



House of Representatives

File No. 826

General Assembly

January Session, 2001

(Reprint of File No. 717)

Substitute House Bill No. 6909
As Amended by House Amendment
Schedule "A"

Approved by the Legislative Commissioner
May 25, 2001

**AN ACT CONCERNING THE LONG-TERM CARE PLANNING
COMMITTEE.**

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

1 Section 1. Section 17b-337 of the general statutes is repealed and the
2 following is substituted in lieu thereof:

3 (a) There shall be established a Long-Term Care Planning
4 Committee for the purpose of exchanging information on long-term
5 care issues, coordinating policy development and establishing a long-
6 term care plan for [elderly] all persons in need of long-term care. Such
7 plan shall integrate the three components of a long-term care system
8 including home and community-based services, supportive housing
9 arrangements and nursing facilities. Such plan shall include: (1) A
10 vision and mission statement for a long-term care system; (2) the
11 current number of [elderly] persons receiving services; (3)
12 demographic data concerning [elderly] such persons by service type;
13 (4) the current aggregate cost of such system of services; (5) forecasts of
14 future demand for services; (6) the type of services available and the
15 amount of funds necessary to meet the demand; (7) projected costs for

16 programs associated with such system; (8) strategies to promote the
17 partnership for long-term care program; (9) resources necessary to
18 accomplish goals for the future; (10) funding sources available; and
19 (11) the number and types of providers needed to deliver services. The
20 plan shall address how changes in one component of such long-term
21 care system impact other components of such system.

22 (b) The Long-Term Care Planning Committee shall, within available
23 appropriations, study issues relative to long-term care including, but
24 not limited to, the case-mix system of Medicaid reimbursement,
25 community-based service options, access to long-term care and
26 geriatric psychiatric services. Such committee shall evaluate issues
27 relative to long-term care in light of the United States Supreme Court
28 decision, *Olmstead v. L.C.*, 119 S. Ct. 2176 (1999), requiring states to
29 place persons with disabilities in community settings rather than in
30 institutions when such placement is appropriate, the transfer to a less
31 restrictive setting is not opposed by such persons and such placement
32 can be reasonably accommodated.

33 (c) The Long-Term Care Planning Committee shall consist of: (1)
34 The chairpersons and ranking members of the joint standing and select
35 committees of the General Assembly having cognizance of matters
36 relating to human services, public health, elderly services and
37 long-term care; (2) the Commissioner of Social Services, or the
38 commissioner's designee; (3) one member of the Office of Policy and
39 Management appointed by the Secretary of the Office of Policy and
40 Management; (4) one member from the Department of Social Services
41 appointed by the Commissioner of Social Services; (5) one member
42 from the Department of Public Health appointed by the Commissioner
43 of Public Health; (6) one member from the Department of Economic
44 and Community Development appointed by the Commissioner of
45 Economic and Community Development; (7) one member from the
46 Office of Health Care Access appointed by the Commissioner of
47 Health Care Access; (8) one member from the Department of Mental
48 Retardation appointed by the Commissioner of Mental Retardation; (9)
49 one member from the Department of Mental Health and Addiction

50 Services appointed by the Commissioner of Mental Health and
51 Addiction Services; [and] (10) one member from the Department of
52 Transportation appointed by the Commissioner of Transportation; (11)
53 one member from the Department of Children and Families appointed
54 by the Commissioner of Children and Families; and (12) the executive
55 director of the Office of Protection and Advocacy for Persons with
56 Disabilities or the executive director's designee. The committee shall
57 convene no later than ninety days after June 4, 1998. Any vacancy shall
58 be filled by the appointing authority. The chairperson shall be elected
59 from among the members of the committee. The committee shall seek
60 the advice and participation of any person, organization or state or
61 federal agency it deems necessary to carry out the provisions of this
62 section.

63 (d) Not later than January 1, 1999, and [biennially] every three years
64 thereafter, the Long-Term Care Planning Committee shall submit a
65 long-term care plan pursuant to subsection (a) of this section to the
66 joint standing and select committees of the General Assembly having
67 cognizance of matters relating to human services, public health, elderly
68 services and long-term care, in accordance with the provisions of
69 section 11-4a, and such plan shall serve as a guide for the actions of
70 state agencies in developing and modifying programs that serve
71 persons in need of long-term care.

72 (e) Any state agency, when developing or modifying any program
73 that, in whole or in part, provides assistance or support to persons
74 with long-term care needs, shall, to the maximum extent feasible,
75 include provisions that support care-giving provided by family
76 members and other informal caregivers and promote consumer-
77 directed care.

