



# Senate

General Assembly

**File No. 333**

February Session, 2010

Substitute Senate Bill No. 32

*Senate, April 7, 2010*

The Committee on Human Services reported through SEN. DOYLE of the 9th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

***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. Section 17a-317 of the 2010 supplement to the general  
2 statutes is repealed and the following is substituted in lieu thereof  
3 (*Effective July 1, 2010*):

4 (a) Effective July 1, 2010, there shall be established a Department on  
5 Aging which shall be under the direction and supervision of the  
6 Commissioner on Aging who shall be appointed by the Governor in  
7 accordance with the provisions of sections 4-5 to 4-8, inclusive, with  
8 the powers and duties prescribed in said sections. The commissioner  
9 shall be knowledgeable and experienced with respect to the conditions  
10 and needs of elderly persons and shall serve on a full-time basis.

11 (b) The Commissioner on Aging shall administer all laws under the  
12 jurisdiction of the Department on Aging and shall employ the most  
13 efficient and practical means for the provision of care and protection of

14 elderly persons. The commissioner shall have the power and duty to  
15 do the following: (1) Administer, coordinate and direct the operation  
16 of the department; (2) adopt and enforce regulations, in accordance  
17 with chapter 54, as necessary to implement the purposes of the  
18 department as established by statute; (3) establish rules for the internal  
19 operation and administration of the department; (4) establish and  
20 develop programs and administer services to achieve the purposes of  
21 the department; (5) contract for facilities, services and programs to  
22 implement the purposes of the department; (6) act as advocate for  
23 necessary additional comprehensive and coordinated programs for  
24 elderly persons; (7) assist and advise all appropriate state, federal, local  
25 and area planning agencies for elderly persons in the performance of  
26 their functions and duties pursuant to federal law and regulation; (8)  
27 plan services and programs for elderly persons; (9) coordinate  
28 outreach activities by public and private agencies serving elderly  
29 persons; and (10) consult and cooperate with area and private  
30 planning agencies.

31 (c) The functions, powers, duties and personnel of the Division of  
32 [Elderly Services] Aging Services of the Department of Social Services,  
33 or any subsequent division or portion of a division with similar  
34 functions, powers, personnel and duties, shall be transferred to the  
35 Department on Aging pursuant to the provisions of sections 4-38d, 4-  
36 38e and 4-39.

37 (d) The Department of Social Services shall administer programs  
38 under the jurisdiction of the Department on Aging until the  
39 Commissioner on Aging is appointed and administrative staff are  
40 hired.

41 (e) The Governor may, with the approval of the Finance Advisory  
42 Committee, transfer funds between the Department of Social Services  
43 and the Department on Aging, pursuant to subsection (b) of section 4-  
44 87, during the fiscal year ending June 30, 2011.

45 [(d)] (f) Any order or regulation of the Department of Social Services  
46 or the Commission on Aging that is in force on July 1, [2008] 2010, shall

47 continue in force and effect as an order or regulation until amended,  
48 repealed or superseded pursuant to law.

49 Sec. 2. Section 17b-421 of the general statutes is repealed and the  
50 following is substituted in lieu thereof (*Effective July 1, 2010*):

51 The state shall be divided into five elderly planning and service  
52 areas, in accordance with federal law and regulations, each having an  
53 area agency on aging to carry out the mandates of the federal Older  
54 Americans Act of 1965, as amended. The area agencies shall (1)  
55 represent elderly persons within their geographic areas, (2) develop an  
56 area plan for approval by the Department [of Social Services] on Aging  
57 and upon such approval administer the plan, (3) coordinate and assist  
58 local public and nonprofit, private agencies in the development of  
59 programs, (4) receive and distribute federal and state funds for such  
60 purposes, in accordance with applicable law, (5) carry out any  
61 additional duties and functions required by federal law and  
62 regulations.

63 Sec. 3. Section 17b-422 of the general statutes is repealed and the  
64 following is substituted in lieu thereof (*Effective July 1, 2010*):

65 (a) The Department [of Social Services] on Aging shall equitably  
66 allocate, in accordance with federal law, federal funds received under  
67 Title IIIB and IIIC of the Older Americans Act to the five area agencies  
68 on aging established pursuant to section 17b-421, as amended by this  
69 act. The department, before seeking federal approval to spend any  
70 amount above that allotted for administrative expenses under said act,  
71 shall inform the joint standing committee of the General Assembly  
72 having cognizance of matters relating to human services that it is  
73 seeking such approval.

74 (b) Sixty per cent of the state funds appropriated to the five area  
75 agencies on aging for elderly nutrition and social services shall be  
76 allocated in the same proportion as allocations made pursuant to  
77 subsection (a) of this section. Forty per cent of all state funds  
78 appropriated to the five area agencies on aging for elderly nutrition

79 and social services used for purposes other than the required  
80 nonfederal matching funds shall be allocated at the discretion of the  
81 Commissioner [of Social Services] on Aging, in consultation with the  
82 five area agencies on aging, based on their need for such funds. Any  
83 state funds appropriated to the five area agencies on aging for  
84 administrative expenses shall be allocated equally.

85 (c) The Department [of Social Services] on Aging, in consultation  
86 with the five area agencies on aging, shall review the method of  
87 allocation set forth in subsection (a) of this section and shall report any  
88 findings or recommendations to the joint standing committees of the  
89 General Assembly having cognizance of matters relating to  
90 appropriations and the budgets of state agencies and human services.

91 (d) An area agency may request a person participating in the elderly  
92 nutrition program to pay a voluntary fee for meals furnished, except  
93 that no eligible person shall be denied a meal due to an inability to pay  
94 such fee.

95 Sec. 4. Section 17b-424 of the general statutes is repealed and the  
96 following is substituted in lieu thereof (*Effective July 1, 2010*):

97 The Commissioner [of Social Services] on Aging shall establish an  
98 adult foster care program which shall provide room, board and  
99 personal care services in a home or substantially equivalent  
100 environment to elderly persons who volunteer and may otherwise be  
101 placed in a nursing home or who are inappropriately institutionalized.  
102 The commissioner shall adopt regulations, in accordance with the  
103 provisions of chapter 54, to administer this program.

