



Senate

General Assembly

File No. 389

January Session, 2003

Substitute Senate Bill No. 1011

Senate, April 16, 2003

The Committee on Human Services reported through SEN. HANDLEY of the 4th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

**AN ACT CONCERNING DEPARTMENT OF SOCIAL SERVICES
REPORTING REQUIREMENTS TO THE GENERAL ASSEMBLY.**

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

1 Section 1. Section 17b-9 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2003*):

3 The Commissioner of Social Services shall submit an annual report
4 to the General Assembly no later than January first. The report shall:
5 (1) Outline the department's goals and objectives; and (2) include
6 information indicating the department's degree of compliance with all
7 legislative mandates imposed during the previous year, a timetable for
8 implementation and compliance with those legislative mandates which
9 were partially implemented or not implemented in the previous year
10 and information on the status of legislative mandates until the year
11 succeeding that in which they are fully implemented. [; (3) include
12 financial information on all cost disallowances, financial penalty
13 disallowances, sanctions and fines actually paid during the previous

14 fiscal year and identify for each such disallowance, sanction and fine
15 the circumstances leading to its imposition, and (4) identify all
16 recoveries occurring during the fiscal year for previous years.]

17 Sec. 2. Subsection (a) of section 17b-11 of the general statutes is
18 repealed and the following is substituted in lieu thereof (*Effective*
19 *October 1, 2003*):

20 (a) The Commissioner of Social Services is authorized and
21 empowered to accept any and all allotments of federal funds, federal
22 funds to match private contributions and commodities, and to manage
23 and dispose of the same in whatever manner is required by federal
24 law, and to take advantage of any amendments and supplements to
25 the federal Social Security Act and of any other federal act relating to
26 public welfare, and to conform to such federal requirements as are
27 conditions precedent to the receipt of federal matching grants and are
28 not prohibited by the general statutes. [The commissioner shall submit
29 an annual report to the joint standing committee of the General
30 Assembly having cognizance of matters relating to appropriations and
31 the budgets of state agencies which sets forth the amount of any
32 federal funds accepted to match private contributions and the purpose
33 for which such funds are accepted and used.]

34 Sec. 3. Subsection (b) of section 17b-29 of the general statutes is
35 repealed and the following is substituted in lieu thereof (*Effective*
36 *October 1, 2003*):

37 (b) Beginning September 1, 1997, [and monthly thereafter] at
38 meetings scheduled by the council, the Commissioner of Social
39 Services and the Labor Commissioner shall update the council on the
40 implementation of the temporary family assistance program and the
41 employment services program. The council shall submit
42 recommendations to the department regarding, but not limited to, the
43 availability of quality child care and the provision of seamless child
44 care services, procedures for informing parents and teenagers about
45 family planning and pregnancy prevention, client education regarding
46 their rights and responsibilities, the effectiveness of child support

47 enforcement, the effect of reduced exemptions, time limits and
48 increased sanctions, the coordination with Medicaid managed care and
49 health care reform measures and the fiscal impact of these program
50 changes.

51 Sec. 4. Subsection (g) of section 17b-30 of the general statutes is
52 repealed and the following is substituted in lieu thereof (*Effective*
53 *October 1, 2003*):

54 (g) The Commissioner of Social Services shall report to the joint
55 standing committee of the General Assembly having cognizance of
56 matters relating to human services, in accordance with the provisions
57 of section 11-4a, on or before January 1, 1997, and annually thereafter,
58 through January 1, 2004, the following information: (1) The number of
59 recipients participating in said system; (2) the number of recipients
60 whose benefits have been discontinued due to their failure to
61 participate in said system; (3) the cost of implementation and operation
62 of said system; (4) the amount of savings attributed to the
63 establishment and operation of said system; and (5) the compatibility
64 of said system with biometric systems being utilized in surrounding
65 states. The commissioner shall issue a final report on the
66 implementation of a biometric identifier system not later than January
67 1, 2004.

