



General Assembly

February Session, 2010

Raised Bill No. 5411

LCO No. 1778

01778 _____ HS_

Referred to Committee on Human Services

Introduced by:
(HS)

AN ACT CONCERNING MEDICAID.

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

1 Section 1. Section 17b-28e of the 2010 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective from passage*):

4 (a) The Commissioner of Social Services shall amend the Medicaid
5 state plan to include, on and after January 1, 2009, hospice services as
6 [optional services] a covered service under the Medicaid program. Said
7 state plan amendment shall supersede any regulations of Connecticut
8 state agencies concerning such optional services.

9 (b) The Commissioner of Social Services shall amend the Medicaid
10 state plan to include, on and after January 1, 2011, podiatry services as
11 a covered service under the Medicaid program. Said state plan
12 amendment shall supersede any regulations of Connecticut state
13 agencies concerning such optional services.

14 [(b)] (c) Not later than February 1, 2011, the Commissioner of Social
15 Services shall amend the Medicaid state plan to include foreign

16 language interpreter services provided to any beneficiary with limited
17 English proficiency as a covered service under the Medicaid program.
18 Not later than February 1, 2011, the commissioner shall develop and
19 implement the use of medical billing codes for foreign language
20 interpreter services for the HUSKY Plan, Part A and Part B, and for the
21 fee-for-services Medicaid programs.

22 [(c)] (d) Each managed care organization that enters into a contract
23 with the Department of Social Services to provide foreign language
24 interpreter services under the HUSKY Plan, Part A shall report, semi-
25 annually, to the department on the interpreter services provided to
26 recipients of benefits under the program. Such written reports shall be
27 submitted to the department not later than June first and December
28 thirty-first each year. Not later than thirty days after receipt of such
29 report, the department shall submit a copy of the report, in accordance
30 with the provisions of section 11-4a, to the Medicaid Managed Care
31 Council.

32 Sec. 2. Section 17b-278a of the general statutes is repealed and the
33 following is substituted in lieu thereof (*Effective July 1, 2010*):

34 [The] Not later than January 1, 2011, the Commissioner of Social
35 Services shall amend the Medicaid state plan to provide coverage for
36 treatment for smoking cessation ordered by a licensed health care
37 professional who possesses valid and current state licensure to
38 prescribe such drugs [in accordance with a plan developed by the
39 commissioner to provide smoking cessation services. The
40 commissioner shall present such plan to the joint standing committees
41 of the General Assembly having cognizance of matters relating to
42 human services and appropriations by January 1, 2003, and, if such
43 plan is approved by said committees and funding is provided in the
44 budget for the fiscal year ending June 30, 2004, such plan shall be
45 implemented on July 1, 2003. If the initial treatment provided to the
46 patient for smoking cessation, as allowed by the plan, is not successful
47 as determined by a licensed health care professional, all prescriptive

48 options for smoking cessation shall be available to the patient.]

49 Sec. 3. Section 17b-28 of the 2010 supplement to the general statutes
50 is repealed and the following is substituted in lieu thereof (*Effective*
51 *from passage*):

52 (a) There is established a council on Medicaid care management
53 oversight which shall advise the Commissioner of Social Services on
54 the planning and implementation of a system of [Medicaid managed]
55 care management and shall monitor such planning and
56 implementation [and shall advise the Waiver Application
57 Development Council, established pursuant to section 17b-28a,] on
58 matters including, but not limited to, eligibility standards, benefits,
59 access and quality assurance. The council shall be composed of the
60 chairpersons and ranking members of the joint standing committees of
61 the General Assembly having cognizance of matters relating to human
62 services, public health and appropriations and the budgets of state
63 agencies, or their designees; two members of the General Assembly,
64 one to be appointed by the president pro tempore of the Senate and
65 one to be appointed by the speaker of the House of Representatives;
66 the director of the Commission on Aging, or a designee; the director of
67 the Commission on Children, or a designee; the Healthcare Advocate,
68 or a designee; a representative of each organization that has been
69 selected by the state to provide managed care and a representative of a
70 primary care case management provider, to be appointed by the
71 president pro tempore of the Senate; two representatives of [the
72 insurance industry] care management organizations, to be appointed
73 by the speaker of the House of Representatives; two advocates for
74 persons receiving Medicaid, one to be appointed by the majority leader
75 of the Senate and one to be appointed by the minority leader of the
76 Senate; one advocate for persons with substance use disorders, to be
77 appointed by the majority leader of the House of Representatives; one
78 advocate for persons with psychiatric disabilities, to be appointed by
79 the minority leader of the House of Representatives; two advocates for
80 the Department of Children and Families foster families, one to be

