



General Assembly

February Session, 2026

Raised Bill No. 288

LCO No. 1520



Referred to Committee on AGING

Introduced by:
(AGE)

AN ACT CONCERNING THE DEPARTMENT OF SOCIAL SERVICES' RECOMMENDATIONS REGARDING EXCEPTIONS TO THE NURSING HOME BED MORATORIUM, NURSING HOME RESIDENT DATA AND NURSING HOME REIMBURSEMENT RATE CAPS FOR RELATED PARTY EMPLOYEES.

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

1 Section 1. Subsection (a) of section 17b-354 of the 2026 supplement to
2 the general statutes is repealed and the following is substituted in lieu
3 thereof (*Effective from passage*):

4 (a) The Department of Social Services shall not accept or approve any
5 requests for additional nursing home beds, except (1) beds restricted to
6 use by patients with acquired immune deficiency syndrome or by
7 patients requiring neurological rehabilitation; (2) beds associated with a
8 continuing care facility, as described in section 17b-520, provided such
9 beds are not used in the Medicaid program; [. For the purpose of this
10 subsection, beds associated with a continuing care facility are not subject
11 to the certificate of need provisions pursuant to sections 17b-352 and
12 17b-353;] (3) Medicaid certified beds either to be relocated from one
13 licensed nursing facility to another licensed nursing facility to meet a

14 priority need identified in the strategic plan developed pursuant to
15 subsection (c) of section 17b-369 or new beds added to an existing
16 facility or a new facility with preference given to a nontraditional, small-
17 house-style nursing home facility that incorporates the goals for nursing
18 facilities referenced in the department's strategic plan for long-term
19 care, as outlined in section 17b-355, as amended by this act, to address
20 priority needs reflected by area census trends; (4) licensed Medicaid
21 nursing facility beds to be relocated from one or more existing nursing
22 facilities to a new nursing facility, including a replacement facility,
23 provided (A) no new Medicaid certified beds are added, (B) at least one
24 currently licensed facility is closed in the transaction as a result of the
25 relocation, (C) the relocation is done within available appropriations,
26 (D) the facility participates in the Money Follows the Person
27 demonstration project pursuant to section 17b-369, (E) the availability of
28 beds in the area of need will not be adversely affected, (F) the certificate
29 of need approval for such new facility or facility relocation and the
30 associated capital expenditures are obtained pursuant to sections 17b-
31 352 and 17b-353, and (G) the facilities included in the bed relocation and
32 closure shall be in accordance with the strategic plan developed
33 pursuant to subsection (c) of section 17b-369; and (5) proposals to build
34 a nontraditional, small-house style nursing home designed to enhance
35 the quality of life for nursing facility residents, provided that the
36 nursing facility agrees to reduce its total number of licensed beds by a
37 percentage determined by the Commissioner of Social Services in
38 accordance with the department's strategic plan for long-term care. For
39 the purposes of this subsection, beds associated with a continuing care
40 facility are not subject to the certificate of need provisions pursuant to
41 sections 17b-352 and 17b-353.

42 Sec. 2. Section 17b-355 of the general statutes is repealed and the
43 following is substituted in lieu thereof (*Effective from passage*):

44 (a) In determining whether a request submitted pursuant to sections
45 17b-352 to 17b-354, inclusive, as amended by this act, will be granted,
46 modified or denied, the Commissioner of Social Services shall consider

47 the following: (1) The financial feasibility of the request and its impact
48 on the applicant's rates and financial condition, (2) the contribution of
49 the request to the quality, accessibility and cost-effectiveness of the
50 delivery of long-term care in the region, including consideration of the
51 nursing home's star rating on the five-star quality rating system for
52 nursing homes published by the Centers for Medicare and Medicaid
53 Services, (3) whether there is clear public need for the request, (4) the
54 relationship of any proposed change to the applicant's current
55 utilization statistics and the effect of the proposal on the utilization
56 statistics of other facilities in the applicant's service area, (5) the business
57 interests of all owners, partners, associates, incorporators, directors,
58 sponsors, stockholders and operators and the personal background of
59 such persons, and (6) any other factor which the Department of Social
60 Services deems relevant. In considering whether there is clear public
61 need for any request for the relocation of beds to a replacement facility,
62 or for new beds added to an existing facility or a new facility, the
63 commissioner shall consider whether there is a demonstrated bed need
64 in the towns within a fifteen-mile radius of the town in which the beds
65 are proposed to be located and whether the availability of beds in the
66 applicant's service area will be adversely affected.