68 Sec. 5. Section 17b-112 of the general statutes is repealed and the
69 following is substituted in lieu thereof (*Effective October 1, 2003*):

70 (a) The Department of Social Services shall administer a temporary
71 family assistance program under which cash assistance shall be
72 provided to eligible families in accordance with the temporary
73 assistance for needy families program, established pursuant to the
74 Personal Responsibility and Work Opportunity Reconciliation Act of
75 1996. Under the temporary family assistance program, benefits shall be
76 provided to a family for not longer than twenty-one months, except as
77 provided in subsections (b) and (c) of this section. For the purpose of
78 calculating said twenty-one-month time limit, months of assistance
79 received on and after January 1, 1996, pursuant to time limits under

80 the aid to families with dependent children program, shall be
81 included. For purposes of this section, "family" means one or more
82 individuals who apply for or receive assistance together under the
83 temporary family assistance program.

84 (b) The Commissioner of Social Services shall exempt a family from
85 such time-limited benefits for circumstances including, but not limited
86 to: (1) A family with a needy caretaker relative who is incapacitated or
87 of an advanced age, as defined by the commissioner, if there is no
88 other nonexempt caretaker relative in the household; (2) a family with
89 a needy caretaker relative who is needed in the home because of the
90 incapacity of another member of the household, if there is no other
91 nonexempt caretaker relative in the household; (3) a family with a
92 caretaker relative who is not legally responsible for the dependent
93 children in the household if such relative's needs are not considered in
94 calculating the amount of the benefit and there is no other nonexempt
95 caretaker relative in the household; (4) a family with a caretaker
96 relative caring for a child who is under one year of age and who was
97 born not more than ten months after the family's enrollment if there is
98 no other nonexempt caretaker relative in the household; (5) a family
99 with a pregnant or postpartum caretaker relative if a physician has
100 indicated that such relative is unable to work and there is no other
101 nonexempt caretaker relative in the household; (6) a family with a
102 caretaker relative determined by the commissioner to be unemployable
103 and there is no other nonexempt caretaker relative in the household;
104 and (7) minor parents attending and satisfactorily completing high
105 school or high school equivalency programs.

106 (c) A family who is subject to time-limited benefits may petition the
107 Commissioner of Social Services for six-month extensions of such
108 benefits. The commissioner shall grant not more than three extensions
109 to such family who has made a good faith effort to comply with the
110 requirements of the program and despite such effort has a total family
111 income at a level below the payment standard, or has encountered
112 circumstances preventing employment including, but not limited to:
113 (1) Domestic violence or physical harm to such family's children; or (2)

114 other circumstances beyond such family's control. The commissioner
115 shall disregard ninety dollars of earned income in determining
116 applicable family income. The commissioner may grant a fourth or a
117 subsequent six-month extension if each adult in the family meets one
118 or more of the following criteria: (A) The adult is precluded from
119 engaging in employment activities due to domestic violence or another
120 reason beyond the adult's control; (B) the adult has two or more
121 substantiated barriers to employment including, but not limited to, the
122 lack of available child care, substance abuse or addiction, severe
123 mental or physical health problems, one or more severe learning
124 disabilities, domestic violence or a child who has a serious physical or
125 behavioral health problem; (C) the adult is working thirty-five or more
126 hours per week, is earning at least the minimum wage and continues
127 to earn less than the family's temporary family assistance payment
128 standard; or (D) the adult is employed and works less than thirty-five
129 hours per week due to (i) a documented medical impairment that
130 limits the adult's hours of employment, provided the adult works the
131 maximum number of hours that the medical condition permits, or (ii)
132 the need to care for a disabled member of the adult's household,
133 provided the adult works the maximum number of hours the adult's
134 caregiving responsibilities permit. Families receiving temporary family
135 assistance shall be notified by the department of the right to petition
136 for such extensions. Notwithstanding the provisions of this section, the
137 commissioner shall not provide benefits under the state's temporary
138 family assistance program to a family that is subject to the twenty-one
139 month benefit limit and has received benefits beginning on or after
140 October 1, 1996, if such benefits result in that family's receiving more
141 than sixty months of time-limited benefits unless that family
142 experiences domestic violence, as defined in Section 402(a)(7)(B), P.L.
143 104-193. For the purpose of calculating said sixty-month limit: (I) A
144 month shall count toward the limit if the family receives assistance for
145 any day of the month, and (II) a month in which a family receives
146 temporary family assistance benefits that are issued from a jurisdiction
147 other than Connecticut shall count toward the limit.

