

## Long-Term Services & Supports Legislation

### Passed in the 2014 Session of the Connecticut General Assembly

As of June 10, 2014

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

**\*Special Act 14-6 (HB 5222): AN ACT CONCERNING A STUDY OF FUNDING AND SUPPORT FOR HOME AND COMMUNITY-BASED CARE FOR ELDERLY PERSONS AND PERSONS WITH ALZHEIMER'S DISEASE (Signed by the Governor)**

The Commission on Aging must study (1) private sources of funding available to elderly persons and persons with Alzheimer's disease in need of home or community-based care, (2) the availability of programs funded by the state that provide home or community-based care to elderly persons and persons with Alzheimer's disease in need of home or community-based care, and (3) the cost effectiveness of such programs funded by the state. Not later than January 1, 2015, the commission must submit a report on the study, including recommendations on which state programs should be expanded, to the joint standing committee of the General Assembly having cognizance of matters relating to aging. *Effective from passage*

**\*Public Act 14-8 (SB 9): AN ACT REQUIRING CERTAIN DISCLOSURES FOR LONG-TERM CARE INSURANCE POLICIES (Signed by the Governor)**

This bill expands disclosure requirements for individual and group long-term care insurance policies. It also extends existing and new disclosure requirements to group policies delivered or issued for delivery (1) to one or more employers or labor organizations or a trust established by any of them or the fund's trustees and (2) for employees or former employees, members or former members, or the labor organizations. *Effective January 1, 2015*

**\*Public Act 14-10 (SB 199): AN ACT CONCERNING LONG-TERM CARE INSURANCE PREMIUM RATE INCREASES (Signed by the Governor)**

This bill requires long-term care (LTC) insurance policy issuers (carriers) to spread premium rate increases of 20% or more over at least three years. It also requires LTC carriers to notify individual policyholders and group certificate holders of (1) a premium rate increase and (2) the option of reducing benefits to reduce the premium rate. *Effective October 1, 2014*

**Public Act 14-47 (HB 5596): AN ACT MAKING ADJUSTMENTS TO STATE EXPENDITURES AND REVENUES FOR THE FISCAL YEAR ENDING JUNE 30, 2015 (Signed by the Governor)**

**Department of Social Services (DSS)**

\*Provides additional funding for the Connecticut Home Care Program for Elders (CHCPE) of \$1.5 million to reflect updated cost and caseload projections.

Provides funding of \$1,625,000 to support a 1% COLA for home and community based providers who serve individuals on Medicaid and through the Connecticut Home Care Program for Elders effective January 1, 2015.

\*Provides funding of \$750,000 to serve an additional 100 children under the Katie Beckett Medicaid waiver. The waiver is currently at full capacity; providing services to approximately 200 children, while an additional 470 children are on the waiting list.

\*Funding of \$650,000 is provided in the Medicaid account to reduce the current waitlist for the Acquired Brain Injury Waiver. As of February 7, 2014, there were 50 people waitlisted for services.

\*The state-funded CT Home Care Program for Adults with Disabilities (CHCPD) is currently capped at 50 slots. Provide funding of \$600,000 to expand the pilot for an additional 50 slots. Section 73 of PA 14-217, the budget implementer, implements the expansion of this program.

\*Provides funding of \$377,000 in DSS to reflect half year funding for the aid to the disabled (room and board component) services for 100 Medicaid eligible individuals designated priority one placements on the Department of Developmental Services Waiting List.

\*Provides \$4,150,000 under Medicaid to increase mental health reimbursement rates.

\*Provides funding of \$1,730,000 to reflect a wage increase as a result of union contract costs for Personal Care Attendants (PCAs). Section 159 of PA 14-217, the budget implementer, implements the provisions of the union contract.

\*Provides \$1.7 million and 35 positions to support the processing of Medicaid applications, including long-term care Medicaid applications.

\*The federal Affordable Care Act authorizes the Community First Choice Option, which offers states a 6% increase in federal reimbursement on personal care assistance (PCA) services if the program meets certain criteria. The state will provide coverage of self-directed PCAs as a Medicaid service for individuals at institutional level of care. Reduce funding by \$470,000 in the Medicaid account to reflect savings as a result of higher reimbursement.

### **Department of Developmental Services (DDS)**

Provides funding of \$74,188 to support the new Home and Community Based Management System with on-going software maintenance and support associated with the system.

Provides funding of \$342,436 for children who have autism spectrum disorder and were transferred to DDS from DCF under the Voluntary Services Program. This will fully annualize the original appropriation to serve 40 children under this Waiver.