104 Sec. 5. Section 17b-425 of the general statutes is repealed and the  
105 following is substituted in lieu thereof (*Effective July 1, 2010*):

106 The Department [of Social Services] on Aging may make a grant to  
107 any city, town or borough or public or private agency, organization or  
108 institution for the following purposes: (a) For community planning  
109 and coordination of programs carrying out the purposes of the Older

110 Americans Act of 1965, as amended; (b) for demonstration programs or  
111 activities particularly valuable in carrying out such purposes; (c) for  
112 training of special personnel needed to carry out such programs and  
113 activities; (d) for establishment of new or expansion of existing  
114 programs to carry out such purposes, including establishment of new  
115 or expansion of existing centers of service for elderly persons,  
116 providing recreational, cultural and other leisure time activities, and  
117 informational, transportation, referral and preretirement and  
118 postretirement counseling services for elderly persons and assisting  
119 such persons in providing volunteer community or civic services,  
120 except that no costs of construction, other than for minor alterations  
121 and repairs, shall be included in such establishment or expansion; (e)  
122 for programs to develop or demonstrate approaches, methods and  
123 techniques for achieving or improving coordination of community  
124 services for elderly or aging persons and such other programs and  
125 services as may be allowed under Title III of the Older Americans Act  
126 of 1965, as amended, or to evaluate these approaches, techniques and  
127 methods, as well as others which may assist elderly or aging persons  
128 to enjoy wholesome and meaningful living and to continue to  
129 contribute to the strength and welfare of the state and nation.

130 Sec. 6. Section 17b-426 of the general statutes is repealed and the  
131 following is substituted in lieu thereof (*Effective July 1, 2010*):

132 The Department [of Social Services] on Aging may use moneys  
133 appropriated for the purposes of section 17b-425, as amended by this  
134 act, for the expenses of administering the grant program under said  
135 section, provided the total of such moneys so used shall not exceed  
136 five per cent of the moneys so appropriated.

137 Sec. 7. Section 17b-427 of the general statutes is repealed and the  
138 following is substituted in lieu thereof (*Effective July 1, 2010*):

139 (a) As used in this section:

140 (1) "CHOICES" means Connecticut's programs for health insurance  
141 assistance, outreach, information and referral, counseling and

142 eligibility screening;

143 (2) "CHOICES health insurance assistance program" means the  
144 federally recognized state health insurance assistance program funded  
145 pursuant to P.L. 101-508 and administered by the Department [of  
146 Social Services] on Aging, in conjunction with the area agencies on  
147 aging and the Center for Medicare Advocacy, that provides free  
148 information and assistance related to health insurance issues and  
149 concerns of older persons and other Medicare beneficiaries in  
150 Connecticut; and

151 (3) "Medicare organization" means any corporate entity or other  
152 organization or group that contracts with the federal Centers for  
153 Medicare and Medicaid Services to provide health care services to  
154 Medicare beneficiaries in this state as an alternative to the traditional  
155 Medicare fee-for-service plan.

156 (b) The Department [of Social Services] on Aging shall administer  
157 the CHOICES health insurance assistance program, which shall be a  
158 comprehensive Medicare advocacy program that provides assistance  
159 to Connecticut residents who are Medicare beneficiaries. The program  
160 shall: (1) Maintain a toll-free telephone number to provide advice and  
161 information on Medicare benefits, including prescription drug benefits  
162 available through the Medicare Part D program, the Medicare appeals  
163 process, health insurance matters applicable to Medicare beneficiaries  
164 and long-term care options available in the state at least five days per  
165 week during normal business hours; (2) provide information, advice  
166 and representation, where appropriate, concerning the Medicare  
167 appeals process, by a qualified attorney or paralegal at least five days  
168 per week during normal business hours; (3) prepare and distribute  
169 written materials to Medicare beneficiaries, their families, senior  
170 citizens and organizations regarding Medicare benefits, including  
171 prescription drug benefits available through the Medicare Part D  
172 program and long-term care options available in the state; (4) develop  
173 and distribute a Connecticut Medicare consumers guide, after  
174 consultation with the Insurance Commissioner and other organizations

175 involved in servicing, representing or advocating for Medicare  
176 beneficiaries, which shall be available to any individual, upon request,  
177 and shall include: (A) Information permitting beneficiaries to compare  
178 their options for delivery of Medicare services; (B) information  
179 concerning the Medicare plans available to beneficiaries, including the  
180 traditional Medicare fee-for-service plan, Medicare Part D plans and  
181 the benefits and services available through each plan; (C) information  
182 concerning the procedure to appeal a denial of care and the procedure  
183 to request an expedited appeal of a denial of care; (D) information  
184 concerning private insurance policies and federal and state-funded  
185 programs that are available to supplement Medicare coverage for  
186 beneficiaries; (E) a worksheet for beneficiaries to use to evaluate the  
187 various plans, including Medicare Part D programs; and (F) any other  
188 information the program deems relevant to beneficiaries; (5)  
189 collaborate with other state agencies and entities in the development of  
190 consumer-oriented websites that provide information on Medicare  
191 plans, including Medicare Part D plans, and long-term care options  
192 that are available in the state; and (6) include any functions the  
193 department deems necessary to conform to federal grant requirements.

194 (c) The Insurance Commissioner, in cooperation with, or on behalf  
195 of, the Commissioner [of Social Services] on Aging, may require each  
196 Medicare organization to: (1) Annually submit to the commissioner  
197 any data, reports or information relevant to plan beneficiaries; and (2)  
198 at any other times at which changes occur, submit information to the  
199 commissioner concerning current benefits, services or costs to  
200 beneficiaries. Such information may include information required  
201 under section 38a-478c.

202 (d) Each Medicare organization that fails to file the annual data,  
203 reports or information requested pursuant to subsection (c) of this  
204 section shall pay a late fee of one hundred dollars per day for each day  
205 from the due date of such data, reports or information to the date of  
206 filing. Each Medicare organization that files incomplete annual data,  
207 reports or information shall be so informed by the Insurance  
208 Commissioner, shall be given a date by which to remedy such

209 incomplete filing and shall pay said late fee commencing from the new  
210 due date.

211 (e) Not later than June 1, 2001, and annually thereafter, the  
212 Insurance Commissioner, in conjunction with the Healthcare  
213 Advocate, shall submit to the Governor and to the joint standing  
214 committees of the General Assembly having cognizance of matters  
215 relating to human services and insurance and to the select committee  
216 of the General Assembly having cognizance of matters relating to  
217 aging, a list of those Medicare organizations that have failed to file any  
218 data, reports or information requested pursuant to subsection (c) of  
219 this section.

220 (f) All hospitals, as defined in section 19a-490, which treat persons  
221 covered by Medicare Part A shall: (1) Notify incoming patients covered  
222 by Medicare of the availability of the services established pursuant to  
223 subsection (b) of this section, (2) post or cause to be posted in a  
224 conspicuous place therein the toll-free number established pursuant to  
225 subsection (b) of this section, and (3) provide each Medicare patient  
226 with the toll-free number and information on how to access the  
227 CHOICES program.

228 Sec. 8. Section 17b-429 of the general statutes is repealed and the  
229 following is substituted in lieu thereof (*Effective July 1, 2010*):

230 The Commissioner of Social Services, in coordination with the  
231 Commissioner on Aging, shall, within available appropriations, make  
232 information available to senior citizens and disabled persons  
233 concerning any pharmaceutical company's drug program for indigent  
234 persons by utilizing the ConnPACE program, the CHOICES health  
235 insurance assistance program, as defined in section 17b-427, as  
236 amended by this act, and Infoline of Connecticut to deliver such  
237 information.