148 (d) Medicaid eligibility shall be extended for two years to a family

149 who becomes ineligible for cash assistance while employed or a family
150 with an adult who, within six months of becoming ineligible, becomes
151 employed.

152 (e) Under said program (1) no family shall be eligible that has total
153 gross earnings exceeding the federal poverty level, however, in the
154 calculation of the benefit amount for eligible families and previously
155 eligible families that become ineligible temporarily because of receipt
156 of workers' compensation benefits by a family member who
157 subsequently returns to work immediately after the period of receipt of
158 such benefits, earned income shall be disregarded up to the federal
159 poverty level; (2) the increase in benefits to a family in which an infant
160 is born after the initial ten months of participation in the program shall
161 be limited to an amount equal to fifty per cent of the average
162 incremental difference between the amounts paid per each family size;
163 and (3) a disqualification penalty shall be established for failure to
164 cooperate with the biometric identifier system. Except when
165 determining eligibility for a six-month extension of benefits pursuant
166 to subsection (c) of this section, the commissioner shall disregard the
167 first fifty dollars per month of income attributable to child support that
168 a family receives in determining eligibility and benefit levels for
169 temporary family assistance.

170 (f) A family receiving assistance under said program shall cooperate
171 with child support enforcement, under title IV-D of the Social Security
172 Act. A family shall be ineligible for benefits for failure to cooperate
173 with child support enforcement.

174 (g) A family leaving assistance at the end of (1) said twenty-one-
175 month time limit, including a family with income above the payment
176 standard, or (2) the sixty-month limit shall have an interview for the
177 purpose of being informed of services that may continue to be
178 available to such family, including employment services available
179 through the Labor Department. Said interview shall contain a
180 determination of benefits available to said family provided by the
181 Department of Social Services. Said interview shall also include a

182 determination of whether such family is eligible for food stamps or
183 Medicaid. Information and referrals shall be made to such a family for
184 services and benefits including, but not limited to, the earned income
185 tax credit, rental subsidies emergency housing, employment services
186 and energy assistance.

187 (h) An applicant or recipient of temporary family assistance who is
188 adversely affected by a decision of the Commissioner of Social Services
189 may request and shall be provided a hearing in accordance with
190 section 17b-60.

191 (i) The commissioner may continue to operate under all or portions
192 of the federal waivers granted under Section 1115 of the Social Security
193 Act for the demonstration entitled "Reach For Jobs First".
194 Notwithstanding continuation of the provisions of said federal
195 waivers, the commissioner shall continue the evaluation of the
196 effectiveness of the temporary family assistance program and may
197 continue to utilize a control group using different program
198 requirements.

199 [(j) The commissioner shall report, annually on or before November
200 fifteenth, to the joint standing committees of the General Assembly
201 having cognizance of matters relating to human services and
202 appropriations and the budgets of state agencies on the funding
203 requirements necessary to support the programs funded by the
204 temporary assistance for needy families block grant.]

205 [(k)] (j) The Commissioner of Social Services shall implement
206 policies and procedures necessary for the purposes of this section
207 while in the process of adopting such policies and procedures in
208 regulation form, provided the commissioner prints notice of intention
209 to adopt the regulations in the Connecticut Law Journal within twenty
210 days of implementing such policies and procedures. Final regulations
211 shall be submitted to the legislative regulation review committee no
212 later than November 15, 1997. Policies and procedures implemented
213 pursuant to this subsection shall be valid until the time final
214 regulations are effective.

215 Sec. 6. Subsection (n) of section 17b-179 of the general statutes is
216 repealed and the following is substituted in lieu thereof (*Effective*
217 *October 1, 2003*):

218 (n) Each year, on or before [~~January~~] April first, the IV-D agency, in
219 accordance with section 11-4a, shall submit to the joint standing
220 committees of the General Assembly having cognizance of matters
221 relating to judiciary and human services [a] an assessment report on
222 the [execution] administration and performance of the child support
223 enforcement program [, including the status of compliance with
224 established performance standards,] during the preceding federal
225 fiscal year.

