

Long Term Services and Support Legislation

Passed in the 2015 Session of the Connecticut General Assembly

As of July 6, 2015

An asterisk (*) indicates legislation that addresses a recommendation in the 2013 Long-Term Care Plan.

***Public Act 15-19 (HB 6717): AN ACT CONCERNING THE STATE AGING AND DISABILITY RESOURCE CENTER PROGRAM. (Signed by the Governor)**

This bill (1) renames the Community Choices program as the Aging and Disability Resource Center (ADRC) program and (2) requires the Department on Aging (SDA) to administer it as part of the CHOICES program. *Effective July 1, 2015*

Public Act No. 15-27 (SB 841): AN ACT CONCERNING THE IMPLEMENTATION OF A COMPREHENSIVE CHILDREN'S MENTAL, EMOTIONAL AND BEHAVIORAL HEALTH PLAN. (Signed by the Governor)

This bill establishes a Children's Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board. The board must advise specified individuals and entities on: 1) executing the comprehensive behavioral health plan that the Department of Children and Families (DCF) developed, as required by law, in 2014; 2) cataloging (by agency, service type, and funding allocation) the mental, emotional, and behavioral services for Connecticut families with children to reflect the services' capacities and uses; 3) adopting standard definitions and measurements for the services delivered, when applicable; and 4) fostering collaboration of agencies, providers, advocates, and others interested in Connecticut child and family well-being to prevent or reduce the long-term negative impact of children's mental, emotional, and behavioral health issues. By September 15, 2016, the board must begin annual reporting to the Children's Committee. *Effective July 1, 2015*

Public Act 15-29 (SB 891) AN ACT CONCERNING ADMINISTRATIVE HEARINGS CONDUCTED BY THE DEPARTMENT OF HOUSING (Signed by the Governor)

This bill establishes in statute the same hearing and appeals procedures for the Department of Housing (DOH) as the law establishes for the Department of Social Services (DSS). By law, the DOH programs under which individuals may request a hearing are the (1) rental assistance program (RAP), (2) transitional rental assistance program (T-RAP), and (3) security deposit guarantee program. *Effective October 1, 2015*

*** Public Act 15-32 (SB 290): AN ACT CONCERNING PATIENT-DESIGNATED CAREGIVERS. (Signed by the Governor)**

This bill (commonly referred to as the Care Act) requires a hospital, when discharging a patient to his or her home, to: 1) allow the patient to designate a caregiver at, or before, the time the patient receives a written copy of his or her discharge plan. Patients are not required to name a caregiver; 2) document the designated caregiver in the patient's discharge plan; 3) attempt to notify the designated caregiver of the patient's discharge home; and 4) instruct the caregiver on post-discharge tasks with which he or she will assist the patient at home. Instruction may be provided to the caregiver live or prerecorded formats.

The bill specifies that it does not create a private right of action against a hospital or its employees, contractors, or consultants. It prohibits these entities and people from being held liable for services a caregiver provides or fails to provide to the patient in his or her home.

Additionally, the bill does not affect (1) health insurers' benefit plan or reimbursement obligations, (2) a patient's discharge or transfer from a hospital to another facility, or (3) a patient's proxy health care rights. *Effective October 1, 2015*

Public Act 15-36 (SB 893): AN ACT EXTENDING COST REPORTING DEADLINES FOR LONG-TERM CARE FACILITIES. (Signed by the Governor)

This bill extends, from December 31st to February 15th, the annual deadline for long-term care facilities to submit fiscal year (ending September 30th) cost reports to DSS. DSS uses the reports to establish per diem rates for facilities caring for Medicaid-eligible residents. DSS may reduce rates for failure to submit complete and accurate reports by the deadline. The bill also extends, from February 15th to April 1st, the annual date by which DSS must report the data in the reports to the Appropriations Committee. *Effective July 1, 2015*

***Public Act 15-40 (SB 287) AN ACT CONCERNING A STUDY OF ALTERNATIVE FUNDING SOURCES FOR NUTRITIONAL SERVICES FOR SENIOR CITIZENS (Signed by the Governor)**

