



General Assembly

Bill No. 34

February Session, 2008

LCO No. 678

*00678 _____ *

Referred to Committee on Human Services

Introduced by:

SEN. MCKINNEY, 28th Dist.

REP. CAFERO, 142nd Dist.

**AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET
RECOMMENDATIONS WITH RESPECT TO SOCIAL SERVICES
PROGRAMS.**

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

1 Section 1. Section 17b-28e of the 2008 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective July 1, 2008*):

4 [(a)] Not later than September 30, 2002, the Commissioner of Social
5 Services shall submit an amendment to the Medicaid state plan to
6 implement the provisions of public act 02-1 of the May 9 special
7 session* concerning optional services under the Medicaid program.
8 Said state plan amendment shall supersede any regulations of
9 Connecticut state agencies concerning such optional services.

10 [(b) The Commissioner of Social Services shall amend the Medicaid
11 state plan to include foreign language interpreter services provided to
12 any beneficiary with limited English proficiency as a covered service
13 under the Medicaid program.]

14 Sec. 2. (*Effective July 1, 2008*) (a) Not later than January 1, 2009, the
15 Department of Social Services shall amend the definition of "medically
16 necessary" services utilized in the administration of the medical
17 assistance program to conform the definition of said term to the
18 definition provided in section 17b-192-2 of the regulations of
19 Connecticut state agencies with respect to administration of the state-
20 administered general assistance program.

21 (b) The commissioner, pursuant to section 17b-10 of the general
22 statutes, may implement policies and procedures necessary to
23 administer the provisions of this section while in the process of
24 adopting such policies and procedures as regulation, provided the
25 commissioner prints notice of intent to adopt regulations in the
26 Connecticut Law Journal not later than twenty days after the date of
27 implementation. Policies and procedures implemented pursuant to
28 this section shall be valid until the time final regulations are adopted.

29 Sec. 3. Subdivision (1) of subsection (h) of section 17b-340 of the
30 2008 supplement to the general statutes is repealed and the following
31 is substituted in lieu thereof (*Effective July 1, 2008*):

32 (h) (1) For the fiscal year ending June 30, 1993, any residential care
33 home with an operating cost component of its rate in excess of one
34 hundred thirty per cent of the median of operating cost components of
35 rates in effect January 1, 1992, shall not receive an operating cost
36 component increase. For the fiscal year ending June 30, 1993, any
37 residential care home with an operating cost component of its rate that
38 is less than one hundred thirty per cent of the median of operating cost
39 components of rates in effect January 1, 1992, shall have an allowance
40 for real wage growth equal to sixty-five per cent of the increase
41 determined in accordance with subsection (q) of section 17-311-52 of
42 the regulations of Connecticut state agencies, provided such operating
43 cost component shall not exceed one hundred thirty per cent of the
44 median of operating cost components in effect January 1, 1992.
45 Beginning with the fiscal year ending June 30, 1993, for the purpose of

