

OFFICE OF LEGISLATIVE RESEARCH
PUBLIC ACT SUMMARY



PA 26-72—sHB 5562

Human Services Committee

**AN ACT CONCERNING VARIOUS REVISIONS TO HUMAN SERVICES
STATUTES**

TABLE OF CONTENTS:

§ 1 — POSTING AT MANAGED RESIDENTIAL COMMUNITIES

Requires managed residential communities to post DSS contact information for reporting suspected abuse, neglect, exploitation, or abandonment of an elderly person, or that an elderly person may need protective services

§ 2 — REPORT ON SNAP BENEFIT DISTRIBUTION

Requires DSS to report once, rather than annually, to the Human Services Committee on staggering SNAP benefit distribution

§ 3 — DDS FORMER EMPLOYEE REGISTRY ACCESS

Broadens access to DDS' registry of former employees terminated or separated from employment due to substantiated abuse or neglect

§ 4 — LGBTQ JUSTICE AND OPPORTUNITY NETWORK

Changes the network's membership and sets requirements for its bylaws

§ 5 — LONG-TERM CARE PLANNING COMMITTEE

Broadens the committee's required study topics; changes the committee's reporting requirements and leadership selection process; requires the committee to issue a report by January 1, 2027, on the impact of federal changes on long-term care financing in the state

§ 6 — LONG-TERM CARE ADVISORY COUNCIL

Adds members to the Long-Term Care Advisory Council; requires the Human Services Committee chairpersons to jointly appoint council leadership; allows the council to accept gifts and charitable contributions

§§ 6-8 — ORGANIZATION NAME CHANGE

Changes statutory references to "LeadingAge Connecticut" to "LeadingAge Connecticut & Rhode Island"

§ 9 — ELIMINATED REPORTING REQUIREMENT

Eliminates a requirement that DSS report at least annually to MAPOC on gender-affirming care coverage

§ 10 — FEDERAL REGULATIONS CONCERNING NURSING HOME RESIDENTS

Incorporates into state law by reference federal regulations on (1) giving antipsychotic pharmaceuticals to a nursing home resident and (2) a nursing home resident's informed consent to treatment

§ 11 — ADS SPENDING CAP FOR COMMUNITY INCLUSION SERVICES

Increases the amount ADS can spend in a fiscal year on community inclusion services for deaf and blind adults

§ 12 — HUSKY C REPORT

Requires DSS to report annually, from 2027 to 2032, on HUSKY C to the Appropriations and Human Services committees

§ 13 — PEER SUPPORT SPECIALISTS

Requires the DSS commissioner to report to the Human Services Committee on reimbursement systems to better integrate peer support specialists into the state medical assistance program

§ 14 — WHEELCHAIR REPAIR AND ADVISORY COUNCIL

Changes the council's membership; transfers administrative duties to OHA; removes authorization for legislators to serve on the council; requires council members to serve two-year terms at the pleasure of the appointing authority

§ 15 — WHEELCHAIR DEALER REPORTS AND NOTICES

Requires authorized DSS-contracted wheelchair dealers to report monthly, rather than annually, on wheelchair repairs and requires authorized wheelchair dealers to notify consumers about their rights to timely repair

§ 16 — STUDY ON INPATIENT PSYCHIATRIC FACILITY

Requires the DSS commissioner to study the feasibility of establishing an inpatient facility for psychiatric treatment services for children and young adults

SUMMARY: This act makes unrelated changes in human services laws, as described in the section-by-section analysis below. It also makes technical and conforming changes.

EFFECTIVE DATE: Various, see below.

§ 1 — POSTING AT MANAGED RESIDENTIAL COMMUNITIES

Requires managed residential communities to post DSS contact information for reporting suspected abuse, neglect, exploitation, or abandonment of an elderly person, or that an elderly person may need protective services

Existing law requires managed residential communities to prominently post a resident's bill of rights, including contact information for the Department of Public Health and the Office of the State Long-Term Care Ombudsman. The act expands this required posting to include Department of Social Services (DSS) contact

OLR PUBLIC ACT SUMMARY

information for reporting suspected abuse, neglect, exploitation, or abandonment of an elderly person, or that an elderly person may need protective services.

