



General Assembly

Amendment

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LCO No. **5891**

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Offered by:
REP. VILLANO, 91st Dist.

To: House Bill No. **6004**

File No.

Cal. No.

"AN ACT CONCERNING STATE EXPENDITURES."

1 After the last section, insert the following:

2 "Sec. 117. (NEW) (*Effective from passage*) The Office of Policy and
3 Management, within existing budgetary resources and in consultation
4 with the Select Committee on Aging, the Commission on Aging and
5 the Long-Term Care Advisory Council, shall fund, develop, implement
6 and maintain a single consumer-oriented Internet website that
7 provides comprehensive information on long-term care options that
8 are available in Connecticut including, but not limited to: Medicare,
9 Medicaid, ConnPACE, Personal Care Attendant Programs, group
10 homes, congregate living, home and community-based care, assisted
11 living, residential retirement communities, residential care facilities,
12 nursing homes, adult day care, long-term care insurance, tax
13 deductions, tax credits and estate planning. The website shall also
14 include direct links and referral information regarding long-term care
15 resources, including private and nonprofit organizations offering
16 advice, counseling and legal services.

17 Sec. 118. Section 4-65a of the general statutes is repealed and the
18 following is substituted in lieu thereof (*Effective from passage*):

19 (a) There shall be an Office of Policy and Management which shall
20 be responsible for all aspects of state staff planning and analysis in the
21 areas of budgeting, management, planning, energy policy
22 determination and evaluation, intergovernmental policy, long-term
23 care planning, criminal and juvenile justice planning and program
24 evaluation. The department head shall be the Secretary of the Office of
25 Policy and Management, who shall be appointed by the Governor in
26 accordance with the provisions of sections 4-5, 4-6, 4-7 and 4-8, with all
27 the powers and duties therein prescribed. The Secretary of the Office of
28 Policy and Management shall be the employer representative (1) in
29 collective bargaining negotiations concerning changes to the state
30 employees retirement system and health and welfare benefits, and (2)
31 in all other matters involving collective bargaining, including
32 negotiation and administration of all collective bargaining agreements
33 and supplemental understandings between the state and the state
34 employee unions concerning all executive branch employees except
35 (A) employees of the Division of Criminal Justice, and (B) faculty and
36 professional employees of boards of trustees of constituent units of the
37 state system of higher education. The secretary may designate a
38 member of the secretary's staff to act as the employer representative in
39 the secretary's place.

40 (b) There shall be such undersecretaries as may be necessary for the
41 efficient conduct of the business of the office. Each such undersecretary
42 shall be appointed by the secretary and shall be qualified and
43 experienced in the functions to be performed by him. The positions of
44 each such undersecretary shall be exempt from the classified service.

45 Sec. 119. Section 17b-337 of the general statutes, as amended by
46 section 1 of public act 01-119, is repealed and the following is
47 substituted in lieu thereof (*Effective from passage*):

48 [(a) There shall be established a Long-Term Care Planning

49 Committee for the purpose of exchanging information on long-term
50 care issues, coordinating policy development and establishing a long-
51 term care plan for all persons in need of long-term care. Such plan
52 shall integrate the three components of a long-term care system
53 including home and community-based services, supportive housing
54 arrangements and nursing facilities.]

55 (a) The Office of Policy and Management, in consultation with state
56 agencies responsible for implementing long-term care programs, shall
57 undertake a comprehensive needs plan for long-term care services. The
58 plan shall assess the three major components of the long-term care
59 system, home and community-based services, supportive housing
60 arrangements and nursing home care to evaluate the need for services
61 and the cost of providing services. Such plan shall include: (1) A vision
62 and mission statement for a long-term care system; (2) the current
63 number of persons receiving services; (3) demographic data
64 concerning such persons by service type; [(4) the current aggregate
65 cost of such system of services; (5) forecasts of future demand for
66 services; (6)] (4) the type of services available and the amount of funds
67 necessary to meet the demand; [(7) (5) projected costs for programs
68 associated with such system; [(8) (6) strategies to promote the
69 partnership for long-term care program; [(9) (7) resources necessary to
70 accomplish goals for the future; [(10) funding sources available; and
71 (11)] (8) the number and types of providers needed to deliver services;
72 (9) a nursing home bed need methodology, based on demand and
73 alternatives available, as well as demographics and the impact of
74 changes in nursing home bed supply; (10) a comprehensive strategy to
75 match nursing home bed supply and need by area of the state; (11) an
76 estimate of the costs of the three component system; and (12)
77 identification of the funding sources to be utilized to finance the three
78 component system.