67 (b) Any proposal to relocate nursing home beds from an existing
68 facility to a new facility shall not increase the number of Medicaid
69 certified beds and shall result in the closure of at least one currently
70 licensed facility. The commissioner may request that any applicant
71 seeking to replace an existing facility reduce the number of beds in the
72 new facility by a percentage that is consistent with the department's
73 strategic state-wide long-term rebalancing plan for long-term care. If an
74 applicant seeking to replace an existing facility with a new facility owns
75 or operates more than one nursing facility, the commissioner may
76 request that the applicant close two or more facilities before approving
77 the proposal to build a new facility. The commissioner shall also
78 consider whether an application to establish a new or replacement
79 nursing facility proposes a nontraditional, small-house style nursing

80 facility and incorporates goals for nursing facilities referenced in the
81 department's strategic state-wide long-term rebalancing plan for long-
82 term care, including, but not limited to, (1) promoting person-centered
83 care, (2) providing enhanced quality of care, (3) creating community
84 space for all nursing facility residents, and (4) developing stronger
85 connections between the nursing facility residents and the surrounding
86 community.

87 [Bed] (c) Demonstrated bed need shall be based on the recent
88 occupancy percentage of area nursing facilities [and the] with
89 occupancy above ninety-six per cent for a minimum of two consecutive
90 quarters. The department may consider projected bed need [for no more
91 than five years] into the future at [ninety-seven and one-half per cent]
92 occupancy above ninety-six per cent using the latest [official population
93 projections by town and age as published by the Office of Policy and
94 Management and the latest available state-wide nursing facility
95 utilization statistics by age cohort from the Department of Public
96 Health] strategic state-wide long-term rebalancing plan for long-term
97 care as published by the department. The commissioner may also
98 consider area specific utilization and reductions in utilization rates to
99 account for the increased use of less institutional alternatives.

100 Sec. 3. Section 17b-99a of the 2026 supplement to the general statutes
101 is repealed and the following is substituted in lieu thereof (*Effective July*
102 *1, 2026*):

103 (a) (1) For purposes of this section, (A) "extrapolation" means the
104 determination of an unknown value by projecting the results of the
105 review of a sample to the universe from which the sample was drawn,
106 (B) "facility" means any facility described in this subsection and for
107 which rates are established pursuant to section 17b-340, as amended by
108 this act, (C) "minimum data set" means the federal resident assessment
109 tool required by the Centers for Medicare and Medicaid Services, and
110 [(C)] (D) "universe" means a defined population of claims submitted by
111 a facility during a specific time period.

112 (2) The Commissioner of Social Services shall conduct any audit of a
113 licensed chronic and convalescent nursing home, chronic disease
114 hospital associated with a chronic and convalescent nursing home, a rest
115 home with nursing supervision, a licensed residential care home, as
116 defined in section 19a-490, and a residential facility for persons with
117 intellectual disability which is licensed pursuant to section 17a-227 and
118 certified to participate in the Medicaid program as an intermediate care
119 facility for individuals with intellectual disabilities in accordance with
120 the provisions of this section.

121 (b) Not less than thirty days prior to the commencement of any such
122 audit, the commissioner shall provide written notification of the audit
123 to such facility, unless the commissioner makes a good-faith
124 determination that (1) the health or safety of a recipient of services is at
125 risk; or (2) the facility is engaging in vendor fraud under sections 53a-
126 290 to 53a-296, inclusive.

127 (c) Any clerical error, including, but not limited to, recordkeeping,
128 typographical, scrivener's or computer error, discovered in a record or
129 document produced for any such audit, shall not of itself constitute a
130 wilful violation of the rules of a medical assistance program
131 administered by the Department of Social Services unless proof of intent
132 to commit fraud or otherwise violate program rules is established. In
133 determining which facilities shall be subject to audits, the Commissioner
134 of Social Services may give consideration to the history of a facility's
135 compliance in addition to other criteria used to select a facility for an
136 audit.

137 (d) A finding of overpayment or underpayment to such facility shall
138 not be based on extrapolation unless (1) there is a determination of
139 sustained or high level of payment error involving the facility, (2)
140 documented educational intervention has failed to correct the level of
141 payment error, or (3) the value of the claims in aggregate exceeds two
142 hundred thousand dollars on an annual basis.

143 (e) A facility, in complying with the requirements of any such audit,
144 shall be allowed not less than thirty days to provide documentation in
145 connection with any discrepancy discovered and brought to the
146 attention of such facility in the course of any such audit.

