



General Assembly

January Session, 2009

**Governor's Bill No. 843**

LCO No. 3091

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Referred to Committee on Human Services

Introduced by:

SEN. MCKINNEY, 28<sup>th</sup> Dist.

REP. CAFERO, 142<sup>nd</sup> Dist.

***AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET  
RECOMMENDATIONS CONCERNING SOCIAL SERVICES.***

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

1 Section 1. Subsection (a) of section 17b-192 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective July*  
3 *1, 2009*):

4 (a) The Commissioner of Social Services shall implement a state  
5 medical assistance component of the state-administered general  
6 assistance program for persons [ineligible for Medicaid] who do not  
7 meet the eligibility criteria for Medicaid on the basis of age, blindness,  
8 disability, pregnancy, being a parent or other caretaker relative of a  
9 dependent child, or having been screened for breast or cervical cancer  
10 under the Centers for Disease Control and Prevention's National  
11 Breast and Cervical Cancer Early Detection Program and are found to  
12 need treatment for either breast or cervical cancer. Eligibility criteria  
13 concerning income shall be the same as the medically needy  
14 component of the Medicaid program, except that earned monthly

15 gross income of up to one hundred fifty dollars shall be disregarded.  
16 Unearned income shall not be disregarded. No person who has family  
17 assets exceeding one thousand dollars shall be eligible. No person shall  
18 be eligible for assistance under this section if such person made,  
19 during the three months prior to the month of application, an  
20 assignment or transfer or other disposition of property for less than  
21 fair market value. The number of months of ineligibility due to such  
22 disposition shall be determined by dividing the fair market value of  
23 such property, less any consideration received in exchange for its  
24 disposition, by five hundred dollars. Such period of ineligibility shall  
25 commence in the month in which the person is otherwise eligible for  
26 benefits. Any assignment, transfer or other disposition of property, on  
27 the part of the transferor, shall be presumed to have been made for the  
28 purpose of establishing eligibility for benefits or services unless such  
29 person provides convincing evidence to establish that the transaction  
30 was exclusively for some other purpose.

31 Sec. 2. Section 17a-485e of the general statutes is repealed and the  
32 following is substituted in lieu thereof (*Effective July 1, 2009*):

33 (a) For purposes of this section "state assistance" means a payment  
34 by the state of actual debt service, comprised of principal, interest,  
35 interest rate swap payments, liquidity fees, letter of credit fees, trustee  
36 fees, and other similar bond-related expenses.

37 (b) The State Bond Commission may authorize the State Treasurer  
38 and the Secretary of the Office of Policy and Management to enter into  
39 a contract or contracts to provide state assistance on bonds issued by  
40 the Connecticut Housing Finance Authority as provided in this  
41 section. If so authorized by the State Bond Commission, the state,  
42 acting by and through the Secretary of the Office of Policy and  
43 Management and State Treasurer, shall enter into a contract or  
44 contracts with the Connecticut Housing Finance Authority that  
45 provide the state shall pay to said authority state assistance on bonds  
46 issued by said authority for purposes of providing funds for mortgage

47 loans made by said authority pursuant to the provisions of section 17a-  
48 485c, funds for reasonable repair and replacement reserves and costs of  
49 issuance in an aggregate principal amount not to exceed [one hundred  
50 five] seventy million dollars. Any provision of such a contract entered  
51 into providing for payments equal to annual debt service shall  
52 constitute a full faith and credit obligation of the state and as part of  
53 the contract of the state with the holders of any bonds or refunding  
54 bonds, as applicable, appropriation of all amounts necessary to meet  
55 punctually the terms of such contract is hereby made and the State  
56 Treasurer shall pay such amounts as the same become due. The  
57 Connecticut Housing Finance Authority may pledge such state  
58 assistance as security for the payment of such bonds or refunding  
59 bonds issued by said authority. Any bonds so issued for the  
60 Supportive Housing Initiative by the Connecticut Housing Finance  
61 Authority and at any time outstanding may at any time or from time to  
62 time be refunded, in whole or in part, by the Connecticut Housing  
63 Finance Authority by the issuance of its refunding bonds in such  
64 amounts as the authority may deem necessary or appropriate but not  
65 exceeding an amount sufficient to refund the principal amount of the  
66 bonds to be so refunded, any unpaid interest thereon, and any  
67 premiums, commissions and costs of issuance necessary to be paid in  
68 connection therewith. The state, acting by and through the Office of  
69 Policy and Management and the State Treasurer and without further  
70 authorization, may execute an amendment to any contract providing  
71 state assistance as required in connection with such refunding bonds.

72 (c) Notwithstanding any contract entered into by the state with the  
73 Connecticut Housing Finance Authority for state assistance the bonds  
74 or refunding bonds to which such state assistance applies shall not  
75 constitute bonds or notes issued or guaranteed by the state within the  
76 meaning of section 3-21.

77 Sec. 3. Section 17a-32 of the general statutes is repealed and the  
78 following is substituted in lieu thereof (*Effective July 1, 2010*):

79 (a) The name of the Department of Children and Families facility at  
80 Connecticut Valley Hospital shall be Riverview Hospital for Children  
81 and Youth.

82 (b) The name of the Department of Children and Families facility in  
83 the city of Middletown shall be the Connecticut Juvenile Training  
84 School.

85 (c) The name of the Department of Children and Families facility in  
86 the town of East Windsor shall be the Connecticut Children's Place.

87 [(d) The name of the Department of Children and Families facility in  
88 the town of Hamden shall be High Meadows.]

89 [(e)] (d) The name of the Department of Children and Families  
90 facility in the town of Hartland shall be the Wilderness School.

91 Sec. 4. (NEW) (*Effective July 1, 2009*) (a) There is established a  
92 community and social services block grant program that shall be  
93 administered by the Department of Social Services. The purpose of the  
94 program is to respond to the health and social needs of communities  
95 through a regionalized approach by creating or supporting programs  
96 and services that provide for community-based support services or  
97 health services and to maximize benefits and outcomes to each specific  
98 region, as defined in subsection (b) of this section. For purposes of this  
99 section, (1) community-based support services include, but are not  
100 limited to: (A) Services designed to support families and improve the  
101 quality of the social environment; (B) programs to eliminate poverty;  
102 (C) anti-hunger programs; (D) substance abuse prevention and  
103 treatment; (E) counseling and case management services; (F) senior  
104 volunteer programs; and (G) youth services, and (2) health services  
105 include, but are not limited to: (A) Elderly health screenings; (B)  
106 preventative disease clinics; (C) nutritional and dietician services; and  
107 (D) exercise programs.

108 (b) The Commissioner of Social Services shall define planning

109 regions of the state and select members to comprise regional planning  
110 councils, in accordance with this section and section 10 of this act. In  
111 determining membership of the regional planning councils, the  
112 commissioner may select or include specific regional planning agencies  
113 created pursuant to section 8-31a of the general statutes. The  
114 commissioner, in consultation with the Secretary of the Office of Policy  
115 and Management, shall determine the amount of the block grant for  
116 each such regional planning council. In determining the allocation of  
117 the regional community and social services block grant, the  
118 commissioner shall consider the following factors: (1) Population; (2)  
119 the economy and fiscal condition of the state and region; and (3) the  
120 health and human services needs within each planning region.

121       Sec. 5. (NEW) (*Effective July 1, 2009*) (a) All towns, cities and  
122 boroughs within a planning region shall be entitled to membership on  
123 a regional planning council.

124       (b) The Commissioner of Social Services shall certify that not less  
125 than sixty per cent of all towns, cities and boroughs within each  
126 planning region are represented and that such representatives actively  
127 participate in the regional planning council.

128       (c) Each regional planning council shall conduct hearings to receive  
129 consumer and provider input on health and social needs for its  
130 planning region.

131       (d) Each member of the regional planning council shall be entitled  
132 to one vote.

133       (e) Each participating regional planning council shall approve and  
134 submit an area service allocation plan to the Department of Social  
135 Services and the Office of Policy and Management at such time and in  
136 such form as the Commissioner of Social Services prescribes. The area  
137 service allocation plan shall include: (1) A description of the planning  
138 process used to identify regional needs and set priorities for  
139 allocations; (2) a description of the programs and services to be

140 funded; (3) a budget detailing the distribution and specific use of  
141 funds to be received; and (4) outcome measures. Participating regional  
142 planning councils may submit joint area service allocation plans with  
143 other regional planning councils.

144 Sec. 6. (NEW) (*Effective July 1, 2009*) (a) The Department of Social  
145 Services shall review, make any modifications it determines are  
146 appropriate, and approve each area service allocation plan submitted  
147 pursuant to subsection (e) of section 5 of this act. The department shall  
148 submit its recommended allocation plan to the Secretary of the Office  
149 of Policy and Management, who shall review, make any modifications  
150 he determines are appropriate and approve a final block grant  
151 allocation plan.

152 (b) The final community and social services block grant allocation  
153 plan, that incorporates each area service allocation plan approved  
154 pursuant to this section shall be submitted by the Secretary of the  
155 Office of Policy and Management to the joint standing committee of  
156 the General Assembly having cognizance of matters relating to human  
157 services. Not later than thirty days after receipt of such plan, the  
158 committee shall advise the secretary and Governor of its approval or  
159 denial of such plan. If the committee does not act before the expiration  
160 of such thirty-day period, the plan shall be deemed approved.

161 Sec. 7. (NEW) (*Effective July 1, 2009*) (a) The Commissioner of Social  
162 Services may contract with, and provide grant funds to, municipalities,  
163 private organizations, regional planning agencies, other intertown  
164 regional or metropolitan agencies, or individuals to carry out the  
165 approved community and social services block grant allocation plan.

166 (b) Any regional planning council that certifies participation in the  
167 regional community and social services block grant program shall be  
168 subject to periodic program reporting requirements and performance  
169 evaluation as required by the Commissioner of Social Services.

170 (c) Any organization that receives funding through an approved

171 regional planning council area service allocation plan shall be subject  
172 to periodic program reporting requirements and performance  
173 evaluation as required by the Commissioner of Social Services.

174 Sec. 8. Section 17b-257b of the general statutes is repealed and the  
175 following is substituted in lieu thereof (*Effective July 1, 2009*):

176 Qualified aliens, as defined in Section 431 of Public Law 104-193,  
177 admitted into the United States on or after August 22, 1996, other  
178 lawfully residing immigrant aliens or aliens who formerly held the  
179 status of permanently residing under color of law who have been  
180 determined eligible for [Medicaid or for] state-administered general  
181 assistance medical aid prior to July 1, 1997, may be eligible for state-  
182 funded medical assistance which shall provide coverage to the same  
183 extent as [the Medicaid program,] state-administered general  
184 assistance medical aid, [or the HUSKY Plan, Part B] provided other  
185 conditions of eligibility are met. Such qualified aliens or lawfully  
186 residing immigrant aliens or aliens who formerly held the status of  
187 permanently residing under color of law who have not been  
188 determined eligible for [Medicaid or for] state-administered general  
189 assistance medical aid prior to July 1, 1997, shall be eligible for state-  
190 funded assistance [or the HUSKY Plan, Part B] under state-  
191 administered general assistance medical aid subsequent to six months  
192 from establishing residency in this state. Notwithstanding the  
193 provisions of this section, any qualified alien or other lawfully residing  
194 immigrant alien or alien who formerly held the status of permanently  
195 residing under color of law who is a victim of domestic violence or  
196 who has mental retardation shall be eligible for state-funded assistance  
197 [or the HUSKY Plan, Part B] under state-administered general  
198 assistance medical aid pursuant to this section if such applicant is  
199 otherwise eligible for such program. Only individuals who are not  
200 eligible for Medicaid or the HUSKY Plan, Part B under Title XXI of the  
201 Social Security Act shall be eligible for state-funded assistance under  
202 state-administered general assistance medical aid pursuant to this  
203 section.

204       Sec. 9. (NEW) (*Effective July 1, 2009*) (a) There is established an  
205 employment services block grant program that shall be administered  
206 by the Department of Social Services. The purpose of the program is to  
207 respond to the employment needs of communities through a  
208 regionalized approach by creating or supporting programs and  
209 services that provide for general employment and training services.  
210 For purposes of this section, employment and training services  
211 include, but are not limited to: (1) Services provided to assist  
212 individuals in securing employment or acquiring or learning skills that  
213 promote opportunities for employment; (2) services to facilitate the  
214 transition from school to work; and (3) job training and job placement  
215 services.

216       (b) The Commissioner of Social Services shall define planning  
217 regions of the state and select members to comprise regional planning  
218 councils, in accordance with this section and section 18 of this act. In  
219 determining membership of the regional planning councils, the  
220 commissioner may select or include specific regional planning agencies  
221 created pursuant to section 8-31a of the general statutes. The  
222 commissioner, in consultation with the Secretary of the Office of Policy  
223 and Management, shall determine the amount of the block grant for  
224 each such regional planning council. In determining the allocation of  
225 the regional employment services block grant, the commissioner shall  
226 consider the following factors: (1) Population; (2) the economy and  
227 fiscal conditions of the state and region; and (3) the employment and  
228 training needs within each planning region.

229       Sec. 10. (NEW) (*Effective July 1, 2009*) (a) All towns, cities and  
230 boroughs within a planning region shall be entitled to membership on  
231 a regional planning council.

232       (b) The Commissioner of Social Services shall certify that not less  
233 than sixty per cent of all towns, cities and boroughs within the  
234 planning region are represented and actively participate in each  
235 regional planning council.

236 (c) Each regional planning council shall conduct hearings to receive  
237 consumer and provider input on employment and training needs for  
238 its planning region.

239 (d) Each member of the regional planning council shall be entitled  
240 to one vote.

241 (e) Each participating regional planning council shall approve and  
242 submit an area service allocation plan to the Department of Social  
243 Services and the Office of Policy and Management at such time and in  
244 such form as the Commissioner of Social Services prescribes. The area  
245 service allocation plan shall include: (1) A description of the planning  
246 process used to identify regional needs and set priorities for  
247 allocations; (2) a description of the programs and services to be  
248 funded; (3) a budget detailing the distribution and specific use of  
249 funds to be received; and (4) outcome measures. Participating regional  
250 planning councils may submit joint area service allocation plans with  
251 other regional planning councils.

252 Sec. 11. (NEW) (*Effective July 1, 2009*) (a) The Department of Social  
253 Services shall review, make any modifications it determines are  
254 appropriate and approve each area service allocation plan submitted  
255 pursuant to subsection (e) of section 5 of this act. The department shall  
256 submit its recommended allocation plan to the Secretary of the Office  
257 of Policy and Management, who shall review, make modifications he  
258 determines are appropriate and approve a final block grant allocation  
259 plan.

