



General Assembly

Amendment

January Session, 2025

LCO No. 8524



Offered by:

SEN. HOCHADEL, 13th Dist.

REP. GARIBAY, 60th 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 Section 17a-886 of the general statutes is repealed and the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 resolve complaints about home

- 48 [care services] and community-based long-term services and supports;
- 49 (2) Raise public awareness about home [care and the program] and
50 community-based long-term services and supports;
- 51 (3) Promote access to home [care services] and community-based
52 long-term services and supports;
- 53 (4) Advocate for long-term care options;
- 54 (5) Coach individuals in self advocacy; and
- 55 (6) Provide referrals to [home care] clients receiving home and
56 community-based long-term services and supports for legal, housing
57 and social services.
- 58 (d) The Office of the Long-Term Care Ombudsman shall oversee the
59 Community Ombudsman program and provide administrative and
60 organizational support by:
- 61 (1) Developing and implementing a public awareness strategy about
62 the Community Ombudsman program;
- 63 (2) Applying for, or working in collaboration with other state
64 agencies to apply for, available federal funding for Community
65 Ombudsman services;
- 66 (3) Collaborating with persons administering other state programs
67 and services to design and implement an agenda to promote the rights
68 of elderly persons and persons with disabilities;
- 69 (4) Providing information to public and private agencies, elected and
70 appointed officials, the media and other persons regarding the problems
71 and concerns of older adults and people with disabilities receiving home
72 care;
- 73 (5) Advocating for improvements in the home and community-based
74 long-term services and supports system; and

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

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

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

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

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

101 (2) Beginning July 1, 2022, facilities will be required to comply with
102 collection and reporting of quality metrics as specified by the
103 Department of Social Services, after consultation with the nursing home
104 industry, consumers, employees and the Department of Public Health.
105 Rate adjustments based on performance on quality metrics will be

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

139 Sec. 3. Subdivision (2) of subsection (b) of section 38a-501 of the

140 general statutes is repealed and the following is substituted in lieu
141 thereof (*Effective July 1, 2025*):

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

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

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

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

165 (iii) Include a statement in such notice that if a policyholder fails to
166 elect a reduction in policy benefits or coverage that reflects the
167 minimum set of affordable benefit options developed by the
168 commissioner pursuant to section 38a-475a by the end of the notice
169 period and has not cancelled the policy, the policyholder will be deemed
170 to have elected to retain the existing policy benefits.

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

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

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

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

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

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

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

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

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2025	17a-886
Sec. 2	October 1, 2025	17b-340d(a)(2)
Sec. 3	July 1, 2025	38a-501(b)(2)
Sec. 4	July 1, 2025	38a-528(b)(2)

Section 1	July 1, 2025	17a-886
Sec. 2	October 1, 2025	17b-340d(a)(2)
Sec. 3	July 1, 2025	38a-501(b)(2)
Sec. 4	July 1, 2025	38a-528(b)(2)