REVIEW OF KEY LEGISLATION RELATING TO PROVIDERS OF SERVICES TO THE ELDERLY

2023

REGULAR SESSION OF THE CONNECTICUT GENERAL ASSEMBLY

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TABLE OF ACRONYMS

ALSA	Assisted Living Services Agency
APRN	Advanced Practice Registered Nurse
CON	Certificate of Need
DCP	Department of Consumer Protection
DOH	Department of Housing
DOI	Department of Insurance
DOL	Department of Labor
DMHAS	Department of Mental Health and Addiction Services
DPH	Department of Public Health
DSS	Department of Social Services
FY	Fiscal Year
HIPAA	Health Insurance Portability and Accountability Act of 1996
IRC	Internal Revenue Code of 1986, as amended
LTCO	Long-Term Care Ombudsman
MRC	Managed Residential Community
OHS	Office of Health Strategy
OPM	Office of Policy Management
PA	Physician Assistant
RCH	Residential Care Home
RN	Registered Nurse

I. BUDGET / IMPLEMENTER

1. PUBLIC ACT 23-204. AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2025, AND MAKING APPROPRIATIONS THEREFOR, AND PROVISIONS RELATED TO REVENUE AND OTHER ITEMS IMPLEMENTING THE STATE BUDGET.
   Effective as noted

   Nursing Homes:

   §§ 275 & 291 – Nursing Home Medicaid Rates and Funding
   Effective June 12, 2023

   These Sections make various changes to Conn. Gen. Stat. § 17b-340d, the statute governing the acuity-based methodology for Medicaid reimbursement rates of nursing home services.

   Quality Metrics

   Section 275 provides that beginning July 1, 2023, DSS must issue individualized quality metrics reports on an annual basis to each nursing home showing the impact of the quality metrics program on the nursing home's Medicaid reimbursement rate. By June 30, 2025, the Commissioner of DSS must submit a report on the quality metrics program to the General Assembly's Joint Committees on Appropriations and Human Services. This report must include information on the individualized quality metrics reports issued to each nursing home and an analysis of the anticipated impact on nursing homes if the State were to implement a rate withhold on nursing homes that fail to meet certain quality metrics.

   Recognition of Allowable Costs Exceeding Caps for Specialized Service Beds

   Section 275 permits DSS to recognize allowable costs that exceed statutory cost caps for beds restricted for use by residents with acquired immune deficiency syndrome, or traumatic brain injury or other specialized services.

   Fair Rent

   In addition, Section 275 carries over fair rent provisions included in the statute governing the prior cost-based reimbursement system: (1) DSS may provide pro rata fair rent increases, within available appropriations, for facilities that have demonstrated a material change in circumstances related to fair rent additions in the most recent cost report; (2) DSS may use the minimum fair rent as the basis on which the reimbursement associated with real property improvements is added; (3) facilities must be reimbursed as having allowable fair rent equal to the 25th percentile of the

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state-wide allowable fair rent if the facility's actual allowable fair rent is less than that level; and (4) any rate of return on real property other than land that exceeds eleven percent (11%) must be revised to eleven percent (11%). In addition, any facility or its related realty affiliate that finances or refinances outstanding debt through bonds issued by the Connecticut Health and Education Facility Authority ("CHEFA"), must within thirty (30) days of completing the refinancing, report the terms and conditions of the financing to DSS. DSS may revise the facility's fair rent to reflect any financial benefit the facility or its related realty affiliate receives as a result of the financing. The allowable fair rent for real property other than land must be based on the rate of return for the cost year in which the bonds were issued. Any financial benefit resulting from financing with CHEFA bonds must be shared between the State and the facility, as determined by DSS on a case-by-case basis and must be reflected in an adjusted allowable fair rent.

Efficiency Adjustments

As another carry-over in Section 275, facilities with indirect costs and administrative and general costs that are below the state-wide median costs must receive cost efficiency adjustments equaling twenty-five percent (25%) of the difference between allowable reported costs and the applicable median cost.

Rebasing and Inflationary Adjustments

Effective July 1, 2025, costs are required to be rebased no more frequently than every two (2) years and at least every four (4) years. No inflationary adjustment will be made during a year in which a facility's rates are rebased. Additionally, DSS must determine whether and to what extent the change of ownership of a facility will result in rebasing the facility's costs. Inflationary adjustments are prohibited for FY ending June 30, 2024, and June 30, 2025. In subsequent years, any increase to allowable operating costs, except fair rent, must be inflated by the gross domestic product ("GDP") price deflator, when funding is specifically appropriated for this purpose. To calculate the rate of inflation, the most recent rate year must be compared to the average of the GDP price deflator for the previous four (4) FYs ending April 30th. Any inflationary increases must be applied before applying other budget adjustment factors that may impact the rates.

Interim Rates

Finally, Section 275 provides that DSS has the discretion to authorize an interim rate when a facility demonstrates circumstances particular to that individual facility impacting the facility's finances or costs not reflected in the rates. Section 291 maintains the existing requirement that OPM approve any interim rate increase exceeding one hundred fifteen percent (115%) of the median rate for the facility's peer grouping established under the acuity reimbursement system.

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§ 298 – Working Group on Skilled Nursing Facility Excess Licensed Bed Capacity
Effective June 12, 2023

This Section requires the Commissioner of DSS to appoint and convene a working group to review and evaluate the prevalence and impact of excess licensed nursing home bed capacity, as well as any space that is not presently in use in nursing homes. The working group must consist of ten (10) members, including representatives from DSS, DPH, two (2) representatives from an organization or organizations representing long-term care facilities and three (3) representatives from an organization representing nonprofit long-term care facilities, including least one from a collective bargaining unit representing nurses. Other individuals with subject matter knowledge may be invited to participate in the working group, as needed to conduct the review and evaluation.

The working group must review and evaluate various items, including but not limited to, the following:

- A survey of excess licensed bed capacity and any space not currently in use identifying (a) licensed bed capacity, occupancy percentages and any space not presently in use, including in a closed facility wing or elsewhere, (b) beds counted in the facility's licensed bed capacity that have been voluntarily taken out of service in an open portion of the facility, (c) any other space no longer in use that was formerly used for nursing facility care and services and operations and (d) unavailable beds due to inability to staff at the minimum staffing level required by statute, or at operator-preferred staffing levels;
- The Medicaid payment policies supporting right-sizing and rebalancing efforts, including but not limited to (a) minimum occupancy rate-setting requirements and (b) a price-based component for the administrative and general component of reimbursement based on the median of the peer group spending;
- The implications of staffing shortages hindering nursing home admissions and occupancy; and
- The physical plant conditions of existing nursing homes.

The first working group meeting must be scheduled by August 11, 2023. The working group must submit an interim report by December 31, 2023, and the final report on the working group's findings and recommendations must be submitted by June 30, 2024, to the General Assembly's Joint Committee on Human Services. Effective July 1, 2024, DSS must issue individualized reports to each nursing home showing the impact of the working group's final report recommendations on the facility's Medicaid rate. Nursing homes may use the individualized report to evaluate the impact of the recommendations and to make modifications as necessary. Finally, by December 1, 2024, the Commissioner of DSS must submit a report to the General Assembly's Joint Committee on Human Services that includes, but need not be limited to, the following: (i) copies of the individualized reports issued to a nursing home or internet access to the reports; and

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(ii) recommendations for rate adjustments related to excess licensed bed capacity at individual nursing homes.

Residential Care Homes:

§ 277 – Residential Care Home Rates and Funding
Effective July 1, 2023

This Section allows RCHs to receive a rate increase for DSS-approved capital improvements made for the health or safety of residents during the FYs ending June 30, 2024, or June 30, 2025, if within available appropriations.

For the FY ending June 30, 2024, DSS must determine RCH rates based on 2022 cost report filings, adjusted to reflect any rate increases issued after the cost report year ending September 30, 2022, and no inflationary increase is permitted. In subsequent years, when funding is specifically appropriated in the enacted budget, there must be an inflationary adjustment for any increase to allowable operating costs, excluding fair rent, based on the GDP price deflator. To calculate the rate of inflation, the most recent rate year must be compared to the average of the GDP price deflator for the last four (4) fiscal quarters ending April 30th. Rate increases based on inflation must be applied prior to applying other budget adjustment factors that may impact the rates.

Additionally, this Section grants DSS the discretion to decide whether a change of ownership of a facility will result in rebasing the facility's costs and prohibits any inflationary adjustment during a year when the facility's rates are rebased. For FY ending June 30, 2024, DSS may, at its discretion and within available appropriations, provide pro rata fair rent increase to facilities that have documented fair rent additions in the cost report year ending September 30, 2022, and that are not otherwise included in the rates issued. The same pro rata fair rent increases may be provided, within available appropriations, for FY ending June 30, 2025, based on documentation in the cost report year ending September 30, 2023.

§ 272 – State Supplement Program ("SSP") Benefits Start Date
Effective October 1, 2023

This Section provides that the start date of eligibility for state supplement program ("SPP") benefits for a resident living in an RCH or rated housing facility may now be retroactive but cannot be granted retroactively more than ninety (90) days prior to the date DSS received the application for assistance.

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Home Health Care:

§ 282 – Rates for Complex Home Health Care Nursing Services
Effective January 1, 2024

This Section requires a fee schedule increase beginning January 1, 2024, for complex care nursing services provided to adults over the age of eighteen (18) that matches the rate of reimbursement of complex care nursing services provided to individuals who are eighteen (18) years old or younger. Moreover, this Act prohibits rate differentials for complex care nursing services based on the age of the patient and defines “complex care nursing services” to mean intensive, specialized nursing services provided to a patient with complex care needs who requires skilled nursing care at home.

Workforce:

§§ 132 & 133 – Health Care Providers Serving as Adjunct Faculty
Effective July 1, 2023

These Sections establish grant incentive programs and outline the minimum qualifications for health care providers to serve as adjunct faculty members at public institutions of higher education.

Section 132 requires that public institutions of higher education, as identified in existing law to mean the University of Connecticut and Connecticut State Colleges and Universities, consider a licensed health care provider applying for an adjunct faculty member position to be qualified for the position if they have at least ten (10) years of clinical health care experience in a field in which they are licensed and if they have experience in the health care-related field for which they are applying.

Section 133 requires the Office of Higher Education to establish and administer an adjunct professor incentive grant program, within available appropriations, on or before January 1, 2024. The incentive grant program will offer $20,000 to each licensed health care provider who accepts an offer for an adjunct professor position at a public institution of higher education to which the provider applies pursuant to Section 132 (above) and who remains in the position for at least one (1) academic year. Each grant recipient is eligible for another $20,000 grant if the recipient remains in the adjunct professor position for at least two (2) academic years. The Executive Director of the Office of Higher Education is charged with establishing the grant program application. By January 1, 2025, and annually thereafter, the Executive Director of the Office of Higher Education must report to the General Assembly’s Joint Committee on Public Health on the number and demographics of adjunct professors who applied for and received the grants, the number and types of classes taught by the grant recipients, the institutions that employed the grant recipients and any other pertinent information.