147 (f) The commissioner shall produce a preliminary written report
148 concerning any audit conducted pursuant to this section and such
149 preliminary report shall be provided to the facility that was the subject
150 of the audit not later than sixty days after the conclusion of such audit.

151 (g) The commissioner shall, following the issuance of the preliminary
152 report pursuant to subsection (f) of this section, hold an exit conference
153 with any facility that was the subject of any audit pursuant to this
154 subsection for the purpose of discussing the preliminary report. Such
155 facility may present evidence at such exit conference refuting findings
156 in the preliminary report.

157 (h) The commissioner shall produce a final written report concerning
158 any audit conducted pursuant to this subsection. Such final written
159 report shall be provided to the facility that was the subject of the audit
160 not later than sixty days after the date of the exit conference conducted
161 pursuant to subsection (g) of this section, unless the commissioner and
162 the facility agree to a later date or there are other referrals or
163 investigations pending concerning the facility.

164 (i) Any facility aggrieved by a final report issued pursuant to
165 subsection (h) of this section may request a rehearing. A rehearing shall
166 be held by the commissioner or the commissioner's designee, provided
167 a detailed written description of all items of aggrievement in the final
168 report is filed by the facility not later than ninety days following the date
169 of written notice of the commissioner's decision. The rehearing shall be
170 held not later than thirty days following the date of filing of the detailed
171 written description of each specific item of aggrievement. The
172 commissioner shall issue a final decision not later than sixty days
173 following the close of evidence or the date on which final briefs are filed,

174 whichever occurs later. Any items not resolved at such rehearing to the
175 satisfaction of the facility or the commissioner shall be submitted to
176 binding arbitration by an arbitration board consisting of one member
177 appointed by the facility, one member appointed by the commissioner
178 and one member appointed by the Chief Court Administrator from
179 among the retired judges of the Superior Court, which retired judge
180 shall be compensated for his services on such board in the same manner
181 as a state referee is compensated for his services under section 52-434.
182 The proceedings of the arbitration board and any decisions rendered by
183 such board shall be conducted in accordance with the provisions of the
184 Social Security Act, 42 USC 1396, as amended from time to time, and
185 chapter 54.

186 (j) The commissioner shall conduct audits of minimum data set
187 information used in the calculation of Medicaid acuity-based per diem
188 rates paid to licensed nursing homes. The commissioner shall conduct
189 an audit of minimum data set information in accordance with the
190 provisions of this section, except any commissioner's request for, or a
191 nursing home's production of, documentation to support the minimum
192 data set audit need not be conducted in accordance with the provisions
193 of this section. Nursing homes shall provide all documentation
194 requested pursuant to the minimum data set audit not later than ten
195 days after the date on which the commissioner requests such
196 documentation. The commissioner shall not accept any documentation
197 provided by a nursing home after the completion of the exit conference
198 portion of the audit unless the commissioner and the nursing home
199 agree.

200 ~~[(j)]~~ (k) The submission of any false or misleading [fiscal] information
201 or data to the commissioner shall be grounds for suspension of
202 payments by the state under sections 17b-239 to 17b-246, inclusive, and
203 sections 17b-340, as amended by this act, and 17b-343, in accordance
204 with regulations adopted by the commissioner. In addition, any person,
205 including any corporation, who knowingly makes or causes to be made
206 any false or misleading statement or who knowingly submits false or

207 misleading fiscal information or data on the forms approved by the
208 commissioner shall be guilty of a class D felony.

209 ~~[(k)]~~ (l) The commissioner, or any agent authorized by the
210 commissioner to conduct any inquiry, investigation or hearing under
211 the provisions of this section, shall have power to administer oaths and
212 take testimony under oath relative to the matter of inquiry or
213 investigation. At any hearing ordered by the commissioner, the
214 commissioner or such agent having authority by law to issue such
215 process may subpoena witnesses and require the production of records,
216 papers and documents pertinent to such inquiry. If any person disobeys
217 such process or, having appeared in obedience thereto, refuses to
218 answer any pertinent question put to the person by the commissioner or
219 the commissioner's authorized agent or to produce any records and
220 papers pursuant thereto, the commissioner or the commissioner's agent
221 may apply to the superior court for the judicial district of Hartford or
222 for the judicial district wherein the person resides or wherein the
223 business has been conducted, or to any judge of such court if the same
224 is not in session, setting forth such disobedience to process or refusal to
225 answer, and such court or judge shall cite such person to appear before
226 such court or judge to answer such question or to produce such records
227 and papers.

