing newly admitted residents in rooms with more than two beds without consent of the resident. The working group must examine methods to (1) assist facilities affected, including identifying opportunities to support their financial sustainability, and (2) ensure that these facilities are able to comply. The group is

required to submit a report of its finding and recommendations to the Aging Committee no later than January 1, 2026. *Effective Date: Upon Passage*

**Senate Resolution 7 (File No. 87) and House Resolution 9 (File No. 88) RESOLUTION PROPOSING APPROVAL OF A MEMORANDUM OF AGREEMENT BETWEEN THE PCA WORKFORCE COUNCIL AND THE NEW ENGLAND HEALTH CARE EMPLOYEES UNION, DISTRICT 1199, SEIU. (Adopted by the Senate March 25, 2024)**

The resolutions proposes approval of a memorandum of agreement (MOA) between the Personal Care Attendant (PCA) Workforce Council and the New England Health Care Employees Union (District 1199, SEIU). This agreement covers the period July 1, 2023 through June 30, 2026. The agreement includes wage increases, premium assistance, paid time off, holiday pay, and longevity bonuses. The agreement covers approximately 12,000 PCAs employed by approximately 8,000 consumers of the state's Medicaid self-directed programs funded under the Department of Social Services (DSS) and the Department of Developmental Services (DDS). *Effective Date: March 25, 2024*