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§§ 174 & 175 – Student Loan Reimbursement Pilot Program
Effective July 1, 2024, and January 1, 2024

These Sections establish a student loan reimbursement pilot program.

Section 174 requires the Office of Higher Education to establish, within available appropriations, a student loan payment reimbursement program that allows up to $5,000 per year in reimbursements, capped at $20,000 in aggregate reimbursements. Approval to participate in the student loan reimbursement program is contingent on meeting the following criteria: the individual must (a) have attended any public or private college or university in the state and graduated with a bachelor's degree, left a public or private college or university in the state in good academic standing before graduation, or hold an occupational or professional license or certification; (b) have been a Connecticut resident for at least five (5) years and maintain such residency; (c) meet an adjusted maximum gross income threshold which varies depending on whether the individual is filing federal income tax individually or jointly; and (d) have a student loan. The Executive Director of the Office of Higher Education must award grants to any such person approved to participate in the student loan reimbursement program on a first-come, first-served basis, provided that they meet the following requirements: each program participant must (i) volunteer for a nonprofit organization for at least fifty (50) unpaid hours for each year they participate in the student loan payment reimbursement program and (ii) submit receipts annually evidencing student loan payments and completion of the requisite volunteer hours. Volunteer hours can include service on a non-profit board and military service.

The Office of Higher Education may use up to two and a half percent (2.5%) of funds appropriated for the student loan payment reimbursement program annually for program administration, promotion and recruitment activities. By July 1, 2026, and each January and July thereafter, the Executive Director of the Office of Higher Education must report to the General Assembly's Joint Committees on Higher Education and Employment Advancement and Appropriations regarding the operations and effectiveness of the student loan payment reimbursement program and any recommendations to expand the program.

Section 175 implements a new requirement that any student loan reimbursement payment be excluded from federal gross income tax.

<u>PACE</u>:

§ 165 – Program of All-Inclusive Care for the Elderly (PACE)
Effective July 1, 2023

These Sections are duplicative of PA 23-30 ("An Act Concerning Adult Day Centers"). Please see p. 33 for a full summary of PA 23-30.

Miscellaneous:

§§ 129-131 – Department of Housing
Effective October 1, 2023

Sections 129-131 make DOH a part of the executive branch instead of an agency within the Department of Economic and Community Development for administrative purposes only.

§ 290 – Outreach Program to Educate Consumers on Long-Term Care
Effective October 1, 2023

This Section designates the Office of Policy and Management rather than the Department of Aging and Disability Services as the agency charged with conducting a consumer outreach program providing education on long-term care and related insurance coverage, including the Connecticut Partnership for Long-Term Care.

§ 302 – Expansion of Husky C Income Limit
Effective October 1, 2024

This Section expands the eligibility criteria for Husky C participants to those with an income of not more than one hundred five percent (105%) of the federal poverty level.

Line-Item Appropriations:

Medicaid Rate Study – The budget allocates $1,000,000 for FY 24 and $2,000,000 in FY 25 for a provider rate study and implementation strategy.

Adult Day Services Funding – The budget provides for funding of $500,000 in both FY 24 and FY 25 to increase Medicaid rates for adult day services. A portion of the increased funding may support transportation costs.

Housing Funding – For housing, the budget appropriates $810,000,000 over the biennium in capital support towards housing development and housing financial assistance, including congregate and elderly housing.

Dementia Care – The budget also provides funding of $115,000 in both FY 24 and FY 25 for one dementia services coordinator position at the Department of Aging and Disability Services to oversee state-run and funded dementia services.

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Elderly Nutrition – $2,250,000 in federal funding is allocated pursuant to the American Rescue Plan Act for FY 2024 and funding is increased from $3,404,171 in 2023-2024 to $4,904,171 in 2024-2025 to support elderly nutrition.

Nursing Home Specialized Unit Infrastructure Fund – The budget allocates $4,000,000 in FY 2024 towards the Nursing Home Specialized Unit Infrastructure Fund.

II. ACTS PRIMARILY AFFECTING NURSING HOMES

2. PUBLIC ACT 23-48. AN ACT CONCERNING NOTICE OF A PROPOSED INVOLUNTARY TRANSFER OR DISCHARGE OF A NURSING FACILITY RESIDENT, FAMILY COUNCILS IN MANAGED RESIDENTIAL COMMUNITIES, COORDINATION OF DEMENTIA SERVICES, NURSING HOME TRANSPARENCY AND HOMEMAKER-COMPANION AGENCIES.
Effective June 13, 2023, except as otherwise noted

§ 1-3 – Involuntary Transfer or Discharge Notification

These Sections amend existing law concerning the transfer and discharge of nursing home residents.

Section 1 adds a requirement for facilities to notify the LTCO, in a manner prescribed by the LTCO, of any proposed involuntary transfer or discharge on the same day that the facility provides notice to the resident or the resident's representative. Failure to provide such notice to the LTCO will invalidate any such notice submitted to the resident or the resident's representative. In addition, this Section amends existing law to add the requirement that facilities must include in their written transfer or discharge notice to the resident or resident's representative, an affirmation that the facility provided notice of the proposed transfer or discharge to the LTCO.

Section 2 amends existing law to add that as part of having appropriate access to review the medical and social records of a resident under certain circumstances, the LTCO must also have access to the resident's discharge plan.

Section 3 makes conforming changes to existing law to establish that facilities must still adhere to their obligation under current law to electronically report each involuntary transfer or discharge notice to the LTCO.

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§§ 4-5 – Managed Residential Communities Family Councils
Effective October 1, 2023

These Sections add the requirement that by January 1, 2024, MRCs offering assisted living services must encourage and assist the establishment a family council. The family council may not permit family members or friends of a resident to participate in such council without that resident's consent, unless the resident is a dementia special care unit resident.

"Family council" is defined as an independent, self-determining group of family members and friends who (1) advocate for the needs and interests of the residents of an MRC that offers assisted living services and (2) facilitate open communication between the MRC's administration, the residents and family and friends of the residents.

§ 6 – Creation of the Dementia Services Coordinator
Effective October 1, 2023

This Section requires the Department of Aging and Disability Services to have a dementia services coordinator who will be responsible for:

- Coordinating dementia services across state agencies;
- Assessing and analyzing dementia-related data collected by the State;
- Evaluating state-funded dementia services;
- Identifying and supporting the development of dementia-specific training programs; and
- Performing other relevant duties to support individuals with dementia as determined by the Commissioner of the Department of Aging and Disability Services.

§ 7 – Nursing Home Facility Narrative Summary of Expenditures
Effective July 1, 2023

This Section requires every nursing home facility to submit an annual narrative summary of expenditures alongside the required cost reports beginning with the cost report year ending September 30, 2023. The summaries must include the following:

- Profit and loss statements for the preceding three cost report years;
- Total revenue;
- Total expenditures;
- Total assets;
- Total liabilities;
- Short-term and long-term debt;
- Cash flows from investing; and

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- Operating and financing activities.

DSS must develop a uniform narrative summary form to be used by the nursing home facilities and post the form on the DSS website. In addition, DSS must post in a conspicuous place on its website by January 1, 2024, a link to all annual reports and summaries provided by each nursing facility.

Nursing home facilities that violate or fail to comply with this Section may be fined up to $10,000 for each incident of noncompliance. DSS must notify the facility of the alleged violation and allow the facility to request that DSS review the findings before imposing any fine. The facility must request that DSS review its findings not later than fifteen (15) days after receipt of the notice of violation. DSS must stay the imposition of any penalty pending the outcome of the review.

DSS may impose a fine on a facility under this Section regardless of whether a change in ownership of the facility took place since the time of the violation, so long as (1) DSS issued a notice of the alleged violation and penalty before the effective date of change in ownership and (2) record of the notice is readily available in a central registry maintained by DSS. Payments of fines received must be deposited in the General Fund and credited to the Medicaid account.

§ 8 – Nursing Home Licensure and Ownership by Private Equity Company or Real Estate Investment Trust
Effective July 1, 2023

This Section amends existing law concerning the nursing home licensure application to add the requirement that if a private equity company or real estate investment trust owns any portion of the business, DPH must be provided with any information regarding the company or trust required to be disclosed (i) on federal Form CMS-855a, and (ii) in accordance with 42 CFR 424.516 or 42 CFR 455.104, as amended from time to time.

Furthermore, anyone seeking nursing home licensure must provide DPH with audited and certified financial statements of the owner, including (1) balance sheets at the end of the most recent FY and (2) income statements for the most recent FY of the owner or for a shorter period if the owner was in existence for a shorter period.

See also, Public Act 23-122 (III. DEPARTMENT OF PUBLIC HEALTH of this summary) which significantly amends DPH statutes governing change of ownership.

§ 9 – Related Party Income Reporting
Effective July 1, 2023

This Section changes the requirement for a nursing home that receives Medicaid funding to include in its annual cost report a profit and loss statement from each related party that receives funds from the facility. First the Section amends that requirement to apply to all nursing homes that receive Medicaid funding – not just for-profit facilities. In addition, it reduces the threshold annual reporting requirement from $50,000 to $30,000 or more per year for goods, fees and services.

§ 10 – DSS Guidebook for Medicaid Nursing Home Rate Setting

This Section requires DSS to develop a guidebook that includes a glossary and plain language explanation of terms relating to, and a description of, the Medicaid nursing home rate-setting process. This guidebook must be posted in a conspicuous place on the DSS website by January 1, 2024 and may be updated by DSS as needed.

§ 11 – Transition Plan for Homemaker-Companion Agency Oversight

This Section requires the Secretary of OPM, in consultation with the Commissioners of DCP and DPH, to develop a plan to transfer the responsibility for registration and oversight of homemaker-companion agencies from DCP to DPH. This plan must do the following:

- Provide a timeline for the transition;
- Include recommendations on appropriate training standards that:
    1. exemplify best practices for providing homemaker and companion services;
    2. provide instruction and specialized training benchmarks for the care of clients with Alzheimer's disease and other related conditions; and
    3. ensure high-quality care for homemaker-companion agency clients.

This plan may also evaluate and make recommendations on the appropriate use and limitations on homemaker-companion agencies using the term "care" to describe their provided services to ensure consumer clarity.

The Secretary of OPM must report on this plan to the General Assembly's Joint Committees on Aging, General Law and Public Health by August 1, 2024.