This bill requires SDA and DSS, together with certain nutrition stakeholders, to study alternative sources of funding for nutrition services programs and report their findings and recommendations to the Aging Committee by July 1, 2016. The bill also amends existing law to specify the number of nutrition stakeholders that must be at the meetings to include at least (1) one representative each from area agencies on aging, access agencies, the Commission on Aging, and nutrition providers and (2) one or more representatives of food security programs, contractors, nutrition host sites, and consumers. *Effective July 1, 2015*

***Public Act 15-50 (SB 1022) AN ACT CONCERNING REQUIREMENTS FOR FACILITIES THAT COMPLETE MEDICARE OR MEDICAID APPLICATIONS FOR PATIENTS (Signed by the Governor)**

This bill entitles patients of nursing homes, residential care homes, and chronic disease hospitals, or their designated representatives, to receive a copy of any Medicare or Medicaid application completed by such a facility on the patient's behalf. The bill adds this requirement to the nursing home patients' bill of rights. *Effective July 1, 2015.*

Public Act 15-54 (HB 6815): AN ACT CONCERNING THE DEFINITION AND USE OF THE TERM "INTELLECTUAL DISABILITY (Signed by the Governor)

PAs 11-16 and 13-139 substituted the term "intellectual disability" for "mental retardation" in several statutes to reflect changes in federal law and the developmental disabilities community. This bill makes conforming changes by: 1) replacing a reference to "mental retardation" with "intellectual disability" in a statute defining the term, 2) eliminating an obsolete provision that lists statutory references in which "intellectual disability" has the same meaning as "mental retardation," and 3) expanding the definition's application to all uses of "intellectual disability" throughout the statutes except as otherwise provided.

Current law defines “intellectual disability” as a significant limitation in intellectual functioning and deficits in adaptive behavior that began before a person turned 18. The bill specifies that the limitation must exist concurrently with the adaptive deficits. *Effective from passage.*

***Public Act 15-80 (HB 6738) AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE FEDERAL ACHIEVING A BETTER LIFE EXPERIENCE ACT. (Referred to as the ABLÉ Act) (Signed by the Governor)**

This bill requires the state treasurer to (1) establish a qualified Achieving A Better Life Experience (ABLE) program, as permitted by federal law, and (2) administer individual ABLE accounts to encourage and help eligible individuals (an individual who qualifies for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) Programs based on blindness or disability that occurred before the age of 26) and families save private funds to pay for qualifying expenses related to disability or blindness. It establishes the Connecticut ABLE Trust, administered by the state treasurer, to receive and hold funds intended for ABLE accounts. It exempts money in the trust and interest earnings on it from state and local taxation while in the trust and requires the treasurer to ensure that funds are kept exempt from federal taxation pursuant to federal law. The Connecticut ABLE trust will also offer individuals more control over how their funds are invested. Upon death of the beneficiary Medicaid will recoup funds remaining in the trust to cover the cost of Medicaid services provided to that beneficiary. After recoupment, the state will distribute the balance of any funds remaining in the trust to the family of the beneficiary.

Under the bill, funds invested in, contributed to, or distributed from an ABLE account must be disregarded when determining an individual's eligibility for assistance under federally funded assistance or benefit programs, including: 1) the Temporary Family Assistance program; 2) programs funded under the federal Low Income Home Energy Assistance Program; and 3) the state's medical assistance program (i.e., HUSKY and Medicaid). Contributions to an ABLE trust cannot exceed the annual gift tax exclusion amount (\$14,000 for 2015) and the total amount in the trust cannot exceed the amount allowable for CT 529 accounts. Amounts in excess of \$100,000 will be taken into consideration when determining eligibility SSI.