A managed residential community is a for-profit or nonprofit facility consisting of private residential units that provide a managed group living environment with housing and services for people primarily age 55 and over (assisted living facilities). The term excludes state-funded congregate housing facilities.

EFFECTIVE DATE: July 1, 2026

§ 2 — REPORT ON SNAP BENEFIT DISTRIBUTION

Requires DSS to report once, rather than annually, to the Human Services Committee on staggering SNAP benefit distribution

Existing law requires DSS to distribute Supplemental Nutrition Assistance Program (SNAP) benefits to cohorts of beneficiaries at multiple intervals during the month (implement a staggered distribution), starting March 1, 2026. Prior law required DSS to report on this to the Human Services Committee annually, starting by April 1, 2026. The act makes this report a one-time requirement.

EFFECTIVE DATE: Upon passage

§ 3 — DDS FORMER EMPLOYEE REGISTRY ACCESS

Broadens access to DDS' registry of former employees terminated or separated from employment due to substantiated abuse or neglect

Existing law requires the Department of Developmental Services (DDS) to maintain a registry of certain former employees who were fired from or left their jobs due to substantiated abuse or neglect and makes the registry available to specified agencies, employers, and charitable organizations. The act additionally requires DDS to make the registry available to employers of service providers for people who get services or funding from DSS' Medicaid waiver program for autism spectrum disorder.

EFFECTIVE DATE: Upon passage

§ 4 — LGBTQ JUSTICE AND OPPORTUNITY NETWORK

Changes the network's membership and sets requirements for its bylaws

Existing law establishes a Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) Justice and Opportunity Network to make recommendations to the state government on delivering access and opportunity services to LGBTQ people. The act changes the network's membership and requires that the new members (1) be appointed jointly by the House speaker and Senate president pro tempore and (2) reflect the diversity of the LGBTQ community.

Under prior law, the network included the following members:

1. the Safe Harbor Project, the New Haven Pride Center, the Triangle Community Center in Norwalk, Advancing CT Together, the Connecticut

OLR PUBLIC ACT SUMMARY

chapter of the Gay, Lesbian, and Straight Education Network, the Rainbow Center at the University of Connecticut, the Hartford Gay and Lesbian Health Collective, the Connecticut Transadvocacy Coalition, the Queer Unity Empowerment Support Team, the Commission on Women, Children, Seniors, Equity and Opportunity, A Place to Nourish Your Health, Kamora's Cultural Corner, Apex Community Care, and the Queer Youth Program of Connecticut executive directors;

2. Connecticut Latinas/os Achieving Rights and Opportunities, OutCT in New London, and Connecticut Community Care presidents;
3. a licensed physician who is LGBTQ, appointed by the House speaker;
4. a licensed mental health services provider who is LGBTQ;
5. an LGBT Aging Advocacy coalition member, appointed by the governor; and
6. additional members appointed by the House speaker or Senate president pro tempore.

The act eliminates these requirements and instead requires the network to include the following members:

1. a health care provider, licensed in medicine and surgery or nursing, serving the LGBTQ community;
2. a mental health provider, licensed in medicine and surgery or psychology, serving the LGBTQ community;
3. a representative of an organization working to improve the health of people with HIV/AIDS;
4. a licensed attorney representing an organization working to eliminate LGBTQ+ discrimination;
5. an LGBTQ youth organization representative;
6. an LGBTQ elderly organization representative;
7. an LGBTQ veteran;
8. an LGBTQ corporate employee affinity group representative;
9. an LGBTQ educator;
10. a representative of an organization that works with a resettlement community supporting refugees and other immigrants;
11. an LGBTQ community center executive director;
12. a representative of an organization working with the disability community;
13. a representative of an affirming interfaith organization working to welcome and include diverse communities, including LGBTQ people;
14. a parent or caregiver of an LGBTQ child;
15. the Commission on Women, Children, Seniors, Equity and Opportunity executive director; and
16. up to nine at-large representatives with an interest in furthering state policy specific to LGBTQ persons' interests and welfare.