228 ~~[(l)]~~ (m) The commissioner shall provide free training to facilities on
229 the preparation of cost reports to avoid clerical errors and shall post
230 information on the department's Internet web site concerning the
231 auditing process and methods to avoid clerical errors. Not later than
232 April 1, 2015, the commissioner shall establish audit protocols to assist
233 facilities subject to audit pursuant to this section in developing
234 programs to improve compliance with Medicaid requirements under
235 state and federal laws and regulations, provided audit protocols may
236 not be relied upon to create a substantive or procedural right or benefit
237 enforceable at law or in equity by any person, including a corporation.
238 The commissioner shall establish and publish on the department's
239 Internet web site audit protocols for: (1) Licensed chronic and

240 convalescent nursing homes, (2) chronic disease hospitals associated
241 with chronic and convalescent nursing homes, (3) rest homes with
242 nursing supervision, (4) licensed residential care homes, as defined in
243 section 19a-490, and (5) residential facilities for persons with intellectual
244 disability that are licensed pursuant to section 17a-227 and certified to
245 participate in the Medicaid program as intermediate care facilities for
246 individuals with intellectual disabilities. The commissioner shall ensure
247 that the Department of Social Services, or any entity with which the
248 commissioner contracts to conduct an audit pursuant to this section, has
249 on staff or consults with, as needed, licensed health professionals with
250 experience in treatment, billing and coding procedures used by the
251 facilities being audited pursuant to this section.

252 Sec. 4. Subsection (a) of section 17b-340 of the 2026 supplement to the
253 general statutes is repealed and the following is substituted in lieu
254 thereof (*Effective July 1, 2026*):

255 (a) For purposes of this subsection, (1) a "related party" includes, but
256 is not limited to, any company related to a chronic and convalescent
257 nursing home through family association, common ownership, control
258 or business association with any of the owners, operators or officials of
259 such nursing home; (2) "company" means any person, partnership,
260 association, holding company, limited liability company or corporation;
261 (3) "family association" means a relationship by birth, marriage or
262 domestic partnership; and (4) "profit and loss statement" means the
263 most recent annual statement on profits and losses finalized by a related
264 party before the annual report mandated under this subsection. The
265 rates to be paid by or for persons aided or cared for by the state or any
266 town in this state to licensed chronic and convalescent nursing homes,
267 to chronic disease hospitals associated with chronic and convalescent
268 nursing homes, to rest homes with nursing supervision, to licensed
269 residential care homes, as defined by section 19a-490, and to residential
270 facilities for persons with intellectual disability that are licensed
271 pursuant to section 17a-227 and certified to participate in the Title XIX
272 Medicaid program as intermediate care facilities for individuals with

273 intellectual disabilities, for room, board and services specified in
274 licensing regulations issued by the licensing agency shall be determined
275 annually, except as otherwise provided in this subsection by the
276 Commissioner of Social Services, to be effective July first of each year
277 except as otherwise provided in this subsection. Such rates shall be
278 determined on a basis of a reasonable payment for such necessary
279 services, which basis shall take into account as a factor the costs of such
280 services. Cost of such services shall include reasonable costs mandated
281 by collective bargaining agreements with certified collective bargaining
282 agents or other agreements between the employer and employees,
283 provided "employees" shall not include persons who are a related party
284 or employed as managers or chief administrators or required to be
285 licensed as nursing home administrators, and compensation for services
286 rendered by proprietors at prevailing wage rates, as determined by
287 application of principles of accounting as prescribed by said
288 commissioner. Cost of such services shall not include amounts paid by
289 the facilities to employees as salary, or to attorneys or consultants as
290 fees, where the responsibility of the employees, attorneys, or consultants
291 is to persuade or seek to persuade the other employees of the facility to
292 support or oppose unionization. Nothing in this subsection shall
293 prohibit inclusion of amounts paid for legal counsel related to the
294 negotiation of collective bargaining agreements, the settlement of
295 grievances or normal administration of labor relations. The
296 commissioner may, in the commissioner's discretion, allow the inclusion
297 of extraordinary and unanticipated costs of providing services that were
298 incurred to avoid an immediate negative impact on the health and safety
299 of patients. The commissioner may, in the commissioner's discretion,
300 based upon review of a facility's costs, direct care staff to patient ratio
301 and any other related information, revise a facility's rate for any
302 increases or decreases to total licensed capacity of more than ten beds or
303 changes to its number of licensed rest home with nursing supervision
304 beds and chronic and convalescent nursing home beds. The
305 commissioner may, in the commissioner's discretion, revise the rate of a
306 facility that is closing. An interim rate issued for the period during