46 determining allowable fair rent, a residential care home with allowable
47 fair rent less than the twenty-fifth percentile of the state-wide
48 allowable fair rent shall be reimbursed as having allowable fair rent
49 equal to the twenty-fifth percentile of the state-wide allowable fair
50 rent. Beginning with the fiscal year ending June 30, 1997, a residential
51 care home with allowable fair rent less than three dollars and ten cents
52 per day shall be reimbursed as having allowable fair rent equal to
53 three dollars and ten cents per day. Property additions placed in
54 service during the cost year ending September 30, 1996, or any
55 succeeding cost year shall receive a fair rent allowance for such
56 additions as an addition to three dollars and ten cents per day if the
57 fair rent for the facility for property placed in service prior to
58 September 30, 1995, is less than or equal to three dollars and ten cents
59 per day. For the fiscal year ending June 30, 1996, and any succeeding
60 fiscal year, the allowance for real wage growth, as determined in
61 accordance with subsection (q) of section 17-311-52 of the regulations
62 of Connecticut state agencies, shall not be applied. For the fiscal year
63 ending June 30, 1996, and any succeeding fiscal year, the inflation
64 adjustment made in accordance with subsection (p) of section
65 17-311-52 of the regulations of Connecticut state agencies shall not be
66 applied to real property costs. Beginning with the fiscal year ending
67 June 30, 1997, minimum allowable patient days for rate computation
68 purposes for a residential care home with twenty-five beds or less shall
69 be eighty-five per cent of licensed capacity. Beginning with the fiscal
70 year ending June 30, 2002, for the purposes of determining the
71 allowable salary of an administrator of a residential care home with
72 sixty beds or less the department shall revise the allowable base salary
73 to thirty-seven thousand dollars to be annually inflated thereafter in
74 accordance with section 17-311-52 of the regulations of Connecticut
75 state agencies. The rates for the fiscal year ending June 30, 2002, shall
76 be based upon the increased allowable salary of an administrator,
77 regardless of whether such amount was expended in the 2000 cost
78 report period upon which the rates are based. Beginning with the fiscal
79 year ending June 30, 2000, the inflation adjustment for rates made in

80 accordance with subsection (p) of section 17-311-52 of the regulations
81 of Connecticut state agencies shall be increased by two per cent, and
82 beginning with the fiscal year ending June 30, 2002, the inflation
83 adjustment for rates made in accordance with subsection (c) of said
84 section shall be increased by one per cent. Beginning with the fiscal
85 year ending June 30, 1999, for the purpose of determining the
86 allowable salary of a related party, the department shall revise the
87 maximum salary to twenty-seven thousand eight hundred fifty-six
88 dollars to be annually inflated thereafter in accordance with section
89 17-311-52 of the regulations of Connecticut state agencies and
90 beginning with the fiscal year ending June 30, 2001, such allowable
91 salary shall be computed on an hourly basis and the maximum
92 number of hours allowed for a related party other than the proprietor
93 shall be increased from forty hours to forty-eight hours per work week.
94 For the fiscal year ending June 30, 2005, each facility shall receive a rate
95 that is two and one-quarter per cent more than the rate the facility
96 received in the prior fiscal year, except any facility that would have
97 been issued a lower rate effective July 1, 2004, than for the fiscal year
98 ending June 30, 2004, due to interim rate status or agreement with the
99 department shall be issued such lower rate effective July 1, 2004.
100 Effective upon receipt of all the necessary federal approvals to secure
101 federal financial participation matching funds associated with the rate
102 increase provided in subdivision (4) of subsection (f) of this section,
103 but in no event earlier than October 1, 2005, and provided the user fee
104 imposed under section 17b-320 is required to be collected, each facility
105 shall receive a rate that is determined in accordance with applicable
106 law and subject to appropriations, except any facility that would have
107 been issued a lower rate effective October 1, 2005, than for the fiscal
108 year ending June 30, 2005, due to interim rate status or agreement with
109 the department, shall be issued such lower rate effective October 1,
110 2005. Such rate increase shall remain in effect unless: (A) The federal
111 financial participation matching funds associated with the rate increase
112 are no longer available; or (B) the user fee created pursuant to section
113 17b-320 is not in effect. For the fiscal year ending June 30, 2007, rates in

114 effect for the period ending June 30, 2006, shall remain in effect until
115 September 30, 2006, except any facility that would have been issued a
116 lower rate effective July 1, 2006, than for the fiscal year ending June 30,
117 2006, due to interim rate status or agreement with the department,
118 shall be issued such lower rate effective July 1, 2006. Effective October
119 1, 2006, no facility shall receive a rate that is more than four per cent
120 greater than the rate in effect for the facility on September 30, 2006,
121 except for any facility that would have been issued a lower rate
122 effective October 1, 2006, due to interim rate status or agreement with
123 the department, shall be issued such lower rate effective October 1,
124 2006. For the fiscal year ending June 30, 2009, no facility shall receive a
125 rate that is more than two per cent greater than the rate in effect for the
126 facility on June 30, 2008, except for any facility that would have been
127 issued a lower rate effective July 1, 2008, due to interim rate status or
128 agreement with the department shall be issued such lower rate
129 effective July 1, 2008.

