



General Assembly

Amendment

January Session, 2025

LCO No. 8999



Offered by:

SEN. HOCHADEL, 13th Dist.

REP. GARIBAY, 60th Dist.

SEN. HWANG, 28th Dist.

REP. BOLINSKY, 106th Dist.

To: Senate Bill No. 1333

File No. 209

Cal. No. 159

"AN ACT CONCERNING VALUE-BASED MEDICAID REIMBURSEMENT TO NURSING HOMES."

1 Strike everything after the enacting clause and substitute the
2 following in lieu thereof:

3 "Section 1. Section 17a-886 of the general statutes is repealed and the
4 following is substituted in lieu thereof (*Effective July 1, 2025*):

5 (a) As used in this section, (1) "authorized representative" means a
6 person designated by a home care client, in writing, to act on such
7 client's behalf, including, but not limited to, a health care representative
8 appointed pursuant to section 19a-575a or 19a-577; (2) "home care"
9 means long-term services and supports provided to adults in a home or
10 community-based program administered by the Department of Social
11 Services; (3) "home care provider" means a person or organization,
12 including, but not limited to, (A) a home health agency or hospice

13 agency, as defined in section 19a-490, [or] (B) a homemaker-companion
14 agency, as defined in section 20-670, or (C) any individual offering home
15 and community-based long-term services and supports directly,
16 whether formally or informally; and (4) ["long-term services and
17 supports" means (A) health, health-related, personal care and social
18 services provided to persons with physical, cognitive or mental health
19 conditions or disabilities to facilitate optimal functioning and quality of
20 life, or (B) hospice care provided to persons who may be nearing the end
21 of their lives] "home and community-based long-term services and
22 supports" means a comprehensive array of health, personal care and
23 supportive services, including, but not limited to, services and supports
24 offered through (A) community-based programs administered by the
25 Department of Social Services, and (B) a home care provider to a person
26 with physical, cognitive or mental health conditions to (i) enhance such
27 person's quality of life, (ii) facilitate optimal functioning, and (iii)
28 support independent living in the setting of such person's choice.

29 (b) There is established a Community Ombudsman program within
30 the independent Office of the Long-Term Care Ombudsman,
31 established pursuant to section 17a-405. Not later than October 1, 2022,
32 the State Ombudsman appointed pursuant to said section shall, within
33 available appropriations, appoint a Community Ombudsman who shall
34 have access to data pertaining to home and community-based long-term
35 services and supports provided [by a home care provider] to a client,
36 including, but not limited to, medical, social and other data relating to
37 such client, provided (1) such client or such client's authorized
38 representative provides written consent to such access, (2) if such client
39 is incapable of providing such consent due to a physical, cognitive or
40 mental health condition or disability, the client communicates consent
41 orally, visually or through the use of auxiliary aids and services, or (3)
42 if such client is incapable of providing such consent as described in
43 subdivision (2) of this subsection, and has no authorized representative,
44 the Community Ombudsman determines the data is necessary to
45 investigate a complaint concerning such client's care.

46 (c) The Community Ombudsman program may:

47 (1) Identify, investigate, refer and help resolve complaints about
48 home [care services] and community-based long-term services and
49 supports;

50 (2) Raise public awareness about home [care and the program] and
51 community-based long-term services and supports;

52 (3) Promote access to home [care services] and community-based
53 long-term services and supports;

54 (4) Advocate for long-term care options;

55 (5) Coach individuals in self advocacy; and

56 (6) Provide referrals to [home care] clients receiving home and
57 community-based long-term services and supports for legal, housing
58 and social services.

59 (d) The Office of the Long-Term Care Ombudsman shall oversee the
60 Community Ombudsman program and provide administrative and
61 organizational support by:

62 (1) Developing and implementing a public awareness strategy about
63 the Community Ombudsman program;

64 (2) Applying for, or working in collaboration with other state
65 agencies to apply for, available federal funding for Community
66 Ombudsman services;

67 (3) Collaborating with persons administering other state programs
68 and services to design and implement an agenda to promote the rights
69 of elderly persons and persons with disabilities;

70 (4) Providing information to public and private agencies, elected and
71 appointed officials, the media and other persons regarding the problems
72 and concerns of older adults and people with disabilities receiving home

73 care;

74 (5) Advocating for improvements in the home and community-based
75 long-term services and supports system; and

76 (6) Recommending changes in federal, state and local laws,
77 regulations, policies and actions pertaining to the health, safety, welfare
78 and rights of people receiving home care.