226 Sec. 7. Section 17b-261 of the general statutes is repealed and the
227 following is substituted in lieu thereof (*Effective October 1, 2003*):

228 (a) Medical assistance shall be provided for any otherwise eligible
229 person whose income, including any available support from legally
230 liable relatives and the income of the person's spouse or dependent
231 child, is not more than one hundred forty-three per cent, pending
232 approval of a federal waiver applied for pursuant to subsection (d) of
233 this section, of the benefit amount paid to a person with no income
234 under the temporary family assistance program in the appropriate
235 region of residence and if such person is an institutionalized
236 individual as defined in Section 1917(c) of the Social Security Act, 42
237 USC 1396p(c), and has not made an assignment or transfer or other
238 disposition of property for less than fair market value for the purpose
239 of establishing eligibility for benefits or assistance under this section.
240 Any such disposition shall be treated in accordance with Section
241 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of
242 property made on behalf of an applicant or recipient or the spouse of
243 an applicant or recipient by a guardian, conservator, person
244 authorized to make such disposition pursuant to a power of attorney
245 or other person so authorized by law shall be attributed to such
246 applicant, recipient or spouse. A disposition of property ordered by a
247 court shall be evaluated in accordance with the standards applied to

248 any other such disposition for the purpose of determining eligibility.
249 The commissioner shall establish the standards for eligibility for
250 medical assistance at one hundred forty-three per cent of the benefit
251 amount paid to a family unit of equal size with no income under the
252 temporary family assistance program in the appropriate region of
253 residence, pending federal approval, except that the medical assistance
254 program shall provide coverage to persons under the age of nineteen
255 up to one hundred eighty-five per cent of the federal poverty level
256 without an asset limit. On and after January 1, 2001, said medical
257 assistance program shall also provide coverage to persons under the
258 age of nineteen and their parents and needy caretaker relatives who
259 qualify for coverage under Section 1931 of the Social Security Act with
260 family income up to one hundred fifty per cent of the federal poverty
261 level without an asset limit, upon the request of such a person or upon
262 a redetermination of eligibility. Such levels shall be based on the
263 regional differences in such benefit amount, if applicable, unless such
264 levels based on regional differences are not in conformance with
265 federal law. Any income in excess of the applicable amounts shall be
266 applied as may be required by said federal law, and assistance shall be
267 granted for the balance of the cost of authorized medical assistance. All
268 contracts entered into on and after July 1, 1997, pursuant to this section
269 shall include provisions for collaboration of managed care
270 organizations with the Healthy Families Connecticut Program
271 established pursuant to section 17a-56. The Commissioner of Social
272 Services shall provide applicants for assistance under this section, at
273 the time of application, with a written statement advising them of the
274 effect of an assignment or transfer or other disposition of property on
275 eligibility for benefits or assistance.

276 (b) For the purposes of the Medicaid program, the Commissioner of
277 Social Services shall consider parental income and resources as
278 available to a child under eighteen years of age who is living with his
279 or her parents and is blind or disabled for purposes of the Medicaid
280 program, or to any other child under twenty-one years of age who is
281 living with his or her parents.

282 (c) For the purposes of determining eligibility for the Medicaid
283 program, an available asset is one that is actually available to the
284 applicant or one that the applicant has the legal right, authority or
285 power to obtain or to have applied for the applicant's general or
286 medical support. If the terms of a trust provide for the support of an
287 applicant, the refusal of a trustee to make a distribution from the trust
288 does not render the trust an unavailable asset. Notwithstanding the
289 provisions of this subsection, the availability of funds in a trust or
290 similar instrument funded in whole or in part by the applicant or the
291 applicant's spouse shall be determined pursuant to the Omnibus
292 Budget Reconciliation Act of 1993, 42 USC 1396p. The provisions of
293 this subsection shall not apply to special needs trust, as defined in 42
294 USC 1396p(d)(4)(A).

295 (d) The transfer of an asset in exchange for other valuable
296 consideration shall be allowable to the extent the value of the other
297 valuable consideration is equal to or greater than the value of the asset
298 transferred.