307 which a facility is closing shall be based on a review of facility costs, the
308 expected duration of the close-down period, the anticipated impact on
309 Medicaid costs, available appropriations and the relationship of the rate
310 requested by the facility to the average Medicaid rate for a close-down
311 period. The commissioner may so revise a facility's rate established for
312 the fiscal year ending June 30, 1993, and thereafter for any bed increases,
313 decreases or changes in licensure effective after October 1, 1989.
314 Effective July 1, 1991, in facilities that have both a chronic and
315 convalescent nursing home and a rest home with nursing supervision,
316 the rate for the rest home with nursing supervision shall not exceed such
317 facility's rate for its chronic and convalescent nursing home. All such
318 facilities for which rates are determined under this subsection shall
319 report on a fiscal year basis ending on September thirtieth. Such report
320 shall be submitted to the commissioner by February fifteenth. Each
321 chronic and convalescent nursing home that receives state funding
322 pursuant to this section shall include in such annual report a profit and
323 loss statement from each related party that receives from such chronic
324 and convalescent nursing home thirty thousand dollars or more per
325 year for goods, fees and services. No cause of action or liability shall
326 arise against the state, the Department of Social Services, any state
327 official or agent for failure to take action based on the information
328 required to be reported under this subsection. The commissioner may
329 reduce the rate in effect for a facility that fails to submit a complete and
330 accurate report on or before February fifteenth by an amount not to
331 exceed ten per cent of such rate. If a licensed residential care home fails
332 to submit a complete and accurate report, the department shall notify
333 such home of the failure and the home shall have thirty days from the
334 date the notice was issued to submit a complete and accurate report. If
335 a licensed residential care home fails to submit a complete and accurate
336 report not later than thirty days after the date of notice, such home may
337 not receive a retroactive rate increase, in the commissioner's discretion.
338 The commissioner shall, annually, on or before April first, report the
339 data contained in the reports of such facilities on the department's
340 Internet web site. For the cost reporting year commencing October 1,

341 1985, and for subsequent cost reporting years, facilities shall report the
342 cost of using the services of any nursing personnel supplied by a
343 temporary nursing services agency by separating said cost into two
344 categories, the portion of the cost equal to the salary of the employee for
345 whom the nursing personnel supplied by a temporary nursing services
346 agency is substituting shall be considered a nursing cost and any cost in
347 excess of such salary shall be further divided so that seventy-five per
348 cent of the excess cost shall be considered an administrative or general
349 cost and twenty-five per cent of the excess cost shall be considered a
350 nursing cost, provided if the total costs of a facility for nursing personnel
351 supplied by a temporary nursing services agency in any cost year are
352 equal to or exceed fifteen per cent of the total nursing expenditures of
353 the facility for such cost year, no portion of such costs in excess of fifteen
354 per cent shall be classified as administrative or general costs. The
355 commissioner, in determining such rates, shall also take into account the
356 classification of patients or boarders according to special care
357 requirements or classification of the facility according to such factors as
358 facilities and services and such other factors as the commissioner deems
359 reasonable, including anticipated fluctuations in the cost of providing
360 such services. The commissioner may establish a separate rate for a
361 facility or a portion of a facility for traumatic brain injury patients who
362 require extensive care but not acute general hospital care. Such separate
363 rate shall reflect the special care requirements of such patients. If
364 changes in federal or state laws, regulations or standards adopted
365 subsequent to June 30, 1985, result in increased costs or expenditures in
366 an amount exceeding one-half of one per cent of allowable costs for the
367 most recent cost reporting year, the commissioner shall adjust rates and
368 provide payment for any such increased reasonable costs or
369 expenditures within a reasonable period of time retroactive to the date
370 of enforcement. Nothing in this section shall be construed to require the
371 Department of Social Services to adjust rates and provide payment for
372 any increases in costs resulting from an inspection of a facility by the
373 Department of Public Health. Such assistance as the commissioner
374 requires from other state agencies or departments in determining rates