78 Sec. 2. This act shall take effect July 1, 2001.

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact: See Explanation Below

Affected Agencies: Departments of Social Services and Children and Families, Office of Protection and Advocacy for Persons with Disabilities

Municipal Impact: None

Explanation

State Impact:

This bill as amended expands the scope of the Long-Term Care Planning Committee's issues to include non-elderly people and placement in community settings. The bill as amended also increases membership on the Committee and allows the committee to report to the General Assembly every three years, rather than biennially, as currently required. It is anticipated that the agencies involved with the Long-Term Care Planning Committee can accommodate these changes within their anticipated budgetary resources.

This bill as amended also requires that any state agency that develops or modifies a program that provides assistance or support for long term care also include provisions that support certain informal care giving, to the maximum extent possible. The impact of this provision is not clear, as it cannot be determined to what extent state agencies may have to change current policy to support informal care giving.

House "A" made a technical clarification that had no associated fiscal impact.

OLR Amended Bill Analysis

sHB 6909 (as amended by House "A")*

AN ACT CONCERNING THE LONG-TERM CARE PLANNING COMMITTEE.**SUMMARY:**

This bill expands the Long-Term Care Planning Committee's scope to include establishing a long-term care plan for all people in need of long-term care instead of only the elderly. It adds to the committee's membership one representative of the Department of Children and Families (DCF) appointed by the DCF commissioner, and the executive director of the Office of Protection and Advocacy for Persons with Disabilities or his designee. It also requires the committee to evaluate long-term care issues in light of the U.S. Supreme Court decision in *Olmstead v. L.C.*, which requires states to place people with disabilities in community settings rather than in institutions when it is appropriate, the individual does not oppose the transfer, and the community placement can be reasonably accommodated.

The bill also:

1. changes the committee's reporting deadline for its long-term care plan from every two years to every three years;
2. requires the plan to serve as a guide for state agencies' developing and modifying programs that serve people in need of long-term care;
3. requires any state agency, when developing or modifying any program that, wholly or partially, provides assistance or support to people with long-term care needs to include, to the extent feasible, provisions that (a) support care-giving by family members and other informal caregivers and (b) promote consumer-directed care.

*House Amendment "A" makes a technical change.

EFFECTIVE DATE: July 1, 2001

BACKGROUND

Long-Term Care Planning Committee

In 1998, the General Assembly created the interagency Long-Term Care Planning Committee. Its current members are representatives from the departments of Social Services, Public Health, Economic and Community Development, Mental Retardation, Mental Health and Addiction Services, and Transportation, and the Office of Health Care Access, as well as the chairpersons and ranking members of the Human Services, Public Health, and Aging committees.

The planning committee's charge is to exchange information on elderly long-term care issues, coordinate long-term care policy development, establish a statewide long-term care plan for the elderly, and conduct studies of related issues. The committee is advised by a larger Long-Term Care Advisory Council, composed of legislators, representatives of providers of long-term care services, and advocates for consumers of these services.

Last year, the planning committee, prompted by the U.S. Supreme Court's *Olmstead* decision, informally added long-term care planning for people with disabilities to its original charge. To help the committee in its newly expanded work, the Connecticut Community Options Task Force was created. The task force developed a plan that focuses on identifying and resolving barriers to community integration.

Olmstead Decision

On June 22, 1999, the U.S. Supreme Court ruled that the unjustified isolation of mentally disabled patients in institutional settings constitutes discrimination based on disability (*Olmstead v. L. C.*, 119 S.Ct. 2176 (1999)). The majority decision affirmed the key holdings of an April 1998 ruling of the U.S. Court of Appeals for the Eleventh Circuit. That court found that Georgia health officials violated the Americans with Disabilities Act (ADA) by segregating two mentally retarded women in a psychiatric hospital instead of providing them with appropriate community-based care.

The Supreme Court concluded that the ADA required states to provide community-based treatment for people with mental disabilities when (1) the state's treatment professionals determine that such placement is appropriate; (2) the affected people do not oppose such treatment; and (3) the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with mental disabilities.

The Supreme Court remanded the case for further consideration of the appropriate relief, given the range of facilities the state maintains for the care and treatment of people with diverse mental disabilities, and its obligation to administer services with an "even hand."

Legislative History

The House referred the bill (File 717) to the Government Administration and Elections (GAE) Committee on May 15. GAE favorably reported the bill on May 16. The House referred the bill to Legislative Management on May 17. That committee favorably reported the bill on May 22.

COMMITTEE ACTION

Select Committee on Aging

Joint Favorable Substitute Change of Reference

Yea 12 Nay 0

Human Services Committee

Joint Favorable Change of Reference

Yea 17 Nay 0

Appropriations Committee

Joint Favorable Substitute

Yea 51 Nay 0

Government Administration and Elections

Joint Favorable Report

Yea 18 Nay 0

Legislative Management

Joint Favorable Report

Yea 29 Nay 0