130 Sec. 4. Section 19a-495a of the 2008 supplement to the general
131 statutes is repealed and the following is substituted in lieu thereof
132 (*Effective July 1, 2008*):

133 (a) [On or before July 1, 2000, the] (1) The Commissioner of Public
134 Health shall adopt regulations, in accordance with the provisions of
135 chapter 54, to [allow unlicensed personnel in] require each residential
136 care [homes] home, as defined in section 19a-490 of the 2008
137 supplement to the general statutes, to (A) designate an appropriate
138 number of unlicensed personnel to obtain certification for the
139 administration of medication by means other than subcutaneous
140 injection with the exception of an injectable medication by a pre-
141 measured, commercially prepared syringe to a resident with a
142 diagnosed medical condition who may require emergency treatment,
143 and (B) ensure that such number of unlicensed personnel receive such
144 certification.

145 (2) The regulations shall establish (A) criteria to be used by such

146 homes in determining the appropriate number of unlicensed personnel
147 who shall obtain such certification, and (B) training requirements for
148 such certification, including on-going training requirements, that
149 include, but are not limited to: Initial orientation, resident rights,
150 behavioral management, personal care, nutrition and food safety, and
151 health and safety in general.

152 (b) Each residential care home, as defined in section 19a-490 of the
153 2008 supplement to the general statutes, shall ensure that, on or before
154 January 1, 2009, an appropriate number of unlicensed personnel, as
155 determined by the residential care home, obtain certification for the
156 administration of medication by means other than subcutaneous
157 injection. Certification of such personnel shall be in accordance with
158 regulations adopted pursuant to subsection (a) of this section.
159 Personnel obtaining such certification may administer medications to
160 residents of such homes.

161 ~~[(b)]~~ (c) On and after October 1, 2007, unlicensed assistive personnel
162 employed in residential care homes, as defined in section 19a-490 of
163 the 2008 supplement to the general statutes, may (1) obtain and
164 document residents' blood pressures and temperatures with digital
165 medical instruments that (A) contain internal decision-making
166 electronics, microcomputers or special software that allow the
167 instruments to interpret physiologic signals, and (B) do not require the
168 user to employ any discretion or judgment in their use; (2) obtain and
169 document residents' weight; and (3) assist residents in the use of
170 glucose monitors to obtain and document their blood glucose levels.

171 Sec. 5. Subsection (d) of section 17b-112 of the 2008 supplement to
172 the general statutes is repealed and the following is substituted in lieu
173 thereof (*Effective July 1, 2008*):

174 (d) Under said program (1) no family shall be eligible that has total
175 gross earnings exceeding the federal poverty level, however, in the
176 calculation of the benefit amount for eligible families and previously
177 eligible families that become ineligible temporarily because of receipt

178 of workers' compensation benefits by a family member who
179 subsequently returns to work immediately after the period of receipt of
180 such benefits, earned income shall be disregarded up to the federal
181 poverty level; (2) the increase in benefits to a family in which an infant
182 is born after the initial ten months of participation in the program shall
183 be limited to an amount equal to fifty per cent of the average
184 incremental difference between the amounts paid per each family size;
185 and (3) a disqualification penalty shall be established for failure to
186 cooperate with the biometric identifier system. Except when
187 determining eligibility for a six-month extension of benefits pursuant
188 to subsection (c) of this section, the commissioner shall disregard the
189 first [fifty] one-hundred dollars per month of income attributable to
190 current child support that a family receives in determining eligibility
191 and benefit levels for temporary family assistance. Any current child
192 support in excess of [fifty] one-hundred dollars per month collected by
193 the department on behalf of an eligible child shall be considered in
194 determining eligibility but shall not be considered when calculating
195 benefits and shall be taken as reimbursement for assistance paid under
196 this section, except that when the current child support collected
197 exceeds the family's monthly award of temporary family assistance
198 benefits plus [fifty] one-hundred dollars, the current child support
199 shall be paid to the family and shall be considered when calculating
200 benefits.