260 (b) The final employment services block grant allocation plan that  
261 incorporates each area service allocation plan approved pursuant to  
262 this section shall be submitted by the Secretary of the Office of Policy  
263 and Management to the joint standing committee of the General  
264 Assembly having cognizance of matters relating to human services.  
265 Not later than thirty days after receipt of such plan, the committee  
266 shall advise the secretary and Governor of its approval or denial of  
267 such plan. If the committee does not act during such thirty-day period,

268 the plan shall be deemed approved.

269 Sec. 12. (NEW) (*Effective July 1, 2009*) (a) The Commissioner of Social  
270 Services may contract with and provide grant funds to municipalities,  
271 private organizations, regional planning agencies, other intertown  
272 regional or metropolitan agencies, or individuals to carry out the  
273 approved employment services block grant area service allocation  
274 plan.

275 (b) Any regional planning council that certifies participation in the  
276 regional employment services block grant program shall be subject to  
277 periodic program reporting requirements and performance evaluation  
278 as required by the Commissioner of Social Services.

279 (c) Any organization that receives funding through an approved  
280 regional planning council area service allocation plan shall be subject  
281 to periodic program reporting requirements and performance  
282 evaluation as required by the Commissioner of Social Services.

283 Sec. 13. Subsection (d) of section 17b-265d of the general statutes is  
284 repealed and the following is substituted in lieu thereof (*Effective July*  
285 *1, 2009*):

286 (d) Each full benefit dually eligible Medicare Part D beneficiary shall  
287 enroll in a Medicare Part D benchmark plan. To the extent permitted  
288 under federal law, the Commissioner of Social Services may be the  
289 authorized representative of a full benefit dually eligible Medicare Part  
290 D beneficiary for the purpose of enrolling the beneficiary in a Medicare  
291 Part D benchmark plan.

292 Sec. 14. Subsection (g) of section 17b-192 of the general statutes is  
293 repealed and the following is substituted in lieu thereof (*Effective July*  
294 *1, 2009*):

295 (g) On or before [~~January 1, 2008~~] June 30, 2010, the Commissioner  
296 of Social Services shall [~~seek~~] conduct a study on the impact of  
297 implementing a waiver of federal law for the purpose of extending

298 health insurance coverage under Medicaid to persons with income not  
299 in excess of one hundred per cent of the federal poverty level who  
300 otherwise qualify for medical assistance under the state-administered  
301 general assistance program. The provisions of section 17b-8 shall apply  
302 to this section.

303 Sec. 15. Subsection (c) of section 17b-265d of the general statutes is  
304 repealed and the following is substituted in lieu thereof (*Effective July*  
305 *1, 2009*):

306 (c) A full benefit dually eligible Medicare Part D beneficiary shall be  
307 responsible for any Medicare Part D prescription drug copayments  
308 imposed pursuant to Public Law 108-173, the Medicare Prescription  
309 Drug, Improvement, and Modernization Act of 2003, in amounts not to  
310 exceed twenty dollars per month. The department shall be responsible  
311 for payment, on behalf of [a full benefit dually eligible Medicare Part  
312 D] such beneficiary, of any Medicare Part D prescription drug  
313 copayments [imposed pursuant to Public Law 108-173, the Medicare  
314 Prescription Drug, Improvement, and Modernization Act of 2003] in  
315 any month in which such copayment amounts exceed twenty dollars  
316 in the aggregate.

317 Sec. 16. Subdivision (4) of subsection (f) of section 17b-340 of the  
318 general statutes is repealed and the following is substituted in lieu  
319 thereof (*Effective July 1, 2009*):

320 (4) For the fiscal year ending June 30, 1992, (A) no facility shall  
321 receive a rate that is less than the rate it received for the rate year  
322 ending June 30, 1991; (B) no facility whose rate, if determined pursuant  
323 to this subsection, would exceed one hundred twenty per cent of the  
324 state-wide median rate, as determined pursuant to this subsection,  
325 shall receive a rate which is five and one-half per cent more than the  
326 rate it received for the rate year ending June 30, 1991; and (C) no  
327 facility whose rate, if determined pursuant to this subsection, would be  
328 less than one hundred twenty per cent of the state-wide median rate,  
329 as determined pursuant to this subsection, shall receive a rate which is

330 six and one-half per cent more than the rate it received for the rate year  
331 ending June 30, 1991. For the fiscal year ending June 30, 1993, no  
332 facility shall receive a rate that is less than the rate it received for the  
333 rate year ending June 30, 1992, or six per cent more than the rate it  
334 received for the rate year ending June 30, 1992. For the fiscal year  
335 ending June 30, 1994, no facility shall receive a rate that is less than the  
336 rate it received for the rate year ending June 30, 1993, or six per cent  
337 more than the rate it received for the rate year ending June 30, 1993.  
338 For the fiscal year ending June 30, 1995, no facility shall receive a rate  
339 that is more than five per cent less than the rate it received for the rate  
340 year ending June 30, 1994, or six per cent more than the rate it received  
341 for the rate year ending June 30, 1994. For the fiscal years ending June  
342 30, 1996, and June 30, 1997, no facility shall receive a rate that is more  
343 than three per cent more than the rate it received for the prior rate  
344 year. For the fiscal year ending June 30, 1998, a facility shall receive a  
345 rate increase that is not more than two per cent more than the rate that  
346 the facility received in the prior year. For the fiscal year ending June  
347 30, 1999, a facility shall receive a rate increase that is not more than  
348 three per cent more than the rate that the facility received in the prior  
349 year and that is not less than one per cent more than the rate that the  
350 facility received in the prior year, exclusive of rate increases associated  
351 with a wage, benefit and staffing enhancement rate adjustment added  
352 for the period from April 1, 1999, to June 30, 1999, inclusive. For the  
353 fiscal year ending June 30, 2000, each facility, except a facility with an  
354 interim rate or replaced interim rate for the fiscal year ending June 30,  
355 1999, and a facility having a certificate of need or other agreement  
356 specifying rate adjustments for the fiscal year ending June 30, 2000,  
357 shall receive a rate increase equal to one per cent applied to the rate the  
358 facility received for the fiscal year ending June 30, 1999, exclusive of  
359 the facility's wage, benefit and staffing enhancement rate adjustment.  
360 For the fiscal year ending June 30, 2000, no facility with an interim rate,  
361 replaced interim rate or scheduled rate adjustment specified in a  
362 certificate of need or other agreement for the fiscal year ending June  
363 30, 2000, shall receive a rate increase that is more than one per cent

364 more than the rate the facility received in the fiscal year ending June  
365 30, 1999. For the fiscal year ending June 30, 2001, each facility, except a  
366 facility with an interim rate or replaced interim rate for the fiscal year  
367 ending June 30, 2000, and a facility having a certificate of need or other  
368 agreement specifying rate adjustments for the fiscal year ending June  
369 30, 2001, shall receive a rate increase equal to two per cent applied to  
370 the rate the facility received for the fiscal year ending June 30, 2000,  
371 subject to verification of wage enhancement adjustments pursuant to  
372 subdivision (15) of this subsection. For the fiscal year ending June 30,  
373 2001, no facility with an interim rate, replaced interim rate or  
374 scheduled rate adjustment specified in a certificate of need or other  
375 agreement for the fiscal year ending June 30, 2001, shall receive a rate  
376 increase that is more than two per cent more than the rate the facility  
377 received for the fiscal year ending June 30, 2000. For the fiscal year  
378 ending June 30, 2002, each facility shall receive a rate that is two and  
379 one-half per cent more than the rate the facility received in the prior  
380 fiscal year. For the fiscal year ending June 30, 2003, each facility shall  
381 receive a rate that is two per cent more than the rate the facility  
382 received in the prior fiscal year, except that such increase shall be  
383 effective January 1, 2003, and such facility rate in effect for the fiscal  
384 year ending June 30, 2002, shall be paid for services provided until  
385 December 31, 2002, except any facility that would have been issued a  
386 lower rate effective July 1, 2002, than for the fiscal year ending June 30,  
387 2002, due to interim rate status or agreement with the department shall  
388 be issued such lower rate effective July 1, 2002, and have such rate  
389 increased two per cent effective June 1, 2003. For the fiscal year ending  
390 June 30, 2004, rates in effect for the period ending June 30, 2003, shall  
391 remain in effect, except any facility that would have been issued a  
392 lower rate effective July 1, 2003, than for the fiscal year ending June 30,  
393 2003, due to interim rate status or agreement with the department shall  
394 be issued such lower rate effective July 1, 2003. For the fiscal year  
395 ending June 30, 2005, rates in effect for the period ending June 30, 2004,  
396 shall remain in effect until December 31, 2004, except any facility that  
397 would have been issued a lower rate effective July 1, 2004, than for the

398 fiscal year ending June 30, 2004, due to interim rate status or  
399 agreement with the department shall be issued such lower rate  
400 effective July 1, 2004. Effective January 1, 2005, each facility shall  
401 receive a rate that is one per cent greater than the rate in effect  
402 December 31, 2004. Effective upon receipt of all the necessary federal  
403 approvals to secure federal financial participation matching funds  
404 associated with the rate increase provided in this subdivision, but in  
405 no event earlier than July 1, 2005, and provided the user fee imposed  
406 under section 17b-320 is required to be collected, for the fiscal year  
407 ending June 30, 2006, the department shall compute the rate for each  
408 facility based upon its 2003 cost report filing or a subsequent cost year  
409 filing for facilities having an interim rate for the period ending June 30,  
410 2005, as provided under section 17-311-55 of the regulations of  
411 Connecticut state agencies. For each facility not having an interim rate  
412 for the period ending June 30, 2005, the rate for the period ending June  
413 30, 2006, shall be determined beginning with the higher of the  
414 computed rate based upon its 2003 cost report filing or the rate in  
415 effect for the period ending June 30, 2005. Such rate shall then be  
416 increased by eleven dollars and eighty cents per day except that in no  
417 event shall the rate for the period ending June 30, 2006, be thirty-two  
418 dollars more than the rate in effect for the period ending June 30, 2005,  
419 and for any facility with a rate below one hundred ninety-five dollars  
420 per day for the period ending June 30, 2005, such rate for the period  
421 ending June 30, 2006, shall not be greater than two hundred seventeen  
422 dollars and forty-three cents per day and for any facility with a rate  
423 equal to or greater than one hundred ninety-five dollars per day for  
424 the period ending June 30, 2005, such rate for the period ending June  
425 30, 2006, shall not exceed the rate in effect for the period ending June  
426 30, 2005, increased by eleven and one-half per cent. For each facility  
427 with an interim rate for the period ending June 30, 2005, the interim  
428 replacement rate for the period ending June 30, 2006, shall not exceed  
429 the rate in effect for the period ending June 30, 2005, increased by  
430 eleven dollars and eighty cents per day plus the per day cost of the  
431 user fee payments made pursuant to section 17b-320 divided by

432 annual resident service days, except for any facility with an interim  
433 rate below one hundred ninety-five dollars per day for the period  
434 ending June 30, 2005, the interim replacement rate for the period  
435 ending June 30, 2006, shall not be greater than two hundred seventeen  
436 dollars and forty-three cents per day and for any facility with an  
437 interim rate equal to or greater than one hundred ninety-five dollars  
438 per day for the period ending June 30, 2005, the interim replacement  
439 rate for the period ending June 30, 2006, shall not exceed the rate in  
440 effect for the period ending June 30, 2005, increased by eleven and one-  
441 half per cent. Such July 1, 2005, rate adjustments shall remain in effect  
442 unless (i) the federal financial participation matching funds associated  
443 with the rate increase are no longer available; or (ii) the user fee  
444 created pursuant to section 17b-320 is not in effect. For the fiscal year  
445 ending June 30, 2007, each facility shall receive a rate that is three per  
446 cent greater than the rate in effect for the period ending June 30, 2006,  
447 except any facility that would have been issued a lower rate effective  
448 July 1, 2006, than for the rate period ending June 30, 2006, due to  
449 interim rate status or agreement with the department, shall be issued  
450 such lower rate effective July 1, 2006. For the fiscal year ending June  
451 30, 2008, each facility shall receive a rate that is two and nine-tenths  
452 per cent greater than the rate in effect for the period ending June 30,  
453 2007, except any facility that would have been issued a lower rate  
454 effective July 1, 2007, than for the rate period ending June 30, 2007, due  
455 to interim rate status or agreement with the department, shall be  
456 issued such lower rate effective July 1, 2007. For the fiscal year ending  
457 June 30, 2009, rates in effect for the period ending June 30, 2008, shall  
458 remain in effect until June 30, 2009, except any facility that would have  
459 been issued a lower rate for the fiscal year ending June 30, 2009, due to  
460 interim rate status or agreement with the department shall be issued  
461 such lower rate. For the fiscal years ending June 30, 2010, and June 30,  
462 2011, rates in effect for the period ending June 30, 2009, shall remain in  
463 effect until June 30, 2011, except any facility that would have been  
464 issued a lower rate for the fiscal year ending June 30, 2010, or the fiscal  
465 year ending June 30, 2011, due to interim rate status or agreement with

466 the department, shall be issued such lower rate. The Commissioner of  
467 Social Services shall add fair rent increases to any other rate increases  
468 established pursuant to this subdivision for a facility which has  
469 undergone a material change in circumstances related to fair rent,  
470 except for the fiscal year ending June 30, 2010, and the fiscal year  
471 ending June 30, 2011. Interim rates may take into account reasonable  
472 costs incurred by a facility, including wages and benefits.

473 Sec. 17. Subsection (a) of section 17b-492 of the general statutes is  
474 repealed and the following is substituted in lieu thereof (*Effective July*  
475 *1, 2009*):

476 (a) Eligibility for participation in the program shall be limited to any  
477 resident (1) who is sixty-five years of age or older or who is disabled,  
478 (2) whose current annual income at the time of application or  
479 redetermination, if unmarried, is less than twenty thousand eight  
480 hundred dollars or whose annual income, if married, when combined  
481 with that of the resident's spouse is less than twenty-eight thousand  
482 one hundred dollars, (3) whose assets do not exceed the asset limits  
483 applied to determine eligibility for the low-income subsidy under  
484 Medicare Part D pursuant to Public Law 108-173, the Medicare  
485 Prescription Drug, Improvement, and Modernization Act of 2003, (4)  
486 who is not insured under a policy which provides full or partial  
487 coverage for prescription drugs once a deductible is met, except for a  
488 Medicare prescription drug discount card endorsed by the Secretary of  
489 Health and Human Services in accordance with Public Law 108-173,  
490 the Medicare Prescription Drug, Improvement, and Modernization Act  
491 of 2003, or coverage under Medicare Part D pursuant to said act, and  
492 [(4)] (5) on and after September 15, 1991, who pays an annual [thirty-  
493 dollar] forty-five-dollar registration fee to the Department of Social  
494 Services. On January 1, [1998] 2012, and annually thereafter, the  
495 commissioner shall increase the income limits established under this  
496 subsection over those of the previous fiscal year to reflect the annual  
497 inflation adjustment in Social Security income, if any. Each such  
498 adjustment shall be determined to the nearest one hundred dollars. On

499 and after July 1, 2009, new applications to participate in the  
500 ConnPACE program may be accepted only from the fifteenth day of  
501 November through the thirtieth day of December each year, except  
502 that individuals may apply within thirty-one days of (A) reaching  
503 sixty-five years of age, or (B) becoming eligible for Social Security  
504 Disability Income or Supplemental Security Income.