The bill also prohibits the state's public colleges and universities from considering funds invested in ABLE accounts when determining eligibility for need-based institutional aid. In general, institutional financial aid consists of aid originating from the institution and excludes federal or state financial aid awarded to students. *Effective October 1, 2015*

Public Act 15-88 (SB 467) AN ACT CONCERNING THE FACILITATION OF TELEHEALTH (Signed by the Governor)

This bill establishes requirements for health care providers who provide medical services through the use of telehealth. Among other things, a telehealth provider must obtain a patient's informed consent, at the first telehealth interaction, to provide telehealth services. The bill also requires certain health insurance policies to cover medical services provided through telehealth to the extent that they cover the services through in-person visits between an insured person and a health care provider. *Effective October 1, 2015, except for the insurance coverage provisions, which are effective January 1, 2016*

Public Act 15-102 (SB 862): AN ACT CONCERNING STATE PAYMENT TO CERTAIN FACILITIES FOR RESERVED BEDS. (Signed by the Governor)

By law, DSS may pay State Supplement Program benefits directly to licensed residential care homes or rated housing facilities on behalf of a recipient, even when the recipient is temporarily absent. This bill prohibits such payments when the recipient's bed is not otherwise available during his or her absence (e.g., if the home or facility experiences structural damage). *Effective July 1, 2015*

***Public Act 15-115 (HB 5358): AN ACT ESTABLISHING A BILL OF RIGHTS FOR RESIDENTS OF CONTINUING-CARE RETIREMENT COMMUNITIES. (Signed by the Governor)**

This bill requires continuing care facility providers to give residents advance notice of major construction, ownership change, and increases in monthly service fees. It allows residents of continuing care facilities to form residents councils, defined in the bill as boards elected by residents to advocate for their rights and advise the provider on resident welfare and interests. The bill also makes several changes to required information providers must (1) file with DSS and (2) include in the disclosure statement a person entering into a continuing care contract must receive. Among other things, the bill also stipulates rights and entitlements for continuing care residents and extends current penalties for providers that violate continuing care facility laws to also apply to providers who violate the bill's requirements on residents' rights, residents councils, and provider communications. *Effective October 1, 2015.*

Public Act 15-129 (HB 6892): AN ACT CONCERNING HOSPITAL TRAINING AND PROCEDURES FOR PATIENTS WITH SUSPECTED DEMENTIA. (Signed by the Governor)

Starting October 1, 2015, this bill requires hospitals to train direct care staff in the symptoms of dementia as part of staff training they regularly provide. *Effective July 1, 2015*

*** Public Act 15-130 (HB 6894): AN ACT CONCERNING THE SAFEGUARDING OF FUNDS FOR RESIDENTS OF CERTAIN LONG-TERM CARE FACILITIES. (Signed by the Governor)**

This bill extends to residential care homes (RCHs) statutory requirements for nursing homes regarding the management of residents' personal funds. It establishes (1) notification and account management procedures and (2) penalties for failure to comply. *Effective July 1, 2015*

Public Act 15-146 (SB 811): AN ACT CONCERNING PARITY IN HOSPITAL SALES OVERSIGHT (Signed by the Governor)

This bill includes numerous provisions affecting hospitals and health systems, health care providers, and health carriers (i.e. insurers, HMOs). Among other things the bill places certain limits on allowable facility fees for outpatient services, adds additional oversight measures when a hospital is sold or transferred.

The bill also requires health care providers to (1) to give patients certain notices of costs for nonemergency services, (2) creates notice requirements when providers refer a patient to an affiliated provider, and (3) expands what conduct by providers constitutes an unfair trade practice.

Regarding health carriers, it requires them to (1) provide insureds notice about covered benefits, the network status of health care providers, and surprise bills (see sections 9 & 10) and (2) bill insureds at the in-network level for services if the services were emergency in nature or resulted in a surprise bill. The

bill also requires the Connecticut Health Insurance Exchange (“HIX”) to (1) encourage health carriers to offer plans with tiered networks and (2) offer those plans through the exchange.

The bill requires each health carrier to maintain a website and toll-free telephone number allowing consumers to obtain information on in- and out-of-network costs. It also sets certain limits on the copayments insurers can collect for facility fees.