§ 12 – Homemaker-Companion Agency Registration Revocation

This Section modifies existing law governing disciplinary actions against homemaker-companion agencies by adding that the Commissioner of DCP has the power to revoke, suspend or refuse to

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issue or renew a certificate of registration as a homemaker-companion agency, place an agency on probation or issue a letter of reprimand to an agency for, among other existing reasons, failure to:

- provide a written notice to the person who receives the services, or the authorized representative of such person that the agency provides nonmedical care prior to providing services;
- obtain the signature of that person or representative on such notice; or
- maintain a paper or electronic copy of such signed notice until the person stops receiving services from the agency.

The DCP Commissioner must also revoke a certification where a homemaker-companion agency is found, via an administrative hearing, to have violated the provisions of this Section three (3) times in one (1) calendar year.

§ 13 – Changes to Homemaker-Companion Agency Contract and Service Plan Requirements
Effective October 1, 2023

This Section amends existing law to add the requirement that written contracts and service plans provided by homemaker-companion agencies must be developed in consultation with the person receiving services or with their authorized representative. The Section adds that the written contracts and service plans must now also include:

- a person-centered plan of care and services;
- the anticipated scope, type and frequency of oversight of an employee assigned to such person by the homemaker-companion agency; and
- a predetermined frequency of meetings between the person overseeing such employee and the person receiving services or their representative.

Additionally, this Section requires that on the date a homemaker-companion agency provides such contract or service plan to the person receiving services that such agency also provide a printed copy of the digital guide from the DCP's website that details how such person, or their authorized representative, may file a complaint against the homemaker-companion agency.

§ 14 – Homemaker-Companion Agency Complaint Guide

This Section requires the DCP Commissioner to create and post on its website by October 1, 2023, a guide detailing how a person receiving homemaker-companion services may file a complaint against a homemaker-companion agency.

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§ 15 – Homemaker-Companion Agency Consumer Brochure

Beginning January 1, 2024, each homemaker-companion agency must have a printed consumer brochure and maintain a website detailing their services. The agencies must provide a copy of this brochure or its link on their website upon a consumer's request.

§ 16 – Homemaker-Companion Agency Advertising Requirements

This Section amends existing law governing homemaker-companion agency advertising to now provide that beginning October 1, 2023, homemaker-companion agencies may use the word "care" in their business name and in reference to the agency's provision of homemaker services so long as the advertisement:

(1) clearly displays in plain font with distinctly contrasting colors at the top of each advertisement (including each of page of the agency's website, social media posts, print media, and audio-visual advertisements) or, if an audio advertisement audibly conveys at an average speed and manner in audio advertisements, the following words: "[Homemaker-companion agency name] solely provides nonmedical care;" and
(2) does not include words suggesting that the agency provides services beyond those authorized, including, but not limited to, words related to medical or health care licensure or services.

In addition, a homemaker-companion agency may use words in its advertisements that accurately convey that the agency has employees trained to provide services to those experiencing memory difficulties, provided that the agency details the type of training and number of hours each employee was trained to provide such services.

Any violation of this Section will constitute untruthful or misleading advertising.

§ 17 – Written Notice as a Provider of Nonmedical Care Required

This Section requires that each homemaker-companion agency, before providing services to any recipient, must provide the recipient of services or their authorized representative with a written notice stating that the agency provides nonmedical care and obtain the signature of the recipient of services or their representative on such written notice.

The agency also must maintain a paper or electronic copy of this signed notice until the person stops receiving services from the agency and must make such copy available for inspection by the DCP Commissioner upon request.

3. PUBLIC ACT 23-39. AN ACT REQUIRING DISCHARGE STANDARDS REGARDING FOLLOW-UP APPOINTMENTS AND PRESCRIPTION MEDICATIONS FOR PATIENTS BEING DISCHARGED FROM A HOSPITAL OR NURSING HOME FACILITY.
Effective October 1, 2023

This Act amends existing law requiring DPH to set minimum standards for nursing home facility discharge planning services to provide that any written discharge plan specifically include: (i) the date and location of each follow-up medical appointment scheduled prior to a resident's discharge; and (ii) a list of all medications the resident is taking at the nursing home facility and, to the extent known by the nursing home facility, will continue to take after their discharge.

The Act also adds that the nursing home facility must electronically transmit to the resident's pharmacy each prescription ordered for such resident by the nursing home facility during their stay that the resident will continue to need post-discharge.

This Act also makes identical amendments to existing law concerning minimum standards for hospital discharge planning services.

4. PUBLIC ACT 23-186. AN ACT CONCERNING NONPROFIT PROVIDER RETENTION OF CONTRACT SAVINGS, COMMUNITY HEALTH WORKER MEDICAID REIMBURSEMENT AND STUDIES OF MEDICAID RATES OF REIMBURSEMENT, NURSING HOME TRANSPORTATION AND NURSING HOME WAITING LISTS.
Effective as noted

§ 1 – Two-Part Study of Medicaid Reimbursement Rates
Effective June 28, 2023

This Section requires the Commissioner of DSS to conduct, within available appropriations, a two-part study of Medicaid reimbursement rates beginning with (1) an examination of the rates for physician specialists, dentists and behavioral health providers followed by (2) a review of the reimbursement system for all other aspects of the Medicaid program, including, but not limited to, ambulance services, encounter-based reimbursement rates for specialty hospitals, complex nursing care and methadone maintenance.

This Section requires that the study also include, but need not be limited to comparisons of (1) the State's Medicaid rates with those of neighboring states and (2) the State's Medicaid rates with Medicare rates and cost-of-living increases provided under Medicare compared to the State Medicaid program.

The Commissioner of DSS must file interim reports with the General Assembly's Joint Committees on Human Services and Appropriations/Budgets on:

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- the examination of Medicaid rates for physician specialists, dentists and behavioral health providers by February 1, 2024; and
- the review of the reimbursement system for other aspects of the Medicaid program by January 1, 2025.

This Section will not impact Medicaid rates of reimbursement for FYs ending June 30, 2024, and June 30, 2025.

§ 5 – Free Nonemergency Transportation of Nursing Home Residents Authorized
Effective July 1, 2023

This Section allows any nursing home facility with vehicles equipped to transport non-ambulatory residents to provide nonemergency transportation to transport such residents to their family members' homes so long as (1) the family members live within fifteen (15) miles of the nursing home facility and (2) the transportation is approved at least five (5) days in advance by a physician, PA or APRN.

Of note, this Act does not authorize or require any payment or reimbursement to a facility for such nonemergency transportation and is silent on whether a facility can privately charge for these services.

The Commissioner of DSS is charged to evaluate whether the need for this type of transportation qualifies as a health-related social need and must file a report regarding this evaluation and whether federal funding may be available for such transportation with the Council on Medical Assistance Program Oversight before October 1, 2023. A "health-related social need" is defined as a health need deriving from an adverse social condition that contributes to poor health and health disparities which includes the need for reliable transportation.

§ 6 – Creation of Working Group to Revise Nursing Home Waiting List Requirements
Effective June 28, 2023

This Section requires the LTCO and the Commissioners of DPH and DSS to establish a working group that shall meet at least once a month and be tasked with making necessary revisions to nursing home waiting list requirements. This Section requires that the working group include, but need not be limited to, the LTCO or designee, the Commissioners of DPH and DSS or designees and at least two (2) representatives of the nursing home industry appointed by the Commissioner of DSS. The LTCO and the Commissioner of DSS, or their respective designees, must serve as chairpersons of the working group.

By January 1, 2024, the LTCO and the Commissioners of DPH and DSS must file a report with their recommendations regarding changes to waiting list requirements, including, but not limited to, authorizing nursing homes to maintain electronic waiting lists, with the General Assembly's Joint Committees on Human Services and Public Health.

III. DEPARTMENT OF PUBLIC HEALTH

5. PUBLIC ACT 23-31. AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES.
Effective as noted

§§ 1-2 – Clarifying and Expanding the Scope of ALSA to Include End-of-Life Services
Effective October 1, 2023, and June 7, 2023, respectively

Section 1 amends the definition of "assisted living service agencies" to establish that they are agencies that offer "chronic and stable individuals with services that include, but are not limited to," nursing services and assistance with daily living activities. Additionally, pursuant to existing law, these agencies may also have a dementia or Alzheimer's special care unit or program.

Section 2 expands the services that an ALSA may provide to individuals who are no longer chronic or stable if the following standards are met:

(1) The individual is under the care of a licensed home health care agency or licensed hospice agency; or
(2) The ALSA arranges, in conjunction with the MRC, for the provision of ancillary medical services on the individual's behalf.

"Ancillary medical services" may include physician, dental, pharmacy, restorative physical therapy, podiatry, hospice care and home health agency services.

§§ 43-48 – Music Therapy License
Effective October 1, 2023

Music therapists will be required to have a license from DPH. Starting on October 1, 2023, no one may hold themselves out as a "music therapist" unless the person has obtained a music therapy license from DPH. These sections do permit other licensed professionals in the areas of physical therapy, occupational therapy, speech pathology, and counseling as well as individuals supervised by such professionals, to provide music therapy that is incidental to other services and if they do not hold themselves out as music therapists.

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6. PUBLIC ACT 23-122. AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING CHANGE IN OWNERSHIP OF HEALTH CARE FACILITIES.
Effective October 1, 2023

This Act contains comprehensive revisions to the process involved when licensed health care facilities change ownership. The Act applies to health care facilities and institutions licensed by the Department of Public Health, including but not limited to, nursing homes, rest homes, RCHs, ALSAs, home health care agencies, homemaker home health aide agencies and hospice agencies. Specifically, the Act amends and expands Conn. Gen. Stat. § 19a-493's requirements related to change in ownership.

§ 1 – Implementing New Change of Ownership Requirements

Definitions: The Act provides for certain defined terms. Some of the terms are already set forth in various parts of the statute. Following is a summary of the defined terms noting which ones are new:

- "A person related by blood or marriage" is defined as "a parent, spouse, child, brother, sister, aunt, uncle, niece or nephew".
- "Business entity" is defined as "a corporation, association, trust, estate, partnership, limited partnership, limited liability partnership, limited liability company, sole proprietorship, joint stock company, nonstock corporation or other legal entity". This is a new definition provided in the Act.
- "Institution" has the same meaning as provided in existing law concerning the licensing of institutions which, among others, includes "a hospital, residential care home, nursing home, rest home, home health care agency, homemaker-home health aide agency, mental health facility, assisted living services agency, substance abuse treatment facility, [and] outpatient surgical facility".
- "Organizational chart" is defined as "a graphical representation of an organization, including, but not limited to, the relationships between such organization's ownership interests". This is a new definition provided in the Act.