79 (b) The plan shall address how changes in one component of such
80 long-term care system impact other components of such system. The
81 plan shall incorporate data measuring the level of care provided to
82 nursing home residents to gauge whether said population resides in

83 the most appropriate, least restrictive setting. The plan shall
84 incorporate data from the federal Centers for Medicare and Medicaid
85 Services in order to assess and analyze the federal Minimum Data Set.
86 Said data shall be integrated with facility inspection data derived from
87 the Department of Public Health and nursing home cost data derived
88 from the Department of Social Services. Data gathered shall be utilized
89 to track and evaluate: (1) Resident acuity by facility, (2) the
90 relationship between facility and costs, (3) acuity and staffing patterns,
91 (4) changes in acuity over time, and (5) adequacy of the admissions
92 assessment tool.

93 [(b)] (c) There is established a Long-Term Care Planning Committee
94 to exchange information on long-term care issues, coordinate policy
95 development and provide advice to the Office of Policy and
96 Management on the development of the long-term care plan pursuant
97 to subsection (a) of this section. The Long-Term Care Planning
98 Committee shall, within available appropriations, study issues relative
99 to long-term care including, but not limited to, [the case-mix system of
100 Medicaid reimbursement,] community-based service options, access to
101 long-term care and geriatric psychiatric services. Such committee shall
102 evaluate issues relative to long-term care in light of the United States
103 Supreme Court decision, Olmstead v. L.C., 119 S. Ct. 2176 (1999),
104 requiring states to place persons with disabilities in community
105 settings rather than in institutions when such placement is
106 appropriate, the transfer to a less restrictive setting is not opposed by
107 such persons and such placement can be reasonably accommodated.

108 [(c)] (d) The Long-Term Care Planning Committee shall consist of:
109 (1) The chairpersons and ranking members of the joint standing and
110 select committees of the General Assembly having cognizance of
111 matters relating to human services, public health, elderly services and
112 long-term care; (2) the Commissioner of Social Services, or the
113 commissioner's designee; (3) one member of the Office of Policy and
114 Management appointed by the Secretary of the Office of Policy and
115 Management; (4) one member from the Department of Social Services
116 appointed by the Commissioner of Social Services; (5) one member

117 from the Department of Public Health appointed by the Commissioner
118 of Public Health; (6) one member from the Department of Economic
119 and Community Development appointed by the Commissioner of
120 Economic and Community Development; (7) one member from the
121 Office of Health Care Access appointed by the Commissioner of
122 Health Care Access; (8) one member from the Department of Mental
123 Retardation appointed by the Commissioner of Mental Retardation; (9)
124 one member from the Department of Mental Health and Addiction
125 Services appointed by the Commissioner of Mental Health and
126 Addiction Services; (10) one member from the Department of
127 Transportation appointed by the Commissioner of Transportation; (11)
128 one member from the Department of Children and Families appointed
129 by the Commissioner of Children and Families; and (12) the executive
130 director of the Office of Protection and Advocacy for Persons with
131 Disabilities or the executive director's designee. The committee shall
132 convene no later than ninety days after June 4, 1998. Any vacancy shall
133 be filled by the appointing authority. The chairperson shall be elected
134 from among the members of the committee. The committee shall seek
135 the advice and participation of any person, organization or state or
136 federal agency it deems necessary to carry out the provisions of this
137 section.

138 [(d) Not later than January 1, 1999, and every three years thereafter,
139 the Long-Term Care Planning Committee]

140 (e) Not later than July 1, 2003, and biennially thereafter, the Office of
141 Policy and Management shall submit a long-term care plan pursuant
142 to subsection (a) of this section to the joint standing and select
143 committees of the General Assembly having cognizance of matters
144 relating to human services, public health, elderly services and long-
145 term care, in accordance with the provisions of section 11-4a, and such
146 plan shall serve as a guide for the actions of state agencies in
147 developing and modifying programs that serve persons in need of
148 long-term care.

149 [(e)] (f) Any state agency, when developing or modifying any

150 program that, in whole or in part, provides assistance or support to
151 persons with long-term care needs, shall, to the maximum extent
152 feasible, include provisions that support care-giving provided by
153 family members and other informal caregivers and promote consumer-
154 directed care."