79 (e) Not later than December 1, 2023, and annually thereafter, the State
80 Ombudsman shall submit a report, in accordance with the provisions of
81 section 11-4a, to the joint standing committees of the General Assembly
82 having cognizance of matters relating to aging, human services and
83 public health on (1) implementation of the public awareness strategy
84 relating to the Community Ombudsman program, (2) the number of
85 persons served in the program, (3) the number of complaints regarding
86 home [care] and community-based long-term services and supports
87 filed with the program, (4) the disposition of such complaints, and (5)
88 any gaps in services and resources needed to address such gaps.

89 (f) The State Ombudsman and the Community Ombudsman shall
90 ensure that any health data obtained pursuant to subsection (b) of this
91 section relating to a [home care] client receiving home and community-
92 based long-term services and supports is protected in accordance with
93 the Health Insurance Portability and Accountability Act of 1996, P.L.
94 104-191, as amended from time to time.

95 (g) The State Ombudsman may assign a regional community
96 ombudsman the duties and responsibilities of a regional ombudsman
97 for the Office of the Long-Term Care Ombudsman, as deemed necessary
98 by the State Ombudsman.

99 Sec. 2. Subdivision (2) of subsection (a) of section 17b-340d of the
100 general statutes is repealed and the following is substituted in lieu
101 thereof (*Effective October 1, 2025*):

102 (2) Beginning July 1, 2022, facilities will be required to comply with

103 collection and reporting of quality metrics as specified by the
104 Department of Social Services, after consultation with the nursing home
105 industry, consumers, employees and the Department of Public Health.
106 Rate adjustments based on performance on quality metrics will be
107 phased in, beginning July 1, 2022, with a period of reporting only.
108 Effective July 1, 2023, the Department of Social Services shall issue
109 individualized reports annually to each nursing home facility showing
110 the impact to the Medicaid rate for such home based on the quality
111 metrics program. A nursing home facility receiving an individualized
112 quality metrics report may use such report to evaluate the impact of the
113 quality metrics program on said facility's Medicaid reimbursement.
114 [Not later than June 30, 2025, the department shall submit a report, in
115 accordance with the provisions of section 11-4a, to the joint standing
116 committees of the General Assembly having cognizance of matters
117 relating to appropriations and the budgets of state agencies and human
118 services on the quality metrics program. Such report shall include
119 information regarding individualized reports and the anticipated
120 impact on nursing homes if the state were to implement a rate withhold
121 on nursing homes that fail to meet certain quality metrics] On or after
122 October 1, 2026, the Department of Social Services may establish a
123 quality metrics program, within available appropriations designated for
124 such purpose, to provide payments to nursing home facilities (A) for
125 high-quality outcomes based on performance in the quality metrics
126 program, and (B) designed to incentivize the provision of high-quality
127 services to nursing home residents who are Medicaid beneficiaries, as
128 indicated in the individualized report issued to each nursing home
129 facility pursuant to the provisions of this subdivision. Such quality
130 metrics program shall evaluate nursing home facilities based on
131 national quality measures for nursing home facilities issued by the
132 Centers for Medicare and Medicaid Services and state-administered
133 consumer satisfaction measures. Such quality measures may be
134 weighted higher for desired outcomes, as determined by the
135 department. Not later than February 1, 2027, the department shall
136 submit a report, in accordance with the provisions of section 11-4a, to
137 the joint standing committees of the General Assembly having

138 cognizance of matters relating to appropriations and the budgets of state
139 agencies and human services on the implementation of the quality
140 metrics program.

141 Sec. 3. Subdivision (2) of subsection (b) of section 38a-501 of the
142 general statutes is repealed and the following is substituted in lieu
143 thereof (*Effective July 1, 2025*):

144 (2) (A) Any insurance company, fraternal benefit society, hospital
145 service corporation, medical service corporation or health care center
146 that files a rate filing for an increase in premium rates for a long-term
147 care policy that is for twenty per cent or more shall spread the increase
148 over a period of not less than three years and not file a rate filing for an
149 increase in premium rates for the long-term care policy during the
150 period chosen. Such company, society, corporation or center shall use a
151 periodic rate increase that is actuarially equivalent to a single rate
152 increase and a current interest rate for the period chosen.