238 Sec. 9. Section 17b-349e of the 2010 supplement to the general  
239 statutes is repealed and the following is substituted in lieu thereof  
240 (*Effective July 1, 2010*):

241 (a) As used in this section:

242 (1) "Respite care services" means support services which provide  
243 short-term relief from the demands of ongoing care for an individual  
244 with Alzheimer's disease.

245 (2) "Caretaker" means a person who has the responsibility for the  
246 care of an individual with Alzheimer's disease or has assumed the  
247 responsibility for such individual voluntarily, by contract or by order  
248 of a court of competent jurisdiction.

249 (3) "Copayment" means a payment made by or on behalf of an  
250 individual with Alzheimer's disease for respite care services.

251 (4) "Individual with Alzheimer's disease" means an individual with  
252 Alzheimer's disease or related disorders.

253 (b) The Commissioner [of Social Services] on Aging shall operate a  
254 program, within available appropriations, to provide respite care  
255 services for caretakers of individuals with Alzheimer's disease,  
256 provided such individuals with Alzheimer's disease meet the  
257 requirements set forth in subsection (c) of this section. Such respite  
258 care services may include, but need not be limited to (1) homemaker  
259 services; (2) adult day care; (3) temporary care in a licensed medical  
260 facility; (4) home-health care; (5) companion services; or (6) personal  
261 care assistant services. Such respite care services may be administered  
262 directly by the department, or through contracts for services with  
263 providers of such services, or by means of direct subsidy to caretakers  
264 of individuals with Alzheimer's disease to purchase such services.

265 (c) (1) No individual with Alzheimer's disease may participate in the  
266 program if such individual (A) has an annual income of more than  
267 forty-one thousand dollars or liquid assets of more than one hundred  
268 nine thousand dollars, or (B) is receiving services under the  
269 Connecticut home-care program for the elderly. On July 1, 2009, and  
270 annually thereafter, the commissioner shall increase such income and  
271 asset eligibility criteria over that of the previous fiscal year to reflect

272 the annual cost of living adjustment in Social Security income, if any.

273 (2) No individual with Alzheimer's disease who participates in the  
274 program may receive more than three thousand five hundred dollars  
275 for services under the program in any fiscal year or receive more than  
276 thirty days of out-of-home respite care services other than adult day  
277 care services under the program in any fiscal year, except that the  
278 commissioner shall adopt regulations pursuant to subsection (d) of this  
279 section to provide up to seven thousand five hundred dollars for  
280 services to a participant in the program who demonstrates a need for  
281 additional services.

282 (3) The commissioner may require an individual with Alzheimer's  
283 disease who participates in the program to pay a copayment for respite  
284 care services under the program, except the commissioner may waive  
285 such copayment upon demonstration of financial hardship by such  
286 individual.

287 (d) The commissioner shall adopt regulations in accordance with the  
288 provisions of chapter 54 to implement the provisions of this section.  
289 Such regulations shall include, but need not be limited to (1) standards  
290 for eligibility for respite care services; (2) the basis for priority in  
291 receiving services; (3) qualifications and requirements of providers,  
292 which shall include specialized training in Alzheimer's disease,  
293 dementia and related disorders; (4) a requirement that providers  
294 accredited by the Joint Commission on the Accreditation of Healthcare  
295 Organizations, when available, receive preference in contracting for  
296 services; (5) provider reimbursement levels; (6) limits on services and  
297 cost of services; and (7) a fee schedule for copayments.

298 [(e) The Commissioner of Social Services may allocate any funds  
299 appropriated in excess of five hundred thousand dollars for the  
300 program among the five area agencies on aging according to need, as  
301 determined by said commissioner.]

302 Sec. 10. Subsection (a) of section 17b-792 of the general statutes is  
303 repealed and the following is substituted in lieu thereof (*Effective July*

304 1, 2010):

305 (a) The Department [of Social Services] on Aging shall be  
306 responsible for the administration of programs which provide  
307 nutritionally sound diets to needy elderly persons and for the  
308 expansion of such programs when possible. Such programs shall be  
309 continued in such a manner as to fully utilize congregate feeding and  
310 nutrition education of elderly citizens who qualify for such program.

311 Sec. 11. Section 17b-400 of the general statutes is repealed and the  
312 following is substituted in lieu thereof (*Effective July 1, 2010*):

313 (a) As used in this chapter:

314 (1) "State agency" means the [Division of Elderly Services of the  
315 Department of Social Services] Department on Aging.

316 (2) "Office" means the Office of the Long-Term Care Ombudsman  
317 established in this section.

318 (3) "State Ombudsman" means the State Ombudsman established in  
319 this section.

320 (4) "Program" means the long-term care ombudsman program  
321 established in this section.

322 (5) "Representative" includes a regional ombudsman, a residents'  
323 advocate or an employee of the Office of the Long-Term Care  
324 Ombudsman who is individually designated by the ombudsman.

325 (6) "Resident" means an older individual who resides in or is a  
326 patient in a long-term care facility who is sixty years of age or older.

327 (7) "Long-term care facility" means any skilled nursing facility, as  
328 defined in Section 1819(a) of the Social Security Act, (42 USC 1395i-  
329 3(a)) any nursing facility, as defined in Section 1919(a) of the Social  
330 Security Act, (42 USC 1396r(a)) a board and care facility as defined in  
331 Section 102(19) of the federal Older Americans Act, (42 USC 3002(19))  
332 and for purposes of ombudsman program coverage, an institution

333 regulated by the state pursuant to Section 1616(e) of the Social Security  
334 Act, (42 USC 1382e(e)) and any other adult care home similar to a  
335 facility or nursing facility or board and care home.

336 (8) "Commissioner" means the Commissioner [of Social Services] on  
337 Aging.

338 [(9) "Director" means the director of the Division of Elderly Services  
339 of the Department of Social Services.]

340 [(10)] (9) "Applicant" means an older individual who has applied for  
341 admission to a long-term care facility.

342 (b) There is established an independent Office of the Long-Term  
343 Care Ombudsman within the Department [of Social Services] on  
344 Aging. The Commissioner [of Social Services] on Aging shall appoint a  
345 State Ombudsman who shall be selected from among individuals with  
346 expertise and experience in the fields of long-term care and advocacy  
347 to head the office and the State Ombudsman shall appoint assistant  
348 regional ombudsmen. In the event the State Ombudsman or an  
349 assistant regional ombudsman is unable to fulfill the duties of the  
350 office, the commissioner shall appoint an acting State Ombudsman and  
351 the State Ombudsman shall appoint an acting assistant regional  
352 ombudsman.