299 [(e) On or before January 15, 1994, and annually thereafter, the
300 Department of Social Services shall submit a report to the General
301 Assembly in accordance with section 11-4a which sets forth the
302 following: The number of children receiving Medicaid services; the
303 number of children receiving medical treatment at any state or
304 municipal health care facility; the number of doctors and dentists
305 participating in state or municipally-funded programs; and the
306 percentage of children treated in medical programs whose family
307 income is less than one hundred thirty-three per cent of the federal
308 poverty level and the number whose family income is greater than one
309 hundred thirty-three per cent but not more than one hundred eighty-
310 five per cent of the federal poverty level. On and after October 1, 1996,
311 the report shall be submitted to the joint standing committee of the
312 General Assembly having cognizance of matters relating to human
313 services and, upon request, to any member of the General Assembly. A
314 summary of the report shall be submitted to each member of the
315 General Assembly if the summary is two pages or less and a

316 notification of the report shall be submitted to each member if the
317 summary is more than two pages. Submission shall be by mailing the
318 report, summary or notification to the legislative address of each
319 member of the committee or the General Assembly, as applicable.]

320 [(f)] (e) The Commissioner of Social Services shall seek a waiver
321 from federal law to permit federal financial participation for Medicaid
322 expenditures for families with incomes of one hundred forty-three per
323 cent of the temporary family assistance program payment standard.

324 Sec. 8. Section 17b-279 of the general statutes is repealed and the
325 following is substituted in lieu thereof (*Effective October 1, 2003*):

326 The Commissioner of Social Services shall verify the propriety and
327 reasonableness of payments to providers for drugs provided to
328 Medicaid recipients through field audit examinations and other
329 reasonable means to the extent possible within available
330 appropriations. The commissioner shall document financial and
331 utilization statistics as to drugs provided to Medicaid recipients by
332 therapeutic category and shall outline problems encountered in the
333 administration of prescription drug utilization in the Medicaid
334 program, suggested solutions and any recommendations for
335 improvement. [The commissioner shall submit a report, on or before
336 February 15, 1990, and annually thereafter, documenting the results of
337 the verification process, the financial and utilization statistics, the
338 problems encountered, suggested solutions and recommendations to
339 the joint standing committee of the General Assembly having
340 cognizance of matters relating to human services and appropriations.]

341 Sec. 9. Subsection (a) of section 17b-341 of the general statutes is
342 repealed and the following is substituted in lieu thereof (*Effective*
343 *October 1, 2003*):

344 (a) The Commissioner of Social Services shall determine annually,
345 after a public hearing, the rates to be charged to self-pay patients in
346 any of the following licensed facilities if the facility does not have a
347 provider agreement with the state to provide services to recipients of

348 benefits obtained through Title XIX of the Social Security Amendments
349 of 1965, except a facility that did not have a provider agreement in
350 effect as of January 1, 1991, or had entered into a limited provider
351 agreement before January 1, 1991: Chronic and convalescent nursing
352 homes, chronic disease hospitals associated with chronic and
353 convalescent nursing homes and rest homes with nursing supervision.
354 Each such facility that does have such a provider agreement, each such
355 facility that did not have a provider agreement in effect as of January 1,
356 1991, or had entered into a limited provider agreement before January
357 1, 1991, and each residential care home shall determine its own self-
358 pay rates. Rates determined pursuant to this section shall be effective
359 July 1, 1991, and on July first of each year thereafter through June 30,
360 1993, and shall be determined for each facility individually, on the
361 basis of payment for the reasonable costs of providing all services. All
362 self-pay patients shall be given notice of a rate increase at least thirty
363 days prior to the effective date of such rate increase. In determining
364 rates to be charged to self-pay patients the commissioner shall: (1)
365 Consider the quality of care provided by each facility, based on
366 information which the Department of Public Health shall provide to
367 the commissioner, and any testimony or information received from
368 other interested parties; and (2) take into account the relevant cost
369 considerations set forth in section 17b-340 and in the regulations
370 adopted in accordance with subsection (a) of section 17b-238. Such
371 regulations shall include but not be limited to the establishment of a
372 formula for allowing profit or an operating surplus, and a fair rate of
373 return on invested capital or equity. Nothing in this section shall
374 authorize the commissioner to set a rate lower than the rate set under
375 section 17b-340 for comparable services. As used in this section "self-
376 pay patient" means a patient who is not receiving state or municipal
377 assistance to pay for the cost of care. Each facility determining its own
378 self-pay rates shall report such rates to the commissioner upon
379 determination and upon any modification. The commissioner shall
380 document each rate so reported and each rate determined for a facility
381 by the commissioner pursuant to this section. [and shall report all such
382 rates to the joint standing committee of the General Assembly having