Exempt Changes of Ownership: The Act expands the types of transactions that are not considered a change of ownership. Following is a list of transactions currently exempted as well as those exempted under the Act:

- A change in the licensee's legal form, for example, a change from corporation to a limited liability company, a partnership to a limited liability partnership, or a sole proprietorship

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to a corporation, shall not be considered a change of ownership if (1) the beneficial ownership remains unchanged and (2) the owner provides any requisite information to DPH;

- A public offering of the stock of any corporation that owns, conducts, operates or maintains any facility, shall not be considered a change in ownership or beneficial ownership if (1) the licensee and officers and directors of the corporation remain unchanged, (2) the public offering does not result in an individual or entity owning ten percent (10%) or more of the stock of the corporation, and (3) the owner provides any requisite information to DPH; and
- A change of ownership of, or to, a registered tax-exempt nonprofit hospital that is exempt from the approval requirements by the Executive Director of OHS and the State's Attorney General under existing law, assuming the owner provides any requisite information to DPH.

In addition, licensed outpatient surgical facilities undergoing a change of ownership or beneficial ownership that results in a change of ten percent (10%) or less of such facilities' ownership percentage to a licensed physician are exempt from the requirement to submit a licensure application provided that the facility provides information to update the facility's licensing information.

Transfer to Relative: Any transaction involving a change or ownership or beneficial ownership that results in a transfer to a person related to an owner or beneficial owner by blood or marriage must be approved by DPH. This is a change from prior law that exempted these changes of ownership from DPH notification and approval under certain circumstances. The Act now requires that any such changes of ownership go through the change of ownership process as set forth in the Act. However, DPH may, in its discretion, opt to require the submission of less information for these changes of ownership than would otherwise be required, as set forth in the Act. DPH approval is conditioned on proving that the current facility complies with all relevant State statutes and regulations. Also, the Act states that if a change of ownership application is denied, no person related to the applicant by blood or marriage may then apply to acquire an ownership interest in the facility.

Application: This Act now requires an application for approval of a change of ownership or beneficial ownership to be filed at least 120-days in advance of a proposed change for *any* change of ownership or beneficial ownership, as opposed to the prior version of the statute, which required DPH approval only for a change of ownership that involved a transfer of ten percent (10%) or more of the ownership interest in the licensee. DPH has the discretion to waive the requirement to file an application in full or in part if the proposed transaction results in a change in ownership or beneficial ownership of five percent (5%) or less of the ownership interest in the licensee.

This Act also expands the breadth of information required to be disclosed on a change of ownership or beneficial ownership application. Unless waived, the application shall include, but not be limited to, the following:

- A cover letter identifying the facility or institution subject to the change, including the facility's name, address, county, and licensed bed capacity;
- A description of the proposed transaction including the name of each current owner of the facility;
- The name of each proposed new owner or beneficial owner and/or the name of each owner of a non-publicly traded parent corporation of each proposed new owner and beneficial owner;
- If applicable, the organizational charts for the proposed new owner, the parent business entity's organizational chart, each wholly-owned subsidiary of each proposed new owner, and the current owner's organizational chart showing the changes in beneficial ownership;
- An agreement evidencing the sale or other transfer of ownership interests and, if applicable, a copy of the lease or management agreement that will be in effect post-closing;
- For any licensed health care facility in the United States that the proposed new owner or beneficial owner either owned, operated or managed in the five (5) years prior to submitting the application, the applicant must disclose the information below related to each facility (DPH may waive this requirement if the proposed transaction results in a transfer to a person related to an owner or beneficial owner by blood or marriage):
    - Name and address of the facility;
    - Any direct or indirect interests of the new owner or beneficial owner, including interests in intermediate entities and parent, management and property companies and other related entities, as a result of owning, operating, or managing the facility;
    - Any pending complaint, investigation or licensure action by a governmental authority to which the facility is subject;
    - Whether any facility has been subject to the following:
        - Three (3) or more civil penalties imposed by final order of a DPH citation or civil penalties imposed by another state during the two (2) year period prior to submission of the application;
        - Sanctions other than civil monetary penalties of up to $20,000 imposed in any state through final adjudication under the Medicare or Medicaid programs;
        - Medicare or Medicaid provider agreement termination or nonrenewal;
        - Any state licensing or federal certification deficiency issued in the five (5) years prior to submitting the application that presented a "serious risk to the life, safety, or quality of care" of the facility's patients or residents; and

    - Any state licensing or federal certification standard violation related to an inappropriate discharge or denial of admission; and
- Prior criminal history of proposed new owner resulting in a conviction or pleading guilty to fraud, patient or resident abuse or neglect or a crime of violence or moral turpitude.

Furthermore, this Act establishes a "serious risk to the life, safety, or quality of care of patients or residents" standard which is defined to include, but not be limited to, any violation of state licensure or federal certification requirements, including the failure to be in substantial compliance with Medicare and Medicaid requirements of participation, that results in any of the following:

- State or federal ban, curtailing or temporarily suspending admissions or suspending or revoking a facility license;
- DPH or the Centers for Medicare and Medicaid Services ("CMS") action to decertify, terminate, or exclude a facility from Medicaid or Medicare participation, including a denial of payment for new admissions resulting from the provider's failure to correct deficiencies imposed by DPH or CMS due to noncompliance with Medicare or Medicaid conditions of participation;
- Federal deficiency cited as a pattern or widespread scope of actual harm or immediate jeopardy (Scope and Severity Levels H, I, K, or L);
- CMS determination that the provider is a "poor performer" on the basis of a finding of "substandard quality of care" or immediate jeopardy on the current survey and on a survey during one of the two preceding years. "Substandard quality of care" is defined as the failure to meet one or more requirements of 42 CFR 483.13 (resident abuse or restraint), 42 CFR 483.15 (admission, transfer and discharge rights) or 42 CFR 483.25 (quality of care), that are cited as immediate jeopardy (Scope and Severity Levels J, K, or L), a pattern of or widespread actual harm that is not immediate jeopardy (Scope and Severity Levels H or I) or a widespread potential for more than minimal harm but less than immediate jeopardy, with no actual harm (Scope and Severity Level F); or
- Facility's failure on a second revisit survey to correct deficiencies that were previously cited and that has resulted in CMS issuing a denial of payment for new admissions or in DPH imposing a restriction on admissions to the facility.

Facility Inspection: In reviewing a change of ownership application, DPH has the discretion to schedule an inspection of the facility undergoing the proposed change of ownership to assess compliance with licensure requirements. Under the prior version of the statute, the inspection was required.

Assessment of Proposed New Owner: DPH must also consider whether the proposed new owner or beneficial owner demonstrates character and competence, quality of care, and whether the health

care facilities in the United States owned, operated, or managed by each proposed new owner and beneficial owner during the five (5) years prior to submitting the application demonstrate a satisfactory history of compliance with state and federal regulatory requirements. This requirement may be waived in totality or in part if the proposed transaction results in a change in ownership or beneficial owner of five percent (5%) or less of the ownership of the licensee. Unless waived, DPH may deny a change of ownership application if the qualities above are not sufficiently met, as evidenced by a licensed health care facility having a history of being subject to certain adverse actions, demonstrating continuing violations or a pattern of violations of state licensure or federal certification standards, or if the applicant has been criminally convicted or plead guilty to certain crimes.

A pending investigation regarding the applicant's actions at any facility operated or managed by the applicant that, if substantiated, would constitute a threat to the life, safety or quality of care of the residents, could prompt DPH to stay a decision on the application until a there is a final determination on the allegations in the investigation.

Waiver Application and Criteria: DPH must develop an application for requests for a waiver where the proposed transaction results in either a transfer of ownership to a person related to the owner or beneficial owner by blood or marriage or a five percent (5%) or less change in the ownership or beneficial ownership of the licensee. The application and criteria that will be implemented to evaluate the waiver requests must be developed by DPH in consultation with the long-term care industry.

§ 2 – Reduces Disclosure Threshold of Ownership Interests Comprising Nursing Home Owners Seeking License

This Section amends existing law concerning the information required to obtain a nursing home license to reduce the disclosure threshold of the ownership interests comprising the owner of the nursing home from ten percent (10%) to five percent (5%). Specifically, any person with five percent (5%) or greater ownership interests in the owner of the nursing home must now be disclosed to DPH when such owner seeks a nursing home license from the State.

§ 3 – Reduces Ownership Interests Threshold in Nursing Homes for Civil or Criminal Liability to Apply

This Section amends existing law concerning DPH's application of licensure for the acquisition of a nursing home to require that the Commissioner of DPH's notice to applicants on the first page of such application be updated to provide that any person with at least five percent (5%) (down from existing law's ten percent (10%) threshold) ownership interests in the nursing home or the entity that owns the nursing home may be subject to civil or criminal liability and administrative

sanctions under federal and state law, for the abuse or neglect of nursing home resident committed by a nursing home employee.

IV. TRAINING / WORKFORCE INITIATIVES

7. PUBLIC ACT 23-70. AN ACT CONCERNING CLINICAL PLACEMENTS FOR NURSING STUDENTS, REPORTING BY THE OFFICE OF WORKFORCE STRATEGY, PROMOTION OF THE DEVELOPMENT OF THE INSURANCE INDUSTRY AND CONNECTICUT HIGHER EDUCATION SUPPLEMENTAL LOAN AUTHORITY STUDENT LOAN SUBSIDY PROGRAMS FOR VARIOUS PROFESSIONS.
Effective July 1, 2023, except as otherwise noted

§ 1 – Creation of Task Force to Study Student Clinical Nursing Placements
Effective June 14, 2023

This Section creates a task force to develop a plan for establishing clinical placements at state facilities for nursing students attending public and independent institutions of higher education. This Section requires the task force to include in its study an examination of the following:

- the types of state facilities that can accommodate such clinical placements, including, but not limited to state correctional facilities and facilities operated by DMHAS, the Department of Children and Families, and the Department of Developmental Services;
- the number and types of clinical placements that may be established at each state facility;
- the requisite staffing requirements and whether state facilities meet the threshold; and
- the total and per-student cost to state facilities to provide such clinical placements.

The task force will consist of eleven (11) members who shall be appointees of and who are respectively employed by DPH, DMHAS, the Department of Correction, the Department of Developmental Services, the Department of Children and Families, and six (6) other members who shall each be nursing education program administrators from various institutions of higher education appointed by various General Assembly leaders.

All appointments were to have been made within thirty (30) days after this Section took effect. This Section requires that the task force submit a report on its findings and recommendations to the General Assembly's Joint Committees on Higher Education and Employment Advancement by January 1, 2024. The task force shall disband once it submits its report or on January 1, 2024, whichever comes first.

§ 2 – Removal of Sunset Date for Annual Report Requirement on Workforce Training Programs

This Section amends Conn. Gen. Stat. § 4-124jj to remove the sunset date of October 1, 2025, making permanent the requirement for the Chief Workforce Officer to submit an annual report to the Governor regarding the status and outcomes of workforce training programs funded through the Office of Workforce Strategy account.