201 Sec. 6. (*Effective July 1, 2008*) The Department of Social Services shall
202 consult with the Office of Policy and Management to determine the
203 cost effectiveness of amending the Medicaid state plan to include
204 hospice services. If it is determined to be cost effective and within
205 available appropriations, the Commissioner of Social Services shall
206 amend the Medicaid state plan to include hospice services not later
207 than February 1, 2009.

208 Sec. 7. Section 17a-22h of the general statutes is repealed and the
209 following is substituted in lieu thereof (*Effective July 1, 2008*):

210 (a) The Commissioners of Social Services and Children and Families
211 shall develop and implement an integrated behavioral health service
212 system for HUSKY Part A and HUSKY Part B members, children
213 enrolled in the voluntary services program operated by the
214 Department of Children and Families and may, at the discretion of the
215 Commissioners of Children and Families and Social Services, include
216 other children, adolescents and families served by the Department of
217 Children and Families or the Court Support Services Division of the
218 judicial branch, which shall be known as the Behavioral Health
219 Partnership. The Behavioral Health Partnership shall seek to increase
220 access to quality behavioral health services through: (1) Expansion of
221 individualized, family-centered, community-based services; (2)
222 maximization of federal revenue to fund behavioral health services; (3)
223 reduction in the unnecessary use of institutional and residential
224 services for children; (4) capture and investment of enhanced federal
225 revenue and savings derived from reduced residential services and
226 increased community-based services; (5) improved administrative
227 oversight and efficiencies; and (6) monitoring of individual outcomes,
228 provider performance, taking into consideration the acuity of the
229 patients served by each provider, and overall program performance.

230 (b) The Behavioral Health Partnership shall operate in accordance
231 with the financial requirements specified in this subsection. Prior to the
232 conversion of any grant-funded services to a rate-based, fee-for-service
233 payment system, the Department of Social Services and the
234 Department of Children and Families shall submit documentation
235 verifying that the proposed rates seek to cover the reasonable cost of
236 providing services to the Behavioral Health Partnership Oversight
237 Council, established pursuant to section 17a-22j, as amended by this
238 act.

239 Sec. 8. Section 17a-22j of the general statutes is repealed and the
240 following is substituted in lieu thereof (*Effective July 1, 2008*):

241 (a) There is established a Behavioral Health Partnership Oversight

242 Council which shall advise the Commissioners of Children and
243 Families and Social Services on the planning and implementation of
244 the Behavioral Health Partnership.

245 (b) The council shall consist of the following members:

246 (1) The chairpersons and ranking members of the joint standing
247 committees of the General Assembly having cognizance of matters
248 relating to human services, public health, appropriations and the
249 budgets of state agencies, or their designees;

250 (2) A member of the Community Mental Health Strategy Board,
251 established pursuant to section 17a-485b, as selected by said board;

252 (3) The Commissioner of Mental Health and Addiction Services, or
253 said commissioner's designee;

254 (4) Sixteen members appointed by the chairpersons of the advisory
255 council on Medicaid managed care, established pursuant to section
256 17b-28 of the 2008 supplement to the general statutes;

257 (A) Two of whom are representatives of general or specialty
258 psychiatric hospitals;

259 (B) One of whom is an adult with a psychiatric disability;

260 (C) One of whom is an advocate for adults with psychiatric
261 disabilities;

262 (D) Two of whom are parents of children who have a behavioral
263 health disorder or have received child protection or juvenile justice
264 services from the Department of Children and Families;

265 (E) One of whom has expertise in health policy and evaluation;