383 cognizance of matters relating to human services on or before
384 December 31, 1992.] Each facility shall charge any self-pay patient who
385 is insured under a long-term care insurance policy which is
386 precertified pursuant to section 38a-475 a rate which is at least five per
387 cent less than the rate charged other self-pay patients.

388 Sec. 10. Subsection (d) of section 17b-495 of the general statutes is
389 repealed and the following is substituted in lieu thereof (*Effective*
390 *October 1, 2003*):

391 (d) The commissioner shall submit [quarterly reports, within thirty
392 days after the end of each fiscal quarter,] an annual report, in
393 accordance with section 11-4a, to the Governor and the chairpersons of
394 the joint standing committees of the General Assembly having
395 cognizance of matters relating to appropriations and the budgets of
396 state agencies and public health. The report shall include a copy of the
397 most recent report of the fiscal intermediary, if any, and (1) the number
398 of consumers eligible for the program, (2) the number of consumers
399 utilizing the program, (3) an outline of and a report on the educational
400 outreach program, (4) the number of appeals, (5) an outline of
401 problems encountered in the administration of the program and
402 suggested solutions and any recommendations to enhance the
403 program.

404 Sec. 11. Section 17b-688h of the general statutes is repealed and the
405 following is substituted in lieu thereof (*Effective October 1, 2003*):

406 (a) The Labor Department and the Department of Social Services
407 shall enter into a memorandum of understanding, to be effective not
408 later than September 1, 1997, for the purpose of enhancing the
409 effectiveness of the delivery of employment services to recipients of
410 temporary assistance for needy families. The memorandum of
411 understanding shall include, but not be limited to, providing for (1) the
412 identification and reduction of duplicative services; (2) the
413 coordination of contracts for employment services; (3) the
414 maximization of federal funds through the JOB Training Partnership
415 Act which may include seeking any necessary federal waiver; and (4)

416 studying the feasibility of integrating services to provide a one-stop
417 process for recipients seeking services.

418 (b) Effective July 1, 1998, the Labor Department shall be responsible
419 for the negotiation, establishment, modification, extension, suspension
420 or termination of contracts for employment services. The Labor
421 Department may provide administration and services directly or
422 through the Connecticut Employment and Training Commission or
423 regional workforce development boards.

424 (c) The Labor Department and the Department of Social Services
425 shall establish a pilot program in each of two regions commencing July
426 1, 1997, for the purpose of providing employment retention services.

427 [(d) The Labor Department and the Department of Social Services
428 shall report on the implementation of sections 17b-688b, 17b-688c and
429 this section to the joint standing committees of the General Assembly
430 having cognizance of matters relating to labor and human services, the
431 Office of Policy and Management, the Connecticut Employment and
432 Training Commission and the advisory council established pursuant to
433 section 122 of public act 97-2 of the June 18 special session* on or
434 before February 15, 1998.]

435 [(e)] (d) Effective July 1, 1997, the Labor Department shall transfer to
436 the Department of Social Services the sum of nine million dollars.
437 Effective December 1, 1997, the Labor Department shall transfer to the
438 Department of Social Services the sum of eight million five hundred
439 thousand dollars. The five million dollars remaining in the budget of
440 the Labor Department designated for employment services for
441 recipients of temporary family assistance shall be used for the
442 computerized interagency information management system to be
443 developed pursuant to section 17b-688c, and for the pilot programs to
444 be established pursuant to subsection (b) of this section, and for
445 administrative costs associated with such computerized system and
446 such pilot programs.