353 (c) Notwithstanding the provisions of subsection (b) of this section,  
354 on and after July 1, 1990, the positions of State Ombudsman and  
355 regional ombudsmen shall be classified service positions. The State  
356 Ombudsman and regional ombudsmen holding said positions on said  
357 date shall continue to serve in their positions as if selected through  
358 classified service procedures. As vacancies occur in such positions  
359 thereafter, such vacancies shall be filled in accordance with classified  
360 service procedures.

361 Sec. 12. Section 17b-405 of the general statutes is repealed and the  
362 following is substituted in lieu thereof (*Effective July 1, 2010*):

363 The regional ombudsmen shall, in accordance with the policies and

364 procedures established by the Office of the Long-Term Care  
365 Ombudsman and the [director] Commissioner on Aging:

366 (1) Provide services to protect the health, safety, welfare and rights  
367 of residents;

368 (2) Ensure that residents in service areas have regular timely access  
369 to representatives of the program and timely responses to complaints  
370 and requests for assistance;

371 (3) Identify, investigate and resolve complaints made by or on  
372 behalf of residents that relate to action, inaction or decisions that may  
373 adversely affect the health, safety, welfare or rights of the residents or  
374 by, or on behalf of, applicants in relation to issues concerning  
375 applications to long-term care facilities;

376 (4) Represent the interests of residents and applicants, in relation to  
377 their applications to long-term care facilities, before government  
378 agencies and seek administrative, legal and other remedies to protect  
379 the health, safety, welfare and rights of the residents;

380 (5) (A) Review and, if necessary, comment on any existing and  
381 proposed laws, regulations and other government policies and actions  
382 that pertain to the rights and well-being of residents and applicants in  
383 relation to their applications to long-term care facilities, and (B)  
384 facilitate the ability of the public to comment on the laws, regulations,  
385 policies and actions;

386 (6) Support the development of resident and family councils; and

387 (7) Carry out other activities that the State Ombudsman determines  
388 to be appropriate.

389 Sec. 13. Section 17b-406 of the general statutes is repealed and the  
390 following is substituted in lieu thereof (*Effective July 1, 2010*):

391 (a) Residents' advocates, under supervision of the regional  
392 ombudsmen, shall assist the regional ombudsmen in the performance

393 of all duties and responsibilities of the regional ombudsmen as  
394 described in section 17b-405, as amended by this act.

395 (b) All long-term care facilities shall post or cause to be posted in a  
396 conspicuous place therein a list of the names of the appropriate  
397 residents' advocates and the names, addresses, and telephone numbers  
398 of the appropriate ombudsmen.

399 (c) The Commissioner [of Social Services] on Aging shall have  
400 authority to seek funding for the purposes contained in this section  
401 from public and private sources, including, but not limited to, any  
402 federal or state funded programs.

403 Sec. 14. Section 17b-407 of the general statutes is repealed and the  
404 following is substituted in lieu thereof (*Effective July 1, 2010*):

405 (a) Any physician or surgeon licensed under the provisions of  
406 chapter 370, any resident physician or intern in any hospital in this  
407 state, whether or not so licensed, and any registered nurse, licensed  
408 practical nurse, medical examiner, dentist, optometrist, chiropractor,  
409 podiatrist, social worker, clergyman, police officer, pharmacist,  
410 physical therapist, long-term care facility administrator, nurse's aide or  
411 orderly in a long-term care facility, any person paid for caring for a  
412 patient in a long-term care facility, any staff person employed by a  
413 long-term care facility and any person who is a sexual assault  
414 counselor or a battered women's counselor as defined in section  
415 52-146k who has reasonable cause to suspect or believe that a resident  
416 in a long-term care facility has been abused, neglected, exploited or  
417 abandoned, or is in a condition that is the result of such abuse, neglect,  
418 exploitation or abandonment, shall, not later than seventy-two hours  
419 after such suspicion or belief arose, report such information or cause a  
420 report to be made in any reasonable manner to the Commissioner [of  
421 Social Services] on Aging pursuant to chapter 319dd. Any person  
422 required to report under the provision of this section who fails to make  
423 such report within the prescribed time period shall be fined not more  
424 than five hundred dollars, except that, if such person intentionally fails  
425 to make such report within the prescribed time period, such person

426 shall be guilty of a class C misdemeanor for the first offense and a class  
427 A misdemeanor for any subsequent offense.

428 (b) Such report shall contain the name and address of the long-term  
429 care facility, the name of the involved resident, information regarding  
430 the nature and extent of the abuse, neglect, exploitation or  
431 abandonment and any other information which the reporter believes  
432 might be helpful in an investigation of the case and for the protection  
433 of the resident.

434 (c) Any other person having reasonable cause to believe that a  
435 resident in a long-term care facility is being, or has been, abused,  
436 neglected, exploited or abandoned, or any person who wishes to file  
437 any other complaint regarding a long-term care facility, shall report  
438 such information in accordance with subsection (b) of this section in  
439 any reasonable manner to the Commissioner [of Social Services] on  
440 Aging who shall inform the resident of the services of the Office of the  
441 Long-Term Care Ombudsman.

442 (d) Such report or complaint shall not be deemed a public record,  
443 and shall not be subject to the provisions of section 1-210. Information  
444 derived from such reports or complaints for which reasonable grounds  
445 are determined to exist after investigation as provided for in section  
446 17b-408, including the identity of the long-term care facility, the  
447 number of complaints received, the number of complaints  
448 substantiated and the types of complaints, may be disclosed by the  
449 Commissioner [of Social Services] on Aging, except that in no case  
450 shall the name of the resident or the complainant be revealed, unless  
451 such person specifically requests such disclosure or unless a judicial  
452 proceeding results from such report or complaint.

453 (e) Any person who makes a report or complaint pursuant to this  
454 section or who testifies in any administrative or judicial proceeding  
455 arising from the report shall be immune from any civil or criminal  
456 liability on account of such report or complaint or testimony, except  
457 for liability for perjury, unless such person acted in bad faith or with  
458 malicious purpose.

459 (f) Any person who is discharged or in any manner discriminated or  
460 retaliated against for making, in good faith, a report or complaint  
461 pursuant to this section shall be entitled to all remedies available  
462 under law including, but not limited to, remedies available under  
463 sections 19a-532 and 31-51m, as applicable.

464 (g) The person filing a report or complaint pursuant to the  
465 provisions of this section shall be notified of the findings of any  
466 investigation conducted by the Commissioner [of Social Services] on  
467 Aging, upon request.

468 [(h) The Commissioner of Social Services shall maintain a registry of  
469 the reports received, the investigations made, the findings and the  
470 actions recommended and taken.]

471 Sec. 15. Section 17b-411 of the general statutes is repealed and the  
472 following is substituted in lieu thereof (*Effective July 1, 2010*):

473 The Commissioner [of Social Services] on Aging, after consultation  
474 with the State Ombudsman, shall adopt regulations in accordance with  
475 the provisions of chapter 54, to carry out the provisions of sections  
476 17b-400 to 17b-412, inclusive, as amended by this act, 19a-531, as  
477 amended by this act, and 19a-532.