§§ 7-8 – Renaming and Expansion of the Nursing and Mental Health Care Professionals Loan Subsidy Program

These Sections amend Conn. Gen. Stat. § 23-60 to change the name of the Connecticut Higher Education Supplemental Loan Authority's "Nursing and Mental Health Care Professionals Loan Subsidy Program" to the "Nursing, Mental Health Care and Emergency Medical Service Professionals Loan Subsidy Program." Moreover, this Act expands the eligibility of the loan program to, in addition to nursing and mental health professionals, now include certified emergency medical personnel, including health care professionals actively employed in an emergency medical service setting, or certified as an emergency medical responder or emergency medical technician or as an advanced emergency medical technician.

8. PUBLIC ACT 23-97. AN ACT CONCERNING HEALTH AND WELLNESS FOR CONNECTICUT RESIDENTS.
Effective as noted

§ 7 – Plan to Promote Health Care Professions Among Middle and High School Students
Effective July 1, 2023

This Section requires the Commissioner of Education to collaborate with the Chief Workforce Officer to use the plan developed pursuant to Section 2 of Special Act 22-9 (a detailed summary of last year's Special Act 22-9 can be found on p. 36 of the 2022 LeadingAge Legislative Summary which can be accessed *here* and, for ease of reference, the full Special Act 22-9 can be accessed *here*) to:

- promote health care professions as careers to middle and high school students, including but not limited to, through job career day presentations, partnerships with health care education programs and counseling programs; and
- provide job shadowing and internship experiences in health care fields for high school students.

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By September 1, 2023, the Commissioner of Education must provide local and regional boards of education with the aforementioned plan and the Governor's Workforce Council Education Committee support the implementation of such plan.

§ 8 – Creation of Working Group to Report on Findings and Develop Recommendations Aimed at Expanding the Health Care Workforce in Connecticut
Effective June 28, 2023

This Section requires the Office of Workforce Strategy to establish a working group to develop recommendations for expanding the health care workforce in this State. The working group shall evaluate the:

- Quality of nursing and nurse's aides' education programs in Connecticut;
- Quality of clinical training programs for nurses and nurse's aides in Connecticut;
- Potential for increasing the number of clinical training sites for nurses and nurse's aides;
- Expansion of clinical training facilities for nurses and nurse's aides in Connecticut;
- Barriers to recruitment and retention of health care providers, including nurses and nurse's aides;
- Impact of state health care staffing shortage on the provision of health care services and wait times for such services; and
- Impact of federal and state reimbursement for the costs of health care services on the public's access to such services.

This Section requires that the working group consist of representatives from various labor organizations, institutions of higher education, various state agencies and the General Assembly's Joint Committees on Public Health, Higher Education and Employment Advancement.

The working group must submit a report of its findings and recommendations to the General Assembly's Joint Committees on Public Health, Higher Education and Employment Advancement by January 1, 2024, including a five-year plan and a ten-year plan for increasing the health care workforce in the state. The working group will terminate on the date that it submits such report or January 1, 2024, whichever is later.

§ 11 – Personal Care Attendants Career Pathways Program
Effective July 1, 2023

This Section requires DSS to establish and administer a program to improve the quality of care offered by personal care attendants and incentivize recruitment and retention of personal care attendants before January 1, 2024.

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The program must include, but need not be limited to, the following objectives:

- increasing employment retention and recruitment of personal care attendants;
- imbuing a sense of dignity in both the provision and receipt of care;
- improving quality of personal care assistance and the overall quality of life of the consumer;
- advancing equity in the provision of personal care assistance;
- promoting a culturally and linguistically competent workforce of personal attendants; and
- promoting self-determination principles by personal care attendants.

This Section prescribes that the Commissioner of DSS offer both basic and specialized skill career pathways in this program. The DSS Commissioner must also develop and identify, in consultation with a labor-management committee at a hospital or health care organization, the training curriculum for each career pathway included in the program.

By January 1, 2025, the Commissioner of DSS must report to the General Assembly's Joint Committees on Human Services and Public Health regarding the following:

- the number of personal care attendants who enrolled in the program and the types of career pathways chosen by each attendant;
- the number of personal care attendants who successfully completed a career pathway and the types of career pathways completed by each attendant;
- the effectiveness of the program; and
- the number of personal care attendants who were employed by a consumer with specialized care needs and were retained in employment for a period greater than six (6) months as well as attendants similarly employed for a period of at least twelve (12) months.

See also: Public Act 23-137, Section 11 at I. Resources and Support for Persons with Disabilities regarding the "Human Services Career Pipeline Program."

V. HOUSING AFFORDABILITY FOR RESIDENTS IN THE STATE

9. PUBLIC ACT 23-207. AN ACT ESTABLISHING A TAX ABATEMENT FOR CERTAIN CONSERVATION EASEAN ACT ESTABLISHING A TAX ABATEMENT FOR CERTAIN CONSERVATION EASMENTS AND ADDRESSING HOUSING AFFORDABILITY FOR RESIDENTS IN THE STATE.
Effective October 1, 2023

§ 4 – Requirement to Offer Tenant Preoccupancy Walk-Through

This Section imposes a new statutory requirement for all rental agreements entered into on or after January 1, 2024, requiring landlords to offer tenants the opportunity to walk-through a unit after the rental agreement is executed but before the tenant occupies the unit. A "walk-through" consists of a joint inspection of a unit by the landlord and tenant to document any issues observed. DOH must create a standardized preoccupancy walk-through checklist by December 1, 2023. Upon a tenant's request for a walk-through, the tenant must use the DOH preoccupancy walk-through checklist to document any existing conditions, defects or damages to the unit. The landlord and tenant must sign duplicate copies of the walk-through checklist.

Further, when a tenant vacates a unit, the landlord may not withhold any portion of the security deposit or demand payment for any issue documented on the preoccupancy walk-through checklist. The walk-through checklist may serve as admissible evidence in administrative or judicial proceedings to establish the condition of the unit at the beginning of the tenant's occupancy.

These provisions do not apply to rental agreements entered into before January 1, 2024.

§ 6 – Limitations on Landlord Charging Preoccupancy and Application Fees and Requirements for Tenant Screening Reports

This Section prohibits a landlord from demanding any payment from a prospective tenant prior to or at the start of the tenancy, including a fee for processing the rental application, except that the landlord may charge (1) a permitted security deposit, (2) advance payment for the first month's rent or a deposit for a key or special equipment or (3) a fee for the tenant screening report.

Beginning October 1, 2023, the fee that a landlord may charge a prospective tenant for a screening report cannot exceed fifty dollars ($50), adjusted to reflect an increase in the consumer price index for urban consumers, as determined annually by the Housing Commissioner. The tenant screening report is a report used by a landlord to assess the suitability of a prospective tenant and can include a credit report, a criminal background check report, an employment history report and/or a rental history report. If a tenant is charged a fee for the screening report, the landlord must provide the

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prospective tenant with (1) a copy of the tenant screening report, or if the landlord is prohibited from disclosing a copy, the landlord must provide information that would allow the prospective tenant to request a copy of the report and (2) a copy of the receipt or invoice from the company conducting the tenant screening report. In addition, landlords are prohibited from charging any tenant a move-in or move-out fee.

§§ 7-8 – Restrictions on Late Rent Fee

These Sections prohibit landlords from charging a late rent fee for paying rent after the nine-day (or in the case of a one-week tenancy, the four-day) grace period has passed. If the obligation to pay a late fee is included in the lease, the late rent fee may not exceed the lesser of (1) five dollars ($5) per day with a maximum of fifty dollars ($50) or (2) five percent (5%) of the delinquent rent fee or, in the case of a rental agreement paid in whole or in part by a government or charitable entity, five percent (5%) of the rent payment for which the tenant is responsible. The landlord is prohibited from charging more than one late charge regardless of how long the rent remains unpaid.

§ 10 – Required Written Notice to Elderly Tenants and Tenants with Physical or Mental Disabilities

This section amends current law protecting certain categories of tenants: (i) elderly tenants who are sixty-two (62) or older, or a spouse, sibling, parent or grandparent who is 62 or older and permanently residing with any tenant and (ii) tenants with physical or mental disabilities or a spouse, sibling, child, parent or grandparent with such a disability permanently residing with any tenant. These types of tenants are sometimes referred to in the statute as "protected tenants." Landlord-tenant law currently sets out certain special protections for these types of tenants, including protections related to eviction and rent increases.

Under Section 10, beginning January 1, 2024, upon entering or renewing a rental agreement with such protected tenants, the landlord must provide written notice (i) of the statutorily enumerated reasons that landlords may bring an eviction under current law and (ii) that any rent increase must be fair and equitable as well as the tenant's options to seek redress for such increase under State law.

By December 1, 2023, the DOH Commissioner must create a one-page, plain language form notice in both English and Spanish for landlords to inform protected tenants of the rights noted above and must post such notice on DOH's website. Lastly, by December 1, 2028, the form notice created by DOH must be translated into the five most commonly spoken languages in this State and posted on the DOH website.

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§§ 13-14 – Creation of Standardized Rental Agreement and Complaint Forms

Section 13 requires DOH to create standardized rental agreement forms, written in both English and Spanish, that can be used by landlords and tenants and to make such forms available for download from the DOH website by July 1, 2024. By December 1, 2028, the forms must be translated into the five most commonly spoken languages in this State and such translated forms shall also be made available on the DOH website. Under Section 14, the relevant enforcement agencies are required to create housing code violation complaint forms, written in both English and Spanish, for use by any occupant of a dwelling unit seeking to file a complaint against the owner of the unit or other responsible party for violations of any provision of this Act or other housing codes.

§§ 38-39 – Shortened Timeframe to Return Security Deposit After Tenancy Terminates

Section 38 shortens the timeframe for when the security deposit must be returned from thirty (30) days to twenty-one (21) days after the termination of the tenancy. Additionally, Section 39 shortens the timeframe for when the landlord must pay the tenant accrued interest for a tenancy that has been terminated prior to the anniversary date of the tenancy or where the landlord returns all or a portion of a security deposit prior to termination of the tenancy to twenty-one (21) days after the tenancy terminates or the security deposit is returned, instead of the current 30-day timeframe.

Note that current law already provides elderly tenants (62 or older) with special protections limiting the amount of the security deposit that may be required to the amount of one month's rent.