The act requires these appointments to be made by September 1, 2026. As under existing law, members (1) serve at the will of the House speaker and Senate president pro tempore, who set term limits for each member, and (2) choose the chairpersons.

The act also requires members to (1) adopt bylaws to conduct network business

and (2) annually elect officers, as bylaws may designate, from among the members. Bylaws may include:

1. alternate representatives of the network to attend and vote at any meeting in place of absent representatives;
2. an executive committee of the network and additional committees, including nonvoting advisory committees;
3. procedures to address member non-attendance, including participation standards, notice requirements, and potential consequences for repeated or unexcused absences; and
4. procedures for adopting a governance model.

EFFECTIVE DATE: July 1, 2026

§ 5 — LONG-TERM CARE PLANNING COMMITTEE

Broadens the committee's required study topics; changes the committee's reporting requirements and leadership selection process; requires the committee to issue a report by January 1, 2027, on the impact of federal changes on long-term care financing in the state

The act requires the Long-Term Care Planning Committee (LTCPC), within available appropriations, to study (1) state long-term care financing models, including payroll deductions for long-term care; (2) best practices for workforce retention, wages, and standards; and (3) projected federal support for long-term care and solutions for insufficient federal funding.

Existing law requires the LTCPC to study various other long-term care related topics, such as evaluating available data on Medicaid nursing home expenditures compared to those for home- and community-based Medicaid waiver recipients who need a nursing home level of care. The act eliminates the requirement that the study include the number of people who received care to help in short- and long-term Medicaid expenditure forecasting.

The act also requires the LTCPC, when annually reporting to the Aging and Human Services committees each January 1, to report on (1) the issues the committee must study under existing law and the act; (2) a list of long-term care supports and services in the community and institutions (for example, nursing homes); and (3) any related recommendations. The act eliminates a requirement that the report include the number of people receiving long-term care supports and services in community and institutional settings.

Existing law sets the LTCPC membership, which includes several state agency representatives and the chairpersons and ranking members of the Aging, Human Services, and Public Health committees. The act makes minor changes for state agency members by specifying that agency heads or their designees must serve as committee members.

Prior law allowed the members to elect any member as a chairperson. The act instead designates the Office of Policy and Management (OPM) secretary, or his designee, as a chairperson. It also requires the members to elect a Senate chairperson and a House chairperson from among the committee's legislative members.

The act requires the LTCPC, within available appropriations, to issue a report

OLR PUBLIC ACT SUMMARY

by January 1, 2028, on the impact of the federal FY 25 Reconciliation Law (commonly referred to as H.R. 1 or the One Big Beautiful Bill Act (P.L. 119-21)) and other recent federal regulatory changes on financing long-term care options in the state and solicit recommendations for further actions.

EFFECTIVE DATE: July 1, 2026

§ 6 — LONG-TERM CARE ADVISORY COUNCIL

Adds members to the Long-Term Care Advisory Council; requires the Human Services Committee chairpersons to jointly appoint council leadership; allows the council to accept gifts and charitable contributions

By law, the Long-Term Care Advisory Council advises and makes recommendations to the LTCPC. The act:

1. explicitly requires it to advise on the topics the LTCPC must study under existing law and the act (see above);
2. adds the OPM secretary and the Human Services Committee's chairpersons and ranking members, or their designees, to the council;
3. replaces as a member the Legal Assistance Resource Center executive director, or his or her designee, with a representative from one of the following state legal services programs: CT Legal Services, Greater Hartford Legal Aid, or New Haven Legal Assistance Association;
4. requires the Human Services Committee chairpersons to jointly appoint the council's chairpersons; and
5. authorizes the council to accept gifts and charitable contributions to finance its work.