153 (B) Prior to implementing a premium rate increase, each such
154 company, society, corporation or center shall:

155 (i) Notify its policyholders of such premium rate increase and make
156 available to such policyholders the additional choice of reducing the
157 policy benefits to reduce the premium rate or electing coverage that
158 reflects the minimum set of affordable benefit options developed by the
159 commissioner pursuant to section 38a-475a. Such notice shall include a
160 description of such policy benefit reductions and minimum set of
161 affordable benefit options. The premium rates for any benefit reductions
162 shall be based on the new premium rate schedule;

163 (ii) Provide policyholders not less than thirty calendar days to elect a
164 reduction in policy benefits or coverage that reflects the minimum set of
165 affordable benefit options developed by the commissioner pursuant to
166 section 38a-475a; and

167 (iii) Include a statement in such notice that if a policyholder fails to
168 elect a reduction in policy benefits or coverage that reflects the

169 minimum set of affordable benefit options developed by the
170 commissioner pursuant to section 38a-475a by the end of the notice
171 period and has not cancelled the policy, the policyholder will be deemed
172 to have elected to retain the existing policy benefits.

173 (C) Prior to implementing a premium rate increase exceeding ten per
174 cent, each such company, society, corporation or center shall (i) hold a
175 public hearing on such rate increase, and (ii) provide written notice to
176 policyholders of the date and time of such hearing not less than fourteen
177 days in advance of such date.

178 Sec. 4. Subdivision (2) of subsection (b) of section 38a-528 of the
179 general statutes is repealed and the following is substituted in lieu
180 thereof (*Effective July 1, 2025*):

181 (2) (A) Any insurance company, fraternal benefit society, hospital
182 service corporation, medical service corporation or health care center
183 that files a rate filing for an increase in premium rates for a long-term
184 care policy that is for twenty per cent or more shall spread the increase
185 over a period of not less than three years and not file a rate filing for an
186 increase in premium rates for the long-term care policy during the
187 period chosen. Such company, society, corporation or center shall use a
188 periodic rate increase that is actuarially equivalent to a single rate
189 increase and a current interest rate for the period chosen.

190 (B) Prior to implementing a premium rate increase, each such
191 company, society, corporation or center shall:

192 (i) Notify its certificate holders of such premium rate increase and
193 make available to such certificate holders the additional choice of
194 reducing the policy benefits to reduce the premium rate or electing
195 coverage that reflects the minimum set of affordable benefit options
196 developed by the commissioner pursuant to section 38a-475a. Such
197 notice shall include a description of such policy benefit reductions and
198 minimum set of affordable benefit options. The premium rates for any
199 benefit reductions shall be based on the new premium rate schedule;

200 (ii) Provide certificate holders not less than thirty calendar days to
201 elect a reduction in policy benefits or coverage that reflects the
202 minimum set of affordable benefit options developed by the
203 commissioner pursuant to section 38a-475a; and

204 (iii) Include a statement in such notice that if a certificate holder fails
205 to elect a reduction in policy benefits or coverage that reflects the
206 minimum set of affordable benefit options developed by the
207 commissioner pursuant to section 38a-475a by the end of the notice
208 period and has not cancelled the policy, the certificate holder will be
209 deemed to have elected to retain the existing policy benefits.

210 (C) Prior to implementing a premium rate increase exceeding ten per
211 cent, each such company, society, corporation or center shall (i) hold a
212 public hearing on such rate increase, and (ii) provide written notice to
213 policyholders of the date and time of such hearing not less than fourteen
214 days in advance of such date.

215 Sec. 5. (*Effective from passage*) The Commissioner of Social Services, in
216 consultation with the Commissioner of Aging and Disability Services,
217 shall conduct a study of the Connecticut home-care program for the
218 elderly, including, but not limited to, an examination of the feasibility of
219 (1) implementing a package five care level, (2) expanding the
220 demonstration project to provide subsidized assisted living facilities for
221 persons residing in affordable housing, established pursuant to section
222 17b-347e of the general statutes, to four additional locations in the state,
223 (3) recategorizing assistance provided under said program such that
224 package four care level or package five care level recipients receive
225 funds equal to the funds such recipients would receive if they hired live-
226 in aides, and (4) raising the asset eligibility limit for persons who do not
227 own a home to one hundred forty-five thousand dollars. Not later than
228 October 1, 2026, the Commissioner of Social Services shall report the
229 results of the study, in accordance with the provisions of section 11-4a
230 of the general statutes, to the joint standing committees of the General
231 Assembly having cognizance of matters relating to aging and human
232 services."

This act shall take effect as follows and shall amend the following sections:

Section 1	<i>July 1, 2025</i>	17a-886
Sec. 2	<i>October 1, 2025</i>	17b-340d(a)(2)
Sec. 3	<i>July 1, 2025</i>	38a-501(b)(2)
Sec. 4	<i>July 1, 2025</i>	38a-528(b)(2)
Sec. 5	<i>from passage</i>	New section