VI. MISCELLANEOUS ACTS OF INTEREST

A. Adult Day Care and Program for All-Inclusive Care for the Elderly ("PACE")

10. PUBLIC ACT 23-30. AN ACT CONCERNING ADULT DAY CENTERS.
    Effective as noted

§ 1 – Expanding Access to Adult Day Services
Effective June 7, 2023

This Section requires the Commissioner of DSS to develop a plan to increase the number of individuals eligible to receive adult day services. The plan must include, but shall not be limited to, recommendations for the following:

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- Lowering age eligibility requirements for the Connecticut home-care program for the elderly so that people with early onset dementia and similar needs can access adult day services;
- Amending the Medicaid state plan to lower age eligibility requirements for individuals with early onset dementia and similar needs;
- Increasing Medicaid reimbursement rates to offset the costs of transporting people to and from adult day centers; and
- Establishing a Program for All-Inclusive Care for the Elderly ("PACE") as an option within the State's Medicaid state plan.

The Commissioner must report to the General Assembly's Joint Committee on Aging by February 1, 2024.

§ 2 – Establishing the PACE Program within the Medicaid State Plan
Effective July 1, 2023

This Section amends current law by authorizing the Commissioner of DSS to submit a Medicaid state plan amendment to the federal Centers for Medicare & Medicaid Services to add PACE program services, within available appropriations, to the State's Medicaid state plan. PACE is defined under federal law as the "Program for All-inclusive Care for the Elderly." If the state plan amendment is approved, DSS must establish participation criteria for eligible individuals and PACE providers and make payments for PACE program services from funds appropriated to the Medicaid account. For the purposes of determining eligible individuals, this Section incorporates the existing federal law definition of PACE "eligible individuals" as people aged fifty-five (55) or older who require a nursing home level of care, live in a PACE program service area, and meet certain other eligibility requirements imposed by the particular PACE program.

The Commissioner of DSS is authorized to implement policies and procedures while in the process of adopting them as regulations to implement this Section, provided that notice of such intent is promulgated on the eRegulations System within twenty (20) days of implementing such policies and procedures; once posted, the policies and procedures will be valid until final regulations are adopted.

B. Exploitation of the Elderly and Mandated Reporters

11. PUBLIC ACT 23-161. AN ACT CONCERNING FINANCIAL EXPLOITATION OF SENIOR CITIZENS.
Effective as noted

§ 1 – Definitions and Financial Exploitation Protections Added to CUSA For Broker-Dealers and Investment Advisers
Effective July 1, 2024

This Section amends the Connecticut Uniform Securities Act ("CUSA") by introducing a new subsection protecting "eligible adults," defined as any resident of the State who is sixty (60) years of age or older, from financial exploitation.

Definition of Financial Exploitation: Financial exploitation is defined as taking advantage of an eligible adult by another for benefit, gain or profit. Examples of financial exploitation of eligible adults include, but are not limited to:

1. a wrongful or unauthorized taking, withholding or use of assets;
2. any act or omission taken to obtain control, through deception, intimidation or undue influence over the eligible adult's assets. Such act or omission can involve the use of a professional (e.g., attorney, guardian, etc.); and
3. the conversion of the eligible adult's property, money or assets depriving that eligible adult of ownership, use or possession of it.

Definition of a Qualified Person: A qualified person is someone who:

1. is a broker-dealer, investment adviser, broker-dealer agent or investment adviser agent registered (or required to be registered) under the CUSA; and
2. any person serving in a supervisory, compliance or legal capacity for a broker-dealer or investment adviser.

Definition of a Trusted Contact Person: A "trusted contact person" is defined as an individual who is at least eighteen (18) years old who an eligible adult identifies and authorizes a qualified person to contact and disclose information to address possible financial exploitation or to confirm specific information. A qualified person can also exchange information with the trusted contact person about (1) the account holder's current contact information, (2) the account holder's health status or (3) the identity of any conservator, executor or holder of power of attorney.

Powers of a Qualified Person: A qualified person may report reasonable suspicion or belief that an eligible adult is or was financially exploited to the DSS Commissioner and the Banking

Commissioner and disclose in any reasonable manner such exploitation or suspected exploitation, along with its basis, to an eligible adult's third-party trusted contact person, unless the qualified person believes the contact person was involved in the exploitation.

A qualified person who, in good faith and exercising reasonable care voluntarily discloses such suspicion or belief of financial exploitation, is immune from any administrative or civil liability arising from the disclosure or from failure to notify the customer/client of the disclosure. However, if the qualified person was a participant in the financial exploitation or suspected financial exploitation, they will not be afforded immunity. There is no immunity from criminal liability for qualified persons (e.g., perjury or fraudulent or malicious reporting).

Investment Adviser Duties: Except in the case of an institutional account, investment advisers registered (or required to be registered) under CUSA, must maintain records of the name and contact information of the trusted contact persons their clients have designated. At the time the advisory account is opened or updated, the investment adviser must disclose to the client, in writing, that the adviser can contact the trusted contact person to address alleged financial exploitation or to confirm the client's current contact information, health status or the identity of any legal guardian, executor, trustee or holder of a power of attorney. The absence of a trusted contact person's name or contact information does not prevent the adviser from opening or maintaining the account, so long as the adviser made reasonable efforts to obtain the information.

Temporary Holds: Broker-dealer or investment advisers may place temporary holds on the disbursement of funds, securities or a transaction in securities for the account of an eligible adult if they:

(1) reasonably believe that financial exploitations of the eligible adult has occurred, is occurring, was or will be attempted;
(2) no later than two (2) business days following the placement of a temporary hold, provide notification of the hold and the reasons for the hold to all authorized parties and the trusted contact person, unless that party or trusted contact person is unavailable or there is a reasonable belief that the party or trusted contact has engaged, is engaged, or will engage in financial exploitation of the eligible adult; and
(3) immediately initiate an internal review of the facts and circumstances that caused the broker-dealer or investment adviser to reasonably believe that financial exploitation of the eligible adult has occurred, is occurring, has been attempted or will be attempted.

The temporary hold must expire within fifteen (15) business days unless otherwise terminated or extended, which may be done under the following circumstances:

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(1) if the internal review supports the reasonable belief that financial exploitation of the eligible person is, has or will be attempted, then the hold may be extended for up to an additional ten (10) business days;
(2) if after the internal review, the broker-dealer or investment advisor has reported or provided notification of their suspicion to the competent jurisdiction or Probate Court, there may be an extension of up to an additional thirty (30) business days;
(3) if the broker-dealer or investment adviser receives a new request for disbursement or transaction that is subject to a temporary hold pursuant to a power of attorney, there may be an extension for a longer period of time so that there can be a review of the power of attorney acceptability. If the longer period expires and the power of attorney is not accepted, the temporary hold must continue for no longer than fifty (50) calendar days from the time that the power of attorney was received; or
(4) on the authority of the Banking Commissioner, Social Security Commissioner or the Probate Court.

If an eligible adult or co-owner of an account with an eligible adult is receiving or applying for specified means-tested benefits, the DSS Commissioner must consider any funds or securities subject to a temporary hold to be unavailable assets.

Document & Record Access: Registered broker-dealers or investment advisers must provide access to and copies of relevant documents the Banking Commissioner and to a law enforcement agency (1) as part of the referral of financial or suspected financial exploitation or (2) upon request for an investigation or examination. The records made available to agencies do not qualify as public records under the Freedom of Information Act.

Relevant records for a broker-dealer must include records prescribed under the Securities Exchange Act of 1934 and corresponding regulations, as well as applicable self-regulatory organization rules. Relevant records for an investment advisor must include documentation:

(1) of relevant requests for disbursements;
(2) supporting any disbursement delay;
(3) supporting the investment adviser's reasonable belief that financial exploitation has occurred or is occurring;
(4) of the name and title of the person authorizing the disbursement delay;
(5) of notification to affected parties; and
(6) relating to the investment adviser's internal review of the matter.

Training Programs: Broker-dealers or investment advisers must develop training policies or programs which are reasonably designed to ensure that qualified persons understand and carry out this Act. These policies should include training on the Connecticut Uniform Power of Attorney Act and how it relates to financial exploitation.

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Liability: Broker-dealers and investment advisers who comply in good faith and with reasonable care with this Section are immune from administrative and civil liability. Nothing in this Act should be read to limit immunities, causes of action or remedies provided under the Connecticut Uniform Power of Attorney Act.

§ 2 – Financial Exploitation Protections Provisions for Financial Institutions
Effective July 1, 2024

This Section applies to financial institutions, such as national banking associations or out-of-state chartered credit unions. A financial agent is an employee of a financial institution, who within the employee's scope of employment, has direct contact with or reviews an eligible adult's financial documents, records, or transactions.

Financial institutions may allow eligible adult customers to designate at least one (1) trusted contact person other than a co-owner, beneficiary or fiduciary on the account. The financial institution must maintain the trusted contact person's name and contact information. The institution can have reasonable procedures to confirm the identity of the trusted contact person. The institution cannot require as a precondition to being recorded as a trusted contact person, that such person consent to the designation.

Suspending Transactions and Disbursements: If the financial institution or financial agent has reasonable cause to believe that a transaction or disbursement involving an eligible adult's account may involve, facilitate, result or contribute to the financial exploitation of an eligible adult, they may suspend the transaction or disbursement for up to seven (7) business days.

Following the seven-day period, the eligible adult may renew or resume the request and the institution/agent must honor the request unless the institution:

(1) has reasonable cause under this Section to extend for up to an additional forty-five (45) business days; or
(2) cannot process the request due to applicable law, court order or regulatory requirement.

If the financial institution receives a new request for disbursement or transaction that is subject to the hold, by a person with the eligible adult's purported power of attorney, the hold must be extended for a longer period so that there can be a review of the power of attorney. Upon expiration of the longer period, if the power of attorney is not accepted, the hold can be extended for up to fifty (50) calendar days from when the power of attorney was received.

Unless a financial institution reasonably believes that an account holder is involved in the suspected financial exploitation or other abuse of the eligible adult, the financial institution must

notify all account holders about suspensions, declines or returns of transactions/disbursements under this Section.

Notice of Suspension Extension: A financial institution that extends a suspension of a transaction or disbursement must, within three (3) business days, notify each account holder, signatory and trusted contact person of the extension, unless they are suspected of being involved in the financial exploitation. The notice must include:

(1) the name of the financial institution;
(2) the name and contact information of the employee or agent responsible for the suspension;
(3) a statement that the suspension of the transaction or disbursement has been extended based on suspected financial exploitation;
(4) the date on which such extended suspicion will expire; and
(5) a statement that the eligible adult may petition the Probate Court to release the suspension (*see, Section 3*).

The notice may include disclosure of other remedies the eligible adult may pursue to release the suspension. Note, however, if an eligible adult or co-owner of an account with an eligible adult is receiving or applying for specified means-tested benefits, the DSS Commissioner must consider any funds or securities subject to a suspension, while in effect, to be unavailable assets.