266 (F) One of whom is an advocate for children with behavioral health
267 disorders;

268 (G) One of whom is a primary care provider serving HUSKY
269 children;

270 (H) One of whom is a child psychiatrist serving HUSKY children;

271 (I) One of whom is either an adult with a substance use disorder or
272 an advocate for adults with substance use disorders;

273 (J) One of whom is a representative of school-based health clinics;

274 (K) One of whom is a provider of community-based behavioral
275 health services for adults;

276 (L) One of whom is a provider of residential treatment for children;

277 (M) One of whom is a provider of community-based services for
278 children with behavioral health problems; and

279 (N) One of whom is a member of the advisory council on Medicaid
280 managed care;

281 (5) [~~Seven~~] Eight nonvoting ex-officio members, one each appointed
282 by the Commissioners of Social Services, Children and Families,
283 Mental Health and Addiction Services and Education to represent his
284 or her department, one appointed by the Chief Court Administrator to
285 represent the Court Support Services Division and one appointed by
286 the State Comptroller, the Secretary of the Office of Policy and
287 Management and the Office of Health Care Access to represent said
288 offices;

289 (6) One or more consumers appointed by the chairpersons of the
290 council, to be nonvoting ex-officio members; and

291 (7) One representative from the administrative services organization
292 and from each Medicaid managed care organization, to be nonvoting
293 ex-officio members.

294 (c) All appointments to the council shall be made no later than July

295 1, 2005, except that the chairpersons of the council may appoint
296 additional consumers to the council as nonvoting ex-officio members.
297 Any vacancy shall be filled by the appointing authority.

298 (d) The chairpersons of the advisory council on Medicaid managed
299 care shall select the chairpersons of the Behavioral Health Partnership
300 Oversight Council from among the members of such oversight council.
301 Such chairpersons shall convene the first meeting of the council, which
302 shall be held not later than August 1, 2005. The council shall meet at
303 least monthly thereafter.

304 (e) The Joint Committee on Legislative Management shall provide
305 administrative support to the chairpersons and assistance in convening
306 the council's meetings.

307 (f) The council shall make specific recommendations on matters
308 related to the planning and implementation of the Behavioral Health
309 Partnership which shall include, but not be limited to: (1) Review of
310 any contract entered into by the Departments of Children and Families
311 and Social Services with an administrative services organization, to
312 assure that the administrative services organization's decisions are
313 based solely on clinical management criteria developed by the clinical
314 management committee established in section 17a-22k; (2) review of
315 behavioral health services pursuant to Title XIX and Title XXI of the
316 Social Security Act to assure that federal revenue is being maximized;
317 and (3) review of periodic reports on the program activities, finances
318 and outcomes, including reports from the director of the Behavioral
319 Health Partnership on achievement of service delivery system goals,
320 pursuant to section 17a-22i. The council may conduct or cause to be
321 conducted an external, independent evaluation of the Behavioral
322 Health Partnership.

323 (g) On or before March 1, 2006, and annually thereafter, the council
324 shall submit a report to the Governor and, in accordance with section
325 11-4a, to the joint standing committees of the General Assembly having
326 cognizance of matters relating to human services, public health and

327 appropriations and the budgets of state agencies, on the council's
328 activities and progress.

329 Sec. 9. Section 17b-600 of the general statutes is repealed and the
330 following is substituted in lieu thereof (*Effective July 1, 2008*):