375 shall be made available to the commissioner at the commissioner's
376 request. Payment of the rates established pursuant to this section shall
377 be conditioned on the establishment by such facilities of admissions
378 procedures that conform with this section, section 19a-533 and all other
379 applicable provisions of the law and the provision of equality of
380 treatment to all persons in such facilities. The established rates shall be
381 the maximum amount chargeable by such facilities for care of such
382 beneficiaries, and the acceptance by or on behalf of any such facility of
383 any additional compensation for care of any such beneficiary from any
384 other person or source shall constitute the offense of aiding a beneficiary
385 to obtain aid to which the beneficiary is not entitled and shall be
386 punishable in the same manner as is provided in subsection (b) of
387 section 17b-97. Notwithstanding any provision of this section, the
388 Commissioner of Social Services may, within available appropriations,
389 provide an interim rate increase for a licensed chronic and convalescent
390 nursing home or a rest home with nursing supervision for rate periods
391 no earlier than April 1, 2004, only if the commissioner determines that
392 the increase is necessary to avoid the filing of a petition for relief under
393 Title 11 of the United States Code; imposition of receivership pursuant
394 to sections 19a-542 and 19a-543; or substantial deterioration of the
395 facility's financial condition that may be expected to adversely affect
396 resident care and the continued operation of the facility, and the
397 commissioner determines that the continued operation of the facility is
398 in the best interest of the state. The commissioner shall consider any
399 requests for interim rate increases on file with the department from
400 March 30, 2004, and those submitted subsequently for rate periods no
401 earlier than April 1, 2004. When reviewing an interim rate increase
402 request the commissioner shall, at a minimum, consider: (A) Existing
403 chronic and convalescent nursing home or rest home with nursing
404 supervision utilization in the area and projected bed need; (B) physical
405 plant long-term viability and the ability of the owner or purchaser to
406 implement any necessary property improvements; (C) licensure and
407 certification compliance history; (D) reasonableness of actual and
408 projected expenses; and (E) the ability of the facility to meet wage and

409 benefit costs. No interim rate shall be increased pursuant to this
410 subsection in excess of one hundred fifteen per cent of the median rate
411 for the facility's peer grouping, established pursuant to subdivision (3)
412 of subsection (a) of section 17b-340d, unless recommended by the
413 commissioner and approved by the Secretary of the Office of Policy and
414 Management after consultation with the commissioner. Such median
415 rates shall be published by the Department of Social Services not later
416 than April first of each year. In the event that a facility granted an
417 interim rate increase pursuant to this section is sold or otherwise
418 conveyed for value to an unrelated entity less than five years after the
419 effective date of such rate increase, the rate increase shall be deemed
420 rescinded and the department shall recover an amount equal to the
421 difference between payments made for all affected rate periods and
422 payments that would have been made if the interim rate increase was
423 not granted. The commissioner may seek recovery of such payments
424 from any facility with common ownership. With the approval of the
425 Secretary of the Office of Policy and Management, the commissioner
426 may waive recovery and rescission of the interim rate for good cause
427 shown that is not inconsistent with this section, including, but not
428 limited to, transfers to family members that were made for no value. The
429 commissioner shall provide written quarterly reports to the joint
430 standing committees of the General Assembly having cognizance of
431 matters relating to aging, human services and appropriations and the
432 budgets of state agencies, that identify each facility requesting an
433 interim rate increase, the amount of the requested rate increase for each
434 facility, the action taken by the commissioner and the secretary pursuant
435 to this subsection, and estimates of the additional cost to the state for
436 each approved interim rate increase. Nothing in this subsection shall
437 prohibit the commissioner from increasing the rate of a licensed chronic
438 and convalescent nursing home or a rest home with nursing supervision
439 for allowable costs associated with facility capital improvements or
440 increasing the rate in case of a sale of a licensed chronic and convalescent
441 nursing home or a rest home with nursing supervision if receivership
442 has been imposed on such home. For purposes of this section,

443 "temporary nursing services agency" and "nursing personnel" have the
444 same meaning as provided in section 19a-118.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-354(a)
Sec. 2	<i>from passage</i>	17b-355
Sec. 3	<i>July 1, 2026</i>	17b-99a
Sec. 4	<i>July 1, 2026</i>	17b-340(a)

Statement of Purpose:

To (1) authorize additional nursing home beds in certain geographic areas of the state under certain conditions, (2) require licensed nursing homes to submit resident data to the Commissioner of Social Services in a timely fashion to ensure proper calculation of reimbursement rates, and (3) authorize the commissioner not to include related parties as employees when considering costs of a nursing home in rate determinations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]