447 Sec. 12. Section 17b-362a of the general statutes is repealed and the

448 following is substituted in lieu thereof (*Effective October 1, 2003*):

449 The Commissioner of Social Services shall establish a pharmacy
450 review panel to serve as advisors in the operation of pharmacy benefit
451 programs administered by the Department of Social Services,
452 including the implementation of any cost-saving initiatives undertaken
453 pursuant to section 17b-362 [.] and subsection (e) of section 17b-491,
454 [and section 17b-363.] The panel shall be appointed by the
455 commissioner to a three-year term and shall be composed of two
456 representatives of independent pharmacies, two representatives of
457 chain pharmacies, two representatives of pharmacies that serve long-
458 term care facilities, two representatives of pharmaceutical
459 manufacturers, one physician specializing in family practice and one
460 physician specializing in internal medicine or geriatrics. The panel
461 shall meet at least quarterly with the commissioner or said
462 commissioner's designee.

463 Sec. 13. Subsection (b) of section 17b-3 of the general statutes is
464 repealed and the following is substituted in lieu thereof (*Effective*
465 *October 1, 2003*):

466 (b) The Commissioner of Social Services [is authorized to] shall do
467 all things necessary to apply for, qualify for and accept any federal
468 funds made available or allotted under any federal act for social
469 service development, or any other projects, programs or activities
470 which may be established by state or federal law, for any of the
471 purposes or activities related thereto, and said commissioner shall
472 administer any such funds allotted to the department in accordance
473 with applicable state and federal law. Not later than July 1, 2004, and
474 annually thereafter, the commissioner shall submit a report, in
475 accordance with section 11-4a, to the joint standing committees of the
476 General Assembly having cognizance of matters relating to
477 appropriations and the budgets of state agencies and human services
478 which sets forth (1) the amount of any federal funds applied for,
479 qualified for, accepted and allotted, (2) the purposes for which such
480 funds are to be used, and (3) any other information which the

481 commissioner deems pertinent concerning the department's ability to
 482 access federal funds. The commissioner may enter into contracts with
 483 the federal government concerning the use and repayment of such
 484 funds under any such federal act, the prosecution of the work under
 485 any such contract and the establishment of and disbursement from a
 486 separate account in which federal and state funds estimated to be
 487 required for plan preparation or other eligible activities under such
 488 federal act shall be kept. Said account shall not be a part of the General
 489 Fund of the state or any subdivision of the state.

490 Sec. 14. (*Effective October 1, 2003*) Sections 17b-17, 17b-18, 17b-286
 491 and 17b-363 of the general statutes are repealed.

This act shall take effect as follows:	
Section 1	<i>October 1, 2003</i>
Sec. 2	<i>October 1, 2003</i>
Sec. 3	<i>October 1, 2003</i>
Sec. 4	<i>October 1, 2003</i>
Sec. 5	<i>October 1, 2003</i>
Sec. 6	<i>October 1, 2003</i>
Sec. 7	<i>October 1, 2003</i>
Sec. 8	<i>October 1, 2003</i>
Sec. 9	<i>October 1, 2003</i>
Sec. 10	<i>October 1, 2003</i>
Sec. 11	<i>October 1, 2003</i>
Sec. 12	<i>October 1, 2003</i>
Sec. 13	<i>October 1, 2003</i>
Sec. 14	<i>October 1, 2003</i>

Statement of Legislative Commissioners:

In subsection (g) of section 4, the phrase "through January 1, 2004," was added for clarity. In sections 6 and 10 the phrase "in accordance with section 11-4a," was added for consistency and clarity.

HS *Joint Favorable Subst.*

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:

Agency Affected	Fund-Type
Department of Social Services	GF - See Below

Municipal Impact: None

Explanation

This bill eliminates and modifies various reporting requirements for the Department of Social Services (DSS). This change will lead to a workload decrease for the department and allow existing staff to regularly meet its remaining reporting requirements. However, given staff reductions due to the December 2002 layoffs and the 2003 Early Retirement Incentive Program, this workload decrease is not expected to lead to a reduction in required staff or appropriations.

The bill further requires, rather than allows, DSS to do whatever is necessary to maximize the department's receipt of federal funds. As DSS currently dedicates significant staff time to maximizing the receipt of federal funds, it is not known what impact this change will have. The bill further requires DSS to report to the General Assembly annually on its efforts to maximize federal revenue. This requirement will result in a minimal increase in administrative costs for the department.