81 appointed by the president pro tempore of the Senate and one to be
82 appointed by the speaker of the House of Representatives; two
83 members of the public who are currently recipients of Medicaid, one to
84 be appointed by the majority leader of the House of Representatives
85 and one to be appointed by the minority leader of the House of
86 Representatives; two representatives of the Department of Social
87 Services, to be appointed by the Commissioner of Social Services; two
88 representatives of the Department of Public Health, to be appointed by
89 the Commissioner of Public Health; two representatives of the
90 Department of Mental Health and Addiction Services, to be appointed
91 by the Commissioner of Mental Health and Addiction Services; two
92 representatives of the Department of Children and Families, to be
93 appointed by the Commissioner of Children and Families; two
94 representatives of the Office of Policy and Management, to be
95 appointed by the Secretary of the Office of Policy and Management;
96 and one representative of the office of the State Comptroller, to be
97 appointed by the State Comptroller, [and the members of the Health
98 Care Access Board who shall be ex-officio members and who may not
99 designate persons to serve in their place.] The council shall choose a
100 chair from among its members. The Joint Committee on Legislative
101 Management shall provide administrative support to such chair. The
102 council shall convene its first meeting no later than June 1, 1994.

103 (b) The council shall make recommendations concerning (1)
104 guaranteed access to enrollees and effective outreach and client
105 education; (2) available services comparable to those already in the
106 Medicaid state plan, including those guaranteed under the federal
107 Early and Periodic Screening, Diagnostic and Treatment Services
108 Program under 42 USC 1396d; (3) the sufficiency of provider networks;
109 (4) the sufficiency of capitated rates provider payments, financing and
110 staff resources to guarantee timely access to services; (5) participation
111 in [managed care] care management programs by existing community
112 Medicaid providers; (6) the linguistic and cultural competency of
113 providers and other program facilitators; (7) quality assurance; (8)
114 timely, accessible and effective client grievance procedures; (9)

115 coordination of the Medicaid [managed care plan] care management
116 programs with state and federal health care reforms; (10) eligibility
117 levels for inclusion in the [program] programs; (11) cost-sharing
118 provisions; (12) a benefit package; (13) coordination [with] of coverage
119 under the HUSKY Plan, Part A, the HUSKY Plan, Part B and other
120 health care programs administered by the Department of Social
121 Services; (14) the need for program quality studies within the areas
122 identified in this section and the department's application for available
123 grant funds for such studies; (15) the [managed care portion of]
124 HUSKY Plan, Part A, the HUSKY Plan, Part B, HUSKY Primary Care,
125 the state-administered general assistance program, the Medicaid care
126 management programs and the Charter Oak Health Plan; (16) other
127 issues pertaining to the development of a Medicaid Research and
128 Demonstration Waiver under Section 1115 of the Social Security Act;
129 and (17) the primary care case management pilot program, established
130 pursuant to section 17b-307.

131 (c) The Commissioner of Social Services shall seek a federal waiver
132 for the Medicaid managed care plan. Implementation of the Medicaid
133 managed care plan shall not occur before July 1, 1995.

134 (d) The Commissioner of Social Services may, in consultation with
135 an educational institution, apply for any available funding, including
136 federal funding, to support Medicaid managed care programs.

137 (e) The Commissioner of Social Services shall provide monthly
138 reports on the plans and implementation of the Medicaid managed
139 care system to the council.

140 (f) The council shall report its activities and progress once each
141 quarter to the General Assembly.

142 Sec. 4. Subsection (b) of section 17b-28a of the general statutes is
143 repealed and the following is substituted in lieu thereof (*Effective July*
144 *1, 2010*):

145 (b) There is established a Medicaid waiver unit within the
146 Department of Social Services for the purposes of developing the
147 waiver under subsection (a) of this section. The Medicaid waiver unit's
148 responsibilities shall include but not be limited to the following: (1)
149 Administrating the Medicaid [managed care] care management
150 program, established pursuant to section 17b-28, as amended by this
151 act; (2) contracting with and evaluating prepaid health plans providing
152 Medicaid services, including negotiation and establishment of
153 capitated rates; (3) assessing quality assurance information compiled
154 by the federally required independent quality assurance contractor; (4)
155 monitoring contractual compliance; (5) evaluating enrollment broker
156 performance; (6) providing assistance to the Insurance Department for
157 the regulation of Medicaid managed care health plans; and (7)
158 developing a system to compare performance levels among prepaid
159 health plans providing Medicaid services.