505 Sec. 18. Section 17b-491a of the general statutes is amended by  
506 adding subsections (e) and (f) as follows (*Effective July 1, 2009*):

507 (NEW) (e) Notwithstanding any provision of the general statutes,  
508 on and after July 1, 2009, in all medical assistance programs  
509 administered by the Department of Social Services (1) no payment  
510 shall be made for over-the-counter prescription drugs, except insulin  
511 and insulin syringes, as required under federal law; (2) for new  
512 prescriptions requiring prior authorization, a pharmacist may provide  
513 no more than a five-day supply pending receipt of such authorization;  
514 and (3) the Commissioner of Social Services may require prior  
515 authorization of any high-cost prescription drug or drugs at the  
516 commissioner's discretion.

517 (NEW) (f) On and after July 1, 2010, prior authorization may be  
518 required for the off-label use of drugs prescribed for a child under  
519 eighteen years of age.

520 Sec. 19. (NEW) (*Effective July 1, 2009*) To the extent permitted by  
521 federal law, the Commissioner of Social Services shall impose cost  
522 sharing requirements, where applicable, in connection with services  
523 provided under the medical assistance program, except that  
524 copayments shall not apply to the following services: (1) Inpatient  
525 hospitalization, (2) hospital emergency, (3) home health, (4) home and  
526 community-based waiver services, (5) laboratory, (6) emergency  
527 ambulance, and (7) nonemergency medical transportation. In no event  
528 shall the aggregate cost share for prescription drugs exceed twenty  
529 dollars per month.

530 Sec. 20. (NEW) (*Effective July 1, 2009*) To the extent permitted by  
531 federal law, the Commissioner of Social Services shall amend the  
532 Medicaid state plan to require the payment of premiums for coverage  
533 of adults enrolled under the HUSKY Plan, Part A program, pursuant  
534 to Section 6041 of the Deficit Reduction Act of 2005.

535 Sec. 21. (NEW) (*Effective July 1, 2009*) The Commissioner of Social  
536 Services shall amend the Medicaid state plan to indicate that approved  
537 inpatient hospital rates are not applicable to hospital-acquired  
538 conditions that are identified as nonpayable by Medicare pursuant to  
539 Section 5001(c) of the Deficit Reduction Act of 2005 so that inpatient  
540 hospitals are not paid for such hospital-acquired conditions.

541 Sec. 22. Section 19a-507 of the general statutes is repealed and the  
542 following is substituted in lieu thereof (*Effective July 1, 2009*):

543 (a) Notwithstanding the provisions of chapter 368z, New Horizons,  
544 Inc., a nonprofit, nonsectarian organization, or a subsidiary  
545 organization controlled by New Horizons, Inc., is authorized to  
546 construct and operate an independent living facility for severely  
547 physically disabled adults, in the town of Farmington, provided such  
548 facility shall be constructed in accordance with applicable building  
549 codes. The Farmington Housing Authority, or any issuer acting on  
550 behalf of said authority, subject to the provisions of this section, may  
551 issue tax-exempt revenue bonds on a competitive or negotiated basis  
552 for the purpose of providing construction and permanent mortgage  
553 financing for the facility in accordance with Section 103 of the Internal  
554 Revenue Code. Prior to the issuance of such bonds, plans for the  
555 construction of the facility shall be submitted to and approved by the  
556 Office of Health Care Access. The office shall approve or disapprove  
557 such plans within thirty days of receipt thereof. If the plans are  
558 disapproved they may be resubmitted. Failure of the office to act on  
559 the plans within such thirty-day period shall be deemed approval  
560 thereof. The payments to residents of the facility who are eligible for  
561 assistance under the state supplement program for room and board

562 and necessary services, shall be determined annually to be effective  
563 July first of each year. Such payments shall be determined on a basis of  
564 a reasonable payment for necessary services, which basis shall take  
565 into account as a factor the costs of providing those services and such  
566 other factors as the commissioner deems reasonable, including  
567 anticipated fluctuations in the cost of providing services. Such  
568 payments shall be calculated in accordance with the manner in which  
569 rates are calculated pursuant to subsection (h) of section 17b-340 and  
570 the cost related reimbursement system pursuant to said section except  
571 that efficiency incentives shall not be granted. The commissioner may  
572 adjust such rates to account for the availability of personal care  
573 services for residents under the Medicaid program. The commissioner  
574 shall, upon submission of a request, allow actual debt service,  
575 comprised of principal and interest, in excess of property costs allowed  
576 pursuant to section 17-313b-5 of the regulations of Connecticut state  
577 agencies, provided such debt service terms and amounts are  
578 reasonable in relation to the useful life and the base value of the  
579 property. The cost basis for such payment shall be subject to audit, and  
580 a recomputation of the rate shall be made based upon such audit. [The  
581 rate in effect June 30, 1991, shall remain in effect through June 30, 1992,  
582 except that if the rate would have been decreased effective July 1, 1991,  
583 it shall be decreased.] The facility shall report on a fiscal year ending  
584 on the thirtieth day of September on forms provided by the  
585 commissioner. The required report shall be received by the  
586 commissioner no later than December thirty-first of each year. The  
587 Department of Social Services may use its existing utilization review  
588 procedures to monitor utilization of the facility. If the facility is  
589 aggrieved by any decision of the commissioner, the facility may,  
590 within ten days, after written notice thereof from the commissioner,  
591 obtain by written request to the commissioner, a hearing on all items of  
592 aggrievement. If the facility is aggrieved by the decision of the  
593 commissioner after such hearing, the facility may appeal to the  
594 Superior Court in accordance with the provisions of section 4-183.

595 (b) The Commissioner of Social Services may provide for work

596 incentive programs for residents of the facility.

597 Sec. 23. (NEW) (*Effective July 1, 2009*) As used in this section and  
598 section 24 of this act:

599 (1) "Knowing" and "knowingly" means that a person, with respect to  
600 information: (A) Has actual knowledge of the information; (B) acts in  
601 deliberate ignorance of the truth or falsity of the information; or (C)  
602 acts in reckless disregard of the truth or falsity of the information,  
603 without regard to whether the person intends to defraud;

604 (2) "Claim" means any request or demand, whether under a contract  
605 or otherwise, for money or property that is made to a contractor,  
606 grantee or other recipient if the state provides any portion of the  
607 money or property that is requested or demanded, or if the state will  
608 reimburse such contractor, grantee or other recipient for any portion of  
609 the money or property that is requested or demanded;

610 (3) "Person" means any natural person, corporation, limited liability  
611 company, firm, association, organization, partnership, business, trust  
612 or other legal entity;

613 (4) "State" means the state of Connecticut, any agency or department  
614 of the state or any quasi-public agency, as defined in section 1-120 of  
615 the general statutes.

616 Sec. 24. (NEW) (*Effective July 1, 2009*) (a) No person shall:

617 (1) Knowingly present, or cause to be presented, to an officer or  
618 employee of the state a false or fraudulent claim for payment or  
619 approval;

620 (2) Knowingly make, use or cause to be made or used, a false record  
621 or statement to secure the payment or approval by the state of a false  
622 or fraudulent claim;

623 (3) Conspire to defraud the state by securing the allowance or

624 payment of a false or fraudulent claim;

625 (4) Having possession, custody or control of property or money  
626 used, or to be used, by the state and intending to defraud the state or  
627 wilfully to conceal the property, deliver or cause to be delivered less  
628 property than the amount for which the person receives a certificate or  
629 receipt;

630 (5) Being authorized to make or deliver a document certifying  
631 receipt of property used, or to be used, by the state and intending to  
632 defraud the state, make or deliver such document without completely  
633 knowing that the information on the document is true;

634 (6) Knowingly buy, or receive as a pledge of an obligation or debt,  
635 public property from an officer or employee of the state, who lawfully  
636 may not sell or pledge the property; or

637 (7) Knowingly make, use or cause to be made or used, a false record  
638 or statement to conceal, avoid or decrease an obligation to pay or  
639 transmit money or property to the state.

640 (b) Any person who violates the provisions of subsection (a) of this  
641 section shall be liable to the state for: (1) A civil penalty of not less than  
642 five thousand dollars or more than ten thousand dollars, (2) three  
643 times the amount of damages which the state sustains because of the  
644 act of that person, and (3) the costs of investigation and prosecution of  
645 such violation. Liability under this section shall be joint and several for  
646 any violation of this section committed by two or more persons.

647 (c) Notwithstanding the provisions of subsection (b) of this section  
648 concerning treble damages, if the court finds that: (1) A person  
649 committing a violation of subsection (a) of this section furnished  
650 officials of the state responsible for investigating false claims violations  
651 with all information known to such person about the violation not later  
652 than thirty days after the date on which the person first obtained the  
653 information; (2) such person fully cooperated with an investigation by

654 the state of such violation; and (3) at the time such person furnished  
655 the state with the information about the violation, no criminal  
656 prosecution, civil action or administrative action had commenced  
657 under sections 25 to 29, inclusive, of this act, with respect to such  
658 violation, and such person did not have actual knowledge of the  
659 existence of an investigation into such violation, the court may assess  
660 not less than two times the amount of damages which the state  
661 sustains because of the act of such person. Any information furnished  
662 pursuant to this subsection shall be exempt from disclosure under  
663 section 1-210 of the general statutes, as amended by this act.

664 Sec. 25. (NEW) (*Effective July 1, 2009*) The Attorney General may  
665 investigate any violation of subsection (a) of section 24 of this act. Any  
666 information obtained pursuant to this investigation shall be exempt  
667 from disclosure under section 1-210 of the general statutes, as  
668 amended by this act. If the Attorney General finds that a person has  
669 violated or is violating any provision of subsection (a) of section 24 of  
670 this act, the Attorney General may bring a civil action in the superior  
671 court for the judicial district of Hartford under this section in the name  
672 of the state against such person.

673 Sec. 26. (NEW) (*Effective July 1, 2009*) (a) A person may bring a civil  
674 action in the superior court for the judicial district of Hartford against  
675 any person who violates subsection (a) of section 24 of this act, for the  
676 person who brings the action and for the state. Such civil action shall  
677 be brought in the name of the state. The action may thereafter be  
678 withdrawn only if the court and the Attorney General give written  
679 consent to the withdrawing of such action and their reasons for  
680 consenting.

681 (b) A copy of the complaint and written disclosure of substantially  
682 all material evidence and information the person possesses shall be  
683 served on the state by serving the Attorney General in the manner  
684 prescribed in section 52-64 of the general statutes. The complaint shall  
685 be filed in camera, shall remain under seal for at least sixty days and

686 shall not be served on the defendant until the court so orders. The  
687 court, upon motion of the Attorney General, may, for good cause  
688 shown, extend the time during which the complaint remains under  
689 seal. Such motion may be supported by affidavits or other submissions  
690 in camera. Prior to the expiration of the time during which the  
691 complaint remains under seal, the Attorney General shall: (1) Proceed  
692 with the action in which case the action shall be conducted by the  
693 Attorney General, or (2) notify the court that the Attorney General  
694 declines to take over the action in which case the person bringing the  
695 action shall have the right to conduct the action.

696 (c) If the court orders that the complaint be unsealed and served, the  
697 Superior Court shall issue an appropriate order of notice requiring the  
698 same notice that is ordinarily required to commence a civil action. The  
699 defendant shall not be required to respond to any complaint filed  
700 under this section until thirty days after the complaint is served upon  
701 the defendant.

702 (d) If a person brings an action under this section, no person other  
703 than the state may intervene or bring a related action based on the facts  
704 underlying the pending action.

705 Sec. 27. (NEW) (*Effective July 1, 2009*) (a) If the Attorney General,  
706 pursuant to section 26 of this act, elects to proceed with the action, the  
707 Attorney General shall have the primary responsibility for prosecuting  
708 the action and shall not be bound by any act of the person bringing the  
709 action. Such person shall have the right to continue as a party to the  
710 action, subject to the limitations set forth in this section.

711 (b) The Attorney General may withdraw such action  
712 notwithstanding the objections of the person bringing the action if the  
713 Attorney General has notified the person of the filing of the motion  
714 and the court has provided the person with an opportunity for a  
715 hearing on the motion.

716 (c) The Attorney General may settle the action with the defendant

717 notwithstanding the objections of the person bringing the action if the  
718 court determines, after a hearing, that the proposed settlement is fair,  
719 adequate and reasonable under all the circumstances. Upon a showing  
720 of good cause, such hearing may be held in camera.

721 (d) Upon a showing by (1) the Attorney General that unrestricted  
722 participation during the course of the litigation by the person bringing  
723 the action would (A) interfere with or unduly delay the Attorney  
724 General's prosecution of the case, or (B) be repetitious, irrelevant or for  
725 purposes of harassment; or (2) the defendant that unrestricted  
726 participation during the course of the litigation by the person bringing  
727 the action would be for purposes of harassment or would cause the  
728 defendant undue burden or unnecessary expense, the court may, in its  
729 discretion, impose limitations on the person's participation, including,  
730 but not limited to, limiting the number of witnesses that such person  
731 may call, limiting the length of the testimony of any such witnesses,  
732 limiting the person's cross-examination of any such witnesses or  
733 otherwise limiting the participation by the person in the litigation.

734 (e) If the court awards civil penalties or damages to the state or if the  
735 Attorney General settles with the defendant and receives civil  
736 penalties or damages, the person bringing such action shall receive  
737 from the proceeds not less than fifteen per cent but not more than  
738 twenty-five per cent of such proceeds of the action or settlement of the  
739 claim, based upon the extent to which the person substantially  
740 contributed to the prosecution of the action. Any such person shall also  
741 receive an amount for reasonable expenses which the court finds to  
742 have been necessarily incurred, plus reasonable attorneys' fees and  
743 costs. All such expenses, fees and costs shall be awarded against the  
744 defendant.