478 Sec. 16. Section 19a-530 of the general statutes is repealed and the  
479 following is substituted in lieu thereof (*Effective July 1, 2010*):

480 The Commissioner of Public Health, within ten working days, shall  
481 furnish the Commissioner on Aging and the Commissioner of Social  
482 Services a written report of any action taken pursuant to sections  
483 19a-524 to 19a-527, inclusive, on any report or complaint referred to the  
484 Commissioner of Public Health in accordance with the provisions of  
485 section 17b-408.

486 Sec. 17. Section 19a-531 of the general statutes is repealed and the  
487 following is substituted in lieu thereof (*Effective July 1, 2010*):

488 Any employee of the Department of Public Health or the

489 Department [of Social Services] on Aging or any regional ombudsman  
490 who gives or causes to be given any advance notice to any nursing  
491 home facility, directly or indirectly, that an investigation or inspection  
492 is under consideration or is impending or gives any information  
493 regarding any complaint submitted pursuant to section 17b-408, or  
494 19a-523, as amended by this act, prior to an on-the-scene investigation  
495 or inspection of such facility, unless specifically mandated by federal  
496 or state regulations to give advance notice, shall be guilty of a class B  
497 misdemeanor and may be subject to dismissal, suspension or demotion  
498 in accordance with chapter 67.

499 Sec. 18. Section 17b-412 of the general statutes is repealed and the  
500 following is substituted in lieu thereof (*Effective July 1, 2010*):

501 The [director] Commissioner on Aging shall require the State  
502 Ombudsman to:

503 (1) Prepare an annual report:

504 (A) Describing the activities carried out by the office in the year for  
505 which the report is prepared;

506 (B) Containing and analyzing the data collected under section 17b-  
507 413, as amended by this act;

508 (C) Evaluating the problems experienced by and the complaints  
509 made by or on behalf of residents;

510 (D) Containing recommendations for (i) improving the quality of  
511 the care and life of the residents, and (ii) protecting the health, safety,  
512 welfare and rights of the residents;

513 (E) (i) Analyzing the success of the program including success in  
514 providing services to residents of long-term care facilities; and (ii)  
515 identifying barriers that prevent the optimal operation of the program;  
516 and

517 (F) Providing policy, regulatory and legislative recommendations to

518 solve identified problems, to resolve the complaints, to improve the  
519 quality of the care and life of residents, to protect the health, safety,  
520 welfare and rights of residents and to remove the barriers that prevent  
521 the optimal operation of the program.

522 (2) Analyze, comment on and monitor the development and  
523 implementation of federal, state and local laws, regulations and other  
524 government policies and actions that pertain to long-term care facilities  
525 and services, and to the health, safety, welfare and rights of residents  
526 in the state, and recommend any changes in such laws, regulations and  
527 policies as the office determines to be appropriate.

528 (3) (A) Provide such information as the office determines to be  
529 necessary to public and private agencies, legislators and other persons,  
530 regarding (i) the problems and concerns of older individuals residing  
531 in long-term care facilities; and (ii) recommendations related to the  
532 problems and concerns; and (B) make available to the public and  
533 submit to the federal assistant secretary for aging, the Governor, the  
534 General Assembly, the Department of Public Health and other  
535 appropriate governmental entities, each report prepared under  
536 subdivision (1) of this section.

537 Sec. 19. Section 17b-413 of the general statutes is repealed and the  
538 following is substituted in lieu thereof (*Effective July 1, 2010*):

539 The [state agency] Commissioner on Aging shall establish a state-  
540 wide uniform system to: (1) [~~Collect and~~] Document reports or  
541 complaints received, investigations conducted, including the findings  
542 of such investigations, actions recommended and actions taken as a  
543 result of such investigations; (2) analyze data relating to complaints  
544 and conditions in long-term care facilities and to residents for the  
545 purpose of identifying and resolving significant problems; and [(2)] (3)  
546 submit the data, on a regular basis to: (A) The Department of Public  
547 Health; (B) the Department of Social Services; (C) other state and  
548 federal entities that the State Ombudsman determines to be  
549 appropriate; and [(C)] (D) the National Ombudsman Resource Center,  
550 established in Section 202(a)(21) of the federal Older Americans Act of

551 1965, as amended from time to time.

552 Sec. 20. Section 19a-523 of the general statutes is repealed and the  
553 following is substituted in lieu thereof (*Effective July 1, 2010*):

554 (a) If, from the results of an inspection and investigation in  
555 accordance with section 19a-498, or upon receipt of a report or  
556 complaint from the Commissioner [of Social Services] on Aging,  
557 pursuant to section 17b-408, and upon such review and further  
558 investigation, as the Commissioner of Public Health deems necessary,  
559 the Commissioner of Public Health determines that such nursing home  
560 facility has violated any provision of the Public Health Code relating to  
561 the operation or maintenance of a nursing home facility, the  
562 Commissioner of Public Health may, notwithstanding the provisions  
563 of chapter 54, request the Attorney General to seek a temporary or  
564 permanent injunction and such other relief as may be appropriate to  
565 enjoin such nursing home facility from continuing such violation or  
566 violations. If the court determines such violation or violations exist, it  
567 may grant such injunctive relief and such other relief as justice may  
568 require and may set a time period within which such nursing home  
569 facility shall comply with any such order.

570 (b) Any appeal taken from any permanent injunction granted under  
571 subsection (a) of this section shall not stay the operation of such  
572 injunction unless the court is of the opinion that great and irreparable  
573 injury will be done by not staying the operation of such injunction.

574 Sec. 21. (NEW) (*Effective July 1, 2010*) (a) The Commissioner of  
575 Mental Health and Addiction Services shall certify intermediate care  
576 beds in general hospitals to provide inpatient mental health services  
577 for adults with serious and persistent mental illness.

578 (b) The commissioner shall adopt regulations, in accordance with  
579 the provisions of chapter 54 of the general statutes, to establish  
580 requirements for certification of intermediate care beds in general  
581 hospitals and the process by which such beds shall be certified. In  
582 adopting such regulations, the commissioner shall consider the need

583 for such beds.

584 (c) The commissioner shall implement policies and procedures to  
585 carry out the provisions of this section while in the process of adopting  
586 such policies and procedures in regulation form, provided notice of  
587 intent to adopt the regulations is published in the Connecticut Law  
588 Journal not later than twenty days after implementation. Such policies  
589 and procedures shall be valid until the time the final regulations are  
590 adopted.

591 Sec. 22. Section 17b-28e of the 2010 supplement to the general  
592 statutes is repealed and the following is substituted in lieu thereof  
593 (*Effective July 1, 2010*):

594 (a) The Commissioner of Social Services shall amend the Medicaid  
595 state plan to include, on and after January 1, 2009, hospice services as  
596 optional services covered under the Medicaid program. Said state plan  
597 amendment shall supersede any regulations of Connecticut state  
598 agencies concerning such optional services.