It requires HIX, within available resources, to establish a consumer health information website with comparative price, quality, and related information.

It establishes a statewide health information exchange, to be overseen by DSS, and sets deadlines for hospitals, clinical laboratories, and certain providers to connect to and participate in the exchange. Among other changes concerning health information technology, it establishes an advisory council to advise the DSS commissioner on various related matters. (*Varying effective dates within bill*)

***Public Act 15-150 (HB 5257): AN ACT REQUIRING NOTICE OF NURSING HOME FACILITY OR RESIDENTIAL CARE HOME RESIDENT ABUSE. (Signed by the Governor)**

Under this bill, DSS must require any nursing home or residential care home, for each resident in its care, to keep on file contact information for (1) a family member designated by the resident or (2) the resident's legal guardian. The home must provide information to the family member or guardian about investigations into any reports that the resident has been abused, neglected, exploited, or abandoned or is in need of protective services. The DSS commissioner must also immediately notify the family member or guardian whenever the commissioner has reason to believe the resident has been a victim of abuse, neglect, exploitation, or abandonment, unless the family member or guardian is the suspected perpetrator. *Effective date October 1, 2015*

Public Act 15-154 (HB 6155): AN ACT CONCERNING NOTIFICATION OF MEDICAID WAIVER AND MEDICAID STATE PLAN AMENDMENT PROPOSALS. (Signed by the Governor)

This bill applies current laws regarding notice of submission of Medicaid Waivers and State Plan amendments to certain legislative committees and the public prior to submitting to the federal government to include applications for waiver renewals as well. *Effective July 1, 2015*

Public Act 15-209 (HB 6737): AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING TRANSITIONAL SERVICES FOR YOUTH AND YOUNG ADULTS WITH AUTISM SPECTRUM DISORDER. (Signed by the Governor)

This bill requires the State Board of Education (SBE), by July 1, 2015, to draft a bill of rights for parents of children receiving special education services to guarantee that the rights of these students and their parents are protected when receiving these and related services.

The bill requires the State Department of Education (SDE), starting with the 2015-16 school year, to annually distribute the bill of rights to local and regional boards of education. The bill of rights must be provided to parents at planning and placement team (PPT) meetings for special education students in grades six through 12.

The bill also requires the Department of Rehabilitative Services (DORS) commissioner, in consultation with the developmental services (DDS), SDE, labor, and mental health and addiction services commissioners or their designees, to develop a proposed definition for “competitive employment” for each agency to use in relation to state matters. By February 1, 2016, the DORS commissioner must report on the proposed definition to the Education, Human Services, Labor, and Public Health committees.

Finally, the bill requires DDS, by February 1, 2016, to begin reporting annually to the Public Health Committee on the activities of the department's Division of Autism Spectrum Disorder Services and Advisory Council. *Effective July 1, 2015*

Public Act 15-242 (HB 6987): AN ACT CONCERNING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES. (Signed by the Governor)

In addition to numerous other substantive, minor and technical changes to Department of Public Health (DPH)-related statutes and programs, the bill prohibits regional long-term care ombudsmen and DPH and Department of Social Services (DSS) employees from providing any health care institution, instead of only nursing or residential care homes, (1) advance notice of an investigation or inspection or (2) information about a complaint filed by a mandated reporter of elder abuse unless they are specifically required to do so by state or federal regulations. *Varying effective dates within bill.*

*** Public Act 15-236 (SB 1005): AN ACT PROTECTING ELDERLY CONSUMERS FROM EXPLOITATION AND ADOPTING THE CONNECTICUT UNIFORM POWER OF ATTORNEY ACT. (Signed by the Governor)**

This bill makes a number of changes regarding elder abuse. Among other things, it:

1) makes certain emergency medical service providers mandated reporters of elderly abuse and expands training requirements for employees of certain entities who care for someone age 60 or older; 2) gives abused, neglected, exploited, or abandoned elderly people a civil cause of action against perpetrators; 3) requires the Commission on Aging to (a) study best practices for reporting and identifying elderly abuse, neglect, exploitation, and abandonment and (b) create a portal of training resources for financial institutions and agents; 4) requires certain financial agents to receive training on elderly fraud, exploitation, and financial abuse; and 5) makes changes in definitions of elderly neglect and necessary services.