745 (f) Notwithstanding the provisions of subsection (e) of this section,  
746 where the action is one that the court finds to be based primarily on  
747 disclosures of specific information relating to allegations or  
748 transactions (1) in a criminal, civil or administrative hearing, (2) in a

749 report, hearing, audit or investigation conducted by the General  
750 Assembly, a committee of the General Assembly, the Auditors of  
751 Public Accounts, a state agency or a quasi-public agency, or (3) from  
752 the news media, the court may award from such proceeds to the  
753 person bringing the action such sums as it considers appropriate, but  
754 in no case more than ten per cent of the proceeds, taking into account  
755 the significance of the information and the role of the person bringing  
756 the action in advancing the case to litigation. Any such person shall  
757 also receive an amount for reasonable expenses that the court finds to  
758 have been necessarily incurred, plus reasonable attorneys' fees and  
759 costs. All such expenses, fees and costs shall be awarded against the  
760 defendant.

761       Sec. 28. (NEW) (*Effective July 1, 2009*) (a) If the Attorney General  
762 declines to proceed with the action, the person who brought the action  
763 shall have the right to conduct the action. In the event that the  
764 Attorney General declines to proceed with the action, upon the request  
765 of the Attorney General, the court shall order that copies of all  
766 pleadings filed in the action and copies of any deposition transcripts be  
767 provided to the state. When the person who brought the action  
768 proceeds with the action, the court, without limiting the status and  
769 rights of such person, may permit the Attorney General to intervene at  
770 a later date upon a showing of good cause.

771       (b) A person bringing an action under this section or settling the  
772 claim shall receive an amount which the court decides is reasonable for  
773 collecting the civil penalty and damages. The amount shall be not less  
774 than twenty-five per cent or more than thirty per cent of the proceeds  
775 of the action or settlement and shall be paid out of such proceeds. Such  
776 person shall also receive an amount for reasonable expenses that the  
777 court finds to have been necessarily incurred, plus reasonable  
778 attorneys' fees and costs. All such expenses, fees and costs shall be  
779 awarded against the defendant.

780       (c) If a defendant prevails in the action conducted under this section

781 and the court finds that the claim of the person bringing the action was  
782 clearly frivolous, clearly vexatious or brought primarily for purposes  
783 of harassment, the court may award reasonable attorneys' fees and  
784 expenses to the defendant.

785 (d) Irrespective of whether the Attorney General proceeds with the  
786 action, upon request and showing by the Attorney General that certain  
787 motions or requests for discovery by a person bringing the action  
788 would interfere with the state's investigation or prosecution of a  
789 criminal or civil matter arising out of the same facts, the court may stay  
790 such discovery for a period of not more than sixty days from the date  
791 of the order of the stay. Such a showing shall be conducted in camera.  
792 The court may extend the stay for an additional sixty-day period upon  
793 a further showing in camera that the state has pursued the criminal or  
794 civil investigation or proceedings with reasonable diligence and any  
795 proposed discovery in the civil action will interfere with the ongoing  
796 criminal or civil investigation or proceedings. For the purposes of this  
797 subsection, the Chief State's Attorney or state's attorney for the  
798 appropriate judicial district may appear to explain to the court the  
799 potential impact of such discovery on a pending criminal investigation  
800 or prosecution.

801 Sec. 29. (NEW) (*Effective July 1, 2009*) Notwithstanding the  
802 provisions of section 26 of this act, the Attorney General may elect to  
803 pursue the state's claim through any alternate remedy available to the  
804 state, including any administrative proceeding to determine a civil  
805 penalty. If any such alternate remedy is pursued in another  
806 proceeding, the person bringing the action shall have the same rights  
807 in such proceeding as such person would have had if the action had  
808 continued under the provisions of sections 26 to 28, inclusive, of this  
809 act. Any finding of fact or conclusion of law made in such other  
810 proceeding that has become final shall be conclusive on all parties to  
811 an action under sections 26 to 28, inclusive, of this act. A finding or  
812 conclusion is final if it has been finally determined on appeal to the  
813 appropriate court of the state, if the time for filing such an appeal with

814 respect to the finding or conclusion has expired or if the finding or  
815 conclusion is not subject to judicial review.

816 Sec. 30. (NEW) (*Effective July 1, 2009*) Notwithstanding the  
817 provisions of sections 27 and 28 of this act, if the court finds that the  
818 action was brought by a person who planned and initiated the  
819 violation of subsection (a) of section 24 of this act, upon which  
820 violation an action was brought, then the court may reduce the share  
821 of the proceeds of the action that the person would otherwise receive  
822 under section 27 or 28 of this act, taking into account the role of that  
823 person in advancing the case to litigation and any relevant  
824 circumstances pertaining to the violation. If a person bringing the  
825 action is convicted of criminal conduct arising from his or her role in  
826 the violation of subsection (a) of section 24 of this act, such person shall  
827 be dismissed from the civil action and shall not receive any share of the  
828 proceeds of the action. Such dismissal shall not prejudice the right of  
829 the Attorney General to continue the action.

830 Sec. 31. (NEW) (*Effective July 1, 2009*) (a) No court shall have  
831 jurisdiction over an action brought under section 26 of this act (1)  
832 against a member of the General Assembly, a member of the judiciary  
833 or an elected officer or department head of the state if the action is  
834 based on evidence or information known to the state when the action  
835 was brought; (2) that is based upon allegations or transactions that are  
836 the subject of a civil suit or an administrative civil penalty proceeding  
837 in which the state is already a party; or (3) that is based upon the  
838 public disclosure of allegations or transactions (A) in a criminal, civil  
839 or administrative hearing, (B) in a report, hearing, audit or  
840 investigation, conducted by the General Assembly, a committee of the  
841 General Assembly, the Auditors of Public Accounts, a state agency or a  
842 quasi-public agency, or (C) from the news media, unless such action is  
843 brought by the Attorney General or the person bringing the action is  
844 an original source of the information. For the purposes of this  
845 subsection, "original source" means an individual who has direct and  
846 independent knowledge of the information on which the allegations

847 are based and has voluntarily provided the information to the state  
848 before filing an action under section 26 of this act based on such  
849 information.

850 (b) No court shall have jurisdiction over an action brought under  
851 section 26 of this act by a person who knew or had reason to know that  
852 the Attorney General or another state law enforcement official knew of  
853 the allegations or transactions prior to such person filing the action or  
854 serving the disclosure of material evidence.

855 Sec. 32. (NEW) (*Effective July 1, 2009*) The state of Connecticut shall  
856 not be liable for expenses which a person incurs in bringing an action  
857 under sections 26 to 29, inclusive, of this act.

858 Sec. 33. (NEW) (*Effective July 1, 2009*) Any employee who is  
859 discharged, demoted, suspended, threatened, harassed or in any other  
860 manner discriminated against in the terms and conditions of  
861 employment by his or her employer because of lawful acts done by the  
862 employee on behalf of the employee or others in furtherance of an  
863 action under sections 25 to 29, inclusive, of this act, including  
864 investigation for, initiation of, testimony for or assistance in an action  
865 filed or to be filed under sections 25 to 29, inclusive, of this act, shall be  
866 entitled to all relief necessary to make the employee whole. Such relief  
867 shall include reinstatement with the same seniority status such  
868 employee would have had but for the discrimination, two times the  
869 amount of any back pay, interest on any back pay and compensation  
870 for any special damages sustained as a result of the discrimination,  
871 including litigation costs and reasonable attorneys' fees. An employee  
872 may bring an action in the Superior Court for the relief provided in  
873 this section.

874 Sec. 34. (NEW) (*Effective July 1, 2009*) A civil action under sections 25  
875 to 29, inclusive, of this act may not be brought: (1) More than six years  
876 after the date on which the violation of subsection (a) of section 24 of  
877 this act is committed, or (2) more than three years after the date when  
878 facts material to the right of action are known or reasonably should

879 have been known by the official of the state charged with  
880 responsibility to act in the circumstances, but in no event more than  
881 ten years after the date on which the violation is committed, whichever  
882 last occurs.

883 Sec. 35. (NEW) (*Effective July 1, 2009*) In any action brought under  
884 sections 25 to 29, inclusive, of this act, the Attorney General or the  
885 person initiating such action shall be required to prove all essential  
886 elements of the cause of action, including damages, by a  
887 preponderance of the evidence.

888 Sec. 36. (NEW) (*Effective July 1, 2009*) Notwithstanding any other  
889 provision of law, a final judgment rendered in favor of the state  
890 against a defendant in any criminal proceeding charging fraud or false  
891 statements, whether upon a verdict after trial or upon a plea of guilty  
892 or nolo contendere, shall estop such defendant from denying the  
893 essential elements of the offense in any action which involves the same  
894 transaction as in the criminal proceeding and which is brought in  
895 accordance with the provisions of sections 25 to 29, inclusive, of this  
896 act.

897 Sec. 37. (NEW) (*Effective July 1, 2009*) The provisions of sections 23 to  
898 36, inclusive, of this act are not exclusive, and the remedies provided  
899 for shall be in addition to any other remedies provided for in any other  
900 provision of the general statutes or federal law or available under  
901 common law.

902 Sec. 38. Subsection (a) of section 4-61dd of the general statutes is  
903 repealed and the following is substituted in lieu thereof (*Effective July*  
904 *1, 2009*):

905 (a) Any person having knowledge of any matter involving  
906 corruption, unethical practices, violation of state laws or regulations,  
907 mismanagement, gross waste of funds, abuse of authority or danger to  
908 the public safety occurring in any state department or agency or any  
909 quasi-public agency, as defined in section 1-120, or any person having

910 knowledge of any matter involving corruption, violation of state or  
911 federal laws or regulations, gross waste of funds, abuse of authority or  
912 danger to the public safety occurring in any large state contract, may  
913 transmit all facts and information in such person's possession  
914 concerning such matter to the Auditors of Public Accounts. The  
915 Auditors of Public Accounts shall review such matter and report their  
916 findings and any recommendations to the Attorney General. Upon  
917 receiving such a report, the Attorney General shall make such  
918 investigation as the Attorney General deems proper regarding such  
919 report and any other information that may be reasonably derived from  
920 such report. Prior to conducting an investigation of any information  
921 that may be reasonably derived from such report, the Attorney  
922 General shall consult with the Auditors of Public Accounts concerning  
923 the relationship of such additional information to the report that has  
924 been issued pursuant to this subsection. Any such subsequent  
925 investigation deemed appropriate by the Attorney General shall only  
926 be conducted with the concurrence and assistance of the Auditors of  
927 Public Accounts. At the request of the Attorney General or on their  
928 own initiative, the auditors shall assist in the investigation. The  
929 Attorney General shall have power to summon witnesses, require the  
930 production of any necessary books, papers or other documents and  
931 administer oaths to witnesses, where necessary, for the purpose of an  
932 investigation pursuant to this section or for the purpose of  
933 investigating a suspected violation of subsection (a) of section 24 of  
934 this act until such time as the Attorney General files a civil action  
935 pursuant to section 25 of this act. Upon the conclusion of the  
936 investigation, the Attorney General shall where necessary, report any  
937 findings to the Governor, or in matters involving criminal activity, to  
938 the Chief State's Attorney. In addition to the exempt records provision  
939 of section 1-210, as amended by this act, the Auditors of Public  
940 Accounts and the Attorney General shall not, after receipt of any  
941 information from a person under the provisions of this section or  
942 sections 25 to 29, inclusive, of this act, disclose the identity of such  
943 person without such person's consent unless the Auditors of Public

944 Accounts or the Attorney General determines that such disclosure is  
945 unavoidable, and may withhold records of such investigation, during  
946 the pendency of the investigation.

947 Sec. 39. Subdivision (13) of subsection (b) of section 1-210 of the  
948 general statutes is repealed and the following is substituted in lieu  
949 thereof (*Effective July 1, 2009*):

950 (13) Records of an investigation or the name of an employee  
951 providing information under the provisions of section 4-61dd, as  
952 amended by this act, or sections 25 to 29, inclusive, of this act.

953 Sec. 40. Section 17b-28e of the general statutes is repealed and the  
954 following is substituted in lieu thereof (*Effective July 1, 2009*):

955 [(a)] The Commissioner of Social Services shall amend the Medicaid  
956 state plan to include, on and after January 1, 2009, hospice services as  
957 optional services covered under the Medicaid program. Said state plan  
958 amendment shall supersede any regulations of Connecticut state  
959 agencies concerning such optional services.

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

964 Sec. 41. Subsection (b) of section 17b-104 of the general statutes is  
965 repealed and the following is substituted in lieu thereof (*Effective July*  
966 *1, 2009*):

967 (b) On July 1, 2007, and annually thereafter, the commissioner shall  
968 increase the payment standards over those of the previous fiscal year  
969 under the temporary family assistance program and the  
970 state-administered general assistance program by the percentage  
971 increase, if any, in the most recent calendar year average in the  
972 consumer price index for urban consumers over the average for the  
973 previous calendar year, provided the annual increase, if any, shall not

974 exceed five per cent, except that the payment standards for the fiscal  
975 years ending June 30, 2010, and June 30, 2011, shall not be increased.

976 Sec. 42. Subsection (a) of section 17b-106 of the general statutes is  
977 repealed and the following is substituted in lieu thereof (*Effective July*  
978 *1, 2009*):

979 (a) On January 1, 2006, and on each January first thereafter, the  
980 Commissioner of Social Services shall increase the unearned income  
981 disregard for recipients of the state supplement to the federal  
982 Supplemental Security Income Program by an amount equal to the  
983 federal cost-of-living adjustment, if any, provided to recipients of  
984 federal Supplemental Security Income Program benefits for the  
985 corresponding calendar year, except that the unearned income  
986 disregard for the fiscal years ending June 30, 2010, and June 30, 2011,  
987 shall not be increased. On July 1, 1989, and annually thereafter, the  
988 commissioner shall increase the adult payment standards over those of  
989 the previous fiscal year for the state supplement to the federal  
990 Supplemental Security Income Program by the percentage increase, if  
991 any, in the most recent calendar year average in the consumer price  
992 index for urban consumers over the average for the previous calendar  
993 year, provided the annual increase, if any, shall not exceed five per  
994 cent, except that the adult payment standards for the fiscal years  
995 ending June 30, 1993, June 30, 1994, June 30, 1995, June 30, 1996, June  
996 30, 1997, June 30, 1998, June 30, 1999, June 30, 2000, June 30, 2001, June  
997 30, 2002, June 30, 2003, June 30, 2004, June 30, 2005, June 30, 2006, June  
998 30, 2007, June 30, 2008, [and] June 30, 2009, June 30, 2010, and June 30,  
999 2011, shall not be increased. Effective October 1, 1991, the coverage of  
1000 excess utility costs for recipients of the state supplement to the federal  
1001 Supplemental Security Income Program is eliminated.  
1002 Notwithstanding the provisions of this section, the commissioner may  
1003 increase the personal needs allowance component of the adult  
1004 payment standard as necessary to meet federal maintenance of effort  
1005 requirements.