Liability: Financial agents are immune from any administrative or civil liability for taking any action permitted by the Public Act. Financial institutions are similarly immune from if they act in good faith. "Good faith" exists if the:

(1) financial agent who made the decision participated in the mandatory training under the Protective Services for The Elderly Act, the financial institution's suspected exploitation policy and the Connecticut Uniform Power of Attorney Act;
(2) financial institution provided prior notice that the institution could suspend, decline or return transactions/disbursements involving accounts of eligible adults. Notice to any person who holds or is authorized to have access to the account is notice to all other persons who hold the account;
(3) financial institution or agent reports the suspected financial exploitation unless the suspension is revoked or any transaction or disbursement declined or returned by the financial institution is reinitiated and processed by the financial institution - within two (2) business days;
(4) financial institution or agent makes a reasonable effort to report the exploitation to each trusted contact person designated by the eligible adult unless they suspect that person to be involved in the exploitation;
(5) financial institution has a written suspected exploitation policy; and

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(6) financial institution retains, for seven (7) years, a record of suspected financial exploitations, which includes reports to social services, regulatory or other law enforcement agencies.

No immunity is afforded to financial agents or financial institutions if the financial agent or any other employee of the financial institution was a participant in the suspected financial exploitation.

Power of Attorney: For suspected financial exploitation by power of attorneys under this Section, a financial institution or agent must have a good faith belief the action by a person with the power of attorney, which is believed to involve financial exploitation, is not authorized by the Connecticut Uniform Power of Attorney Act.

§ 3 – Financial Exploitation Protections and Probate Court
Effective July 1, 2024

An eligible adult or their authorized legal representative can petition the Probate Court for a hearing to remove a financial hold imposed by a financial institution or a hold by a broker-dealer or investment advisor. The petition must be filed in the Probate Court for the probate district in which the eligible adult resides, is domiciled or is located at the time that the petition is filed, or where the financial institution has an office, except that, if the eligible adult is under conservatorship, the petition must be filed in the Probate Court for the probate district in which such conservatorship is pending. The petition must include:

(1) the eligible adult's name, date of birth and address;
(2) the name and address of the eligible adult's spouse;
(3) the name and address of the eligible adult's conservator;
(4) the name and address of the petitioner if the petitioner is not the eligible adult;
(5) the name and address of the financial institution, broker-dealer or investment advisor imposing the hold;
(6) whether DSS is known to be investigating the welfare of the eligible adult;
(7) whether a petition to appoint a conservator is pending in any Probate Court and if it is, a description of the Probate Court;
(8) a description of the transaction that is the subject of the financial hold; and
(9) a statement as to why the transaction will not result in financial exploitation of the eligible adult.

Time of the Hearing: The Probate Court must set the time and date of these hearings within ten (10) days after the filing of the petition unless the petition is continued by the Probate Court for cause. Additionally, the Probate Court must give notice of the hearing to the: (1) eligible adult, (2) eligible adult's spouse, (3) eligible adult's conservator, (4) financial intuition, broker-dealer or

investment advisor that placed the hold, (5) petitioner if the petitioner is not the eligible adult and (6) the DSS Commissioner.

Probate Court Findings: The court must release the hold if there is no reasonable cause that the transaction or disbursement may involve, facilitate or contribute to the financial exploitation of the eligible adult or the eligible adult is not a resident of this State.

If the Probate Court finds that there is reasonable cause, the court may order that the hold be modified or continued for a period of up to thirty (30) days from the date of the order or until the appointment of a conservator (whichever occurs first).

The Probate Court may order that the petitioner be reimbursed for the petition filing fee. The financial agency cannot be held responsible for the reimbursement, and the financial institution would be responsible for the reimbursement only if the Probate Court finds that there was no reasonable cause to believe that the transaction/disbursement would have resulted in the financial exploitation.

§ 5 – Challenging Survivor's Right to Account Ownership
Effective October 1, 2023

This Section lowers the evidentiary standard used for determining whether ownership of a joint account at a bank or credit union will vest to the surviving account owners from a "clear and convincing evidence" standard to a "preponderance of the evidence" standard on allegations of fraud and undue influence.

§ 6 – Financial Institutions' Periodic Statements
Effective October 1, 2023

This Section requires that financial institutions comply with applicable provisions of the Electronic Signatures in Global and National Commerce Act which requires financial institutions to:

(1) obtain a consumer's consent before providing the consumer with electronic periodic statements;
(2) allow a consumer to withdraw such consent; and
(3) require a financial institution to provide consumers with paper copies of any electronic periodic statements upon request.

Furthermore, financial institutions must comply with the applicable provisions of the Connecticut Uniform Electronic Transactions Act and Truth in Savings Act before providing a consumer with an electronic periodic statement.

12. PUBLIC ACT 23-168. AN ACT CONCERNING MANDATED REPORTERS.
Effective July 1, 2023

This Act expands the definition of "mandatory reporter" to also include the following individuals:

- Licensed professional counselor;
- Adult probation officer;
- Adult parole officer;
- PA;
- Dental hygienist; and
- Resident services coordinator, clinical care coordinator, and manager employed by a housing authority or municipal developer operating an elderly housing project.

For background, under current law, mandatory reporters are required to report to DSS if they have reasonable cause to suspect or believe that an "elderly person" (defined as any resident of this State who is sixty (60) years old or older) either (a) has been abused, neglected, exploited or abandoned, (b) is in a condition resulting from abuse, neglect, exploitation or abandonment, or (c) is "in need of protective services" (such phrase is defined as being unable to perform or obtain services that are necessary to maintain physical and mental health). Such report must be made to DSS within twenty-four (24) hours after the suspicion or belief arose. Any institution, organization, agency or facility with employees who care for elderly persons, as defined above, must provide training on detecting potential abuse, neglect, exploitation and abandonment of elderly persons and inform mandatory reporters of their reporting obligations. Mandatory reporters who have not received such training must complete a training developed or approved by DSS within ninety (90) days of becoming a mandatory reporter.

C. HOMEMAKER-COMPANION AGENCIES

13. PUBLIC ACT 23-99. AN ACT CONCERNING THE DEPARTMENT OF CONSUMER PROTECTION'S RECOMMENDATIONS REGARDING LICENSING AND ENFORCEMENT.

§ 18 – Homemaker-Companion Agency Change of Ownership and Termination Requirements
Effective October 1, 2023

This Section imposes new requirements for the sale or change of ownership of a registered homemaker-companion agency and for the termination of homemaker-companion services.

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Furthermore, as a prerequisite to any sale or change in ownership of a registered homemaker-companion agency, each prospective new individual owner or owner of a business entity that is the prospective new owner must undergo a state and national criminal background check, except under the following circumstances:

1) The prospective owner holds less than ten percent (10%) ownership interest in a publicly listed or traded homemaker-companion agency and will not be operating the facility or directing the management or policies of the agency undergoing the change;
2) The prospective owner holds less than five percent (5%) ownership interest in any private homemaker-companion agency and will not be operating the facility or directing the management or policies of the agency undergoing the change; or
3) DCP waives the requirement to file a new application for registration.

This Section also requires that a homemaker-companion agency terminating all services in this State must provide written notice to DCP at least ten (10) days prior to the termination, including the contact information that DCP may use to contact the homemaker-companion agency to obtain additional information. Where the homemaker-companion agency unilaterally terminates services provided to a client in this State, the homemaker-companion agency must provide notice to the client at least ten (10) days prior to the termination and disclose certain required information including how such person may transition to alternative care and how to be reimbursed for any prepaid services. The homemaker-companion agency may terminate services provided to a client with less than (10) days' notice under the following circumstances:

1) An employee of the homemaker-companion agency has been subject to verbal or physical abuse, threats, or other mistreatment by a client, their authorized representative, or any other person who resides in, or has access to, the client's home;
2) Providing homemaker or companion services would place the homemaker-companion agency at risk of failing to comply with local, state or federal law such as antidiscrimination, employment, health, or occupational safety law; or
3) Nonpayment of homemaker or companion services pursuant to a written contract or service plan.

§ 19 – Homemaker-Companion Agencies Must Give Notice of Employees Providing Services & Rate Changes
Effective October 1, 2023

This Section requires homemaker-companion agencies to provide written notice to the person scheduled to receive homemaker or companion services or to their authorized representative, of the full legal name of the employee who will provide the services before the employee enters the person's home. In addition, homemaker-companion agencies must provide sixty (60) days' advance written notice in boldface type to any client or their authorized representative when there

is a change in the rate for the level or type of services provided to the client. The rate change shall be deemed invalid unless such notice is provided.

D. Bond Package

14. PUBLIC ACT 23-205. AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE AND CONCERNING CERTAIN GRANT AND FINANCING PROGRAMS, STATE CONSTRUCTION RELATED THRESHOLDS, SCHOOL CONSTRUCTION PROJECTS, THE FAILURE TO FILE FOR CERTAIN GRAND LIST EXEMPTIONS, THE VALIDATION OF CERTAIN ACTIONS TAKEN BY CERTAIN MUNICIPALITIES, CAPITAL CITY PROJECTS, CERTAIN CONSUMER AGREEMENTS, CERTAIN MODIFICATIONS TO MUNICIPAL CHARTERS AND PETITIONS FOR CERTAIN TOWN REFERENDA, ELECTIONS ADMINISTRATION AND CAMPAIGN FINANCE, CERTAIN CASES BEFORE THE COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES AND OTHER ITEMS IMPLEMENTING THE STATE BUDGET.
Effective as noted

This extensive Act includes authorization for the issuance of bonds of this State during FY 2024 and FY 2025 for various purposes, including affordable senior housing.

In addition, the Act provides that a portion of the revenue from the sale of certain state bonds during FY 24 and FY 25 must be used to provide grants not exceeding $25,000,000 in the aggregate to private, nonprofit health and human service organizations that:

(1) are exempt under section 501(c)(3) of the IRC; and
(2) receive state funds to provide direct health or human services to state agency clients and use the funds for the following services:
   - alterations;
   - renovations;
   - improvements;
   - additions and new construction (i.e., health, safety, compliance with the Americans with Disabilities Act and energy conservation improvements);
   - information technology systems;
   - technology for independence; and
   - purchase of vehicles and acquisition of property.

When a non-profit receives one of these grants, the contract for the grant must contain the following condition: if the premises ceases to be used as a facility for which the grant was made within ten (10) years of the date of the grant, then the organization must pay the State the difference between the amount of the grant and zero percent (0%) per year for each full year that has elapsed since the date of the grant. To ensure payment in such cases, a lien in the State's favor will be

placed on such land or facility, provided that no lien will be placed if the land is owned by the State, municipality or housing authority.