The bill also prohibits someone convicted of 1st or 2nd degree larceny or 1st degree abuse of an elderly, blind, or disabled person or person with intellectual disabilities from inheriting, receiving insurance benefits, or receiving certain property from a deceased victim. It makes changes to the disposition of certain types of jointly owned personal property when one owner is convicted of one of these or certain other crimes against another owner. *Effective October 1, 2015*

*** SB 1502: AN ACT IMPLEMENTING PROVISIONS OF THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2017 CONCERNING GENERAL GOVERNMENT, EDUCATION AND HEALTH AND HUMAN SERVICES. (Signed by the Governor)**

This large bill contains numerous provisions to implement the biennium budget for State fiscal years 2016 and 2017. Below are the sections of the bill that most directly impact the state's long term services and supports system.

Sec. 358 - Establishes a grant program within the Department of Mental Health and Addiction Services (DMHAS) to provide community-based behavioral health services, including (1) care coordination services, and (2) access to information and referral services for available health care and social service programs. The services shall be provided by organizations that provide acute care and emergency behavioral health services. The DMHAS Commissioner shall establish eligibility criteria and application process for the grant program. *Effective July 1, 2015*

Sec. 359 - Establishes a study on the current adequacy of psychiatric services to be led by the DMHAS Commissioner who shall consult with the DCF and DSS Commissioners and providers of behavioral health services, including, but not limited to, hospitals and advocacy agencies. Such study shall include, but need not be limited to: (1) A determination of the number of short-term, intermediate and long-term psychiatric beds needed in each region of the state; (2) the average wait times for each type of psychiatric beds; (3) the impact of wait times on persons in need of inpatient psychiatric services, such persons' families and providers of such inpatient care; (4) identification of public and private funding sources to maintain the number of psychiatric beds needed in the state; (5) access to outpatient services including wait times for initial appointments; (6) available housing options; and (7) access to alternatives to hospitalization including, but not limited to, peer-operated respite programs. *Effective July 1, 2015*

Sec. 371 - Revises existing statute regarding implementation of the Community Ombudsman pilot program that serves home and community-based care recipients in Hartford County to specify that it be implemented and administered, within available appropriations. *Effective July 1, 2015*

Section 380 – Makes \$13 million available to increase wages for certain staff at nursing homes. *Effective July 1, 2015*

Section 386 – Pertains to the CT Home Care Program for Elders (CHCPE). It amends eligibility for the state funded portion of the CHCPE in fiscal years 2016 and 2017 by specifying that only individuals requiring nursing home level of care may qualify with the exception of individuals participating in the Assisted Living Demonstration Project. It also increases the required cost-share from 7% to 9% for qualified individuals on the state funded CHCPE program with the exception of individuals participating in the Assisted Living Demonstration Program. *Effective July 1, 2015*

Section 394 – This section does three main things 1) indefinitely extends the moratorium on nursing home beds; 2) revises language regarding restriction exceptions for requesting additional nursing home bed approval deleting “AIDS and TBI” and adding the more general guideline of “patients requiring neurological rehabilitation”; and 3) adds language clarifying parameters for relocating Medicaid beds between licensed facilities. *Effective July 1, 2015*

Section 397 – Allows DSS to implement acuity-based methodology for reimbursement to nursing homes. *Effective from passage*

Section 413(e) – Adds requirement that nursing facilities inform both the nursing home resident and/or the resident’s representative and DSS when the facility has reason to believe the resident will qualify for Medicaid within 180 days. DSS may use the notification from the facility as a trigger to contact the resident to assess whether or not the resident would like to and is able to move back into the community and receive home and community-based services and then develop a care plan to aid in the transition. *Effective July 1, 2015*