\*Provides funding of \$1,418,000 for union contract costs for Personal Care Attendants (PCAs). Section 159 of PA 14-217 implements the provisions of the union contract.

\*Provides funding of \$4 million to reflect half year funding of 100 individuals designated priority one placements on the department's Waiting List. The agency is to focus on providing residential services to those individuals with parents or caregivers age 70 and older.

\*Provides funding of \$600,000 for family support grants to serve individuals on the DDS Waiting and Planning Lists that are not currently receiving any residential services. Based on the average subsidy it is anticipated that approximately an additional 350 families can be provided subsidies.

Transfers funding of \$1 million for the Early Childhood Autism Waiver from the DSS to DDS to conform with current practice established through a Memorandum of Understanding between the two agencies.

### **Department of Housing (DOH)**

Provides funding of \$1.1 million to support Rental Assistance Program (RAP) certificates for 110 units of scattered site supportive housing for individuals with psychiatric disabilities. Funding of \$1.1 million under the Department of Mental Health and Addiction Services will support the services related to these units.

Reduces funding by \$600,000 for the Money Follows the Person program to reflect savings due to slower than anticipated transition for individuals in the program. The savings will be repurposed to provide support services and rental assistance program (RAP) certificates for individuals with psychiatric disabilities.

### **Department of Mental Health and Addiction Services (DMHAS)**

Provides funding of \$200,000 to support a monitor to oversee the Protection and Advocacy (P&A) settlement, which is anticipated to be approved by the court by late spring/early summer of 2014. The settlement relates to moving individuals into appropriate community settings.

Home and Community Based Services assist individuals transitioning out of institutional settings and into community settings with appropriate supports. DMHAS, which receives a transfer from DSS, provides housing subsidies to Money Follows the Person clients as part of these services. Reduce funding by \$942,792 to reflect updated cost and caseload estimates.

Provides funding of \$3.1 million for the Governor's Mental Health Initiative. Funding of \$1.1 million will support services for 110 supportive housing units, and \$1.75 million will provide residential and transitional services for high risk populations. An additional \$250,000 will support an anti-stigma campaign.

### **Department of Rehabilitation Services (DORS)**

The Children's Services Program provides specialized training, adaptive materials and services to children who are legally blind, deaf-blind or visually impaired from birth through high-school graduation or age 21 to support successful integration into educational, social, recreational and vocational settings. Provide funding of \$150,000 to reflect the current service wage related

expenses for employees of the Children's Services program that provide services to eligible children in a classroom and other educational settings.

**Department of Public Health**

Provides funding of \$144,268 and four full-time positions to implement long-term care employee background checks.

**Department of Children and Families**

Reduces funding by \$3,412,728 to reflect the net impact of expanding community-based, in-home alternatives to residential placements. This includes providing funding of \$2 million in the Community KidCare account to expand alternatives.

**\*Public Act 14-73 (HB 5227): AN ACT CONCERNING LIVABLE COMMUNITIES AND ELDERLY NUTRITION (Signed by the Governor)**

By January 1, 2015, this bill requires the Aging Commission, as part of the livable community initiative, to recognize communities that have implemented such initiatives allowing people to age in place and remain in the home setting they choose. The initiatives must include (1) affordable and accessible housing, (2) community and social services, (3) planning and zoning regulations, (4) walkability, and (5) transportation-related infrastructure.

The bill also requires the Departments of Aging and Social Services to hold quarterly meetings with nutrition service stakeholders to (1) develop recommendations to address complexities in the administrative processes of nutrition services; (2) establish quality control benchmarks; and (3) help move toward greater quality, efficiency, and transparency in the elderly nutrition program. Stakeholders include the Aging Commission, area agencies on aging, access agencies, nutrition providers, representatives of food security programs and contractors, nutrition host site representatives, and consumers. *Effective July 1, 2014*

**Public Act 14-95 (HB 5229): AN ACT CONCERNING THE EXPANSION OF A SMALL HOUSE NURSING HOME PILOT PROGRAM (Signed by the Governor)**

This bill allows the social services commissioner to expand, within available appropriations, the "small house nursing home" pilot program, which is currently capped at one such home. The bill eliminates the cap on the number of (1) homes and (2) program beds, which current law sets at 280. *Effective July 1, 2014*

**\*Public Act 14-98 (SB 29): AN ACT AUTHORIZING AND ADJUSTING BONDS OF THE STATE FOR CAPITAL IMPROVEMENTS, TRANSPORTATION AND OTHER PURPOSES, AND CONCERNING MISCELLANEOUS PROGRAMS, INCLUDING THE SMART START PROGRAM, THE WATER IMPROVEMENT SYSTEM PROGRAM, SCHOOL SECURITY GRANTS, THE REGENERATIVE MEDICINE RESEARCH FUND, THE CONNECTICUT MANUFACTURING INNOVATION FUND AND THE BOARD OF REGENTS FOR HIGHER EDUCATION INFRASTRUCTURE ACT (Signed by the Governor)**

Sec. 9i – Department of Rehabilitation Services: Allocates \$6 million in bonding money to provide grants to older adults and persons with disabilities to make home modifications and purchase assisted technology so they can remain in their own homes and age in place.