331 The Commissioner of Social Services shall administer a program of
332 optional state supplementation as provided for by Title XVI of the
333 Social Security Act, as amended, and shall administer the program in
334 accordance with the requirements provided therein. In accordance
335 with the requirements of Title XVI of said Social Security Act, optional
336 state supplementation may be provided to aged, blind and disabled
337 individuals who receive supplemental security income benefits or who
338 would be eligible to receive such benefits except for income, provided
339 that any applicant or recipient of optional state supplementation shall
340 be ineligible for such supplementary assistance if such person has
341 made, within twenty-four months prior to the date of application for
342 such aid, an assignment or transfer or other disposition of property for
343 less than fair market value, for the purpose of establishing eligibility
344 for benefits or assistance under this section, provided ineligibility
345 because of such disposition shall continue only for either (1) twenty-
346 four months after the date of disposition, or (2) that period of time
347 from date of disposition over which the fair market value of such
348 property, less any consideration received in exchange for its
349 disposition, together with all other income and resources, would
350 furnish support on a reasonable standard of health and decency,
351 whichever period is shorter, except that in any case where the
352 uncompensated value of disposed of resources exceeds twelve
353 thousand dollars, the Commissioner of Social Services shall provide for
354 a period of ineligibility based on the uncompensated value which
355 exceeds twenty-four months. Any disposition shall be presumed to
356 have been made for the purpose of establishing eligibility for benefits
357 or assistance unless the individual furnishes convincing evidence to
358 establish that the transaction was exclusively for some other purpose
359 or the disposition was made to a trust that complies with Section

360 1917(d)(4) of the Social Security Act, 42 USC 1396p(d)(4), as from time
361 to time amended, and (A) the individual resides in a residential care
362 home, as defined in subdivision (17) of subsection (a) of section 19-13-
363 D6 of the regulations of Connecticut state agencies or resides in the
364 facility established by New Horizons, Inc. pursuant to section 19a-507;
365 (B) the individual's available income, as defined in section 5000.01 of
366 the department's uniform policy manual (i) exceeds three hundred per
367 cent of the maximum Supplemental Security Income program benefit
368 for an individual, and (ii) is below the private rate for the residential
369 care home in which the individual resides or for the facility established
370 by New Horizons, Inc., as applicable; (C) the trust is funded solely
371 with the excess income described in subparagraph (B) of this
372 subdivision; and (D) the trust provides that the state will receive, after
373 repayment of Medicaid assistance paid to or on behalf of the
374 individual as set forth in Section 1917 (d)(4) of the Social Security Act,
375 all amounts remaining in the trust upon the death of such individual
376 up to an amount equal to the total state supplemental assistance paid
377 on behalf of the individual under this section. Property which is
378 exempted from consideration in determining the financial eligibility of
379 an individual for benefits or assistance, such as a house in which the
380 individual resides, shall not be subject to the provisions of this section
381 regarding transfers of property if such property is disposed of while an
382 individual is receiving benefits or assistance under this section. The
383 program of optional state supplementation shall be administered in
384 accordance with regulations to be adopted by the Department of Social
385 Services, which regulations shall be consistent with the requirements
386 of Title XVI of the Social Security Act pertaining to programs of
387 optional state supplementation. Until such time as regulations are
388 adopted by the department governing the program of optional state
389 supplementation, the department is authorized to administer said
390 program in accordance with the regulations and departmental policy
391 manual provisions applicable to the aid to the elderly, aid to the blind
392 and aid to the disabled programs, which regulations and policy
393 manual provisions shall be fully applicable to the program of optional

394 state supplementation, except that in no event shall optional state
 395 supplementation be given to persons who either are not recipients of
 396 federal supplemental security income benefits or are not persons who,
 397 except for income, would be eligible for supplemental security income
 398 benefits.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2008</i>	17b-28e
Sec. 2	<i>July 1, 2008</i>	New section
Sec. 3	<i>July 1, 2008</i>	17b-340(h)(1)
Sec. 4	<i>July 1, 2008</i>	19a-495a
Sec. 5	<i>July 1, 2008</i>	17b-112(d)
Sec. 6	<i>July 1, 2008</i>	New section
Sec. 7	<i>July 1, 2008</i>	17a-22h
Sec. 8	<i>July 1, 2008</i>	17a-22j
Sec. 9	<i>July 1, 2008</i>	17b-600

Statement of Purpose:

To implement the Governor's budget recommendations.

[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.]