599 (b) Not later than February 1, 2011, the Commissioner of Social  
600 Services shall [amend the Medicaid state plan to include] enter into a  
601 contract to provide foreign language interpreter services [provided] to  
602 any Medicaid beneficiary with limited English proficiency. [as a  
603 covered service under the Medicaid program. Not later than February  
604 1, 2011, the commissioner shall develop and implement the use of  
605 medical billing codes for foreign language interpreter services for the  
606 HUSKY Plan, Part A and Part B, and for the fee-for-services Medicaid  
607 programs.]

608 [(c) Each managed care organization that enters into a contract with  
609 the Department of Social Services to provide foreign language  
610 interpreter services under the HUSKY Plan, Part A shall report, semi-  
611 annually, to the department on the interpreter services provided to  
612 recipients of benefits under the program. Such written reports shall be  
613 submitted to the department not later than June first and December  
614 thirty-first each year. Not later than thirty days after receipt of such

615 report, the department shall submit a copy of the report, in accordance  
616 with the provisions of section 11-4a, to the Medicaid Managed Care  
617 Council.]

618 Sec. 23. (NEW) (*Effective from passage*) The Commissioner of Social  
619 Services shall amend the Medicaid state plan to provide coverage for  
620 the treatment of tuberculosis for any eligible person.

621 Sec. 24. Subsection (a) of section 17b-492 of the 2010 supplement to  
622 the general statutes is repealed and the following is substituted in lieu  
623 thereof (*Effective from passage*):

624 (a) Eligibility for participation in the program shall be limited to any  
625 resident (1) who is sixty-five years of age or older or who is disabled,  
626 (2) whose current annual income at the time of application or  
627 redetermination, if unmarried, is less than twenty thousand eight  
628 hundred dollars or whose annual income, if married, when combined  
629 with that of the resident's spouse is less than twenty-eight thousand  
630 one hundred dollars, (3) who is not insured under a policy which  
631 provides full or partial coverage for prescription drugs once a  
632 deductible is met, except for a Medicare prescription drug discount  
633 card endorsed by the Secretary of Health and Human Services in  
634 accordance with Public Law 108-173, the Medicare Prescription Drug,  
635 Improvement, and Modernization Act of 2003, or coverage under  
636 Medicare Part D pursuant to said act, and (4) on and after September  
637 15, 1991, who pays an annual forty-five-dollar registration fee to the  
638 Department of Social Services. On January 1, 2012, and annually  
639 thereafter, the commissioner shall increase the income limits  
640 established under this subsection over those of the previous fiscal year  
641 to reflect the annual inflation adjustment in Social Security income, if  
642 any. Each such adjustment shall be determined to the nearest one  
643 hundred dollars. On and after October 1, 2009, new applications to  
644 participate in the ConnPACE program may be accepted only from the  
645 fifteenth day of November through the [thirtieth] thirty-first day of  
646 December each year, except that individuals may apply within thirty-  
647 one days of (A) reaching sixty-five years of age, or (B) becoming

648 eligible for Social Security Disability Income or Supplemental Security  
649 Income.

650       Sec. 25. (NEW) (*Effective from passage*) (a) For the fiscal year ending  
651 June 30, 2010, and each fiscal year thereafter, the Commissioner of  
652 Social Services shall disburse all federal funds received by the  
653 Department of Social Services for benefits or services previously  
654 provided that qualify for reimbursement under the Temporary  
655 Assistance for Needy Families Emergency Contingency Fund  
656 provision of Section 403 of the Social Security Act as follows:

657       (1) The Commissioner of Social Services shall deposit any funds  
658 received for reimbursement for expenditures not originally funded  
659 from the General Fund in the General Fund. Such funds shall be  
660 credited to a nonlapsing account in the Department of Social Services.  
661 Eighty per cent of the first two hundred fifty thousand dollars of such  
662 funds provided as reimbursement for benefits or services previously  
663 provided by a service provider using funding sources other than the  
664 General Fund shall be paid to each provider of such benefits or  
665 services for the purpose of providing additional benefits or services  
666 under the temporary assistance for needy families program, as  
667 approved by the department. The remaining twenty per cent of such  
668 reimbursed funds shall be deposited into the General Fund as revenue.  
669 Any such reimbursement in excess of two hundred fifty thousand  
670 dollars per service provider shall be shared equally between the  
671 service provider and the state. The service provider's share shall be  
672 used to provide additional benefits or services under the state's  
673 temporary assistance for needy families program, as approved by the  
674 department. The state's share of any such reimbursement shall be  
675 deposited into the General Fund as revenue.

676       (2) The Commissioner of Social Services shall deposit any funds  
677 received for reimbursement for expenditures originally funded from  
678 the General Fund through a contract with a human service provider in  
679 the General Fund. Such funds shall be credited to a nonlapsing account  
680 in the Department of Social Services. Thirty per cent of such funds

681 provided as reimbursement for benefits or services previously  
682 provided shall be paid to each provider of such benefits or services for  
683 the purpose of providing additional benefits or services under the  
684 temporary assistance for needy families program, as approved by the  
685 department. The remaining seventy per cent of such reimbursement  
686 shall be deposited into the General Fund as revenue.

687 (3) Notwithstanding the provisions of subdivisions (1) and (2) of  
688 this subsection, the Commissioner of Social Services shall deposit any  
689 funds for reimbursement received by the Department of Social  
690 Services for prior expenditures for subsidized employment services  
691 provided under the jobs first program, in the General Fund. Such  
692 funds shall be credited to a nonlapsing account in the Department of  
693 Social Services. The commissioner shall use such funds to fund  
694 additional subsidized employment services under the temporary  
695 assistance for needy families program.

696 (b) For the fiscal year ending June 30, 2010, and each fiscal year  
697 thereafter, the Commissioner of Social Services shall deposit all federal  
698 funds received by the Department of Social Services as an advance  
699 payment of the eighty per cent federal share for benefits and services  
700 to be provided under the Temporary Assistance for Needy Families  
701 Emergency Contingency Fund provision of Section 403 of the Social  
702 Security Act for expenditures not funded from the General Fund in the  
703 General Fund. Such funds shall be credited to a nonlapsing account in  
704 the Department of Social Services. Such funds shall be used to pay for  
705 benefits or services under the temporary assistance for needy families  
706 program, for programs operated by service providers that qualify  
707 under the provisions of Section 403 of the Social Security Act, as  
708 approved by the department, and for which the service provider  
709 provides the twenty per cent nonfederal share of such program's cost.  
710 Any advance payment of the eighty per cent federal share for benefits  
711 and services to be provided under the Temporary Assistance for  
712 Needy Families Emergency Contingency Fund provision of Section 403  
713 of the Social Security Act for expenditures to be funded from the  
714 General Fund shall be deposited in the General Fund as revenue.