**Public Act 14-121 (SB 463): AN ACT CONCERNING THE APPOINTMENT OF A CONSERVATOR FOR A PERSON WITH INTELLECTUAL DISABILITY (Signed by the Governor)**

This bill allows psychological evidence from a psychologist to be introduced in place of medical evidence from a physician at a probate court hearing or review concerning involuntary conservatorship for a person with intellectual disability. The bill also makes conforming changes. *Effective October 1, 2014*

**\*Public Act 14-142 (HB 5325): AN ACT ELIMINATING THE HOME-CARE COST CAP (Signed by the Governor)**

The Connecticut Home Care Program for Elders (CHCPE) provides home health and community-based services to frail elders as an alternative to nursing home care. The program has state- and Medicaid waiver-funded components. This bill eliminates the program's statutory cost cap on community-based, waiver-funded services, which is currently 60% of the weighted average cost of care in skilled nursing and intermediate care facilities. The bill also specifies that the state's cost for long-term facility care and all CHCPE services, not just the program's community-based services, cannot exceed the cost the state would have incurred without the program. *Effective July 1, 2014*

**\*Public Act 14-150 (HB 5402): AN ACT CONCERNING WAIVERS FOR MEDICAID-FINANCED, HOME AND COMMUNITY-BASED PROGRAMS FOR INDIVIDUALS WITH ACQUIRED BRAIN INJURY (Signed by the Governor)**

The bill requires DSS to continuously operate the current Medicaid acquired brain injury (ABI) waiver. It further specifies that services under this waiver not be phased out and that no individuals receiving services be institutionalized in order to meet federal cost neutrality requirements. The bill also requires the DSS commissioner to seek federal approval for a second ABI waiver. The bill establishes an advisory committee for the ABI waiver. The committee consists of the chairpersons and ranking members (or designees) of the Human Services, Appropriations and Public Health committees, as well as the commissioners of Social Services and Mental Health and Addiction Services. The committee must meet no less than four times per year. The committee must submit to the General Assembly an initial report concerning the impact of the individual cost cap in the proposed second ABI waiver by February 1, 2015. *Effective July 1, 2014*

**\*Public Act 14-159 (HB 5453): AN ACT CONCERNING EMPLOYERS AND HOME CARE WORKERS (Not yet signed by the Governor)**

This bill allows a “sleep-time” exclusion from overtime pay requirements for certain employees employed by third-party providers (e.g., home care agencies) to provide “companionship services” as defined by federal regulations. In general, these regulations define “companionship services” to mean fellowship, protection, and limited care for an elderly person or person with an illness, injury, or disability. The bill's sleep-time exclusion aligns state law with changes in federal regulations effective January 1, 2015. *Effective January 1, 2015*

**\*Public Act 14- 164 (HB 5441): AN ACT CONCERNING DIRECT PAYMENT OF RESIDENTIAL CARE FACILITIES (Not yet signed by the Governor)**

This bill allows DSS to pay Temporary Family Assistance (TFA) and State Supplement Program (SSP) benefits directly to a licensed residential care home or a boarding or other “rated housing facility” through a per diem or monthly rate. Current law generally requires DSS to pay benefits directly to SSP and TFA participants. Also, the bill directs DSS to give rate increases, within available appropriations, for any capital improvement a residential care home makes for the health and safety of its residents. This provision is effective July 1, 2014. *Effective upon passage, unless otherwise noted*

**\*Public Act 14-194 (SB 179): AN ACT CONCERNING THE ALZHEIMER'S DISEASE AND DEMENTIA TASK FORCE'S RECOMMENDATIONS ON TRAINING (Not yet signed by the Governor)**

This bill establishes mandatory Alzheimer's and dementia-specific training for a wide range of personnel, including emergency medical technicians (EMTs), probate judges, paid conservators, and protective services employees. It requires staff in Alzheimer's special care units hired on or after October 1, 2014 to complete the currently required initial Alzheimer's and dementia-specific training within the first 120 days of employment. Under current law, the training must be completed within six months of employment. *Effective October 1, 2014, except for the provisions on Alzheimer's training for nursing home administrator's license applicants (sections 5 & 6), which are effective November 1, 2014.*