1006 Sec. 43. Subsection (d) of section 17b-112 of the general statutes is  
1007 repealed and the following is substituted in lieu thereof (*Effective July*  
1008 *1, 2009*):

1009 (d) Under said program (1) no family shall be eligible that has total  
1010 gross earnings exceeding the federal poverty level, however, in the  
1011 calculation of the benefit amount for eligible families and previously  
1012 eligible families that become ineligible temporarily because of receipt  
1013 of workers' compensation benefits by a family member who  
1014 subsequently returns to work immediately after the period of receipt of  
1015 such benefits, earned income shall be disregarded up to the federal  
1016 poverty level; (2) the increase in benefits to a family in which an infant  
1017 is born after the initial ten months of participation in the program shall  
1018 be limited to an amount equal to fifty per cent of the average  
1019 incremental difference between the amounts paid per each family size;  
1020 and (3) a disqualification penalty shall be established for failure to  
1021 cooperate with the biometric identifier system. Except when  
1022 determining eligibility for a six-month extension of benefits pursuant  
1023 to subsection (c) of this section, the commissioner shall disregard the  
1024 first [fifty] one hundred dollars per month of income attributable to  
1025 current child support that a family receives in determining eligibility  
1026 and benefit levels for temporary family assistance. Any current child  
1027 support in excess of [fifty] one hundred dollars per month collected by  
1028 the department on behalf of an eligible child shall be considered in  
1029 determining eligibility but shall not be considered when calculating  
1030 benefits and shall be taken as reimbursement for assistance paid under  
1031 this section, except that when the current child support collected  
1032 exceeds the family's monthly award of temporary family assistance  
1033 benefits plus [fifty] one hundred dollars, the current child support  
1034 shall be paid to the family and shall be considered when calculating  
1035 benefits.

1036 Sec. 44. (NEW) (*Effective from passage*) The Commissioner of Social  
1037 Services, to the extent permitted by federal law, shall amend the  
1038 Medicaid state plan to limit, on and after July 1, 2009, dental coverage

1039 to medical assistance recipients age twenty-one and older to  
1040 emergency dental services. Nonemergency dental services will  
1041 continue to be provided for individuals served by the Department of  
1042 Developmental Services through their home and community-based  
1043 services waiver. For the purposes of this section, an emergency  
1044 condition means a dental condition manifesting itself by acute  
1045 symptoms of sufficient severity, including severe pain, such that a  
1046 prudent layperson, who possesses an average knowledge of health and  
1047 medicine, could reasonably expect the absence of immediate dental  
1048 attention to result in placing the health of the individual, or with  
1049 respect to a pregnant woman, the health of the woman or her unborn  
1050 child, in serious jeopardy, cause serious impairment to body functions  
1051 or cause serious dysfunction of any body organ or part.

1052 Sec. 45. Subsection (b) of section 17b-192 of the general statutes is  
1053 repealed and the following is substituted in lieu thereof (*Effective July*  
1054 *1, 2009*):

1055 (b) Each person eligible for state-administered general assistance  
1056 shall be entitled to receive medical care through a federally qualified  
1057 health center or other primary care provider as determined by the  
1058 commissioner. The Commissioner of Social Services shall determine  
1059 appropriate service areas and shall, in the commissioner's discretion,  
1060 contract with community health centers, other similar clinics, and  
1061 other primary care providers, if necessary, to assure access to primary  
1062 care services for recipients who live farther than a reasonable distance  
1063 from a federally qualified health center. The commissioner shall assign  
1064 and enroll eligible persons in federally qualified health centers and  
1065 with any other providers contracted for the program because of access  
1066 needs. Each person eligible for state-administered general assistance  
1067 shall be entitled to receive hospital services. Medical services under the  
1068 program shall be limited to the services provided by a federally  
1069 qualified health center, hospital, or other provider contracted for the  
1070 program at the commissioner's discretion because of access needs.  
1071 Dental coverage shall be limited to dental services for an emergency

1072 condition. For purposes of this section, an emergency condition means  
1073 a dental condition manifesting itself by acute symptoms of sufficient  
1074 severity, including severe pain, such that a prudent layperson, who  
1075 possesses an average knowledge of health and medicine, could  
1076 reasonably expect the absence of immediate dental attention to result  
1077 in placing the health of the individual in serious jeopardy, cause  
1078 serious impairment to body functions or cause serious dysfunction of  
1079 any body organ or part. The commissioner shall ensure that ancillary  
1080 services and specialty services are provided by a federally qualified  
1081 health center, hospital, or other providers contracted for the program  
1082 at the commissioner's discretion. Ancillary services include, but are not  
1083 limited to, radiology, laboratory, and other diagnostic services not  
1084 available from a recipient's assigned primary-care provider, and  
1085 durable medical equipment. Specialty services are services provided  
1086 by a physician with a specialty that are not included in ancillary  
1087 services. Ancillary or specialty services provided under the program  
1088 shall not exceed such services provided under the state-administered  
1089 general assistance program on July 1, 2003. [, except for nonemergency  
1090 medical transportation and vision care services which may be  
1091 provided on a limited basis within available appropriations.]  
1092 Notwithstanding any provision of this subsection, the commissioner  
1093 may, when determined cost effective, provide or require a contractor  
1094 to provide home health services or skilled nursing facility coverage for  
1095 state-administered general assistance recipients being discharged from  
1096 a chronic disease hospital.

1097 Sec. 46. Subsection (f) of section 17b-274d of the general statutes is  
1098 repealed and the following is substituted in lieu thereof (*Effective July*  
1099 *1, 2009*):

1100 (f) Nonpreferred drugs in the classes of drugs included on the  
1101 preferred drug lists shall be subject to prior authorization. If prior  
1102 authorization is granted for a drug not included on a preferred drug  
1103 list, the authorization shall be valid for one year from the date the  
1104 prescription is first filled. [Mental-health-related and antiretroviral]

1105 Antiretroviral classes of drugs shall not be included on the preferred  
1106 drug lists.

1107 Sec. 47. Subsection (a) of section 17b-280 of the general statutes is  
1108 repealed and the following is substituted in lieu thereof (*Effective July*  
1109 *1, 2009*):

1110 (a) The state shall reimburse for all legend drugs provided under  
1111 the Medicaid, state-administered general assistance, ConnPACE and  
1112 Connecticut AIDS drug assistance programs at the lower of (1) the rate  
1113 established by the Centers for Medicare and Medicaid Services as the  
1114 federal acquisition cost, (2) the average wholesale price minus  
1115 [~~fourteen~~] fifteen per cent, or (3) an equivalent percentage as  
1116 established under the Medicaid state plan. The commissioner shall also  
1117 establish a professional fee of [~~three~~] two dollars and fifteen cents for  
1118 each prescription to be paid to licensed pharmacies for dispensing  
1119 drugs to Medicaid, state-administered general assistance, ConnPACE  
1120 and Connecticut AIDS drug assistance recipients in accordance with  
1121 federal regulations; and on and after September 4, 1991, payment for  
1122 legend and nonlegend drugs provided to Medicaid recipients shall be  
1123 based upon the actual package size dispensed. Effective October 1,  
1124 1991, reimbursement for over-the-counter drugs for such recipients  
1125 shall be limited to those over-the-counter drugs and products  
1126 published in the Connecticut Formulary, or the cross reference list,  
1127 issued by the commissioner. The cost of all over-the-counter drugs and  
1128 products provided to residents of nursing facilities, chronic disease  
1129 hospitals, and intermediate care facilities for the mentally retarded  
1130 shall be included in the facilities' per diem rate. Notwithstanding the  
1131 provisions of this subsection, no dispensing fee shall be issued for a  
1132 prescription drug dispensed to a ConnPACE or Medicaid recipient  
1133 who is a Medicare Part D beneficiary when the prescription drug is a  
1134 Medicare Part D drug, as defined in Public Law 108-173, the Medicare  
1135 Prescription Drug, Improvement, and Modernization Act of 2003.

1136 Sec. 48. Subsection (j) of section 17b-292 of the general statutes is

1137 repealed and the following is substituted in lieu thereof (*Effective July*  
1138 *1, 2009*):

1139 (j) Not later than ten months after the determination of eligibility for  
1140 benefits under the HUSKY Plan, Part A and Part B and annually  
1141 thereafter, the commissioner or the servicer, as the case may be, shall  
1142 within existing budgetary resources, mail or, upon request of a  
1143 participant, electronically transmit an application form to each  
1144 participant in the plan for the purposes of obtaining information to  
1145 make a determination on continued eligibility beyond the twelve  
1146 months of initial eligibility. [To the extent permitted by federal law, in  
1147 determining eligibility for benefits under the HUSKY Plan, Part A or  
1148 Part B with respect to family income, the commissioner or the servicer  
1149 shall rely upon information provided in such form by the participant  
1150 unless the commissioner or the servicer has reason to believe that such  
1151 information is inaccurate or incomplete. The Department of Social  
1152 Services shall annually review a random sample of cases to confirm  
1153 that, based on the statistical sample, relying on such information is not  
1154 resulting in ineligible clients receiving benefits under HUSKY Plan  
1155 Part A or Part B.] The determination of eligibility shall be coordinated  
1156 with health plan open enrollment periods.

1157 Sec. 49. Subdivision (1) of subsection (a) of section 17b-295 of the  
1158 general statutes is repealed and the following is substituted in lieu  
1159 thereof (*Effective July 1, 2009*):

1160 (1) The commissioner may increase the maximum annual aggregate  
1161 cost-sharing requirements, provided such cost-sharing requirements  
1162 shall not exceed five per cent of the family's gross annual income. The  
1163 commissioner may impose a premium requirement on families whose  
1164 income exceeds two hundred thirty-five per cent of the federal poverty  
1165 level as a component of the family's cost-sharing responsibility,  
1166 provided: (A) The family's annual combined premiums and  
1167 copayments do not exceed the maximum annual aggregate cost-  
1168 sharing requirement, and (B) premium requirements shall not exceed

1169 the sum of [thirty] fifty dollars per month [per] for families with one  
1170 child, [with a maximum premium of fifty dollars per month per  
1171 family] seventy-five dollars per month for families with two children,  
1172 and one hundred dollars for families with three or more children. The  
1173 commissioner shall not impose a premium requirement on families  
1174 whose income exceeds one hundred eighty-five per cent of the federal  
1175 poverty level but does not exceed two hundred thirty-five per cent of  
1176 the federal poverty level.

1177 Sec. 50. Subdivision (11) of subsection (f) of section 17b-340 of the  
1178 general statutes is repealed and the following is substituted in lieu  
1179 thereof (*Effective July 1, 2009*):

1180 (11) For the fiscal [years] year ending June 30, [1992, through June  
1181 30, 2007] 2010, and any succeeding fiscal year, one-half of the initial  
1182 amount payable in June by the state to a facility pursuant to this  
1183 subsection shall be paid to the facility in June and the balance of such  
1184 amount shall be paid in July.

1185 Sec. 51. Subsection (g) of section 17b-340 of the general statutes is  
1186 repealed and the following is substituted in lieu thereof (*Effective July*  
1187 *1, 2009*):

1188 (g) For the fiscal year ending June 30, 1993, any intermediate care  
1189 facility for the mentally retarded with an operating cost component of  
1190 its rate in excess of one hundred forty per cent of the median of  
1191 operating cost components of rates in effect January 1, 1992, shall not  
1192 receive an operating cost component increase. For the fiscal year  
1193 ending June 30, 1993, any intermediate care facility for the mentally  
1194 retarded with an operating cost component of its rate that is less than  
1195 one hundred forty per cent of the median of operating cost  
1196 components of rates in effect January 1, 1992, shall have an allowance  
1197 for real wage growth equal to thirty per cent of the increase  
1198 determined in accordance with subsection (q) of section 17-311-52 of  
1199 the regulations of Connecticut state agencies, provided such operating  
1200 cost component shall not exceed one hundred forty per cent of the

1201 median of operating cost components in effect January 1, 1992. Any  
1202 facility with real property other than land placed in service prior to  
1203 October 1, 1991, shall, for the fiscal year ending June 30, 1995, receive a  
1204 rate of return on real property equal to the average of the rates of  
1205 return applied to real property other than land placed in service for the  
1206 five years preceding October 1, 1993. For the fiscal year ending June 30,  
1207 1996, and any succeeding fiscal year, the rate of return on real property  
1208 for property items shall be revised every five years. The commissioner  
1209 shall, upon submission of a request, allow actual debt service,  
1210 comprised of principal and interest, in excess of property costs allowed  
1211 pursuant to section 17-311-52 of the regulations of Connecticut state  
1212 agencies, provided such debt service terms and amounts are  
1213 reasonable in relation to the useful life and the base value of the  
1214 property. For the fiscal year ending June 30, 1995, and any succeeding  
1215 fiscal year, the inflation adjustment made in accordance with  
1216 subsection (p) of section 17-311-52 of the regulations of Connecticut  
1217 state agencies shall not be applied to real property costs. For the fiscal  
1218 year ending June 30, 1996, and any succeeding fiscal year, the  
1219 allowance for real wage growth, as determined in accordance with  
1220 subsection (q) of section 17-311-52 of the regulations of Connecticut  
1221 state agencies, shall not be applied. For the fiscal year ending June 30,  
1222 1996, and any succeeding fiscal year, no rate shall exceed three  
1223 hundred seventy-five dollars per day unless the commissioner, in  
1224 consultation with the Commissioner of Developmental Services,  
1225 determines after a review of program and management costs, that a  
1226 rate in excess of this amount is necessary for care and treatment of  
1227 facility residents. For the fiscal year ending June 30, 2002, rate period,  
1228 the Commissioner of Social Services shall increase the inflation  
1229 adjustment for rates made in accordance with subsection (p) of section  
1230 17-311-52 of the regulations of Connecticut state agencies to update  
1231 allowable fiscal year 2000 costs to include a three and one-half per cent  
1232 inflation factor. For the fiscal year ending June 30, 2003, rate period, the  
1233 commissioner shall increase the inflation adjustment for rates made in  
1234 accordance with subsection (p) of section 17-311-52 of the regulations