OLR Bill Analysis

sSB 1011

AN ACT CONCERNING DEPARTMENT OF SOCIAL SERVICES REPORTING REQUIREMENTS TO THE GENERAL ASSEMBLY**SUMMARY:**

This bill requires, instead of allows, the Department of Social Services (DSS) to do whatever is necessary to maximize the department's receipt of federal funds and to report annually on its efforts to do so. Otherwise, it reduces the number, frequency, and scope of reports the DSS must submit to the legislature about programs it runs.

The bill requires DSS to submit its report to the governor, and Appropriations and Public Health committees on the Connecticut Pharmaceutical Assistance Contract to the Elderly and Disabled (ConnPACE) annually instead of quarterly.

The bill requires DSS and the Labor Department to update the Temporary Assistance for Needy Families (TANF) Advisory Council on the Temporary Family Assistance (TFA) and Employment Services programs at scheduled meetings, instead of monthly. The bill eliminates a requirement that the commissioner report to the Human Services and Appropriations committees by each November 15th on funding requirements needed to support programs funded by the TANF block grant. (TANF funds pay for TFA and Employment Services.)

By law, DSS must submit a report to the Human Services and Judiciary committees each year on its administration of the state's child support enforcement program. The bill requires the report to be submitted by April 1 instead of January 1.

The bill eliminates the requirement that DSS submit to the Human Services Committee an annual report on the number of children receiving Medicaid-funded services, the number of doctors and dentists participating in the program, and a variety of related statistics. It also eliminates a requirement that the department submit to the Appropriations and Human Services committees an annual report on

field audits it conducts to verify the reasonableness and propriety of payments it makes to providers for drugs dispensed to Medicaid recipients. And it eliminates its responsibility to report to the Appropriations Committee on a variety of federal funds activities.

The bill requires DSS to continue publishing an annual report on the biometric identifier system (fingerprinting of certain public assistance recipients) through January 1, 2004. It must also issue a final report on the program by that date.

The bill eliminates a requirement that the DSS commissioner submit an annual report to the Appropriations Committee showing the amount of federal funds accepted to match private contributions and the purpose for which the funds are accepted and used.

The bill reduces the scope of an annual report DSS must submit which includes its goals and objectives and its success in meeting legislative mandates.

Finally, the bill removes obsolete reporting requirements on (1) nursing home self-pay rates, (2) the Jobs First Employment Services program, (3) welfare dependency, and (4) the revised Medicaid management information system. The bill also removes references to an obsolete demonstration program on nursing home prescription drug returns (the program is now permanent).

EFFECTIVE DATE: October 1, 2003

DSS REPORTS

Federal Fund Maximization

The bill requires, instead of allows, the DSS commissioner to do everything necessary to obtain federal funds for programs she administers. Currently, this provision applies to funds for federally established programs. The bill extends it to programs established in state law.

The bill requires her to submit an annual report to the Appropriations and Human Services committees that shows (1) the amount of federal funds that the department has applied or qualified for, accepted, and allotted; (2) how the funds will be used; and (3) any other information

that the commissioner considers pertinent to DSS's ability to get these funds.

Elimination of Miscellaneous Fiscal Reports

The bill eliminates DSS's responsibility to report the following to the Appropriations Committee:

1. monthly disproportionate share and emergency assistance to families expenditures and reimbursements;
2. quarterly reconciliation of federal reimbursement awards, state reimbursements requests, and actual claimable revenue due to the state;
3. notice of state plan amendments submitted to and approved by the federal government and their estimated fiscal impact;
4. notice of federal reimbursement initiatives and their fiscal impact; and
5. monthly state expenditures for services for which the state receives federal financial participation (i.e., Medicaid).

Annual Report on Goals, Objectives, and Legislative Mandates

Each year DSS must submit to the legislature a report outlining its goals and objectives and how it has complied with legislative mandates. The bill removes a requirement that this report (1) include financial information on all "cost disallowances," financial penalty disallowances, sanctions, and fines paid during the previous fiscal year and why they occurred and (2) identify all recoveries (presumably of assistance provided) during the fiscal year for previous years.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Substitute
Yea 18 Nay 0