



Senate

General Assembly

File No. 477

January Session, 2025

Substitute Senate Bill No. 1416

Senate, April 2, 2025

The Committee on Human Services reported through SEN. LESSER of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING THE EXPANSION OF LONG-TERM CARE OPTIONS FOR MEDICAID BENEFICIARIES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (c) of section 17b-369 of the general statutes is
2 repealed and the following is substituted in lieu thereof (*Effective from*
3 *passage*):

4 (c) (1) The Commissioner of Social Services shall develop a strategic
5 plan, consistent with the long-term care plan established pursuant to
6 section 17b-337, as amended by this act, to rebalance Medicaid long-
7 term care supports and services, including, but not limited to, those
8 supports and services provided in home, community-based settings and
9 institutional settings. The commissioner shall include home,
10 community-based and institutional providers in the development of the
11 strategic plan. In developing the strategic plan the commissioner shall
12 consider topics that include, but are not limited to: [(1)] (A) Regional
13 trends concerning the state's aging population; [(2)] (B) trends in the
14 demand for home, community-based and institutional services; [(3)] (C)

15 gaps in the provision of home and community-based services which
16 prevent community placements; [(4)] (D) gaps in the provision of
17 institutional care; [(5)] (E) the quality of care provided by home,
18 community-based and institutional providers; [(6)] (F) the condition of
19 institutional buildings; [(7)] (G) the state's regional supply of
20 institutional beds; [(8)] (H) the current rate structure applicable to home,
21 community-based and institutional services; [(9)] (I) the methods of
22 implementing adjustments to the bed capacity of individual nursing
23 facilities; and [(10)] (J) a review of the provisions of subsection (a) of
24 section 17b-354.

25 (2) On and after July 1, 2025, the Commissioner of Social Services shall
26 rebalance the strategic plan for Medicaid long-term care supports and
27 services to increase opportunities for Medicaid beneficiaries to receive
28 care in a home or community-based setting. The rebalanced strategic
29 plan shall include, but need not be limited to, (A) increased outreach by
30 the Department of Social Services to Medicaid beneficiaries who may be
31 eligible for the Connecticut home-care program for the elderly,
32 established pursuant to section 17b-342, and Medicaid waiver programs
33 that provide home or community-based care, and (B) assistance
34 provided by the department to such beneficiaries in completing
35 applications for such programs.

36 Sec. 2. Section 17b-337 of the general statutes is amended by adding
37 subsection (g) as follows (*Effective from passage*):

38 (NEW) (g) The Long-Term Care Planning Committee shall study
39 systems and methods to expand long-term care options for Medicaid
40 beneficiaries, including, but not limited to, allowing more beneficiaries
41 to receive care at home or in a community-based setting rather than in
42 skilled nursing facilities. Not later than December 1, 2025, the Long-
43 Term Care Planning Committee shall submit a report, in accordance
44 with the provisions of section 11-4a, to the joint standing committees of
45 the General Assembly having cognizance of matters relating to aging,
46 appropriations and the budgets of state agencies, human services and
47 public health on the study and any recommendations for appropriations

48 or legislation necessary to expand long-term care options for Medicaid
49 beneficiaries. The report shall include any estimated savings to the state
50 related to reducing care in skilled nursing facilities as a result of
51 increasing options for care at home or in a community-based setting.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-369(c)
Sec. 2	<i>from passage</i>	17b-337(g)

Statement of Legislative Commissioners:

The title was changed, in Section 1(c)(2), "rebalanced plan" was changed to "rebalanced strategic plan" and "home and community-based" was changed to "home or community-based" for internal consistency, and in Section 2(g), "persons" was changed to "beneficiaries" and the last sentence was redrafted for clarity and consistency.

HS *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 26 \$	FY 27 \$
Policy & Mgmt., Off.	GF - Cost	200,000	None

Note: GF=General Fund

Municipal Impact: None

Explanation

Section 1, which requires the Department of Social Services (DSS) to rebalance the state's strategic plan for Medicaid long-term services and supports, has no fiscal impact because it conforms to current practice.

For reference, the rebalanced plan must include (1) increased DSS outreach to Medicaid beneficiaries who may be eligible for the Connecticut home-care program for the elderly or home and community-based care Medicaid waiver programs and (2) DSS-provided assistance for beneficiaries completing applications for these programs.

Section 2 results in a one-time cost of \$200,000 to the Office of Policy and Management (OPM) in FY 26 for a consultant. The section requires the Long-Term Care Planning Committee, which is chaired by OPM, to study methods for expanding long-term care options for certain individuals and provide a report on the study by December 1, 2025. The consultant will be responsible for research and data collection related to this study.

The Out Years

There is no ongoing fiscal impact because the cost to OPM is for FY 26 only.

OLR Bill Analysis**sSB 1416*****AN ACT CONCERNING THE EXPANSION OF LONG-TERM CARE
OPTIONS FOR MEDICAID BENEFICIARIES.*****SUMMARY**

This bill requires the Department of Social Services (DSS) to expand Medicaid beneficiaries' access to home- and community-based long-term care. It also requires the state's Long-Term Care Planning Committee to study systems and methods of increasing this access, among other things.

Specifically, the bill requires the DSS commissioner to, beginning July 1, 2025, rebalance the state's strategic plan for Medicaid long-term care supports and services to increase Medicaid recipients' opportunities to receive home- or community-based care. The rebalanced plan must include (1) increased DSS outreach to Medicaid beneficiaries who may be eligible for the Connecticut home-care program for the elderly or home- and community-based care Medicaid waiver programs and (2) DSS assistance for beneficiaries completing applications for these programs.

The bill also requires the Long-Term Care Planning Committee (see BACKGROUND) to study ways to expand long-term care options for Medicaid beneficiaries, including allowing more people to receive care in home- or community-based settings rather than in skilled nursing facilities. The committee must report on the study and any recommended legislation or appropriations to expand long-term care options for Medicaid beneficiaries to the Aging, Appropriations, Human Services, and Public Health committees by December 1, 2025. The report must include estimated state savings related to reducing care in skilled nursing facilities in favor of home- or community-based care.

EFFECTIVE DATE: Upon passage

BACKGROUND

Long-Term Care Planning Committee

The Long-Term Care Planning Committee consists of legislators and relevant agency officials tasked with exchanging information on long-term care issues, coordinating policy development, and creating the state's long-term care plan for all people in need of long-term care. The plan must integrate home- and community-based services, supportive housing, and nursing facilities. By law, DSS's strategic plan for Medicaid long-term care supports and services must be consistent with the Long-Term Care Planning Committee's long-term care plan.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 22 Nay 0 (03/13/2025)