1235 of Connecticut state agencies to update allowable fiscal year 2001 costs  
1236 to include a one and one-half per cent inflation factor, except that such  
1237 increase shall be effective November 1, 2002, and such facility rate in  
1238 effect for the fiscal year ending June 30, 2002, shall be paid for services  
1239 provided until October 31, 2002, except any facility that would have  
1240 been issued a lower rate effective July 1, 2002, than for the fiscal year  
1241 ending June 30, 2002, due to interim rate status or agreement with the  
1242 department shall be issued such lower rate effective July 1, 2002, and  
1243 have such rate updated effective November 1, 2002, in accordance with  
1244 applicable statutes and regulations. For the fiscal year ending June 30,  
1245 2004, rates in effect for the period ending June 30, 2003, shall remain in  
1246 effect, except any facility that would have been issued a lower rate  
1247 effective July 1, 2003, than for the fiscal year ending June 30, 2003, due  
1248 to interim rate status or agreement with the department shall be issued  
1249 such lower rate effective July 1, 2003. For the fiscal year ending June  
1250 30, 2005, rates in effect for the period ending June 30, 2004, shall  
1251 remain in effect until September 30, 2004. Effective October 1, 2004,  
1252 each facility shall receive a rate that is five per cent greater than the  
1253 rate in effect September 30, 2004. Effective upon receipt of all the  
1254 necessary federal approvals to secure federal financial participation  
1255 matching funds associated with the rate increase provided in  
1256 subdivision (4) of subsection (f) of this section, but in no event earlier  
1257 than October 1, 2005, and provided the user fee imposed under section  
1258 17b-320 is required to be collected, each facility shall receive a rate that  
1259 is four per cent more than the rate the facility received in the prior  
1260 fiscal year, except any facility that would have been issued a lower rate  
1261 effective October 1, 2005, than for the fiscal year ending June 30, 2005,  
1262 due to interim rate status or agreement with the department, shall be  
1263 issued such lower rate effective October 1, 2005. Such rate increase  
1264 shall remain in effect unless: (A) The federal financial participation  
1265 matching funds associated with the rate increase are no longer  
1266 available; or (B) the user fee created pursuant to section 17b-320 is not  
1267 in effect. For the fiscal year ending June 30, 2007, rates in effect for the  
1268 period ending June 30, 2006, shall remain in effect until September 30,

1269 2006, except any facility that would have been issued a lower rate  
1270 effective July 1, 2006, than for the fiscal year ending June 30, 2006, due  
1271 to interim rate status or agreement with the department, shall be  
1272 issued such lower rate effective July 1, 2006. Effective October 1, 2006,  
1273 no facility shall receive a rate that is more than three per cent greater  
1274 than the rate in effect for the facility on September 30, 2006, except any  
1275 facility that would have been issued a lower rate effective October 1,  
1276 2006, due to interim rate status or agreement with the department,  
1277 shall be issued such lower rate effective October 1, 2006. For the fiscal  
1278 year ending June 30, 2008, each facility shall receive a rate that is two  
1279 and nine-tenths per cent greater than the rate in effect for the period  
1280 ending June 30, 2007, except any facility that would have been issued a  
1281 lower rate effective July 1, 2007, than for the rate period ending June  
1282 30, 2007, due to interim rate status, or agreement with the department,  
1283 shall be issued such lower rate effective July 1, 2007. For the fiscal year  
1284 ending June 30, 2009, rates in effect for the period ending June 30, 2008,  
1285 shall remain in effect until June 30, 2009, except any facility that would  
1286 have been issued a lower rate for the fiscal year ending June 30, 2009,  
1287 due to interim rate status or agreement with the department, shall be  
1288 issued such lower rate. For the fiscal years ending June 30, 2010, and  
1289 June 30, 2011, rates in effect for the period ending June 30, 2009, shall  
1290 remain in effect until June 30, 2011, except any facility that would have  
1291 been issued a lower rate for the fiscal year ending June 30, 2010, or the  
1292 fiscal year ending June 30, 2011, due to interim rate status or  
1293 agreement with the department, shall be issued such lower rate.

1294 Sec. 52. Subdivision (1) of subsection (h) of section 17b-340 of the  
1295 general statutes is repealed and the following is substituted in lieu  
1296 thereof (*Effective July 1, 2009*):

1297 (h) (1) For the fiscal year ending June 30, 1993, any residential care  
1298 home with an operating cost component of its rate in excess of one  
1299 hundred thirty per cent of the median of operating cost components of  
1300 rates in effect January 1, 1992, shall not receive an operating cost  
1301 component increase. For the fiscal year ending June 30, 1993, any

1302 residential care home with an operating cost component of its rate that  
1303 is less than one hundred thirty per cent of the median of operating cost  
1304 components of rates in effect January 1, 1992, shall have an allowance  
1305 for real wage growth equal to sixty-five per cent of the increase  
1306 determined in accordance with subsection (q) of section 17-311-52 of  
1307 the regulations of Connecticut state agencies, provided such operating  
1308 cost component shall not exceed one hundred thirty per cent of the  
1309 median of operating cost components in effect January 1, 1992.  
1310 Beginning with the fiscal year ending June 30, 1993, for the purpose of  
1311 determining allowable fair rent, a residential care home with allowable  
1312 fair rent less than the twenty-fifth percentile of the state-wide  
1313 allowable fair rent shall be reimbursed as having allowable fair rent  
1314 equal to the twenty-fifth percentile of the state-wide allowable fair  
1315 rent. Beginning with the fiscal year ending June 30, 1997, a residential  
1316 care home with allowable fair rent less than three dollars and ten cents  
1317 per day shall be reimbursed as having allowable fair rent equal to  
1318 three dollars and ten cents per day. Property additions placed in  
1319 service during the cost year ending September 30, 1996, or any  
1320 succeeding cost year shall receive a fair rent allowance for such  
1321 additions as an addition to three dollars and ten cents per day if the  
1322 fair rent for the facility for property placed in service prior to  
1323 September 30, 1995, is less than or equal to three dollars and ten cents  
1324 per day. For the fiscal year ending June 30, 1996, and any succeeding  
1325 fiscal year, the allowance for real wage growth, as determined in  
1326 accordance with subsection (q) of section 17-311-52 of the regulations  
1327 of Connecticut state agencies, shall not be applied. For the fiscal year  
1328 ending June 30, 1996, and any succeeding fiscal year, the inflation  
1329 adjustment made in accordance with subsection (p) of section  
1330 17-311-52 of the regulations of Connecticut state agencies shall not be  
1331 applied to real property costs. Beginning with the fiscal year ending  
1332 June 30, 1997, minimum allowable patient days for rate computation  
1333 purposes for a residential care home with twenty-five beds or less shall  
1334 be eighty-five per cent of licensed capacity. Beginning with the fiscal  
1335 year ending June 30, 2002, for the purposes of determining the

1336 allowable salary of an administrator of a residential care home with  
1337 sixty beds or less the department shall revise the allowable base salary  
1338 to thirty-seven thousand dollars to be annually inflated thereafter in  
1339 accordance with section 17-311-52 of the regulations of Connecticut  
1340 state agencies. The rates for the fiscal year ending June 30, 2002, shall  
1341 be based upon the increased allowable salary of an administrator,  
1342 regardless of whether such amount was expended in the 2000 cost  
1343 report period upon which the rates are based. Beginning with the fiscal  
1344 year ending June 30, 2000, the inflation adjustment for rates made in  
1345 accordance with subsection (p) of section 17-311-52 of the regulations  
1346 of Connecticut state agencies shall be increased by two per cent, and  
1347 beginning with the fiscal year ending June 30, 2002, the inflation  
1348 adjustment for rates made in accordance with subsection (c) of said  
1349 section shall be increased by one per cent. Beginning with the fiscal  
1350 year ending June 30, 1999, for the purpose of determining the  
1351 allowable salary of a related party, the department shall revise the  
1352 maximum salary to twenty-seven thousand eight hundred fifty-six  
1353 dollars to be annually inflated thereafter in accordance with section  
1354 17-311-52 of the regulations of Connecticut state agencies and  
1355 beginning with the fiscal year ending June 30, 2001, such allowable  
1356 salary shall be computed on an hourly basis and the maximum  
1357 number of hours allowed for a related party other than the proprietor  
1358 shall be increased from forty hours to forty-eight hours per work week.  
1359 For the fiscal year ending June 30, 2005, each facility shall receive a rate  
1360 that is two and one-quarter per cent more than the rate the facility  
1361 received in the prior fiscal year, except any facility that would have  
1362 been issued a lower rate effective July 1, 2004, than for the fiscal year  
1363 ending June 30, 2004, due to interim rate status or agreement with the  
1364 department shall be issued such lower rate effective July 1, 2004.  
1365 Effective upon receipt of all the necessary federal approvals to secure  
1366 federal financial participation matching funds associated with the rate  
1367 increase provided in subdivision (4) of subsection (f) of this section,  
1368 but in no event earlier than October 1, 2005, and provided the user fee  
1369 imposed under section 17b-320 is required to be collected, each facility

1370 shall receive a rate that is determined in accordance with applicable  
1371 law and subject to appropriations, except any facility that would have  
1372 been issued a lower rate effective October 1, 2005, than for the fiscal  
1373 year ending June 30, 2005, due to interim rate status or agreement with  
1374 the department, shall be issued such lower rate effective October 1,  
1375 2005. Such rate increase shall remain in effect unless: (A) The federal  
1376 financial participation matching funds associated with the rate increase  
1377 are no longer available; or (B) the user fee created pursuant to section  
1378 17b-320 is not in effect. For the fiscal year ending June 30, 2007, rates in  
1379 effect for the period ending June 30, 2006, shall remain in effect until  
1380 September 30, 2006, except any facility that would have been issued a  
1381 lower rate effective July 1, 2006, than for the fiscal year ending June 30,  
1382 2006, due to interim rate status or agreement with the department,  
1383 shall be issued such lower rate effective July 1, 2006. Effective October  
1384 1, 2006, no facility shall receive a rate that is more than four per cent  
1385 greater than the rate in effect for the facility on September 30, 2006,  
1386 except for any facility that would have been issued a lower rate  
1387 effective October 1, 2006, due to interim rate status or agreement with  
1388 the department, shall be issued such lower rate effective October 1,  
1389 2006. For the fiscal years ending June 30, 2010, and June 30, 2011, rates  
1390 in effect for the period ending June 30, 2009, shall remain in effect until  
1391 June 30, 2011, except any facility that would have been issued a lower  
1392 rate for the fiscal year ending June 30, 2010, or the fiscal year ending  
1393 June 30, 2011, due to interim rate status or agreement with the  
1394 department, shall be issued such lower rate.

1395 Sec. 53. Subsection (a) of section 17b-244 of the general statutes is  
1396 repealed and the following is substituted in lieu thereof (*Effective July*  
1397 *1, 2009*):

1398 (a) The room and board component of the rates to be paid by the  
1399 state to private facilities and facilities operated by regional education  
1400 service centers which are licensed to provide residential care pursuant  
1401 to section 17a-227, but not certified to participate in the Title XIX  
1402 Medicaid program as intermediate care facilities for persons with

1403 mental retardation, shall be determined annually by the Commissioner  
1404 of Social Services, except that rates effective April 30, 1989, shall  
1405 remain in effect through October 31, 1989. Any facility with real  
1406 property other than land placed in service prior to July 1, 1991, shall,  
1407 for the fiscal year ending June 30, 1995, receive a rate of return on real  
1408 property equal to the average of the rates of return applied to real  
1409 property other than land placed in service for the five years preceding  
1410 July 1, 1993. For the fiscal year ending June 30, 1996, and any  
1411 succeeding fiscal year, the rate of return on real property for property  
1412 items shall be revised every five years. The commissioner shall, upon  
1413 submission of a request by such facility, allow actual debt service,  
1414 comprised of principal and interest, on the loan or loans in lieu of  
1415 property costs allowed pursuant to section 17-313b-5 of the regulations  
1416 of Connecticut state agencies, whether actual debt service is higher or  
1417 lower than such allowed property costs, provided such debt service  
1418 terms and amounts are reasonable in relation to the useful life and the  
1419 base value of the property. In the case of facilities financed through the  
1420 Connecticut Housing Finance Authority, the commissioner shall allow  
1421 actual debt service, comprised of principal, interest and a reasonable  
1422 repair and replacement reserve on the loan or loans in lieu of property  
1423 costs allowed pursuant to section 17-313b-5 of the regulations of  
1424 Connecticut state agencies, whether actual debt service is higher or  
1425 lower than such allowed property costs, provided such debt service  
1426 terms and amounts are determined by the commissioner at the time  
1427 the loan is entered into to be reasonable in relation to the useful life  
1428 and base value of the property. The commissioner may allow fees  
1429 associated with mortgage refinancing provided such refinancing will  
1430 result in state reimbursement savings, after comparing costs over the  
1431 terms of the existing proposed loans. For the fiscal year ending June 30,  
1432 1992, the inflation factor used to determine rates shall be one-half of  
1433 the gross national product percentage increase for the period between  
1434 the midpoint of the cost year through the midpoint of the rate year. For  
1435 fiscal year ending June 30, 1993, the inflation factor used to determine  
1436 rates shall be two-thirds of the gross national product percentage

1437 increase from the midpoint of the cost year to the midpoint of the rate  
1438 year. For the fiscal years ending June 30, 1996, and June 30, 1997, no  
1439 inflation factor shall be applied in determining rates. The  
1440 Commissioner of Social Services shall prescribe uniform forms on  
1441 which such facilities shall report their costs. Such rates shall be  
1442 determined on the basis of a reasonable payment for necessary  
1443 services. Any increase in grants, gifts, fund-raising or endowment  
1444 income used for the payment of operating costs by a private facility in  
1445 the fiscal year ending June 30, 1992, shall be excluded by the  
1446 commissioner from the income of the facility in determining the rates  
1447 to be paid to the facility for the fiscal year ending June 30, 1993,  
1448 provided any operating costs funded by such increase shall not  
1449 obligate the state to increase expenditures in subsequent fiscal years.  
1450 Nothing contained in this section shall authorize a payment by the  
1451 state to any such facility in excess of the charges made by the facility  
1452 for comparable services to the general public. The service component  
1453 of the rates to be paid by the state to private facilities and facilities  
1454 operated by regional education service centers which are licensed to  
1455 provide residential care pursuant to section 17a-227, but not certified  
1456 to participate in the Title XIX Medicaid programs as intermediate care  
1457 facilities for persons with mental retardation, shall be determined  
1458 annually by the Commissioner of Developmental Services in  
1459 accordance with section 17b-244a. For the fiscal year ending June 30,  
1460 2008, no facility shall receive a rate that is more than two per cent  
1461 greater than the rate in effect for the facility on June 30, 2007, except  
1462 any facility that would have been issued a lower rate effective July 1,  
1463 2007, due to interim rate status or agreement with the department,  
1464 shall be issued such lower rate effective July 1, 2007. For the fiscal year  
1465 ending June 30, 2009, no facility shall receive a rate that is more than  
1466 two per cent greater than the rate in effect for the facility on June 30,  
1467 2008, except any facility that would have been issued a lower rate  
1468 effective July 1, 2008, due to interim rate status or agreement with the  
1469 department, shall be issued such lower rate effective July 1, 2008. For  
1470 the fiscal years ending June 30, 2010, and June 30, 2011, rates in effect

1471 for the period ending June 30, 2009, shall remain in effect until June 30,  
1472 2011, except that any facility that would have been issued a lower rate  
1473 for the fiscal years ending June 30, 2010, or June 30, 2011, due to  
1474 interim rate status or agreement with the department, shall be issued  
1475 such lower rate.