E. Patient Protections and Medicare Advantage Plans

15. PUBLIC ACT 23-171. AN ACT PROTECTING PATIENTS AND PROHIBITING UNNECESSARY HEALTH CARE COSTS.
Effective June 27, 2023

This Act contains numerous measures aimed at protecting patients from unnecessary health care costs. As such, it addresses certain drug costs as well as "facility fees" charged when outpatient services are provided at hospital-based facilities. The Act also prohibits health insurance contracting approaches that are deemed anti-competitive such as anti-tiering or anti-steering clauses and so-called "gag clauses" prohibiting health insurers and contracted providers from disclosing information about pricing.

Of particular note for providers of services to the elderly is Section 18 of the Act, which requires DOI to conduct a study aimed at the utilization management and provider payment practices of Medicare Advantage Plans operating in the State.

Section 18 requires DOI, in consultation with OHS, to submit a report on the study by January 1, 2025, to the General Assembly's Joint Committee on Insurance. DOI may engage third-party professionals and specialists to perform services to complete the report as the Commissioner of DOI deems necessary.

The report must include, but shall not be limited to, an analysis of how these practices impact the following:

- Hospital outpatient and inpatient service delivery, including patient placement, discharges, transfers, and other clinical care plans;
- Hospital and plan member costs;
- Commercial, non-Medicare payment rates and access to services, including behavioral health services; and
- Claim denials, modifications, and reversals, particularly comparing Medicare Advantage plans to traditional Medicare, Medicaid, and commercial non-Medicare product lines.

Based on these findings, the report must include recommendations on the following:

- Improving the quality of, access to, and timely delivery of care;
- Reducing provider administrative costs associated with utilization management;

- Addressing payment practices that inappropriately reduce provider payments;
- Improving any practices identified in the report that contribute to unwarranted changes to clinical care plans;
- Considering quarterly monitoring of prior authorization requests, service denials and payment denials by Medicare Advantage plans, and comparing this data with commercial plans and Medicaid;
- Addressing the broad effect of Medicare Advantage plan practices on the health care delivery system, including costs incurred by non-Medicare Advantage consumers and plan sponsors;
- Reducing consumer costs; and
- The extent that states can regulate Medicare Advantage plans.

The report must note, as applicable, the extent that any information and data are not available to support any specified areas of such analysis.

F. CHARITABLE ORGANIZATIONS

16. PUBLIC ACT 23-98. AN ACT CONCERNING CHARITABLE ORGANIZATIONS, TELECOMMUNICATIONS AND THE ATTORNEY GENERAL'S RECOMMENDATIONS REGARDING CONSUMER PROTECTION.
Effective June 26, 2023, unless otherwise indicated

§ 15 – Solicitation Restrictions Under the Connecticut Solicitation of Charitable Funds Act

This Section reduces the time requirement for paid solicitors to provide notice to DCP before starting a campaign from twenty (20) days to only one (1) business day. Furthermore, this Section removes multiple requirements as it relates to campaigns including the prior requirements that (i) campaigns provide copies of solicitation literature to DCP before the campaign begins, (ii) details of the solicitation be publicized on the DCP's website prior to the commencement of any paid solicitation campaign, (iii) paid solicitors for charitable campaigns disclose, prior to oral solicitation and at the same time a written request is made, the percentage of gross revenue the organization will receive and (iv) solicitors for charitable campaigns provide in the written confirmation of an oral pledge information on the percentage of gross revenue the organization will receive.

Lastly, each paid solicitor must keep and maintain a record of the following information for inspection by DCP upon request: (1) the dates and amounts furnished by each contributor, (2) the name and residence of each employee, agent or other person involved in the solicitation and (3) records of all income received and expenses incurred during the solicitation campaign.

§§ 16 & 17 – Charitable Organizations Audit Requirement

These Sections amend current law concerning charitable organizations that solicit contributions, and that must register with DCP. Section 16 specifies that for financial statements initially due on or before July 1, 2023, a charitable organization with gross revenue in excess of $500,000 must include an audit report by a certified public accountant with its financial statement that must be submitted to DCP. For a financial statement that is initially due after July 1, 2023, the charitable organization is not required to submit the audit report but must include, along with the financial statement, a certified public accountant's attestation that an audit report was completed for organizations with gross revenue in excess of $1,000,000 in the year covered by the report or an attestation that an audit or review report was completed for organizations with gross revenue ranging between $500,000 and $1,000,000. Section 17 conforms the information that must be submitted in the required annual registration to the amendments made in Section 16.

§§ 21-25 – Bazaar and Raffle Activities
Effective July 1, 2023

These Sections deal with bazaar and raffle activities. Sections 21 and 25 enable municipalities to opt out of the state Bazaar and Raffles Act by ordinance. Sections 22 and 24 align current law prohibiting payments to anyone holding, operating or conducting raffles or bazaars to apply only to the direct sale of raffle tickets. Section 23 eliminates the current law's prohibition against awarding prizes that are transferable but retains the requirement that the prizes not be refundable. It also specifies that bazaar and raffle prizes may include gift cards.

G. SENIOR MALNUTRITION

17. SPECIAL ACT 23-17. AN ACT ESTABLISHING A TASK FORCE TO STUDY AND MAKE RECOMMENDATIONS CONCERNING THE ELDERLY NUTRITION PROGRAM.
Effective June 29, 2023

This Special Act establishes a 14-person task force to study and make recommendations to the General Assembly's Joint Committee on Human Services on the elderly nutrition program administered by the Department of Aging and Disability Services ("ADS"). The study must address the following: (1) program eligibility requirements; (2) types of meals provided; (3) meal preparation and delivery costs; (4) number of program participants compared to the estimated number of people who need nutritional services; (5) funding adequacy; and (6) process for contracting with elderly nutrition service providers. The task force must submit its report by January 15, 2024.

H. COMPLEX REHABILITATION TECHNOLOGY

18. SPECIAL ACT 23-22. AN ACT ESTABLISHING A TASK FORCE TO STUDY MINIMUM STANDARDS FOR TIMELY REPAIR OF COMPLEX REHABILITATION TECHNOLOGY.
Effective June 28, 2023

This Special Act establishes a 19-person task force to study minimum standards for the timely repair of "complex rehabilitation technology." "Complex rehabilitation technology" is defined in statute to include equipment such as individually configured manual and power wheelchairs. The task force is charged with reviewing timelines for assessment and repair by a manufacturer or authorized service provider upon notification about the need for repairs as well as how these repairs are paid for and the payment sources for repairs. The task force must also examine and make recommendations for policy, regulations and legislation necessary to improve the independence of motion and quality of life of consumers using complex rehabilitation technology in the State. The task force must submit its report by February 1, 2024, to the General Assembly's Joint Committees on Aging, Consumer Protection, Human Services, Insurance and Public Health Committees.

I. RESOURCES AND SUPPORT FOR PERSONS WITH DISABILITIES

19. PUBLIC ACT 23-137. AN ACT CONCERNING RESOURCES AND SUPPORT SERVICES FOR PERSONS WITH AN INTELLECTUAL OR DEVELOPMENTAL DISABILITY.
Effective as noted

§ 11 – Human Services Career Pipeline Program
Effective July 1, 2023

This Section requires the Office of Workforce Strategy's Chief Workforce Officer ("CWO") to establish a Human Services Career Pipeline Program by July 1, 2024, to ensure there are enough trained providers available to serve the needs of elderly residents with intellectual or physical disabilities, mental illness, cognitive impairments and other developmental disabilities. The program must include (1) training and certification for CPR, first aid and medication administration, (2) job placement and (3) retention incentives.

The CWO must determine, after having consulted with other commissioners and councils, the greatest need for human service providers and the barriers to hiring and retaining providers.

The CWO must further develop a plan for the Human Services Career Pipeline Program in consultation with the DOL Commissioner. This plan must include: (1) a strategy to increase the number of residents in this State who are pursuing a human services career, (2) recommended salary and working conditions necessary to retain an adequate number of human service providers to serve the State's residents and (3) the estimated funding needed to support the program.

The CWO must assist local and regional boards of education in partnering with providers of human services and higher education institutions to create a pathway to a diploma, credential, certificate or license and a job providing human services.

Beginning on January 1, 2026, the CWO must annually report on the pipeline program to the General Assembly's Joint Committees on Aging, Appropriations and Budgets, Higher Education and Employment Advancement, Human Services, Labor and Public Health.

§ 13 – State Agency Online Data Portal
Effective July 1, 2023

To ensure efficient and safe delivery of services, the OPM Secretary must create a plan to develop a secure online portal to facilitate the sharing of basic critical information across agencies. The OPM Secretary must do so in consultation with certain agencies including DAS, DDS, DSS, Aging and Disability Services ("ADS") and DCF.

The portal must include a way for (1) the appropriate agency to note when it performs or schedules a site visit (i.e., a client meeting or inspection conducted outside of the physical office of the state agency) and (2) the person conducting a site visit an opportunity to record notes that can be shared across agencies.

By July 1, 2024, the plan must be submitted to the General Assembly's Joint Committees on Appropriations and Budgets and Human Services and should (1) review the feasibility of either using existing state agency online portals or creating a new online portal and (2) detail data sharing and privacy requirements for sharing information across state agencies.

§ 19 – Alzheimer's Study in Persons with Intellectual and Developmental Disabilities
Effective June 27, 2023

Under this Section, the ADS Commissioner must, in consultation with the OPM Secretary, DPH Commissioner, the Council on Developmental Disabilities and the Autism Spectrum Disorder Advisory Council, (1) study the higher prevalence of Alzheimer's disease, dementia and other related disorders in individuals with an intellectual or other developmental disability and (2) determine whether public or private programs adequately address such higher prevalence. By June 1, 2024, the ADS Commissioner must submit a report on such study to the General Assembly's Joint Committees on Appropriations and Budgets, Aging and Human Services.

§ 55 – Affordable Housing Plans
Effective October 1, 2023

This Section amends existing law to provide that each municipality submitting housing plans to the OPM Secretary after October 1, 2023, must improve the accessibility of housing units for individuals with intellectual or other developmental disabilities.

J. EMPLOYMENT: PAID SICK LEAVE

20. PUBLIC ACT 23-101. AN ACT CONCERNING THE MENTAL, PHYSICAL AND EMOTIONAL WELLNESS OF CHILDREN.

Section 8 of this Act expands covered uses of paid sick leave in two situations. First, service workers can use sick leave for a "mental health wellness day." Second, in addition to their ability under current law to take sick or "safe" leave if they personally are a victim of family violence or sexual assault, service workers may now take such leave if they are the parent or guardian of a child who is a victim of family violence or sexual assault, unless the service worker is the alleged perpetrator. Safe leave may be taken for medical care, obtaining victim services, relocation, if applicable, or participating in any court proceeding resulting from family violence or sexual assault.

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