EFFECTIVE DATE: July 1, 2026

§§ 6-8 — ORGANIZATION NAME CHANGE

Changes statutory references to "LeadingAge Connecticut" to "LeadingAge Connecticut & Rhode Island"

The act updates statutory references to "LeadingAge Connecticut," a nonprofit advocacy organization, to "LeadingAge Connecticut & Rhode Island," to reflect the organization's current structure.

EFFECTIVE DATE: Upon passage, except the name change for the organization's representative on the Long-Term Care Advisory Council is effective July 1, 2026.

§ 9 — ELIMINATED REPORTING REQUIREMENT

Eliminates a requirement that DSS report at least annually to MAPOC on gender-affirming care coverage

The act eliminates the requirement that DSS report at least annually to the Council on Medical Assistance Program Oversight (MAPOC) on gender-affirming care coverage in the HUSKY Health Program (which includes Medicaid and the State Children's Health Insurance Program).

OLR PUBLIC ACT SUMMARY

EFFECTIVE DATE: Upon passage

§ 10 — FEDERAL REGULATIONS CONCERNING NURSING HOME RESIDENTS

Incorporates into state law by reference federal regulations on (1) giving antipsychotic pharmaceuticals to a nursing home resident and (2) a nursing home resident's informed consent to treatment

The act incorporates the provisions of two federal regulations into state law by reference. The act incorporates these regulations as adopted as of January 1, 2026, and requires that they apply in the same way and with the same force and effect as if the language of the federal regulations had been incorporated in full into the general statutes.

Specifically, the act incorporates the provisions of 42 C.F.R. § 483.45(e) on providing antipsychotic pharmaceuticals to a nursing home resident. These regulations set requirements for nursing home facilities when administering psychotropic drugs to residents. Among other things, they require facilities to ensure that residents who use psychotropic drugs receive gradual dose reductions and behavioral interventions, unless clinically contraindicated, to discontinue these drugs.

The act also incorporates the provisions of 42 C.F.R. § 483.10(c) on a nursing home resident's informed consent to treatment. Among other things, these regulations give a resident the right to be informed of and participate in their treatment, including the right to (1) participate in developing and implementing a person-centered care plan and (2) request, refuse, or discontinue treatment.

EFFECTIVE DATE: July 1, 2026

§ 11 — ADS SPENDING CAP FOR COMMUNITY INCLUSION SERVICES

Increases the amount ADS can spend in a fiscal year on community inclusion services for deaf and blind adults

The act increases, from \$10,000 to \$14,000, the amount the Department of Aging and Disability Services (ADS) may spend per person each fiscal year on community inclusion services for people ages 21 or older who are both blind or visually impaired and deaf. Community inclusion services help people with disabilities connect with their peers without disabilities and the community at large.

EFFECTIVE DATE: July 1, 2026

§ 12 — HUSKY C REPORT

Requires DSS to report annually, from 2027 to 2032, on HUSKY C to the Appropriations and Human Services committees

The act requires the DSS commissioner to report annually on HUSKY C, starting by October 1, 2027, and continuing until October 1, 2032, to the Appropriations and Human Services committees. The report must include:

OLR PUBLIC ACT SUMMARY

1. the number of people eligible for HUSKY C for the previous fiscal year,
2. the number of people found ineligible for HUSKY C for exceeding the asset limit and the amount by which their assets exceeded the limit, and
3. projected costs the state would incur in the next fiscal year if asset limits were increased.

HUSKY C is Medicaid for people who are age 65 or older, blind, or living with a disability (CGS § 17b-290).

EFFECTIVE DATE: July 1, 2026

§ 13 — PEER SUPPORT SPECIALISTS

Requires the DSS commissioner to report to the Human Services Committee on reimbursement systems to better integrate peer support specialists into the state medical assistance program

The act requires the DSS commissioner to (1) evaluate how peer support specialists are reimbursed, supervised, and trained and (2) make recommendations on how to structure a reimbursement system to better integrate this work into the state medical assistance program, which includes Medicaid and the state Children's Health Insurance Program.