1476 Sec. 54. Subdivision (1) of subsection (i) of section 17b-342 of the  
1477 general statutes is repealed and the following is substituted in lieu  
1478 thereof (*Effective July 1, 2009*):

1479 (i) (1) On and after July 1, 1992, the Commissioner of Social Services  
1480 shall, within available appropriations, administer a state-funded  
1481 portion of the program for persons (A) who are sixty-five years of age  
1482 and older; (B) who are inappropriately institutionalized or at risk of  
1483 inappropriate institutionalization; (C) whose income is less than or  
1484 equal to the amount allowed under subdivision (3) of subsection (a) of  
1485 this section; and (D) whose assets, if single, do not exceed the  
1486 minimum community spouse protected amount pursuant to Section  
1487 4022.05 of the department's uniform policy manual or, if married, the  
1488 couple's assets do not exceed one hundred fifty per cent of said  
1489 community spouse protected amount and on and after April 1, 2007,  
1490 whose assets, if single, do not exceed one hundred fifty per cent of the  
1491 minimum community spouse protected amount pursuant to Section  
1492 4022.05 of the department's uniform policy manual or, if married, the  
1493 couple's assets do not exceed two hundred per cent of said community  
1494 spouse protected amount. For the fiscal years ending June 30, 2010,  
1495 and June 30, 2011, the caseload for the state-funded portion of the  
1496 program shall not exceed the caseload level on June 30, 2009.

1497 Sec. 55. Subsection (b) of section 17b-370 of the general statutes is  
1498 repealed and the following is substituted in lieu thereof (*Effective July*  
1499 *1, 2009*):

1500 (b) The plan developed pursuant to subsection (a) of this section  
1501 shall detail the structure of the demonstration project, persons served,  
1502 services to be provided and how they will be provided. The plan shall

1503 include a timetable for implementation of the demonstration project on  
1504 or after July 1, [2009] 2011. The plan shall ensure that the  
1505 demonstration project includes, but is not limited to, the provision of  
1506 the following services through a Medicaid state plan amendment, a  
1507 new Medicaid waiver or modification of an existing home and  
1508 community-based Medicaid waiver: Personal care assistance services,  
1509 twenty-four-hour care, occupational therapy, homemaker services,  
1510 companion services, meals on wheels, adult day care, transportation,  
1511 mental health counseling, care management, elderly foster care, minor  
1512 home modifications, assistive technology and assisted living services.  
1513 The plan shall ensure that a person participating in the demonstration  
1514 project receives the level of care and services appropriate to maintain  
1515 such person in such person's home or community.

1516 Sec. 56. Subsection (d) of section 17b-370 of the general statutes is  
1517 repealed and the following is substituted in lieu thereof (*Effective July*  
1518 *1, 2009*):

1519 (d) Not later than January 1, [2009] 2012, the commissioner shall  
1520 submit, in accordance with section 11-4a, to the joint standing  
1521 committees of the General Assembly having cognizance of matters  
1522 relating to human services and appropriations and the budgets of state  
1523 agencies the plan developed pursuant to subsection (a) of this section  
1524 along with recommendations for legislation and funding necessary to  
1525 implement the plan. Not later than sixty days after the date of receipt  
1526 of such plan, said joint standing committees of the General Assembly  
1527 shall advise the commissioner of their approval, denial or  
1528 modifications, if any, of the plan, and if such plan is approved by said  
1529 committees, such plan shall be implemented on or after July 1, [2009]  
1530 2011, subject to available appropriations.

1531 Sec. 57. Subsection (a) of section 17b-371 of the general statutes, as  
1532 amended by section 1 of public act 09-1, is repealed and the following  
1533 is substituted in lieu thereof (*Effective July 1, 2009*):

1534 (a) On July 1, [2009] 2011, to the extent permitted by federal law,

1535 there shall be established within the General Fund, a separate,  
1536 nonlapsing account which shall be known as the "Long-Term Care  
1537 Reinvestment account". The account shall contain any moneys  
1538 required by law and this section to be deposited in the account. Any  
1539 funds resulting from the enhanced federal medical assistance  
1540 percentage received by the state under the Money Follows the Person  
1541 demonstration project pursuant to Section 6071 of the Deficit  
1542 Reduction Act of 2005 shall be deposited in the account.

1543 Sec. 58. Subsection (d) of section 17b-371 of the general statutes, as  
1544 amended by section 1 of public act 09-1, is repealed and the following  
1545 is substituted in lieu thereof (*Effective July 1, 2009*):

1546 (d) On or before January 1, [2010] 2012, and annually thereafter, the  
1547 Commissioner of Social Services shall submit a report, in accordance  
1548 with section 11-4a, to the Governor and to the joint standing  
1549 committees of the General Assembly having cognizance of matters  
1550 relating to human services and appropriations and the budgets of state  
1551 agencies concerning the long-term care reinvestment account  
1552 established under this section. The report shall include financial  
1553 information concerning the money in the account, including, but not  
1554 limited to, information on the number, amount and type of  
1555 expenditures from the fund during the prior calendar year and  
1556 estimates of the impact of the fund on present and future Medicaid  
1557 expenditures.

1558 Sec. 59. Section 17b-372 of the general statutes is repealed and the  
1559 following is substituted in lieu thereof (*Effective July 1, 2009*):

1560 (a) As used in this section, "small house nursing home" means an  
1561 alternative nursing home facility that (1) consists of one or more units  
1562 that are designed and modeled as a private home, (2) houses no more  
1563 than ten individuals in each unit, (3) includes private rooms and  
1564 bathrooms, (4) provides for an increased role for support staff in the  
1565 care of residents, (5) incorporates a philosophy of individualized care,  
1566 and (6) is licensed as a nursing home under chapter 368v.

1567 (b) The Commissioner of Social Services shall establish, within  
1568 available appropriations, a pilot program to support the development  
1569 of up to ten small house nursing homes in the state in order to improve  
1570 the quality of life for nursing home residents and to support a goal of  
1571 providing nursing home care in a more home-like and less institution-  
1572 like setting.

1573 (c) Any existing chronic and convalescent nursing home or rest  
1574 home with nursing supervision may apply to the commissioner for  
1575 approval of a proposal to develop a small house nursing home and to  
1576 relocate Medicaid certified beds from its facility to such small house  
1577 nursing home. The commissioner shall require each small house  
1578 nursing home under the pilot program to seek certification to  
1579 participate in the Title XVIII and Title XIX programs and may establish  
1580 additional requirements for such small house nursing homes. Not later  
1581 than October 1, 2008, the commissioner shall develop guidelines  
1582 relating to the design specifications and requirements for small house  
1583 nursing homes for purposes of the pilot program, and shall submit a  
1584 copy of the guidelines to the joint standing committee of the General  
1585 Assembly having cognizance of matters relating to human services.  
1586 Not later than thirty days after receipt of such guidelines, said joint  
1587 standing committee may advise the commissioner of its approval,  
1588 denial or modifications, if any, of such guidelines. If said joint standing  
1589 committee does not act during such thirty-day period, such guidelines  
1590 shall be deemed approved. If approved, the commissioner shall make  
1591 such guidelines available to applicants. Each chronic and convalescent  
1592 nursing home or rest home with nursing supervision submitting a  
1593 proposal shall provide: (1) A description of the proposed project; (2)  
1594 information concerning the financial and technical capacity of the  
1595 applicant to undertake the proposed project; (3) a project budget; (4)  
1596 information that the relocation of beds shall result in a reduction in the  
1597 number of nursing facility beds in the state; and (5) any additional  
1598 information the commissioner deems necessary.

1599 (d) The commissioner, in consultation with the Long-Term Care

1600 Planning Committee, established pursuant to section 17b-337, shall  
1601 evaluate proposals received pursuant to subsection (c) of this section  
1602 and may approve, after consultation with and approval of the  
1603 Secretary of the Office of Policy and Management, up to ten proposals.  
1604 The commissioner shall give preference to proposals that include the  
1605 use of fuel cells or other energy technologies that promote energy  
1606 efficiency in such small house nursing home. The commissioner [shall  
1607 reserve two out of the ten approvals for] may give preference to  
1608 proposals to develop a small house nursing home in a distressed  
1609 municipality, as defined in section 32-9p, with a population greater  
1610 than one hundred thousand persons.

1611 (e) Notwithstanding the provisions of subsection (d) of this section,  
1612 the commissioner shall approve no more than one project through June  
1613 30, 2011. The total number of beds under such project shall not exceed  
1614 two-hundred eighty beds.

1615 [(e)] (f) A small house nursing home developed under this section  
1616 shall comply with the provisions of sections 17b-352 to 17b-354,  
1617 inclusive.

1618 Sec. 60. (NEW) (*Effective July 1, 2009*) Not later than January 1, 2010,  
1619 the Department of Social Services shall amend the definition of  
1620 "medically necessary" services utilized in the administration of the  
1621 medical assistance program to conform the definition of said term to  
1622 the definition provided in section 17b-192-2 of the regulations of  
1623 Connecticut state agencies with respect to administration of the state-  
1624 administered general assistance program.

1625 Sec. 61. Section 17b-600 of the general statutes is repealed and the  
1626 following is substituted in lieu thereof (*Effective July 1, 2009*):

1627 The Commissioner of Social Services shall administer a program of  
1628 optional state supplementation as provided for by Title XVI of the  
1629 Social Security Act, as amended, and shall administer the program in  
1630 accordance with the requirements provided therein. In accordance

1631 with the requirements of Title XVI of said Social Security Act, optional  
1632 state supplementation may be provided to aged, blind and disabled  
1633 individuals who receive supplemental security income benefits or who  
1634 would be eligible to receive such benefits except for income, provided  
1635 that any applicant or recipient of optional state supplementation shall  
1636 be ineligible for such supplementary assistance if such person has  
1637 made, within twenty-four months prior to the date of application for  
1638 such aid, an assignment or transfer or other disposition of property for  
1639 less than fair market value, for the purpose of establishing eligibility  
1640 for benefits or assistance under this section, provided ineligibility  
1641 because of such disposition shall continue only for either (1) twenty-  
1642 four months after the date of disposition or (2) that period of time from  
1643 date of disposition over which the fair market value of such property,  
1644 less any consideration received in exchange for its disposition, together  
1645 with all other income and resources, would furnish support on a  
1646 reasonable standard of health and decency, whichever period is  
1647 shorter, except that in any case where the uncompensated value of  
1648 disposed of resources exceeds twelve thousand dollars, the  
1649 Commissioner of Social Services shall provide for a period of  
1650 ineligibility based on the uncompensated value which exceeds twenty-  
1651 four months. Any disposition shall be presumed to have been made  
1652 for the purpose of establishing eligibility for benefits or assistance  
1653 unless the individual furnishes convincing evidence to establish that  
1654 the transaction was exclusively for some other purpose or the  
1655 disposition was made to a trust that complies with Section 1917(d)(4)  
1656 of the Social Security Act, 42 USC 1396p(d)(4), as amended from time  
1657 to time, and (A) the individual resides in a residential care home, as  
1658 defined in subdivision (17) of subsection (a) of section 19-13-D6 of the  
1659 regulations of Connecticut state agencies or resides in the facility  
1660 established by New Horizons, Inc. pursuant to section 19a-507, as  
1661 amended by this act; (B) the individual's available income, as defined  
1662 in section 5000.01 of the department's uniform policy manual (i)  
1663 exceeds three hundred per cent of the maximum Supplemental  
1664 Security Income program benefit for an individual, and (ii) is below

1665 the private rate for the residential care home in which the individual  
1666 resides or for the facility established by New Horizons, Inc., as  
1667 applicable; (C) the trust is funded solely with the excess income  
1668 described in subparagraph (B) of this subdivision; and (D) the trust  
1669 provides that the state will receive, after repayment of Medicaid  
1670 assistance paid to or on behalf of the individual as set forth in Section  
1671 1917(d)(4) of the Social Security Act, as amended from time to time, all  
1672 amounts remaining in the trust upon the death of such individual up  
1673 to an amount equal to the total state supplemental assistance paid on  
1674 behalf of the individual under this section. Property which is exempted  
1675 from consideration in determining the financial eligibility of an  
1676 individual for benefits or assistance, such as a house in which the  
1677 individual resides, shall not be subject to the provisions of this section  
1678 regarding transfers of property if such property is disposed of while an  
1679 individual is receiving benefits or assistance under this section. The  
1680 program of optional state supplementation shall be administered in  
1681 accordance with regulations to be adopted by the Department of Social  
1682 Services, which regulations shall be consistent with the requirements  
1683 of Title XVI of the Social Security Act pertaining to programs of  
1684 optional state supplementation. Until such time as regulations are  
1685 adopted by the department governing the program of optional state  
1686 supplementation, the department is authorized to administer said  
1687 program in accordance with the regulations and departmental policy  
1688 manual provisions applicable to the aid to the elderly, aid to the blind  
1689 and aid to the disabled programs, which regulations and policy  
1690 manual provisions shall be fully applicable to the program of optional  
1691 state supplementation, except that in no event shall optional state  
1692 supplementation be given to persons who either are not recipients of  
1693 federal supplemental security income benefits or are not persons who,  
1694 except for income, would be eligible for supplemental security income  
1695 benefits.

1696 Sec. 62. Section 19a-495a of the general statutes is repealed and the  
1697 following is substituted in lieu thereof (*Effective July 1, 2009*):

1698 (a) [On or before July 1, 2000, the] (1) The Commissioner of Public  
1699 Health shall adopt regulations, in accordance with the provisions of  
1700 chapter 54, to [allow unlicensed personnel in] require each residential  
1701 care [homes] home, as defined in section 19a-490, to (A) designate an  
1702 appropriate number of unlicensed personnel to obtain certification for  
1703 the administration of medication, and (B) to ensure that such number  
1704 of unlicensed personnel receive such certification.