**Public Act 14-217 (HB 5597): AN ACT IMPLEMENTING PROVISIONS OF THE STATE BUDGET FOR THE FISCAL YEAR ENDING JUNE 30, 2015 (Not yet signed by the Governor)**

Sec. 48-54 & 258 — RENTAL REBATE PROGRAM – Effective upon passage

The bill restores the program to its status prior to July 1, 2013, the date the applicable sections of PA 13-234 took effect, by (1) returning administration of the rental rebate program to OPM, (2) eliminating the requirement that eligible rebate applicants must have received a rebate in calendar year 2011, and (3) making numerous conforming changes. However, the bill retains provisions in PA 13-234 (1) extending the period, from 90 to 120 days, for approving payments to municipalities and forwarding them to the comptroller and (2) requiring the DSS commissioner to disclose information to DOH (now OPM) for purposes of administering the rental rebate program.

Sec. 69-70 — FALL PREVENTION PROGRAM OVERSIGHT AND THE DEPARTMENT ON AGING (DOA) – Effective upon passage

A 2013 law transferred oversight of DSS' Fall Prevention Program to the DOA (PA 13-125). The bill makes conforming changes. By law, the program must (1) promote and support fall prevention research; (2) oversee research and demonstration projects; and (3) establish, in consultation with the DPH commissioner, a professional education program on fall prevention for healthcare providers.

\*Sec. 71 — HOUSING SUBSIDIES - Effective upon passage

Current law permits the mental health and addiction services (DMHAS) commissioner, within available appropriations, to provide subsidies to people who receive DMHAS services and require supervised living arrangements. The bill specifies that such subsidies are for people who qualify for supportive housing under the state's permanent supportive housing initiative, which the department operates in collaboration with several other state agencies. The bill also gives the DMHAS commissioner the authority to permit agencies who distribute these subsidies on the department's behalf to use any unspent money for the same purpose in the following fiscal year.

SB 364, which passed both the House and Senate, adds to the agencies with whom DMHAS must collaborate in administering the supportive housing initiative and gives the agencies more discretion in determining eligibility under the program.

\*Sec. 73 — CONNECTICUT HOME CARE PROGRAM FOR ADULTS WITH DISABILITIES (CHCPD) EXPANSION - Effective July 1, 2014

The bill increases, from 50 to 100, the number of people who may receive services through CHCPD. CHCPD, a state-funded pilot program administered by DSS, provides home- and community-based services to certain people with disabilities as an alternative to nursing home care.

\*Sec. 78 — DSS ANALYSIS - Effective upon passage

The bill requires DSS to analyze, by November 1, 2014, the cost of providing services under the (1) Connecticut home-care program for the elderly and (2) pilot program to provide home care services to persons with disabilities. The DSS commissioner must (1) include a determination of necessary reimbursement rates for providers and (2) report, by January 1, 2015, a summary of the analysis to the Appropriations and Human Services committees.

\*Sec. 159 — APPROVAL OF PCA AND CHILDCARE PROVIDER COLLECTIVE BARGAINING AGREEMENT PROVISIONS - Effective upon passage

The law allows certain family child care providers and personal care attendants (PCAs) to collectively bargain with the state over their reimbursement rates and other benefits. Any provision in a resulting contract that would supersede a law or regulation must be affirmatively approved by the General Assembly before the contract can become effective.

The bill approves such provisions in the contracts between (1) the Office of Early Childhood and the Connecticut State Employees Association (CSEA-SEIU, Local 2001) ("childcare workers") and (2) the Personal Care Attendant Workforce Council and the New England Health Care Employees Union (District 1199, SEIU) (PCAs).

\*Sec. 195 — PAYMENT RATES AT RESIDENTIAL CARE HOMES (RCH) – Effective July 1, 2014

The bill allows the DSS commissioner, at his discretion, to waive specified regulations and make other changes to RCH cost reporting for rate-setting for FY 15, subject to available appropriations. Such changes could affect rates paid by DSS to RCHs. By law, for FY 14 and FY 15, DSS may increase rates, within available appropriations and other limits, for those facilities with a calculated rate greater than the one in effect in FY 13.

\*Sec. 227 — PCA UNION DUES - *Effective upon passage*

Current law limits the deduction of a personal care attendant's (PCA) union dues and fees to payments from the waiver program in which a PCA's consumer is participating. Thus, PCAs in non-waiver programs, such as the Connecticut Home Care Program for Elders, cannot have union dues or fees deducted from their payments. The bill removes this restriction and instead allows the dues and fees to be deducted from any program covered by their collective bargaining agreement.