Under the act, a "peer support specialist" is someone with experience living with mental illness or substance use disorder who is certified to provide peer recovery support under a program administered by the Department of Mental Health and Addiction Services (DMHAS). These specialists provide "peer support services," which are recovery-focused behavioral health services that give someone the opportunity to learn to manage his or her recovery.

Under the act, the commissioner must review:

1. services under the medical assistance program that would benefit from peer support services and peer support specialists;
2. how these services and specialists are currently used in the medical assistance program;
3. payment mechanisms currently used to reimburse specialists;
4. how specialists are trained and supervised in the medical assistance program;
5. best practices in other states to reimburse, train, and supervise specialists and integrate their services into medical assistance programs; and
6. alternate payment mechanisms to ensure enough workers and specialists are available to serve medical assistance beneficiaries.

The DSS commissioner must report her evaluation and recommendations to the Human Services Committee by January 31, 2027.

EFFECTIVE DATE: Upon passage

§ 14 — WHEELCHAIR REPAIR AND ADVISORY COUNCIL

Changes the council's membership; transfers administrative duties to OHA; removes authorization for legislators to serve on the council; requires council members to serve two-year terms at the pleasure of the appointing authority

OLR PUBLIC ACT SUMMARY

By law, the Wheelchair Repair Advisory Council must monitor wheelchair repairs and make recommendations on improving repair times. Under prior law, the council had eight appointed members and several ex-officio members.

The act adds a member to the council by requiring the Human Services Committee chairpersons to appoint two consumers who use a complex rehabilitation technology wheelchair that is leased or repaired under the Medicaid program, rather than one. It requires one of the members appointed by the General Law Committee ranking members to be an authorized dealer, rather than a consumer who privately pays for complex rehabilitation technology. The act also (1) requires appointed council members to serve two-year terms at the pleasure of the appointing authority and (2) removes a provision allowing legislators to serve as appointed council members.

The act requires the Office of the Healthcare Advocate's (OHA) administrative staff, rather than that of the Human Services Committee, to serve as the council's administrative staff.

EFFECTIVE DATE: July 1, 2026

§ 15 — WHEELCHAIR DEALER REPORTS AND NOTICES

Requires authorized DSS-contracted wheelchair dealers to report monthly, rather than annually, on wheelchair repairs and requires authorized wheelchair dealers to notify consumers about their rights to timely repair

An authorized wheelchair dealer is any company doing business in the state selling or leasing wheelchairs, including complex rehabilitation technology wheelchairs. The act requires authorized DSS-contracted wheelchair dealers to report monthly, rather than annually, on wheelchair repairs to the Wheelchair Repair Advisory Council and the DSS commissioner. By law, this report includes information on minimum, maximum, and average times from when a repair is requested to when the dealer responds and makes the repair, among other things.

The act also requires authorized wheelchair dealers to notify consumers about their rights to timely repair, including repair at the consumer's home if requested, and other rights under the law. Dealers must provide the notice (1) in writing when a consumer leases or buys a wheelchair, (2) in any mailings to the consumer, and (3) on the dealer's website.

EFFECTIVE DATE: July 1, 2026

§ 16 — STUDY ON INPATIENT PSYCHIATRIC FACILITY

Requires the DSS commissioner to study the feasibility of establishing an inpatient facility for psychiatric treatment services for children and young adults

The act requires the DSS commissioner to study the feasibility of establishing an inpatient facility to provide psychiatric treatment services to children and young adults, ages 14 to 21, with intellectual or developmental disabilities. The DSS commissioner must do this in collaboration with the children and families, DDS, and DMHAS commissioners, and the Office of the Behavioral Health Advocate.

OLR PUBLIC ACT SUMMARY

The study must include:

1. the appropriate facility size and number of people served at one time;
2. the best treatment practices for the population;
3. the operational costs of establishing the facility and the feasibility of operating it within available appropriations;
4. appropriate sites for the facility, including on state-owned property; and
5. billing options, including for Medicaid, for inpatient psychiatric services for this population.

DSS must submit a report with its study results by July 1, 2027, to the Appropriations, Childrens, Human Services, and Public Health committees.

EFFECTIVE DATE: Upon passage