715 (c) The Commissioner of Social Services shall designate and contract  
 716 with a fiscal intermediary to administer the distribution of funds to  
 717 service providers under this section. The commissioner shall  
 718 proportionately pay the costs associated with such contract from the  
 719 federal Temporary Assistance for Needy Families Emergency  
 720 Contingency Fund advance payments and the service provider's  
 721 twenty per cent share of the program or from other sources available  
 722 to the Department of Social Services.

723 Sec. 26. Section 17b-423 of the general statutes is repealed. (*Effective*  
 724 *from passage*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	July 1, 2010	17a-317
Sec. 2	July 1, 2010	17b-421
Sec. 3	July 1, 2010	17b-422
Sec. 4	July 1, 2010	17b-424
Sec. 5	July 1, 2010	17b-425
Sec. 6	July 1, 2010	17b-426
Sec. 7	July 1, 2010	17b-427
Sec. 8	July 1, 2010	17b-429
Sec. 9	July 1, 2010	17b-349e
Sec. 10	July 1, 2010	17b-792(a)
Sec. 11	July 1, 2010	17b-400
Sec. 12	July 1, 2010	17b-405
Sec. 13	July 1, 2010	17b-406
Sec. 14	July 1, 2010	17b-407
Sec. 15	July 1, 2010	17b-411
Sec. 16	July 1, 2010	19a-530
Sec. 17	July 1, 2010	19a-531
Sec. 18	July 1, 2010	17b-412
Sec. 19	July 1, 2010	17b-413
Sec. 20	July 1, 2010	19a-523
Sec. 21	July 1, 2010	New section
Sec. 22	July 1, 2010	17b-28e
Sec. 23	<i>from passage</i>	New section
Sec. 24	<i>from passage</i>	17b-492(a)
Sec. 25	<i>from passage</i>	New section

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Sec. 26	<i>from passage</i>	Repealer section
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**Statement of Legislative Commissioners:**

The effective date in section 20 was changed from "Effective from passage" to "July 1, 2010" for internal consistency and to conform with sections 1 to 19, inclusive, of the bill.

**HS**      *Joint Favorable Subst.*

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The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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### ***OFA Fiscal Note***

***State Impact:*** See Below

***Municipal Impact:*** See Below

### ***Explanation***

**Sections 1-20** transfer the authority of certain programs from DSS to the Department of Aging (DOA), which is to be established on July 1, 2010. The bill also specifies that DSS continue to administer such programs until the Governor appoints an aging commissioner and administrative staff are hired. This is not anticipated to result in a cost as the program funding would transfer with the responsibility; however it is estimated that \$452,965 would be required for four DOA staff and operating expenses. House Bill 5018, the Act Adjusting Appropriations for FY 11, removed funding for the department to reflect a delay in establishment until FY 12.

**Section 21** requires DMHAS to certify intermediate care beds. House Bill 5018, the Act Adjusting Appropriations for FY 11, contains funding of approximately \$2.0 million for 10 beds. The costs of such beds may be partially off-set by federal Medicaid dollars, the extent of which would be based on the per diem rate to be established.

**Section 22** changes how DSS pays for foreign language interpreters for Medicaid beneficiaries to an administrative process rather than as a Medicaid covered service. This is estimated to result in a reduction in Medicaid expenditures by \$1.8 million, and an associated revenue loss of approximately \$1.1 million, for a net savings of \$700,000.

**Section 23** requires DSS to amend the state Medicaid plan to cover treatment of tuberculosis. This change will enable the state to claim up

to \$380,000 annually in federal revenue for tuberculosis treatments currently paid for under the Department of Public Health.

**Section 24** changes the last day on which DSS can accept ConnPACE applications from December 30<sup>th</sup> to December 31<sup>st</sup> and has no fiscal impact.

**Section 25** facilitates the claiming of federal TANF Emergency Funding, and delineates the distribution of such funding to the state and related entities.

For example, if a contract between the state and a nonprofit results in a federal revenue gain of \$300,000, the state would receive \$75,000 and the non-state entity would receive \$225,000. The table below provides a breakout of the distribution.

Contract Amount: \$300,000					
	Percent of first \$250,000		Percent after first \$250,000		Total
<b>non-state</b>	80%	200,000	50%	25,000	225,000
<b>state</b>	20%	50,000	50%	25,000	75,000

The total amount of federal revenue that would be appropriated to the General Fund is unknown at this time as it is dependent on the total amount of emergency funds the state is qualified for, and the number and amount that is contracted with non-state entities. The maximum potential amount of federal funding the state is eligible for is \$133 million, however it is not anticipated that the state will receive this full amount.

**Section 26** removes the requirement that DSS adopt and update a community services policy manual in regulations, and has no fiscal impact.

### ***The Out Years***

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

**OLR Bill Analysis****sSB 32*****AN ACT IMPLEMENTING THE GOVERNOR'S BUDGET RECOMMENDATIONS CONCERNING SOCIAL SERVICES.*****SUMMARY:**

This bill makes changes to several, unrelated social services and health laws. It:

1. makes changes related to the July 1, 2010 establishment of the Department on Aging;
2. requires the mental health and addiction services commissioner to certify beds in general hospitals to provide inpatient mental health services for adults;
3. changes the way the Department of Social Services (DSS) pays for foreign language interpreters for Medicaid beneficiaries;
4. requires Medicaid to cover tuberculosis treatment for anyone eligible;
5. sets up a mechanism for the state to receive funds from the Temporary Assistance for Needy Families (TANF) Emergency Contingency Fund, established in the American Recovery and Reinvestment Act of 2009, which provides the state with up to \$133 million as reimbursement for increased expenditures for low-income families during the recession;
6. changes the last day that DSS can accept ConnPACE applications from December 30 to December 31; and
7. repeals the requirement for DSS to adopt in regulation form a community services policy manual and routinely update it.

EFFECTIVE DATE: July 1, 2010, except for the provisions concerning ConnPACE, TANF, and the community service policy manual, which are effective on passage.

### **§§ 1-20 — DEPARTMENT ON AGING**

The law establishing the Department on Aging takes effect on July 1, 2010. But the bill requires DSS to continue administering programs that become the Aging Department's responsibility until the governor appoints an aging commissioner and administrative staff are hired. It allows the governor, with the Finance Advisory Committee's approval, to transfer funds between DSS and the Aging Department during FY 11.