160 Sec. 5. Subsection (b) of section 12-202a of the general statutes is
161 repealed and the following is substituted in lieu thereof (*Effective July*
162 *1, 2010*):

163 (b) Notwithstanding the provisions of subsection (a) of this section,
164 the tax shall not apply to:

165 (1) Any new or renewal contract or policy entered into with the state
166 on or after July 1, 1997, to provide health care coverage to state
167 employees, retirees and their dependents;

168 (2) Any subscriber charges received from the federal government to
169 provide coverage for Medicare patients;

170 (3) Any subscriber charges received under a contract or policy
171 entered into with the state to provide health care coverage to Medicaid
172 recipients under the Medicaid [managed care] care management
173 program established pursuant to section 17b-28, as amended by this
174 act, which charges are attributable to a period on or after January 1,
175 1998;

176 (4) Any new or renewal contract or policy entered into with the state
177 on or after April 1, 1998, to provide health care coverage to eligible
178 beneficiaries under the HUSKY Medicaid Plan Part A, HUSKY Part B,
179 or the HUSKY Plus programs, each as defined in section 17b-290;

180 (5) Any new or renewal contract or policy entered into with the state
181 on or after April 1, 1998, to provide health care coverage to recipients
182 of state-administered general assistance pursuant to section 17b-192;

183 (6) Any new or renewal contract or policy entered into with the state
184 on or after February 1, 2000, to provide health care coverage to retired
185 teachers, spouses or surviving spouses covered by plans offered by the
186 state teachers' retirement system;

187 (7) Any new or renewal contract or policy entered into on or after
188 July 1, 2001, to provide health care coverage to employees of a
189 municipality and their dependents under a plan procured pursuant to
190 section 5-259;

191 (8) Any new or renewal contract or policy entered into on or after
192 July 1, 2001, to provide health care coverage to employees of nonprofit
193 organizations and their dependents under a plan procured pursuant to
194 section 5-259;

195 (9) Any new or renewal contract or policy entered into on or after
196 July 1, 2003, to provide health care coverage to individuals eligible for
197 a health coverage tax credit and their dependents under a plan
198 procured pursuant to section 5-259;

199 (10) Any new or renewal contract or policy entered into on or after
200 July 1, 2005, to provide health care coverage to employees of
201 community action agencies and their dependents under a plan
202 procured pursuant to section 5-259; or

203 (11) Any new or renewal contract or policy entered into on or after
204 July 1, 2005, to provide health care coverage to retired members and
205 their dependents under a plan procured pursuant to section 5-259.

206 Sec. 6. (NEW) (*Effective from passage*) The Commissioner of Social
 207 Services shall apply for a Medicaid Research and Demonstration
 208 Waiver under Section 1115 of the Social Security Act for the purpose of
 209 converting part or all of the state-funded portion of the Connecticut
 210 home care program for the elderly, established pursuant to section
 211 17b-342 of the general statutes, to a Medicaid funded program. In the
 212 event that the state-funded portion of the Connecticut home care
 213 program is successfully converted to a Medicaid funded program, the
 214 commissioner shall deposit funds received pursuant to this section in
 215 the Long-Term Care Reinvestment Account, established pursuant to
 216 section 17b-371 of the general statutes, and shall expend such funds to
 217 increase rates for providers under the Connecticut home care program
 218 for the elderly.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	17b-28e
Sec. 2	<i>July 1, 2010</i>	17b-278a
Sec. 3	<i>from passage</i>	17b-28
Sec. 4	<i>July 1, 2010</i>	17b-28a(b)
Sec. 5	<i>July 1, 2010</i>	12-202a(b)
Sec. 6	<i>from passage</i>	New section

Statement of Purpose:

To require the Commissioner of Social Services to amend the Medicaid state plan to include podiatry services and treatment for smoking cessation, to make changes to the composition and duties of the Medicaid managed care council and to require the Commissioner of Social Services to apply for a waiver under Section 1115 of the Social Security Act to benefit the Connecticut home care program for the elderly.

[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.]