



Senate

General Assembly

File No. 364

February Session, 2026

Substitute Senate Bill No. 433

Senate, April 2, 2026

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 EXPANDING LONG-TERM CARE OPTIONS.

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2 repealed and the following is substituted in lieu thereof (*Effective from*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, 2026, the Commissioner of Social Services shall
26 rebalance the strategic plan for long-term care supports and services to
27 increase opportunities for Medicaid beneficiaries and other persons
28 with limited income who do not qualify for Medicaid for aged, blind
29 and disabled persons to receive care in a home or community-based
30 setting. The rebalanced strategic plan shall include, but need not be
31 limited to, (A) increased outreach by the Department of Social Services
32 to Medicaid beneficiaries and other such persons who may be eligible
33 for the Connecticut home-care program for the elderly, established
34 pursuant to section 17b-342, and Medicaid waiver programs that
35 provide home or community-based care, and (B) assistance provided by
36 the department to such beneficiaries or other such persons in
37 completing applications for such programs. For purposes of this
38 subdivision, "limited income" means income not exceeding three
39 hundred per cent of the federal poverty level.

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

42 (NEW) (g) The Long-Term Care Planning Committee shall study
43 systems and methods to expand long-term care options for Medicaid
44 beneficiaries and other persons with limited income who do not qualify
45 for Medicaid for aged, blind and disabled persons, including, but not
46 limited to, allowing a greater number of such beneficiaries and persons
47 to receive care at home or in a community-based setting rather than in
48 skilled nursing facilities. Not later than December 1, 2026, the Long-

49 Term Care Planning Committee shall submit a report, in accordance
 50 with the provisions of section 11-4a, to the joint standing committees of
 51 the General Assembly having cognizance of matters relating to aging,
 52 appropriations and the budgets of state agencies, human services and
 53 public health on the study and any recommendations for appropriations
 54 or legislation necessary to expand long-term care options. The report
 55 shall include any estimated savings to the state related to reducing care
 56 in skilled nursing facilities as a result of increasing options for care at
 57 home or in a community-based setting. For purposes of this subsection,
 58 "limited income" means income not exceeding three hundred per cent
 59 of the federal poverty level.

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:

In Section 2(g), "more such beneficiaries" was changed to "a greater number of such beneficiaries" for clarity.

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 27 \$	FY 28 \$
Social Services, Dept.	GF - Cost	At least 100,000	See Below
Policy & Mgmt., Off.	GF - Cost	500,000	None
Social Services, Dept.	GF - Potential Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

Section 1 of the bill requires the Department of Social Services (DSS) to rebalance the strategic plan for long-term care supports and services. In the strategic plan, DSS must address (1) increased home- and community-based care opportunities for Medicaid enrollees and those with income up to 300% of the federal poverty level (FPL) who are currently ineligible for HUSKY C; (2) increased outreach by DSS to Medicaid beneficiaries and other such persons who may be eligible for the Connecticut home-care program for the elderly; and (3) assistance provided by the department to such beneficiaries or other such persons in completing applications for such programs. This results in a cost of at least \$100,000 to DSS in FY 27 for additional support (staff or consultant) to rebalance the strategic plan with these new components. Ongoing costs are dependent on the frequency of such reporting and related data monitoring.

To the extent DSS is required to implement the components of the strategic plan, DSS will incur potentially significant costs related to

home- and community-based programs expansion, increased outreach activities, and department assistance in completing applications for these programs.

Section 2 of the bill requires the Long-Term Planning Committee within the Office of Policy and Management (OPM) to (1) study ways to expand long-term care options for Medicaid beneficiaries and others who meet certain requirements, and (2) submit a report by December 1, 2026. This results in a one-time cost to OPM of \$500,000 in FY 27 for a consultant to meet the requirements of the study and submit a report by the deadline.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 433*****AN ACT EXPANDING LONG-TERM CARE OPTIONS.*****SUMMARY**

This bill requires the Department of Social Services (DSS), starting July 1, 2026, to rebalance the strategic plan for long-term care supports and services (LTSS) (see BACKGROUND) to increase opportunities for Medicaid beneficiaries and others with income up to 300% of the federal poverty level (FPL) who do not qualify for HUSKY C to receive care at home or in community-based settings. The bill requires the rebalanced strategic plan to include:

1. increased DSS outreach to Medicaid beneficiaries and others who may be eligible for the Connecticut Home Care Program for Elders and Medicaid waiver programs that provide home- and community-based care, and
2. help provided by DSS for these beneficiaries and others to complete program applications.

The bill also requires the Long-Term Care Planning Committee (see BACKGROUND) to study ways to expand long-term care options for Medicaid beneficiaries and others with income up to 300% of FPL who do not qualify for HUSKY C, including allowing more of these beneficiaries and others to receive care at home or in a community-based setting rather than in nursing homes. The committee must report by December 1, 2026, to the Aging, Appropriations, Human Services, and Public Health committees on the study and recommended appropriations or legislation needed to expand these options. The report must also include any estimated savings to the state related to reducing care in nursing homes by increasing options for care at home or in community-based settings.

EFFECTIVE DATE: Upon passage

BACKGROUND

Strategic Plan to Rebalance Medicaid LTSS

Existing law requires DSS to develop this plan to rebalance Medicaid LTSS with community-based and institutional providers and consider various topics (for example, trends in demand for home, community-based, and institutional services). The law requires the strategic plan to be consistent with the Long-Term Care Planning Committee's long-term care plan.

Long-Term Care Planning Committee

The law establishes the Long-Term Care Planning Committee to exchange information on long-term care issues, coordinate policies development, and establish a long-term care plan for all people in need of long-term care. The committee includes committee leadership from the Aging, Human Services, and Public Health committees and appointments from various executive branch agencies, including DSS, the Department of Aging and Disability Services (ADS), the Department of Public Health, and the Department of Mental Health and Addiction Services. Among other things, existing law requires the committee to submit its long-term care plan to the Aging, Human Services, and Public Health committees every three years. The plan must guide state agencies in developing and making changes to programs that serve people in need of long-term care.

Related Bill

SB 122 (File 45), favorably reported by the Aging Committee, requires DSS, in consultation with ADS, to study the state's long-term care needs and report to the Aging and Human Services committees by January 1, 2027.

sSB 495, favorably reported by the Human Services Committee, requires the Long-Term Care Planning Committee to study certain topics, including state long-term care financing models, and makes changes to the committee's membership.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 23 Nay 0 (03/19/2026)