The bill effectuates the transfer of authority over the following functions from DSS to the new department:

1. approving Area Agencies on Aging (AAAs) plans and allocating federal funds to these agencies;
2. establishing an adult foster care program;
3. making grants to towns and private agencies for community services and programs for elderly people;
4. administering the CHOICES program (Connecticut Health Insurance Assistance, Outreach, Information, Referral, Counseling, and Eligibility Screening program);
5. operating an Alzheimer's respite care program (the bill repeals DSS's current authority to allocate appropriations for this program over \$500,000 to the AAAs and does not transfer it to the Aging Department);
6. administering nutrition programs for elderly people;
7. housing the Long-Term Care Ombudsman Office, helping the ombudsman establish policies and procedures, and adopting implementing regulations;

8. receiving complaints of abuse, neglect, or exploitation of residents in long-term care facilities and establishing a system to document them; and
9. reporting complaints it receives about nursing homes to the Public Health Department (DPH).

The bill repeals DSS's responsibility to maintain a registry of elder abuse reports and does not transfer it to the Aging Department. Instead, it transfers to the aging commissioner DSS's responsibility to maintain a statewide data collection system. It requires this system to document complaints received; investigations conducted, including their findings; and actions recommended and taken as a result of the investigations. It requires the aging commissioner to submit this data to the DSS commissioner in addition to those entities that currently receive reports from DSS.

#### **§ 21 — INTERMEDIATE CARE BEDS FOR PEOPLE WITH MENTAL ILLNESS**

The bill requires the Department of Mental Health and Addiction Services (DMHAS) to certify beds in general hospitals as intermediate care beds in order to provide inpatient mental health services to adults with serious and chronic mental illness. It requires DMHAS to adopt regulations establishing bed certification requirements and a certification process. In adopting these regulations, DMHAS must consider the need for the beds.

The bill permits DMHAS to implement policies and procedures to implement these provisions while it proceeds to adopt them as regulations. To do this, DMHAS must post notice of its intent to adopt regulations in the *Connecticut Law Journal* within 20 days after implementing the policies, which are effective until the regulations are adopted.

PA 09-5, SSS, allows DSS to amend the Medicaid state plan to create a per diem rate for intermediate care beds for mentally ill patients in general hospitals.

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**§ 22 — MEDICAID INTERPRETER SERVICES**

The bill requires DSS to contract directly with a vendor for foreign language interpreter services instead of requiring it to amend the Medicaid state plan to make interpreter services a Medicaid-covered service for which providers are reimbursed. It repeals a requirement that the managed care organizations with which DSS contracts for Medicaid services report semiannually to DSS on the interpreter services they provide.

**§ 23 — TUBERCULOSIS COVERAGE**

The bill requires the DSS commissioner to amend the state Medicaid plan to provide tuberculosis-treatment coverage, to the extent federal law permits, for anyone eligible. Currently, DPH's state-funded program provides anti-tuberculosis medications to clinicians; reimburses clinicians for TB diagnostic treatment and prevention services for the uninsured, regardless of their income or assets; and consults on TB case management and screening with local health departments, prisons, convalescent and nursing homes, schools, universities, and hospitals.

**§ 25 — TANF EMERGENCY CONTINGENCY FUND*****Previously Provided Services***

The bill requires the DSS commissioner, beginning in FY 10, to disburse all federal funds DSS receives for benefits or services previously provided that qualify for reimbursement under the TANF Emergency Contingency Fund in the following way.

***Expenditures Not Originally Funded from General Fund.*** The bill requires these reimbursements to be deposited into the General Fund. They must be credited to a nonlapsing DSS account. It requires 80% of the first \$250,000 provided as reimbursement for benefits or services (1) previously provided by a service provider and (2) using funding sources other than the General Fund to be paid to each provider (presumably on a pro rata basis) for the purpose of providing additional benefits or services under TANF, as DSS approves. The remaining 20% must remain as General Fund revenue.

Reimbursements above the \$250,000 must be shared equally between the service provider and the state. As it must for the first \$250,000, the service provider must use its additional share to provide additional TANF benefits and services that DSS approves, and the state's share remains in the General Fund as general revenue.

***Expenditures Originally Funded from General Fund Through Contract with Human Services Providers.*** The bill requires that these reimbursements be deposited into the General Fund and credited to a nonlapsing account in DSS. Thirty percent of funds that are reimbursement for benefits or services previously provided must be paid to each of the providers to enable them to provide additional TANF benefits and services that DSS approves. The remaining 70% must remain in the General Fund as revenue.

***Funds for Subsidized Employment.*** Regardless of the above requirements, if DSS receives reimbursements for prior subsidized employment services provided under the Jobs First program (the state's welfare-to-work program), the reimbursements must be deposited into the General Fund and credited to a nonlapsing account in DSS. The commissioner must use these funds to pay for additional subsidized employment services under TANF.

***TANF Emergency Contingency Fund—Advance Payments***

The bill requires DSS, beginning in FY 10 and in each succeeding fiscal year, to deposit in the General Fund all federal funds it receives as an advance payment of the 80% federal share for benefits and services to be provided under the TANF Emergency Contingency Fund for non-General Fund expenditures. These funds must be credited in a nonlapsing DSS account. The funds must be used to pay for TANF benefits or services (1) operated by service providers who have provided the 20% nonfederal share of the benefit and service costs, (2) that qualify under the TANF law, and (3) that DSS approves.

The bill requires DSS to deposit in the General Fund as revenue any federal funds it receives as advance payment for General Fund expenditures.

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***Fiscal Intermediary to Administer Funds***

The bill requires the DSS commissioner to designate and contract with a fiscal intermediary to administer the funds to service providers. He must proportionately pay the contract costs from the advance payments, the service providers' 20% share, and other sources available to DSS.

**BACKGROUND*****TANF Emergency Contingency Fund***

The ARRA appropriated \$5 billion for a new TANF Emergency Contingency Fund to help states address rising cash assistance caseloads and increased demands for services during the recession. States are eligible for up to half of their annual TANF block grant which, in Connecticut, is \$133 million. These funds must be used for services that help individuals who are "TANF-eligible." States can apply for these funds by demonstrating that they have increased expenditures in a prior year's period in one of the following three areas:

1. basic assistance (cash assistance or Temporary Family Assistance in Connecticut),
2. Subsidized Employment, or
3. non-recurring, short-term benefits.

States must show either (1) an actual increase in quarterly spending during the ARRA period (over and above a corresponding base year quarter) in one of these categories or (2) new spending in these categories. The first type of spending qualifies for an 80% reimbursement from the contingency fund. The second, which can either be state expenditures or third-party spending and is new, is eligible for an 80% federal reimbursement (see below). This spending can either be from state budgets or from third-party entities, such as private service providers.

The federal government is allowing states to apply for advance

funding, which is being called a “4:1” match. For example, if a state has \$1 million to spend on subsidized jobs, it can submit an application for contingency funds that states it will increase spending by \$5 million. It can then receive 80% of the \$5 million or \$4 million. When it spends the \$1 million and the \$4 million, it will have spent the full \$5 million, as promised in its contingency funds application.

**COMMITTEE ACTION**

Human Services Committee

Joint Favorable Substitute

Yea 19 Nay 0 (03/23/2010)