1705 (2) The regulations shall establish (A) criteria to be used by such  
1706 homes in determining the appropriate number of unlicensed personnel  
1707 who shall obtain such certification, and (B) training requirements for  
1708 such certification, including on-going training requirements, that  
1709 include but are not limited to: Initial orientation, resident rights,  
1710 behavioral management, personal care, nutrition and food safety, and  
1711 health and safety in general.

1712 (b) Each residential care home, as defined in section 19a-490, shall  
1713 ensure that, on or before January 1, 2010, an appropriate number of  
1714 unlicensed personnel, as determined by the residential care home,  
1715 obtain certification for the administration of medication. Certification  
1716 of such personnel shall be in accordance with regulations adopted  
1717 pursuant to section 19a-495a, as amended by this act. Personnel  
1718 obtaining such certification may administer medications to residents of  
1719 such homes.

1720 [(b)] (c) On and after October 1, 2007, unlicensed assistive personnel  
1721 employed in residential care homes, as defined in section 19a-490, may  
1722 (1) obtain and document residents' blood pressures and temperatures  
1723 with digital medical instruments that (A) contain internal decision-  
1724 making electronics, microcomputers or special software that allow the  
1725 instruments to interpret physiologic signals, and (B) do not require the  
1726 user to employ any discretion or judgment in their use; (2) obtain and  
1727 document residents' weight; and (3) assist residents in the use of  
1728 glucose monitors to obtain and document their blood glucose levels.

1729       Sec. 63. Section 29-1g of the general statutes is repealed and the  
1730 following is substituted in lieu thereof (*Effective July 1, 2009*):

1731       The Commissioner of Public Safety may appoint not more than  
1732 [four] six persons nominated by the Commissioner of Social Services as  
1733 special policemen in the Bureau of Child Support Enforcement of the  
1734 Department of Social Services for the service of any warrant or capias  
1735 mittimus issued by the courts on child support matters. Such  
1736 appointees, having been sworn, shall serve at the pleasure of the  
1737 Commissioner of Public Safety and, during such tenure, shall have all  
1738 the powers conferred on state policemen and state marshals.

1739       Sec. 64. (NEW) (*Effective July 1, 2009*) The Commissioner of Social  
1740 Services, pursuant to section 17b-10 of the general statutes, may  
1741 implement policies and procedures necessary to administer the  
1742 provisions of sections 4 to 7, inclusive, 9 to 12, inclusive, 23 to 37,  
1743 inclusive, and 60 of this act and sections 17b-192 of the general statutes,  
1744 as amended by this act, 17a-485e of the general statutes, as amended  
1745 by this act, 17b-257b of the general statutes, as amended by this act,  
1746 17b-265d of the general statutes, as amended by this act, 17b-340 of the  
1747 general statutes, as amended by this act, 17b-492 of the general  
1748 statutes, as amended by this act, 17b-491a of the general statutes, as  
1749 amended by this act, 17b-28e of the general statutes, as amended by  
1750 this act, 17-104 of the general statutes, as amended by this act, 17b-106  
1751 of the general statutes, as amended by this act, 17b-112 of the general  
1752 statutes, as amended by this act, 17b-274 of the general statutes, as  
1753 amended by this act, 17b-280 of the general statutes, as amended by  
1754 this act, 17-292 of the general statutes, as amended by this act, 17b-295  
1755 of the general statutes, as amended by this act, 17b-244 of the general  
1756 statutes, as amended by this act, and 17b-342 of the general statutes, as  
1757 amended by this act, 17b-370 of the general statutes, as amended by  
1758 this act, 17b-371 of the general statutes, as amended by this act, 17b-372  
1759 of the general statutes, as amended by this act, 17b-600 of the general  
1760 statutes, as amended by this act, while in the process of adopting such  
1761 policies and procedures as regulation, provided the commissioner

1762 prints notice of intent to adopt regulations in the Connecticut Law  
1763 Journal not later than twenty days after the date of implementation.  
1764 Policies and procedures implemented pursuant to this section shall be  
1765 valid until the time final regulations are adopted.

1766 Sec. 65. Subsection (f) of section 17b-492 of the general statutes is  
1767 repealed and the following is substituted in lieu thereof (*Effective July*  
1768 *1, 2009*):

1769 (f) Each ConnPACE applicant or recipient shall enroll in a Medicare  
1770 Part D benchmark plan. The Commissioner of Social Services may be  
1771 the authorized representative of a ConnPACE applicant or recipient  
1772 for purposes of enrolling in a Medicare Part D benchmark plan or  
1773 submitting an application to the Social Security Administration to  
1774 obtain the low income subsidy benefit provided under Public Law 108-  
1775 173, the Medicare Prescription Drug, Improvement, and  
1776 Modernization Act of 2003. The applicant or recipient shall have the  
1777 opportunity to select a Medicare Part D benchmark plan and shall be  
1778 notified of such opportunity by the commissioner. The applicant or  
1779 recipient, prior to selecting a Medicare Part D benchmark plan, shall  
1780 have the opportunity to consult with the commissioner, or the  
1781 commissioner's designated agent, concerning the selection of a  
1782 Medicare Part D benchmark plan that best meets the prescription drug  
1783 needs of such applicant or recipient. In the event that such applicant or  
1784 recipient does not select a Medicare Part D benchmark plan within a  
1785 reasonable period of time, as determined by the commissioner, the  
1786 commissioner shall enroll the applicant or recipient in a Medicare Part  
1787 D benchmark plan designated by the commissioner in accordance with  
1788 said act. The applicant or recipient shall appoint the commissioner as  
1789 such applicant's or recipient's representative for the purpose of  
1790 appealing any denial of Medicare Part D benefits and for any other  
1791 purpose allowed under said act and deemed necessary by the  
1792 commissioner.

1793 Sec. 66. Section 17b-265e of the general statutes is repealed and the

1794 following is substituted in lieu thereof (*Effective July 1, 2009*):

1795 (a) There is established a fund to be known as the "Medicare Part D  
1796 Supplemental Needs Fund" which shall be an account within the  
1797 General Fund under the Department of Social Services. Moneys  
1798 available in said fund shall be utilized by the Department of Social  
1799 Services to provide assistance to Medicare Part D beneficiaries who are  
1800 enrolled in the ConnPACE program or who are full benefit dually  
1801 eligible Medicare Part D beneficiaries, as defined in section 17b-265d,  
1802 and whose medical needs require that they obtain nonformulary  
1803 prescription drugs. A beneficiary requesting such assistance from the  
1804 department shall be required to make a satisfactory showing of the  
1805 medical necessity of obtaining such nonformulary prescription drug to  
1806 the department. If the department, in consultation with the prescribing  
1807 physician, determines that the prescription is medically necessary, the  
1808 department shall cover the cost of the original prescription and any  
1809 prescribed refills of the original prescription, less any applicable  
1810 copayments. The department shall require as a condition of receiving  
1811 such assistance that a beneficiary establish, to the satisfaction of the  
1812 department, that the beneficiary has made good faith efforts to: (1)  
1813 Enroll in a Medicare Part D plan recommended by the commissioner  
1814 or the commissioner's agent; and (2) utilize the exception process  
1815 established by the prescription drug plan in which the beneficiary is  
1816 enrolled. The commissioner shall implement policies and procedures  
1817 to administer the provisions of this section and to ensure that all  
1818 requests for, and determinations made concerning assistance available  
1819 pursuant to this section are expeditiously processed. The fund  
1820 established pursuant to this subsection shall expire on July 1, 2009.

1821 [(b) Assistance provided in accordance with the provisions of  
1822 subsection (a) of this section shall be subject to available funds. All  
1823 expenditures for prescription drugs under subsection (a) of this section  
1824 shall be charged to the Medicare Part D Supplemental Needs Fund.

1825 (c) The Department of Social Services shall, in accordance with the

1826 provisions of this section, pay claims for prescription drugs for  
1827 Medicare Part D beneficiaries, who are also either Medicaid or  
1828 ConnPACE recipients and who are denied coverage by the Medicare  
1829 Part D plan in which such beneficiary is enrolled because a prescribed  
1830 drug is not on the formulary utilized by such Medicare Part D plan.  
1831 Payment shall initially be made by the department for a thirty-day  
1832 supply, subject to any applicable copayment.]

1833 (b) Pharmaceutical manufacturers shall pay rebate amounts  
1834 established pursuant to section 17b-491, as amended by this act, to the  
1835 department for prescriptions paid by the department pursuant to this  
1836 section on or after January 1, 2007. The beneficiary shall appoint the  
1837 commissioner as such beneficiary's representative for the purpose of  
1838 appealing any denial of Medicare Part D benefits and for any other  
1839 purpose allowed under [said act] federal law and deemed necessary by  
1840 the commissioner.

1841 [(d)] (c) Notwithstanding any provision of the general statutes, [not  
1842 later than July 1, 2006,] the Commissioner of Social Services [shall  
1843 implement a plan for pursuing] may pursue payment under Medicare  
1844 Part D by Part D plans for prescriptions denied as nonformulary  
1845 drugs, including remedies available through reconsideration by an  
1846 independent review entity, review by an administrative law judge, the  
1847 Medicare Appeals Council or Federal District Court. Reimbursement  
1848 secured from the Medicare Part D plan shall be returned to the  
1849 Department of Social Services.

1850 [(e)] (d) The Department of Social Services, pursuant to subsection  
1851 [(d)] (c) of this section, may authorize appeals beyond the independent  
1852 review entity. [Upon determination by the department that it is not  
1853 cost-effective to pursue further appeals, the department shall pay for  
1854 the denied nonformulary drug for the remainder of the calendar year,  
1855 provided the beneficiary remains enrolled in the Part D plan that  
1856 denied coverage. Pending the outcome of the appeals process, the  
1857 department shall continue to pay claims for the nonformulary drug

1858 denied by the Part D plan until the earlier of approval of such drug by  
 1859 the Part D plan or for the remainder of the calendar year.]

1860       Sec. 67. (NEW) (*Effective from passage*) All nonemergency dental  
 1861 services provided under the Department of Social Services' dental  
 1862 programs shall be subject to prior authorization. The commissioner  
 1863 shall periodically, but not less than quarterly, review payments for  
 1864 emergency dental services for appropriateness of payment. The  
 1865 commissioner may recoup payments for services that are determined  
 1866 not to be for an emergency condition. For the purposes of this section,  
 1867 "emergency condition" means a dental condition manifesting itself by  
 1868 acute symptoms of sufficient severity, including severe pain, such that  
 1869 a prudent layperson, who possesses an average knowledge of health  
 1870 and medicine, could reasonably expect the absence of immediate  
 1871 dental attention to result in placing the health of the individual, or  
 1872 with respect to a pregnant woman, the health of the woman or her  
 1873 unborn child, in serious jeopardy, cause serious impairment to body  
 1874 functions or cause serious dysfunction of any body organ or part.

1875       Sec. 68. Section 17b-492d of the general statutes is repealed. (*Effective*  
 1876 *July 1, 2009*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2009</i>	17b-192(a)
Sec. 2	<i>July 1, 2009</i>	17a-485e
Sec. 3	<i>July 1, 2010</i>	17a-32
Sec. 4	<i>July 1, 2009</i>	New section
Sec. 5	<i>July 1, 2009</i>	New section
Sec. 6	<i>July 1, 2009</i>	New section
Sec. 7	<i>July 1, 2009</i>	New section
Sec. 8	<i>July 1, 2009</i>	17b-257b
Sec. 9	<i>July 1, 2009</i>	New section
Sec. 10	<i>July 1, 2009</i>	New section
Sec. 11	<i>July 1, 2009</i>	New section
Sec. 12	<i>July 1, 2009</i>	New section

Sec. 13	July 1, 2009	17b-265d(d)
Sec. 14	July 1, 2009	17b-192(g)
Sec. 15	July 1, 2009	17b-265d(c)
Sec. 16	July 1, 2009	17b-340(f)(4)
Sec. 17	July 1, 2009	17b-492(a)
Sec. 18	July 1, 2009	17b-491a
Sec. 19	July 1, 2009	New section
Sec. 20	July 1, 2009	New section
Sec. 21	July 1, 2009	New section
Sec. 22	July 1, 2009	19a-507
Sec. 23	July 1, 2009	New section
Sec. 24	July 1, 2009	New section
Sec. 25	July 1, 2009	New section
Sec. 26	July 1, 2009	New section
Sec. 27	July 1, 2009	New section
Sec. 28	July 1, 2009	New section
Sec. 29	July 1, 2009	New section
Sec. 30	July 1, 2009	New section
Sec. 31	July 1, 2009	New section
Sec. 32	July 1, 2009	New section
Sec. 33	July 1, 2009	New section
Sec. 34	July 1, 2009	New section
Sec. 35	July 1, 2009	New section
Sec. 36	July 1, 2009	New section
Sec. 37	July 1, 2009	New section
Sec. 38	July 1, 2009	4-61dd(a)
Sec. 39	July 1, 2009	1-210(b)(13)
Sec. 40	July 1, 2009	17b-28e
Sec. 41	July 1, 2009	17b-104(b)
Sec. 42	July 1, 2009	17b-106(a)
Sec. 43	July 1, 2009	17b-112(d)
Sec. 44	<i>from passage</i>	New section
Sec. 45	July 1, 2009	17b-192(b)
Sec. 46	July 1, 2009	17b-274d(f)
Sec. 47	July 1, 2009	17b-280(a)
Sec. 48	July 1, 2009	17b-292(j)
Sec. 49	July 1, 2009	17b-295(a)(1)
Sec. 50	July 1, 2009	17b-340(f)(11)
Sec. 51	July 1, 2009	17b-340(g)
Sec. 52	July 1, 2009	17b-340(h)(1)

Sec. 53	<i>July 1, 2009</i>	17b-244(a)
Sec. 54	<i>July 1, 2009</i>	17b-342(i)(1)
Sec. 55	<i>July 1, 2009</i>	17b-370(b)
Sec. 56	<i>July 1, 2009</i>	17b-370(d)
Sec. 57	<i>July 1, 2009</i>	17b-371(a)
Sec. 58	<i>July 1, 2009</i>	17b-371(d)
Sec. 59	<i>July 1, 2009</i>	17b-372
Sec. 60	<i>July 1, 2009</i>	New section
Sec. 61	<i>July 1, 2009</i>	17b-600
Sec. 62	<i>July 1, 2009</i>	19a-495a
Sec. 63	<i>July 1, 2009</i>	29-1g
Sec. 64	<i>July 1, 2009</i>	New section
Sec. 65	<i>July 1, 2009</i>	17b-492(f)
Sec. 66	<i>July 1, 2009</i>	17b-265e
Sec. 67	<i>from passage</i>	New section
Sec. 68	<i>July 1, 2009</i>	Repealer section

**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.]*